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—PRESENTED TO—



**The New York Academy of Medicine**

By Ohio State Med. Assoc.

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**The New York  
Academy of Medicine**



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# The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY  
BY THE  
OHIO STATE MEDICAL ASSOCIATION

UNDER THE DIRECTION OF THE PUBLICATION COMMITTEE

JANUARY 1, 1917



Entered as second class matter July 5, 1905, at the  
Postoffice at Columbus, Ohio, under act of  
Congress of March 3, 1879

¶ *Aside from the articles of scientific value, there are several news features in this number well worth your attention. They are indexed on Page Thirty-two.*

¶ *Also, if you have'nt paid your dues you'll know why your Journal fails to appear next month.*

## Albee's Bone-Graft Surgery

In this new work you get the fundamental principles underlying the use of the bone-graft in surgery, including Kausch's table of values of different materials for bone transplantation, Wolff's law, rôle of the periosteum, and preservation of the graft. Dr. Albee's electric motor operating outfit and the technic of its use are explained in detail and illustrated. You get some 85 pages on the bone-graft treatment of Pott's disease and other spine lesions. There is a chapter of 100 pages on the inlay bone-graft in the treatment of fractures, illustrated with over 100 illustrations.

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**Dr. H. L. Taylor**, *New York Post-Graduate Medical School*

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**W. B. SAUNDERS COMPANY, Philadelphia and London**

# The Ohio State Medical Association

General Offices: Physicians Building, 131 East State St., Columbus, Ohio

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*Next Annual Meeting at Springfield, May 14, 15 and 16, 1917*

#### SPEEDING UP

Pages of this issue were closed before the end of December. During the latter part of the month our Columbus office staff was working night and day, handling payments of dues from treasurers of county societies and issuing 1917 membership receipts. The prompt payments were a tribute to the new plan of malpractice defense, which (because of its insurance features) made necessary the payments of dues in advance. Thousands of our members indicated that they do not care to take chances on losing this protection, even for a day. In former years, the work of collecting state dues has dragged along until the middle of the year. This year, on January 1, it was practically completed. Time, which in the past our state organization was compelled to devote to this routine work, will be spent on legislative work during the next three months. There is some sense to that.

#### THE TIME FOR ACTION

Legislators are assembling in Columbus. In a week or so the wheels of our great law-making machine will be well started on their biennial grind. It behooves us, as a great profession which by the nature of things is largely responsible for the protection of the public health, to keep our wits about us and be ready to get in motion.

Bear in mind that the most effective work is done at home. The legislative committeeman of your county society should be in close touch

with your representative. If he isn't he should resign and see that his successor meets this qualification. Our state headquarters at Columbus will keep your legislative committeeman in touch with the proposals pending before the Assembly. There our responsibility ends. Distinctly, it is the duty of the members of the county society to keep in touch with their legislative committeeman—to help him and to see that he is working to the best advantage.

We repeat: This is serious business. Issues are shaping that will eventually revolutionize medical practice in Ohio, and will have a powerful bearing on public health. Our State Association is now large enough, and well enough organized to protect both the public welfare and our professional interests—providing each member and each county society works in harmony with the state plan.

#### IF YOUR DUES FOR 1917 HAVE NOT BEEN PAID

This will be the last issue of The Journal that you will receive until the secretary of your county society sends your three dollars to our Columbus office.

We dislike to be nasty about it, but the cost of paper is ascending daily, and we can't pay the printer with promises—that is, we can't keep it up much longer.

Also, if your dues haven't reached our state office your Malpractice Defense has lapsed.

If you haven't paid, for any reason, do so promptly and you will be immediately re-instated.

### GET THE YOUNG MAN INTERESTED

Dr. Floyd M. Crandall, secretary of the Medical Society of the State of New York, advances a splendid argument for the enlistment of young men in medical organizations.

"I wish to enter a plea for the young physician. He should be brought into the County Society as early as possible. Conditions have materially changed in the last quarter century. In the earlier days the young physician studied medicine in the office of a practitioner. He became imbued with professional ideas and ethics and was inspired with a regard for the profession which oftentimes kept him in the straight and narrow professional path. Today the young physician goes direct from the high school or college into the medical school and from there to the hospital. He is brought but little into personal contact with older physicians and knows little of the obligations and duties of private practice, and sometimes seems lacking in ethical standards. This is one point in which modern methods of education are inferior to the older methods.

"It is the more important, therefore, for the Societies to bring these young men into affiliation, and for the elder physicians to take them under their care. It has become an added duty of the Societies. The young doctor of today has much to learn that the young doctor of fifty years ago knew at the outset of his professional life. Many of his errors and lapses from ethical ways are due to lack of knowledge, pure and simple. I would, therefore, particularly urge the Societies to gather into the fold every young practitioner, if he be a graduate of a reputable college and appears to be a young man of honor and good intention."

### WE NEED THIS KIND OF HELP

The other day we had an occasion to write Dr. Charles D. Gamble of Spencerville, requesting his co-operation in an important organization matter.

A few days later we received a note from El Paso, Texas, on the stationery of the headquarters of the Second Ohio Infantry. Dr. Gamble is stationed there as surgeon of his regiment, "watchfully waiting." He reminded us that he expected to be absent for some time, but that he would do all he could in this particular matter by correspondence, as he was deeply interested.

That is the proper spirit. It is the spirit that is permeating our whole organization, and the thing that is getting results. If Dr. Gamble, down on the border, can find time for organization work to advance the interests of his profession here in Ohio, it seems logical that our stay-at-homes can do likewise.

### SUGGESTION FOR MR. CALVERT

Manufacturers and distributors of "tuberculosis cures" are again becoming active in Ohio in their relentless search for "business" among the ignorant sick. Exposure and adverse publicity curbed for a time the activities of some of these firms, but they are getting busy again.

After a rather turbulent career, our old friend NATURE'S CREATION is again poking its way into advertising columns of some of our less careful newspapers.

It will be remembered that this "remedy" was at one time exploited as an absolute cure for syphilis. With the institution of an active campaign against tuberculosis several years ago, NATURE'S CREATION became a cure for tuberculosis. Its "exclusive distributor for the United States" is now one Mr. Ralph L. Marer of Columbus, Ohio.

Two years ago the Ohio Society for the Prevention of Tuberculosis conducted an active campaign against tuberculosis fakes, and for a time NATURE'S CREATION sought pastures new; but the rumpus died down and its exploiters are back on the job.

Even the most greedy of the papers will not permit Mr. Marer to advertise it as an out-and-out cure. So, recently, the advertising has been rather vague—merely suggesting "the great white plague." The intent of the campaign seems to be to get sufferers to write the company for its "literature."

A "sufferer" recently wrote for Mr. Marer's pamphlet, "Truth," which sets forth carefully worded claims bordering on the extravagant, many testimonials, and speaks largely of an agreement to pay anyone \$1000 who "will prove that the testimonials are not genuine," etc., etc. Also, the pamphlet gives many "facts" about NATURE'S CREATION. Among the latter, the sufferer finds the statement that the "medical profession has not the same medicine because it is made from a secret formula which cannot be analyzed."

Of NATURE'S CREATION, the fourth edition of "Medical Frauds," published by the Indiana Board of Health says: "It is a six percent solution of potassium iodide in water containing a small amount of alcohol and vegetable extracts, and sells for five dollars, although the value of the ingredients is but twenty-five cents."

Ho! Hum! The Indiana State officials seem to have analyzed it.

And, here's a point we call to the attention of Mr. Calvert, head of the Food and Drug Division of the Ohio Board of Agriculture.

Under Mr. Calvert's direction, Ohio publishes a pamphlet, similar to Indiana's "Medical Frauds," under the title, "What's in a Name," but the Ohio publication says *nothing* concerning NATURE'S CREATION.

## STATE HEALTH INSURANCE FOR OHIO

What will be the attitude of Ohio physicians on State Health Insurance? Nowadays, since the propaganda for this new development in paternalistic government has been inaugurated in Ohio, this question has been asked repeatedly. Frankly, we don't know. During the past year the writer has discussed this problem with physicians in almost every locality, and with practitioners in almost every field. He finds a wide range of opinion.

Those physicians who are engaged in public health work and who realize the trend toward preventive medicine are actively in favor of the principles of Health Insurance. They know that it will be a tremendous factor in disease prevention. On the other hand, we find many equally honest and equally sincere physicians whose experience under our Workmen's Compensation Act has been so bitter that they are inclined to regard the Health Insurance propaganda as the greatest possible menace to medical practice.

But perhaps ninety-five percent of the practitioners of the state may be classed between these two extremes. The great bulk of our physicians are either uninformed as to the proposition, or unconcerned as to its possibilities. This means that before Ohio undertakes the serious consideration of Health Insurance, as a state proposition, a tremendous amount of educational work must be done within the profession as well as with the laymen. We must realize that its effect on the medical practice will be a little short of revolutionary.

The writer believes that the Association, as the largest representative body of physicians in the state, should act slowly and carefully in considering this momentous problem. The Association should take every opportunity to impress upon the active proponents of such a measure the fact that first class medical attendance is the first essential in the ultimate development of such a scheme. The co-operation of the better class physicians in this state cannot be gained for any measure which does not provide adequate compensation for such services and does not fully recognize the importance of the physicians in such a scheme. In Ohio, our system of Workmen's Compensation is managed by a board that does not include a medical member. The result has been friction that has developed where it might have been eliminated had a doctor been a member of the control board. Such a defect should not be permitted in drafting a Health Insurance act, and this is but one of the many important points that must be carefully considered.

Our experience in Ohio with the Workmen's Compensation will be very valuable in aiding us to deal with this new plan. We have learned some things by having them rubbed into us.

We noted above that many physicians are uninformed relative to Health Insurance. This phase is by no means confined to Ohio. In New York, where the Health Insurance bill was pending before the last legislature, the problem is being given very careful consideration. The New York Academy of Medicine recently held a symposium on this subject. Dr. Eden V. Delphey\*, who discussed the subject from the viewpoint of the general practitioner, in urging the profession to "make haste slowly," reported on a questionnaire that he had submitted to the secretaries of the various state associations. Of these, twenty-four frankly admitted that the subject never had been considered by their societies and that they did not know the sentiment of the profession in their states regarding the proposition, and that they were unfamiliar with the tentative draft of the bill prepared by the American Association for Labor Legislation. Only eight of the secretaries reported that any attention had been paid to the matter, yet it is announced that bills providing for Health Insurance will be introduced this winter into the legislature of twenty-five states!

Dr. Delphey, by the way, is giving the subject of Health Insurance very careful consideration. In his paper he lays down five fundamental propositions which in his opinion should be included in every Health Insurance bill. He argues that they are necessary to protect the general practitioners and, consequently, to secure their co-operation. They are as follows:

1. Adequate and proper representation on the Commission, Councils, and on all other boards having to do with medical matters.
2. The formation of lists or panels of physicians, on which list or panel every legally qualified medical practitioner shall have the right to have his name recorded.
3. The sick insured wage-earner shall have the right to choose any panel physician or any panel to attend and treat him, subject only to the acceptance of the patient by the physician.
4. The insurance carriers shall make all contracts for medical attendance and treatment only with organizations composed of the physicians of one or more panels in an insurance district, to which organization every panel physician must belong.
5. Impartial referees—medical officers—appointed by the Commission and paid by the State, who shall decide when an insured wage-earner is incapacitated by illness, when he has recovered and can return to his work; whether he shall go to a hospital or remain at home; determine the character and efficiency of the medical service, and act as experts to the Commission and Councils.

\*Compulsory Health Insurance from the viewpoint of the General Practitioner, (The New York Medical Journal) by Eden V. Delphey, M. D., 362 W. 57th St., New York.

Again we remind you that the consideration of the subject of Health Insurance makes it absolutely necessary that we improve and strengthen our state and county medical organizations to the last degree. In securing adequate recognition of our profession under this new system, we will need an organization of maximum strength. This is being demonstrated almost daily. During December, for example, the legislative committee of your State Association met in conference with representatives of the State Federation for Labor, the State Manufacturers' Association, and with the social workers who are directing or are interested in the Ohio propaganda. Later in the month the Association was represented at a meeting in Columbus of the American Association for Labor Legislation—the national body that is directing the propaganda for both the Workmen's Compensation and Health Insurance. In the meantime, our Association through its state office is bending every effort to improve the medical operation of our Workmen's Compensation Act. Through this work we hope to impress upon the state the necessity of square dealing with the medical profession. In dealing with the Workmen's Compensation we are establishing principles and procedures that will be of far greater importance, later, in dealing with the new system of Health Insurance.

It should be clearly understood that this Association is not leading the movement for Health Insurance. The fact that certain physicians are active in its advocacy has given that impression to some. On the contrary, this Association will hold itself in readiness to pass upon any system proposed, and to endeavor by every honorable means to insure provision for fair treatment of physicians.

#### LORAIN COUNTY

The writer had the pleasure some weeks ago of meeting with the Lorain County Medical Society. He wishes that the same opportunity could be extended to representatives of several other county societies which he could name—that they might catch the spirit which prevails in Lorain county. There, the best men take an active interest in the organization and contribute to its success. The result is that harmony prevails. This is true even in Lorain, Elyria and Oberlin—cities of the size where discord is more apt to develop. The rural practitioners of the county attend the meetings and the meetings are worth attending. Lorain is one of the larger and one of the more important counties in the state of Ohio. It has a county medical society splendidly representative of this standing.

#### MATERNITIES FOR THE POOR

In the special gynecological and obstetrical number of The American Journal of Surgery, November, Dr. Sylvester J. Goodman, of Columbus, who reviews recent progress in obstetrics, makes an interesting point:

"I want to see municipal hospitals to which every practitioner can take his charity cases and not be obliged to turn them over to some professor. These cases might be used for teaching purposes but the delivery is to be made by the attending physician.

"If you are a chief of staff or hospital superintendent you will say that your statistics will suffer from such a plan and that your death rate will be increased. Well suppose that this is true. Are we running hospitals and clinics for the collection of statistics or for the benefit of the general public and the education of the students of medicine? And does it not occur to you that even if the death rate or morbidity rate of your hospital does increase a little, the relative decrease in mortality and morbidity in the community at large will be greater? If you are as keen to improve the practice of obstetrics as you pretend, do you not think it would be a good idea to pass the improvement around instead of selfishly keeping all the betterment within the grasp of a few professors and staff men? Don't you think that the average accoucheur who is not in the habit of conducting his labors according to the aseptic technic seen in hospitals could learn something if he had the chance to deliver his patients in a place adapted to such work? It is about time for the professors to stop scolding the family doctor about his crude methods and give him a chance to do his work under the same conditions as do those who criticize him. And, did you ever notice the technic of some of our professors when they are thrown amid surroundings such as the general practitioner meets in his everyday work? To my mind the sepsis problem will be largely solved when we have more maternities for poor women. To be sure, it is impossible to relegate all cases to hospitals even if we had them. The women of the better class will not and the poor cannot always leave their homes. But infections will be as rare in obstetrics as they are in surgery only when both can be conducted under like conditions."

#### WHY NOT IN YOUR CITY

Free medical and dental clinics in public schools were advocated by School Superintendent John H. Francis of Columbus, in an address delivered recently before the Columbus Dental Society.

"Physicians and dentists must volunteer their services to get such work started," Dr. Francis declared. "But when things are running smoothly, everyone should be paid. School

clinics cannot be operated successfully for an indefinite period by those who donate their services."

The superintendent explained the free clinics of the Los Angeles school system, of which he was the head before coming to Columbus. Liberal expenditures by the Los Angeles school board, for free clinics yielded a return hard to calculate, he said.

Mr. Francis' suggestion is good. Our new state school code makes it possible for boards of education to employ school medical inspectors. But, in the great majority of cases, funds are not available, and would not be so spent if they were, as the public has not been educated to the value of this demonstration. If the work is carried on thoroughly, the results will quickly "speak for themselves."

### MR. DEPEW ON DOCTORS

Hon. Chauncey M. Depew, the veteran statesman, recently addressed the New York Academy of Medicine. The New York Times quotes him as follows:

"The doctor is peculiarly fitted for this public service. He also needs it as a relief from the absorption of his profession. His training and practice educate him in vindictive reasoning, in estimating values, in knowledge of mankind, and for service in the large amount of charitable work which he does. The one member of his constituency which the legislator fears is the doctor. The physician is much more than a medical adviser—he is the confidant of the family. His opinion of men and measures is the more powerful from the absence of personal motive. The doctor can himself take an interest, and he can inspire others to take an interest in the character of candidates in the operations of municipal bodies and state and national officers. He can easily learn the sources of political power."

The time is at hand for more of our Ohio physicians to give Mr. Depew's remarks serious consideration.

### GETTING THE COUNTRY PHYSICIAN

In looking over our membership lists for 1917 we find that a majority of the new members reside in the small villages, or in the country—at points well removed from the county seat where society meetings usually are held. The answer is: Medical Defense. The country doctor, who finds it hard to get to meetings, knows that this one feature alone is worth far more than the cost of his membership—and worth it in cold dollars and cents. Get after your country "prospects." Send their names and addresses to our Columbus office, and we will write them—explaining the new Defense plan.

### OSTEOPATHY IN ONE WEEK

We find the following advertisement in a publication issued at Battle Creek known as *The Truth Teller*:

## OSTEOPATHY

### IN ONE WEEK.

All latest approved spinal methods with Psychotherapy. Post-Graduate Course; D. O. degree; 7 hours a day; daily clinics; starts first Monday each month.

Write Now for low terms for next class. Address COLLEGE OF PHYSIOLOGICAL THERAPEUTICS (Incorporated), 1553-T, West Madison St., Chicago.

Exceedingly interesting, in view of the ambition of our Ohio osteopaths to have their licenses extended to include the unrestricted practice of medicine and surgery.

### WILL THE CHRISTIAN SCIENCE "MONITOR" PLEASE COPY?

For open, defiant, bare-faced violation of our Ohio statutes, we think the prize should be awarded to our Christian Science "practitioners." Despite the fact that our Medical Practice Act clearly covers this branch of healing, and despite the further fact that the law has been sustained by a clear cut Supreme Court decision, in which a Christian Science practitioner was convicted some years ago, these men and women continue in open and flagrant violation of the law. In every city we find them maintaining offices where they publicly meet and treat the sick for compensation.

Section 1286, Revised Statutes of Ohio, says: "A person shall be regarded as practicing medicine within the meaning of this chapter . . . who examines or diagnoses for a fee or compensation of any kind, direct or indirect, a drug or medicine, appliance, operation or treatment of whatever nature for the cure or relief of a wound, fracture or bodily injury, infirmity or disease."

That this statute specifically applies to the routine practice of Christian Science healers is clearly determined in the so-called Marble case which was carried to the Ohio Supreme Court some years ago. Yet nothing is being done. These healers continue to flourish and their number is increasing. The method offers a convenient back-door entry medical practice for those who are unwilling to qualify even as chiropractors.

Of course, the people of Ohio are paying the price. Only recently in Springfield Judge Frank W. Geiger of the Juvenile Court was compelled

to order the parents of three young boys to provide them with medical treatment. The youngsters had been refused permission to attend school, by the visiting nurse, because they had developed cases of trachoma. The Springfield Sun quotes Judge Geiger as addressing the parents as follows: "You are perfectly welcome to believe in Christian Science if you want to, but these boys must go to the hospital and have their eyes treated." Previous testimony had shown that the mother, when advised of the necessity of immediate hospital treatment, had declared that "the Lord will take care of their eyes."

Cases similar to this are developing constantly throughout the state. Something must be done. We have no quarrel with the Christian Science church, as a church, but we must emphatically protest against its persistent use as a cloak for law breaking. Our statutes provide ample machinery for stopping this practice. Our need is a little spine-stiffening in some of our prosecutors.

#### THE GOVERNOR'S OPPORTUNITY

Governor-elect Cox is quoted in the press dispatches as favoring an immediate and material increase in the state facilities for the care of feeble-minded children. During his first term he had plans in mind for meeting this situation. In spite of the fact that there is in almost every county a waiting list of feeble-minded persons who greatly need institutional care, the Legislature to date has almost ignored the need. Mr. Cox goes into office with the Democrats in control of both branches of the General Assembly. He has an opportunity, therefore, to render his state signal service in this particular field.

#### IT HELPS HIS BUSINESS

Plant Juice is put on the market by one Frank A. Dillingham of Cincinnati. It is cheaper than Nature's Creation as it sells for only \$1 a bottle or six bottles for \$5, but at that price, the Colonel apparently is deriving a tidy income from its sales. According to testimony alleged to have been given in a recent court action the business is now netting him "a profit of \$90,000 a year."

Plant Juice has been analyzed by the Milwaukee city health department. The principal constituents, according to the chemist's report, were fluidextracts of aloes and licorice with possible slight amounts of cascara sagrada or fluidextract of senna. The chemist adds:

"It is a diluted form of vegetable cathartic, with licorice added for smoothness, and sold at an extravagant price."

Health Commissioner Ruhland of Milwaukee,

in a report on this nostrum, tells an amusing story in connection with a description of an investigation by officers of the health department of Plant Juice testimonials. "A truly unique offering in the testimonial line illuminated the way of the officers when they interviewed 'a well-known and popular undertaker,'" the commissioner says. "This user of the herbal extract was boosting Plant Juice because 'it helped his business.' Or, to be precise, his good wife—who explained things in his absence—said he had permitted the use of his picture and statement because it was good advertising."

## In re DUES

Some members still fail to understand what membership in the State Association means.

When you pay your County Society dues, three dollars is sent by your Secretary to the State Association,

This pays for

(1) Your protection in our Malpractice Defense fund for one year—protection which would cost you five times that amount if bought from a private concern.

(2) Your subscription to *The Journal*, which the Association publishes at a cost of nearly \$9,000 per year.

(3) Your proportionate share of the other State Association activities, such as our legislative organization, the right to use our Workmen's Compensation Bureau, our state educational work, both within and without the profession, our annual meeting, etc.

You can't be a member of the State Association without first being admitted to your County Society, and you can't join the A. M. A. except through this State Society. Membership in the county organization admits, automatically, to all three.

Under the arbitrary provisions of our constitution, your right to all of the above mentioned privileges expired on January 1, if your dues for 1917 were not paid before that time.

Among other things, this will be your last issue of *The Journal* until you pay up.

So if you haven't paid up, send your check today to

**THE SECRETARY-TREASURER  
OF YOUR COUNTY SOCIETY.**

*Original Articles***Surgical Treatment of Exophthalmic Goiter\***

George W. Crile, M. D., F. A. C. S., Cleveland

**F**OR the patient with exophthalmic goiter, two methods of treatment are indicated:

(a) Strictly enforced therapeutic rest; and

(b) Operation; the operation in turn being followed by another period of rest until the equilibrium of the organism is restored.

At first the surgical treatment of exophthalmic goiter was applied only in hopeless cases in which vital organs, such as the brain, the heart and the liver, had been damaged irreparably. As good results were secured in some of these extreme cases, the surgical treatment was gradually extended until today it is applied in all cases in which a fair trial of a rest cure has failed to give relief.

Improved methods based upon an increasing knowledge of the underlying factors of the disease have reduced the mortality rate with fair risk patients to between one and two per cent. Our duty, however, is not only to the fair risk patient, but also and even more imperatively to the dramatic and despairing organism already in imminent peril on the rocks. Our policy has always been to accept all cases in which the process of final dissolution is not obviously under way. Our operative lists have included cases brought to the hospital on stretchers; patients in delirium; edematous patients; even patients acutely insane.

Since in such extreme cases the margin of safety is practically reduced to zero, it is obvious that the damaging factors of the operation also must be reduced to zero. In fact the whole scheme of treatment and the operative technic must be more carefully planned than for any other type of operation.

The problem presented by an extreme case may be summarized as follows:

Every organ and tissue of the body has been modified by the disease—not only the heart, the brain, the liver and the kidneys as well as the thyroid, but the chemical constituents of the body as well. In consequence, acidosis is ever present or impending. The relation between the thyroid and the other organs is so unbalanced that, if a lobe of the thyroid could be wished out suddenly, this further disturbance of equilibrium would easily break the slender thread of life.

The two outstanding hazards are the further sensitization of the brain with its dangerously low thresholds, and the impending or existing acidosis. I have known these patients to be dis-

patched by fear; by sudden exertion; by a simple infection such as tonsillitis. It is obvious, therefore, that successful surgical treatment involves the attainment and maintenance of a neutral state as far as the common activators—emotion, infection, trauma—are concerned; and above all the preservation of the reserve alkalinity.

The extensive lesions in that great organ of acid-neutralization—the liver—add greatly to the difficulties of combatting acidosis. It is vital, therefore, that the existing rate of acid formation be not accelerated. Alkalies and water must be pushed; the thyroid gland progressively and gradually reduced; and maximum rest and sleep secured by definite and planned tact and patience on the part of the nursing and surgical staff.

In an extreme case, the initial surgical step is the injection by Porter's method of a small amount of boiling water into one lobe. This is done with the patient in bed under local anesthesia and nitrous oxid analgesia. The effect is noted and if the indication is favorable a larger injection is made into the other lobe, this being followed by a still larger injection into the first lobe. If all goes well, one superior thyroid artery is ligated or else one pole is ligated after the method of Stamm and Jacobson. Later the opposite side is treated in like manner. All these procedures are done under analgesia and local anesthesia with the patient in bed.

The patient may then be sent home that the organism may have a chance to adjust itself to the lessened thyroid activity. During this period of rest there is usually a striking gain in weight; the edema disappears; the pulse rate falls; the widely dilated heart and the enlarged liver grow smaller; the sensitization of the brain lessens; and the size of the thyroid diminishes.

Some patients improve so much during this "interregnum" that they are loath to return for the lobectomy; but without lobectomy relapses are apt to occur.

Like the preceding maneuvers, the lobectomy is performed under the strictest anociation. The patient receives a preliminary dose of morphia and scopolamin, and is transported to the operating room under light nitrous oxid anesthesia. The local field is blocked by novocain; the divided tissues are infiltrated with quinin and urea hydrochlorid; and the manipulation and dissection of the operation are performed in the gentlest possible manner.

The patient is returned to bed while still under light anesthesia. Under novocain, a large saline infusion is given under the breast and water by

\*Read before the joint session of the Medical and Surgical Sections, Ohio State Medical Association, Annual Meeting, Cleveland, May 18, 1916.

mouth is urged. If not annoying to the patient, a five per cent glucose and five per cent sodium bicarbonate solution is given by the Murphy drip.

Special tact and skill on the part of the nurse are required to guard the patient against restlessness and insomnia. If these cannot be controlled, morphia should be given and in sufficient quantity to secure the desired result.

Rest, sleep, water and alkalies are the essential foundation stones of ultimate repair.

In accordance with the kinetic theory, every activation must be reduced as much as possible. Work—mental or physical—and worry must be minimized; every focus of infection, tonsils, sinuses, etc., must be cleared up; much water must be taken; a non-protein diet prescribed, and diversion encouraged. The period of directed postoperative rest should continue for about a year. In short, the fundamental principle of the treatment of this excessively kinetic disease, in which the body is ultimately driven to its own destruction, is its antithesis—*rest*.

In my series I know of no recovery case that was not benefited. In the vast majority the disease was definitely arrested. The final result is dependent on (a) the tact and efficiency of the after care; (b) the circumstances of the pa-

tient; (c) intervening diseases; (d) the environment; and (e) the extent to which the organism had been damaged by the disease. The last named is perhaps the most important, and at the same time the most controllable factor. There should be no more reason for withholding operation until the patient's body is disintegrated in this disease, than to wait for clammy hands, black vomit and delirium in appendicitis, or for lung involvement and cachexia in cancer of the breast.

#### SUMMARY.

The treatment of exophthalmic goiter comprises (a) a period in which non-surgical treatment has been tried; if without avail, then (b) surgical procedures to break the force of the disease; and (c) a period in which the greatest possible degree of restoration for those organs, which may have been damaged by the disease, is accomplished by rest, and by dietetic and hygienic management.

Our belief in the efficiency of surgical treatment for exophthalmic goiter is based upon a study of the results of 1477 operations for goiter, performed by my associates and myself, of which 674 were for exophthalmic goiter.

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#### Medical Treatment\*

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THE conception one has of the nature and etiology of Graves' Disease will determine one's treatment. The internists who regard Graves' disease as a neurosis or a disturbance of some central origin, or as a peculiar and enigmatic trouble of some sort, no matter where its seat, provided, it is not in the thyroid, still swim in the dark, hence, the great motley mixture of what is called medical treatment. Surgeons, on the other hand, who consider the thyroid as the guilty factor, will experience no hesitancy. Their way is clear. "Heraus mit dem." A radical and not ideal means, most assuredly, but the best we have at hand today and the most fertile in results.

Is there truly a medical treatment for Graves' disease? If by that we mean a well-defined, classical, therapeutical line of conduct, there is none. The truly specific agent for thyrotoxicosis has not yet been found. If, on the other hand, by medical treatment we mean anything which is not surgical, we must concede that there is such a thing. With that form of treatment, everyone feels at liberty to use whatever he sees fit, hence, the multitude of medical means employed as, for instance, iodine, arsenic, iodides of all kinds, bromides, digitalis, belladonna, atro-

pine, ergotine, ether, veratrum, strophanthus, quinine, nux vomica, phosphate of soda, convallaria majallis, etc., as faradization, galvanization, currents of high frequency, as hydrotherapy of all kinds, sojourn at the seashore or in high altitudes, as gymnastics with Zander's apparatus, mountain climbing, etc., as all imaginable diets, some authors advising forced feeding, some others the hunger cure, some authors advising forced drinking, others the thirst cure, as mineral waters of all sorts, as kephir, milk, zoulac, as serum, blood or milk of thyroidectomized animals, and thyrotoxic serums, as finally, extracts of the glands of internal secretion as adrenals, pancreas, hypophysis, ovary, thymus, testicle, etc.

Everyone will admit that this medical therapeutical gamut is most variant; everyone according to his taste may make his choice. Please do not think for one moment that I am trying to ridicule the medical treatment. I know too well that each one of these means employed has to its credit some improvements and some cures. Everyone knows, too, that some patients get well without any treatment, and as said by Mayo, I think, some get well in spite of any treatment. Too often we hear adversaries of the surgical treatment boast that they have cured thyrotoxic patients with the rest-cure, milk-diet, Forcheimer treatment, and what not. We all can pick out of our series, medical as well as surgical, some brilliant results in order to support our contention. That is not the point. We know that it is true. The point is: Of the total number

\*Discussion of Dr. Crile's paper on Surgical Treatment of Exophthalmic Goiter, read before the joint session of the Medical and Surgical Section, Ohio State Medical Association annual meeting, Cleveland, May 18, 1916.



of patients treated medically or surgically, what number improved or get well, what are the negative results, and what is the death-rate? That can be answered only by statistics. I have taken the trouble to go over the literature, American as well as foreign, in order to find out what were the results for medical and surgical treatment. My researches extend over the past fifteen or twenty years. These results will be published in due time.

In final analysis, I must say that the medical statistics do not compare at all with the surgical so far as results, and so far as mortality is concerned. As strange as it may seem, the death-rate for the cases treated medically is far greater than for those treated surgically. Surgical treatment is still the best so far.

Rest-cure is certainly among the best of all the medical means we have at hand to combat Graves' disease, but it is often of difficult practical application. Only very few patients can rest mentally as well as physically for long periods of time, for months or even years, without becoming impatient and even they, after some months or years have elapsed, become discouraged, restless, worried, and impatient. The rest-cure becomes a burden to them, and under such conditions benefit can no longer be expected. The majority of these patients belong to the working class, the necessities of life are imperative with them, they must make their living, they may have a sick husband to support, families to take care of, they may have little or nothing to live upon except what they make. How would you expect them to rest? Indeed, they will obey your orders and try to rest for five or six weeks, but when they see no improvement, when they see possibly that their condition is getting worse, when their financial means are becoming exhausted, when they realize that this rest-cure may last for months or even years, and at the end of that time they will have to be operated upon, they give up in despair and discouragement, and who can blame them? "Rest-cure" for them is impossible; it is illusory. Under such conditions rest-cure is only good as preparatory to surgical treatment and not as a curative means.

Medicinal treatment, as we all know, is so far purely symptomatic. The results of electrotherapy, X-rays, serotherapy, polyglandular ootherapy, so far have been unsatisfactory, uncertain, and not lasting. In my judgment, the surgical treatment is still the treatment of choice. Surgical statistics show that the earlier the case is operated upon, the better the results are and the lower the mortality. As a general principle, we might say that secondary forms of Graves' disease, namely, the ones following the colloid or cystic goiters, are surgical by right. Early mild forms of hyperthyroidism are medical. The early typical cases of hyperthyroidism should be

surgical, as the sooner they are operated upon the better will be the results and the lower the mortality. The well advanced cases of hyperthyroidism are still surgical. The severe advanced cases of long standing with secondary degenerative processes of the organs have passed, so to speak, the surgical stage and have become medical again. Surgical treatment in such cases is seldom curative. It may, however, improve the patient materially. The fulminating forms of hyperthyroidism should be theoretically surgical. Practically, they can be only medical until the opportune moment for surgical intervention has arrived. The greatest majority of the fruste forms are medical.

So, you see, Graves' Disease is not purely a surgical disease. It is a medico-surgical disease, one in which both the physician and the surgeon must have something to say. The physician prepares the road for the surgeon, and when the surgical work is done, gives it the finishing touches. Great things today are not done by the individual alone, but by co-operative work. There is no other field in medicine where the "team-work" principle may be applied to better advantage. Medical men have every right, if they so choose, to try all therapeutical measures in the early stages of the disease, but if they fail not only to arrest the disease, but also to cure the patient quickly, they should be held to as strict accountability as when they fail to call for surgical help until a patient with acute appendicitis, for instance, has developed a diffuse general peritonitis. Let us recall the words of our great master, Kocher, when he said, speaking to the internists, "Gentlemen, do not fail to send us your patients early. We will send them back to you and in so doing will find in our work better results and more pleasure."

There are a few factors which I consider of prime importance in operations for thyrotoxic goiters, and to which I attribute my good results.

*The Anesthetic.*—General anesthesia, be it with ether or nitrous oxide, is still, in my judgment, one of the main dangers in operating on thyrotoxic goiters. Therefore, its duration and intensity should be reduced to a minimum. In my practice, I use ether altogether; I am afraid of nitrous oxide since I have seen three sudden deaths occur in the practice of one of my colleagues who was operating simple, non-complicated cases of chronic appendicitis, hernia, etc. In my early practice I used to give ether in the anesthetizing room so as to eliminate the factor of fear. I have learned since that the factor of fear from the operating room is a negligible quantity. This element of fear is considerably diminished by an adequate preliminary dose of pantopon and scopolamin. At any rate, the unnecessary time during which the patient is anesthetized in order to avoid that factor of fear is far more detrimental to him than the fear of

the operating room. So now, my patients are brought into the operating room prepared for operation and only then anesthetized, and long before the operation is terminated the anesthetic is stopped, so that the great majority of my patients are already awake before they leave the operating room. In bad cases I use local anesthesia only. Since I have so shortened the period of general anesthesia, my results have been far more satisfactory. Moreover, the presence of the surgeon while the anesthetic is being given is always a source of comfort to the patient, as he usually has implicit confidence in him, while he may not always have such confidence in the anesthetist.

2nd, *Thymic Hyperplasia*.—It is an indisputable fact that there seems to be a close relationship between the thyroid and the thymus. In Basedow's disease concomitant thymic hyperplasia is present in the greatest majority of cases. What the significance of such a hyperplasia is, is still a debated question. There seems to be enough evidence to show that thymus hyperplasia increases the symptoms of hyperthyroidism, hence, in my judgment, the indication to remove the thymus, and that is what I have been doing in the last few years, and with the most satisfactory results. In every goiter operation I explore the anterior mediastinum for thymus hyperplasia, and when the latter is found, I combine thymectomy with thyroidectomy. Since then, the post-operative thymic deaths due to pressure upon the trachea and the base of the heart have become unknown to me. Post-operative hyperthyroidism is far less frequent, far less intense, and the post-operative results more rapid and complete.

3rd, *Acidosis*.—For many years I have been impressed with the frequency with which the "acetone breath" was encountered in many post-operative cases. I thought for a long time that I had to deal with a transitory diabetes. Repeated examinations, however, failed to show sugar in the urine. In 1913, an article on the subject by two French authors enlightened me considerably as they showed that the symptoms observed were due to *acidosis*. In order to prevent these symptoms they advocated the use of glucose or bicarbonate of soda before as well as after operation. Since then, other authors, among them Crile, have confirmed these views. Now as a routine measure, glucose and bicarbonate of soda are given freely before operation and as soon as possible after the operation. A few hours after the operation the patient is urged to take food rich in carbohydrates. This method has been very satisfactory to me and to my patients. I cannot agree with Crile when he says that post-operative hyperthyroidism and acidosis are the same thing.

4th, *Anoci-association*.—For years I have used the infiltration method as advocated by Crile in connection with general anesthesia. Since this

great war broke out, I have been unable to obtain novocain, consequently I have been obliged to give up the anoci-association method. I am glad to say that I have been unable to see any difference for the worse in my post-operative cases, so that in the future I shall not use it.

5th, *Surgical Judgment*.—I think we surgeons are too prone to believe that our good results are due to the method which we employ. It would be an error to believe that because one has blocked the field of operation, has eliminated the factor of fear, has used a certain kind of anesthetic, has done his best to eliminate acidosis, and will remove a portion of the thymus, that he is safe in undertaking any operation on a patient, being sure that the outcome will be alright. This indeed, is not so. The best anoci-association I know of is a *sound surgical judgment*, and *surgical skill*. The judgment, experience, and skill of the surgeon will, I think, determine very largely the outcome of each given case. We have killed a great many patients with exophthalmic goiter because we have done too much, because we have used a general anesthetic when we should have used a local one, because we have subjected them to operation near or at the top of a wave of hyperthyroidism, because, in other words, we have done the right thing at the wrong time, or the wrong thing at the right time. There is possibly no other field in surgery more than in thyroid surgery where the surgeon must be not only a good technician, but also a most capable physician, being able to appreciate the strength of the heart, to judge how much shock the nervous system will stand and how much it will not, to know if the case is complicated with thymus hyperplasia or not, if degenerative processes of the organs have gone so far as to compromise the success of the operation, or if they will stand the strain. Even with the best medico-surgical judgment and with wide experience, every surgeon will meet sometimes with misfortunes and disappointments because the conditions found are deceiving. A heart seems to respond beautifully to the preliminary treatment, yet, great is our disappointment when we expected this heart to stand by us to find that it simply quits. As long as the patient has a heart, a nervous system, a liver, kidneys, suprarenal bodies, etc., with which we are compelled to reckon, there will always be an unavoidable mortality. That is why I say that Crile is not doing himself justice, and is giving too much credit to his anoci-association method when he attributes his good results to his method. If we consider the results of such authorities as Kocher and Mayo, who do not apply the anoci-association method as advocated by Crile, and who do not use nitrous-oxide, we see that their results are not only the best, but also constantly improving. What are we to say of Kocher who systematically uses local anesthesia for his goiter work, who does not make a point of eliminating

the factor of fear, whose patients know beforehand the day and the hour of their operation, and who walk to the operating table? Everyone of us knows that an operation performed under local anesthesia is not as painless as one would wish, consequently, the nocuous impulses toward the brain are extremely active and harmful, yet, who can criticize Kocher's results, not only so far as the mortality is concerned, but also so far

as the immediate and remote results are concerned. In a personal letter sent me a few days ago Kocher states his mortality for the last 300 operations for thyrotoxic goiter was 1%. In the light of all this, we may conclude that the best assets for success in goiter surgery are knowledge, experience, judgment, and caution. Everything else are an excellent, helpful means which should not be neglected.

## Graves' Disease\*

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**M**ANY individuals are discovered by examination to show some of the cardinal and secondary signs of Graves' disease though they may have never given symptoms which led to its recognition as a disorder to be formally diagnosed.

In many of them the course of various infections, the development of fatigue either mental, as in grief or worry, or due to protracted or severe exertion has throughout their adult life produced transitory functional disturbances which occurring in cases of fully developed and fully recognized Graves' disease would be readily accepted as due to this diagnosed condition.

These commoner disturbances of lesser intensity include palpitation of the heart on occasions of slight excitement, trembling of which the individual who is not yet a patient, is frequently the only one cognizant, though occasionally they may be so evident that an onlooker remarks the nervousness exhibited, localized sweatings when excited, as of the forehead, the axillae, or of the palms, diarrhoeas of varying intensity with no sufficient cause discoverable save that the tendency frequently asserts itself when disturbed by excitement or fatigue, peculiarities of mental activities, such as sudden or inexplicable depression, likely enough to follow some exceptionally intense concentration or experience either enjoyable or the reverse; agoraphobia or dislike or fear of being in a crowd, a more or less constantly ready apprehension of some untoward happening with no cause for such to occur, many moods in whose varying existence the friends who often meet these individuals know not what to expect, but only know that they must be prepared for some unlooked for quirk or mental attitude to be explained as "just So and So's way."

These kaleidoscopic changes in body and mind are apt to appear after some great emotion, as grief from death in the family, business worry, fright, etc.

Routine examination will show a surprising proportion of these individuals to react positively when tested for Marie's tremor, commonly giving

also exaggerated knee jerks, frequently some one, or two of the ocular signs, excessive vasomotor lability as evidenced by paroxysmal or fairly constant rapid pulse rate without other discoverable cause, and by dermatographism; while scrutiny will show variations in hair development and color as often seen in pronounced cases, and a differential blood count will give figures as striking as in many of the most evident. The thyroid gland itself is in many of these persons sufficiently enlarged to be readily palpable if not readily discernible on simple inspection.

In thousands of people in every large city these findings are to be verified by careful routine examination. Out of these usually unrecognized thousands spring the single cases or the scores in whom some happening produces a more or less explosive establishment of the unmistakable case of Graves' disease. And here should be noted most carefully the very significant observation that, in most of these cases thus grouped, proper search reveals some profound emotion beginning the full clinical picture.

So often and so regularly is this a matter of experience that one becomes inclined to doubt either the accuracy of statement by the patient or the accuracy of his or her memory or appreciation of the exciting conditions, if such experience be not elicited.

Psycho-analysis here becomes added to the physician's obligation as well as physical exploration for purposes of diagnosis.

"Joy, contentment and repose,

Slam the door on the Doctor's nose,"

is found among the translations by Longfellow, and people whose lives have been lived in joy, contentment and repose seldom show the phenomena belonging to the disorder we are discussing.

Over-strain in its manifold possible methods of occurrence, grief, worry or constant irritation, discontent, social, financial, or due to conditions difficult to classify briefly enough to recount here, operate to develop that intensity of reaction to established conditions which has never been so well described as in a well drawn, comprehensive account of Graves' disease.

This very susceptibility to impressions which must be considered as stimuli, has been utilized

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for practical aid by the surgeons in lessening shock, and it needs no involved theory to explain the value of lessening dread and apprehension of an impending operation for patients already over susceptible to such stimuli.

To have called attention to, and to have put into practice such measures is to have rendered great service, and a different explanation will in no wise detract from the credit due to the proposer, while it is here intended to point out that every advantage derived from anoci-association as preparatory to operation, is justly and in all reason to be estimated as a consideration calling for similar painstaking care in psychological treatment to make the operation itself unnecessary.

Thus we must emphasize psychological shock or fatigue as the commonly discoverable immediate antecedent to the development in each case, or its particular combination of the manifold characteristics of this disorder.

After such shock or fatigue to a person so constituted that several of these signs of vaso-motor instability or more than average response to usual stimuli have been recognized, it may be expected that the effect of this shock or fatigue in them may be the development of a clearly recognized or even extreme condition of Graves' disease.

Since we feel justified in asserting that in most communities there are many people who by inheritance or development are found to show on examination demonstrable hyperreaction to given stimuli and among those people only find the later development of well marked Graves' disease, and that inquiry elicits in nearly every case the development of the disorder immediately or in close sequence of time to the occurrence of shock or fatigue, either physical or psychological, or in the smaller group the part of some infection as apparently a toxic cause, we are led to put great weight upon the establishment of proper psychological conditions as well as upon drugs or physical measures to treat the patient successfully.

It is fairly to be stated as a matter of experience that the failure to recognize the importance of this psychological factor and to efficiently meet the condition it imposes is the reason for countless failures of treatment in which reliance had been laid upon drugs and physical measures alone.

Reassurance and mental calm establish an essential condition for any reasonably expected effect of direct treatment and without some measure of reassurance and greater mental calm, much less is to be expected of any direct treatment than when it is secured.

Conversely, an intense, even disastrous effect is usually seen in any case under treatment to whom fresh shock or emotional exhaustion occurs.

Fright, anger, disappointment in any eagerly

hoped for development, or in the very musical even the fatigue of thorough enjoyment of an excellent concert, have repeatedly been seen to determine very untoward developments.

Physical conditions in the patient's body often produce not alone their own special direct disturbance, but also produce a far reaching and at times a determining effect upon the nerve centres. In these patients marked benefit, possibly to a decisive degree, may follow the correction of errors of refraction, or of pelvic disorders in women, or of any other condition whose existence is productive of abnormal nerve strain.

Having thus emphasized the importance of providing conditions of nerve quiet, of mental and nerve training for those suffering from this disturbance there remains for consideration the statement of measures found reasonably efficient in a sufficient number of cases to warrant their recommendation in well planned combinations to produce such physical effect upon the body as tends to lessen the effect of whatsoever causes operate in each individual to bring about the disturbed equilibrium seen in each case of Graves' disease.

The clinical phenomena of the disorder are practically all vaso-motor, and the agents which the physician employs in the medical treatment with greatest effect are remedies which have a decided influence upon the vaso-motor centers. Good hygiene involving the absence of strain is greatly aided by the use of hydrotherapy.

This is no place to discuss the principles of hydrotherapy, but it is a good place to call attention to the fact that when used it must be adapted to each individual case by the direction of the physician and as with any other procedure successful results can only be expected when good judgment and understanding are used by the physician in directing the application.

If every criticism of the use of hydrotherapy required of the critic a knowledge of the procedure and a training in its use few who now decry it would raise their voices in any medical assembly.

Among other agencies I would here mention the use of electricity with the same underlying statement that the application of the stimuli to the human body should not be undertaken, nor should its usefulness be denied, unless there be a degree of knowledge of the physiological effect and the experience in practical use, which unfortunately has been often entirely absent among those who reject its usefulness.

Properly directed with practical suitable conditions established about the patient there are few cases of this disorder who will not respond to well directed use of these two measures in a manner surprising indeed to those who think they are agents to be employed without judg-

ment and discernment on the part of the physician who directs them.

In the course of many years' treatment given to a large number of these cases it has been found important also that the condition of the digestive tract be managed to secure for the patient efficient digestion without unnecessary physiological disturbance. In a great number of cases it is this system which is subjected to vaso-motor disturbance most pronouncedly, and successful treatment by diet and remedies suited to the kaleidoscopic changes which these patients will show will conduce to a stability of functional performance which is at least a symptomatic gain and a therapeutic advantage.

As to specific drugs or pharmaceutical preparations so many have been recommended that it is good reasoning to suppose that no single ones are advantageous in the largest proportion of cases. When, however, physicians remember that the use of drugs must be as individual as the combinations of symptoms for which they are given, it is not difficult to see that great advantage may be gained in a case in hand from some drug which is useless in a number of other cases. To recommend a drug now and then useful because of the symptomatic combination in a small group as a drug generally useful for the treatment of Graves' disease is not a good recommendation. But to recommend that individuals affected with this disorder may sometimes be benefited by giving drugs which are apparently unrelated to the direct physiological purpose is only to recognize that in differing individuals differing procedures are needed, and thoughtful discernment by the physician will enable him to choose from a great number of agents to be sometimes used, those which are likely to prove adapted to the given case. This is no aspersion upon internal medicine, but an evidence of its broad possibilities.

A drug used by a physician who exercises discernment is like an instrument in the hands of a surgeon who uses it well when trained and guided by good surgical principles. Only so much respect should be given the opinion of a surgeon who condemns internal measures of treatment in this disorder because of the multiplicity of agents which are recommended, as should be accorded to surgical judgment which would jumble the instruments in a case together and grasp from the chaotic mass some tool unfitted for the purpose at hand and then proclaim surgery useless.

It is also an illogical inference of some internists that because in a few cases some benefit has been felt from the use of a certain drug there should be ascribed to its influence a special effect upon this particular disorder. Good judgment and right thinking about this disorder will be greatly advanced when physicians and surgeons alike shall appreciate that agencies

brought to bear to control disturbed symptoms may be efficient in their field while not being special measures for the treatment of the pathological condition which we describe under any given nosological term.

Attempts to provide a specific remedy for the disease have given us such agents as Moebius' Antithyroidine, Thyroidectin, Rodagen, the Beebe-Rogers' serum and countless others. In a reasonably large percentage of cases I have had benefit alike from Antithyroidine and Thyroidectin. While not desiring to urge their use in every case I should be loath to treat a large number of cases without being able to use one or other in several of these cases. The use of specific remedies has not as yet given us satisfactory results though considerable benefit may be gained. Sedatives are often useful and the skill of the physician rather than the efficiency of the drug is to be considered in estimating the result of their use.

The vasomotor disturbances which produce explosive symptoms in these cases are not all mental, as we have largely discussed hitherto, or all due to the fatigue and strain of some voluntary or accidentally imposed condition. The vasomotor regulation of the body is largely accomplished by peripheral stimulus and particularly the patient with Graves' disease is liable to disturbances when the regulating mechanism of the body periphery is subjected to change which disturbs his physiological regulation.

Hence, these patients show with surprising regularity, reactions to atmospheric conditions of relative high humidity, because the evaporation from the skin which is physiologically effective under usual conditions, becomes ineffective when watery vapor nearly saturates the air. Climatic conditions such as prevail in dry climates are most favorable for uniform tonicity of the vasomotor apparatus, and many patients are comfortable and relatively content with the improvement when placed under suitable conditions of this character. Not every case will respond, but in a large group a considerable proportion will experience benefit from such conditions. Failure of a climatic change in some instances is not necessarily to be reckoned as condemning change of climate for a considerable number of other cases.

I would urge the treatment in every case of Graves' disease by medical measures supposing that they be used with judgment and intelligence comparable to that which the more easily obtained and more readily developed surgical technique requires of the operator. The question of treatment in these cases is by no means to be settled on the basis of the statistical results of operators undertaken and lost sight of as to the after-course of that condition through a number of years.

Medical measures are not to be condemned by surgeons who have never practiced medicine

while there remains the possibility of the improvement and better understanding which, when diffused through professional channels, shall render needless the surgeon's intervention in the majority of cases to which he now confidently proceeds because he knows no better.

In this present formative state of professional opinion the need is great of freedom from partisan feeling in the estimation of results following the application of any procedure. "To prove all things, and hold fast that which is good," is a motto which we may well adopt and it is against the unfair denunciation of good methods and good procedure because they happen to have been mixed with others less good or wholly bad that I protest in the name of Medicine and also against the decision of treatment for these cases by those who know only one thing, and that to do a surgical operation according to their daring. And as the thoughtful practice of medicine develops it is clear to many that efficient combination of procedures and advice will enable most of these cases to live without operation with a comfort and a freedom at least equal to that enjoyed by so many of the operated cases which have come back to the physician for his continued care.

The opinion here advanced is on the basis of twenty years' close attention to the routine investigation of all patients with reference to the possible existence of this disorder.

This routine brings to notice cases who in no wise would be considered as sufferers from Graves' disease but who show the fundamental conditions for its development. It includes a great number of patients of the lesser degree, or formes frustes, coming for relief from symptoms apparently unrelated, often sent by physicians and in which successful results were accomplished by measures directed only to the relief of this condition. It includes numbers of cases of pronounced development such that the diagnosis of a well advanced Graves' disease was unmistakably proclaimed at the first view of the patient. It includes number of cases of great severity, and cases so acute and so overwhelming that they were not operable risks for a surgeon to undertake.

Having been among the earliest, and as far as I know the first, to call attention to the prevalence of this disorder in the milder forms among us, the experience gained in the treatment of thousands of these cases of all degree is such that I believe the greater number of operations as now performed are uncalled for and often unjustifiable.

Among the uncounted minor cases and hundreds of cases of greater intensity seen in these years I have found but one to whom I felt constrained to advise operation because means did not permit a long enough continuance of the favorable conditions to secure satisfactory betterment. In repeated trials decided improvement

was accomplished, but returning to exacting work the responsibility and fatigue of nursing soon exhausted the gain made in the brief rests she was able to obtain. This patient was just then in the favorable situation of becoming able to realize conditions impossible before; and living a quiet life, keeping house for her brother and working in the garden, she completed the recovery under these conditions, and for four years has gained steadily. She looks back with thankfulness at having escaped an operation which seemed imminent, and on having secured a recovery which appears complete.

#### Discussion of Dr. J. P. Sawyer's Paper on Goiter\*

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Cleveland, Ohio.

**A**SIDE from the circulatory phenomena found in association with Graves' disease which have been mentioned in Dr. Sawyer's able and important paper it is a frequent occurrence to find cases with goiter who show more or less marked signs of a functionally or organically affected circulatory apparatus. In some of these cases the embarrassment of the circulation is due to pressure of the enlarged thyroid gland upon the lesser circulation. This may result in dilatation and eventual decompensation of the right heart. Pressure of the thyroid upon the respiratory tract with resulting embarrassment of respiration may also cause secondary cardiac and circulatory disturbances which may be the prominent symptoms in these cases. In other instances pressure upon the sympathetic ganglia may cause great acceleration of the heart.

Aside from this class of cases we see not infrequently individuals with enlarged thyroid glands who show a greater or lesser degree of cardiac disturbance despite the fact that the enlarged gland does not exert pressure on either the blood vessels or the respiratory apparatus. In these cases it has been noted that the circulatory symptoms have usually appeared at a considerable period of time after the appearance of the enlargement of the thyroid, whereas the circulatory disturbances of Graves' disease usually are early symptoms. This condition studied by Kraus was described by him as goiter heart. The symptoms may be only a slight heart enlargement with palpitation and shortness of breath on exertion, with a constantly or occasionally rapid pulse, or they may go on to advanced cardiac decompensation with greatly dilated heart, arrhythmia, ventricular venous pulse, edema and ascites. Some of these cases may show nervousness, sweating and other symptoms suggestive of an early Graves' disease, while others are without these symptoms, the main trouble with them seeming to be primarily cardiac. Much study of these cases has as yet given

\* Read before the joint session of the Medical and Surgical Sections, Ohio State Medical Association, Annual Meeting, Cleveland, May 18, 1916.

us no satisfactory explanation of the condition. Many observers believe them to be due to an hypersecretion, while others, notably Minnich, would associate these cases of goiter heart with an hyposecretion. The glands vary from the adenomatous type all the way to the simple colloid goiter.

Many of these cases do well under careful medical treatment aimed primarily at the cardiac condition, even when the decompensation is of an advanced grade. In some, however, this line of treatment seems to be of little avail and in these cases, even though the heart seems to contraindicate operation, operative procedure may bring great alleviation. This is true of the so-called toxic type of case. The two following cases, which I am able to report through the kindness of Dr. John Phillips, will illustrate this point.

CASE I. Woman, aged 47, was admitted to Lakeside Hospital November, 1913, complaining of shortness of breath, palpitation of the heart and ascites. She had some enlargement of the neck for 15 years. Physical examination showed very slight prominence of the eyes, assymmetrical enlargement of the thyroid somewhat more marked on the right than on the left. Adenomatous nodules were palpable in both lobes. Some dullness over the manubrium sterni which extended slightly to either side suggested a retro sternal goiter. Marked pulsation over the entire precordium. Left border of the heart at the anterior axillary line. Right border of the heart 3 cm. beyond the right sternal margin. Heart sounds irregular both in force and rhythm with soft systolic murmur audible over the apex and transmitted to the axilla. Liver was enlarged extending 4 cm. below the costal margin. Some edema of the feet and slight ascites. Pulse was very irregular. Rate at apex, 160; wrist, 120; pulse deficit, 40. Systolic blood pressure, 145. Diastolic, 95. There was some tremor of the hands. Under rest and digitalis and other appropriate treatment for the heart condition she improved somewhat, though the pulse remained rapid. She continued in this condition with only short periods of improvement during the next ten months. The slightest mental or physical disturbance would cause an exacerbation of these symptoms. At the end of this time she was operated upon. She improved rapidly after the operation and at the end of six weeks was able to sit up. The heart diminished in size so that the left border was only 1 cm. outside of the left nipple. The rate was 80 and practically all of the irregularity had ceased. At present time able to be up about house and do considerable work.

CASE II. Woman, 50 years of age, admitted to the hospital in June, 1912. Always been in good health until 14 months before admission. At that time, while travelling, she had a very severe nervous shock, owing to the sudden death of her brother. Since that time had not felt

well though nothing to indicate any particular chronic disease. Lost 30 pounds in weight. Slept poorly. Physical examination showed thin, nervous woman with fine tremor of hands. Her weight was 90 pounds, her hair was thin, the eyes were prominent, Stellwag's and Von Graefe's sign present. Thyroid was uniformly enlarged and a bruit was audible over the gland. Heart enlarged, left border reaching 2 cm. outside of the left nipple line. Pulse rate, 104. Blood pressure, 145-90. Rest in bed, increased feeding and bromides caused some improvement. Pulse dropped from 104 to 80. Blood pressure same. Weight increased, 8 pounds. She was sent away to the sea-shore but owing to certain uncongenial surroundings again became very nervous and had anginal attacks with intense pain in the precordium and down the left arm. She returned two months afterward with distinct aggravation of the thyroid symptoms. Pulse rate, 120. Blood pressure, 180 systolic and 100 diastolic. Examination of the heart showed nothing different from the first admission. During the next three months patient had several typical attacks of angina relieved temporarily by administration of nitroglycerine. Complete rest in the hospital had no beneficial effect. She was transferred to surgeons for operation. The right lobe, the isthmus and a portion of the left lobe were removed. At the end of a month blood pressure had dropped to 150 and 90 and pulse rate to 80. The patient had gained 8 pounds. Two weeks later she left hospital and at present time, three years later, she is enjoying good health. Weight, 145 pounds. Heart only slightly enlarged. No return of anginal attacks.

*Secretogen*—The Council on Pharmacy and Chemistry has reported that commercial secretin preparations examined (*Secretogen* and *Duodenin*) contained no secretin and also that secretin is inert when given by the mouth. While practically admitting the correctness of the Council's findings, the manufacturer of *Secretogen* (The G. W. Carnrick Co.) in a letter to the Council sets forth the company's claims for secretogen on a new and altogether improbable basis. Since the arguments are purely speculative, the Council reaffirms its previous action declaring this preparation ineligible for New and Nonofficial Remedies (*Jour. A. M. A.*, Sept. 9, 1916, p. 828).

*Nophthalene for Automobiles*—The A. M. A. Chemical Laboratory reports that "Inajiffi" tablets are pure, or nearly pure naphthalene. The tablets are to be added to gasoline for automobiles, etc. The increase of energy produced by the addition of the tablets is probably too slight to be appreciable. Even the addition of the small quantity advised by the dealers of "Inajiffi" did give an appreciable augmentation of energy, naphthalene might be bought in the form of moth balls (*Jour. A. M. A.*, Sept. 16, p. 897).

# Deductions Drawn From the Use of Salvarsan in the Treatment of Syphilis\*

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From the Department of Dermatology and Syphilis of the Western Reserve University and of the Cleveland City and of the Lakeside Hospitals.

**W**E have been in a position to study the action of Salvarsan from its first introduction into this country and we have assisted in the preliminary use of Neosalvarsan in Europe, even before it was put on the market. Moreover in the past few months we have had the opportunity of studying the action of the Canadian product, Diarsenol, and of the Philadelphia drug, Arsenobenzol, and we would like to draw a few conclusions as to our findings.

Using the drug on a large scale, we generally employ the 1.0 gram, 2.0 gram or 3.0 gram size because of the convenience of mixing it rapidly and at one time, instead of being forced to break several smaller tubes. In our Lakeside clinic the drug is administered once a week and in the City Hospital clinic bi-weekly, so that, along with private cases we are giving, either personally, or under direction from 15 to 25 or more injections a week.

Our routine is to start with 0.2 gram intravenously in a female and 0.3 gram in a male; increasing by 0.1 gram each week up to a maximum of 0.4 gram in a female and 0.5 gram in a male. Five or six injections constitute a course of treatments.

The number of injections to a patient varies from many causes—the highest number we have given to any one person being 28. What would be too little for certain cases was a great plenty for others and of course the expense had to be considered by some.

In no case have we used Salvarsan alone but in all of them we have given in addition, weekly, intramuscular injections of Gray Oil.

Our routine for preparation of the drug is to use freshly distilled and sterilized water, 10 or 20 c. c. to each 0.1 gram. The old Salvarsan and the Canadian Diarsenol dissolve readily while the Philadelphia product requires more violent shaking with glass beads and heated water. All of them are neutralized or made slightly alkaline with 15% NaOH, using 4 or 5 drops to the 0.1 gram of drug. We find the Arsenobenzol requires a little more alkali than the other two. If all cloudiness does not disappear on shaking more alkali should be added. It is then ready for injection and we employ the gravity method with cylinders for the Saline and Salvarsan and two-way cock.

We are emphatically against the "shot" in the arm with a syringe as promiscuously employed

by some physicians, believing that it leads only to severe reactions and often to positive harm.

We have given up the use of Neosalvarsan, except for intramuscular injections in infants, as its action is much weaker than that of Salvarsan. True there have been many lethal results from the promiscuous use of Salvarsan, especially due to unsuitable cases, and more care should be used in their selection and in technique of administration. If this be done, as a rule, little harm will result from its careful use.

The question may be asked what untoward symptoms are noted from the use of Salvarsan—and I may add that we have had no real serious ones. In our experience the commonest symptom is a sensation of fullness in the head, together with a marked erythema and swelling of the skin of the face and neck. Sometimes the mucous membranes are likewise involved. Chills and fever of variable intensity are by no means uncommon—being seen probably in 20 to 25% of the cases. They are generally noted several hours after the injection and are not alarming. Emesis is seen in 10 to 15% of the cases and in a very few instances the patients have had violent emesis while still on the table. Quite often the patient is nauseated for 10 or 12 hours and occasionally has a diarrhoea. As a rule the patient notes no especial effect from the drug and many of them never experience a symptom. It is our belief that there have been more reactions in the Salvarsan brought to America since the war than in that previously used. We believe that this has probably been due to lack of skilled help and consequent necessity of speeding up inexperienced hands—resulting thereby in impure products. Our experience with the Canadian Diarsenol has been rather disappointing judged on the results of 150 or 200 injections. Clinically it was about as effective as Salvarsan but reactions have been noted about two or three times as frequently and were often so severe as to be alarming. At the Lakeside clinic it has been the custom to administer the drug and allow the patient to go home in half an hour. However, since using Diarsenol we very frequently have been forced to take the patient into the hospital for from 24 to 48 hours and many of them have been laid up for a week afterwards. Many of the patients seemed to have a severe prostration with symptoms of fainting and this was especially true of four private cases treated with the contents of a 2.0 gram ampoule of Diarsenol. This chain of symptoms has been noted so often by us, with the Canadian product, that we feel its use is not to be further recommended.

\* Read before the Medical Section, Ohio State Medical Association, in annual session at Cleveland, May 17, 1916.



We have now given some 100 injections of the Arsenobenzol as put out by Dr. Schamberg and his assistants in the Dermatological Research Laboratory in Philadelphia and we have been given to understand \* that about 25,000 have been administered. There has been but one lethal exitus and that was the result of an infarct following a venous thrombosis in the arm—a thing hardly to be blamed on the drug. As a rule we have noted very few symptoms and Dr. Schamberg\* says that if it be carefully prepared there should be little or no reaction. He says the reactions are due to impurities, probably on the order of nitrites, which in the process of manufacture have not been carefully removed. We would recommend this drug as far superior to Diarsenol as far as reaction is concerned and clinically its action seems to be as good as that of either the Diarsenol or old Salvarsan.

The clinical value of Salvarsan, and we here employ the term in its broadest sense, is no longer questioned by even the most conservative. When one considers the enormous amount of the drug that has been employed any ill effects noted from its use are as a flake of snow to the snowball.

Salvarsan is the most powerful drug now at the physician's command in the treatment of syphilis and when wisely administered is practically free from all danger or marked unpleasantness.

The primary lesion of syphilis entirely disappears in a few days from the effects of one injection—the same is also true of the secondary eruption and quite often of a tertiary ulceration or gumma. With the secondary eruption some men prefer to give a few mercury injections, before employing the Salvarsan, as otherwise the patient often has a severe reaction—explained by Herxheimer, Jarisch, Jadassohn and others as due to the action of the drug on the acute masses of spirochaetae and dispersal of their toxins. However, to our mind it is questionable whether the reaction is more dangerous to the patient than he is, for the time, to others. And herein lies the great value of Salvarsan. In 24 to 48 or 72 hours the acute, contagious lesions on any patient will be so changed that he will be no longer a direct menace to his friends and society. Thus we place many of our worst cases in the Venereal Ward at the Cleveland City Hospital for from 10 days to two weeks. They receive two or three injections of Salvarsan and mercury, and emerge entirely free from any lesions on the skin or mucous membranes. Of course repeated injections later tend to prolong and intensify the work.

We no longer believe in the "Sterilisa magna" of Ehrlich, but with two or three exceptions the writer has yet to see a case of primary or secondary syphilis which has not given repeated

negative Wassermanns after a course of five or six Salvarsan injections, along with 10 or 12 injections of Gray Oil. True this does not mean that the patient is well and the physician would be foolish if he did not keep up his courses of mercury injections at greater or less intervals for the next two or three years. However, before the introduction of Salvarsan relapses were by no means uncommon in patients thought to be well treated. We would put the percentage as high as 20 or 30%. This has been entirely changed under the new regime and the writer in the past four years has had but three relapses in private cases. In each instance the patient had had only two or three injections of Salvarsan at irregular intervals and had neglected his mercury treatments.

In older cases of syphilis it is sometimes necessary to use two or more courses of Salvarsan injections—along with the mercury. This is especially the case if there be an involvement of the cerebrospinal system. But, even in these cases, it is often surprising how quickly one gets a reaction to the drug. Practically every case of cerebrospinal syphilis with a high cell count in his spinal fluid will react well and quickly to Salvarsan.

I have seen the "lightning pains" entirely disappear after one or two injections—though this is not always true. I have had one case of spontaneous fracture and Charcot's joint with cell count of 90 in the spinal fluid where 10 intravenous injections of Salvarsan and vigorous mercury treatment have given a practically normal limb and an apparently normal individual. Tabetics and cerebrospinal cases with low cell counts in the spinal fluid as a rule do not react so well though we would at least advise their trial on Salvarsan therapy. In our experience it is a waste of time and money to treat paretics. Our work with intraspinal therapy has been far from satisfactory. Perhaps the method is to be advised as a last resort but there is still great difference of opinion as to its value.

In closing we would urge on the medical profession the value of an early diagnosis and of heavy, continued treatment at a time in the disease when it means the most to the patient. An early syphilis is much easier to cope with than years after when it has settled, e. g., in the aorta or brain. Because the Wassermann has become negative in a case let us not make the mistake of thinking the patient cured. Salvarsan is the ideal remedy for quick results both to the individual and to society. In our experience the Philadelphia Arsenobenzol is as efficient as the old Salvarsan and much safer than the Canadian Diarsenol.†

\* Personal communication from Dr. Schamberg.

† Since this article was written, at our solicitation, the Canadian Diarsenol has been improved. We have given around a thousand injections and can recommend it highly.

## Traumatic Hysteria

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Special Medical Examiner State Industrial Commission

**A**LMOST all of us have had some experience either directly or indirectly with such a case as the following, viz.:

An individual has been injured and very rarely has the said injury been one of great anatomical damage, but from this injury the patient may have been unconscious a variable length of time with a succeeding paralysis. The paralysis has had an insidious development (i. e., there may have been a period of meditation). Now ensues a law suit wherein opinions of heterogeneous character respecting diagnosis and prognosis are freely ventured. The patient recovers several thousand dollars and then gradually regains his usual health.

The busy doctor may give this subject only passing and curious thought; generally he is not disposed to investigate very far for the reason that he has other more pressing duties, or if he was inclined to study the subject he would be barred by lack of material.

Since the enactment of a Workmen's Compensation Act the courts have transferred the majority of such law suits to the Industrial Commission, and in consequence cases like the one above mentioned are brought before the Commission for study, analysis and equitable disposition.

Several questions present themselves. *First*: Have these cases increased or decreased in number? *Second*: Is this an artificial disease, i. e., one caused by the temptation of making money easily? *Third*: How can the diagnosis be verified?

In answer to the first question I will be candid and say that I don't know whether the numbers are increasing or decreasing, for I have no way of finding out, but if our diagnoses are correct, the number is very large, and the types presented are very heterogeneous.

In answer to the second question I can only say that medical literature tells us that traumatic hysteria occurs in countries where damage suits of this kind, for some reason, have not become recognized.

In regard to the correctness of the diagnosis, there is no satisfactory reply because, we have no test allied to the Wasserman reaction or in other words, no laboratory method as applied to this symptomatology, and because it overtaxes our patience to wait until the patient is paid and then to record the outcome.

Now let us turn our attention to traumatic hysteria. A definition of its traits will enable us more clearly to understand the position of this subject. I may say that I have searched a number of books without finding a very satisfac-

tory definition. The nearest approach is one ascribed to Moebius; viz. It is a morbid idea which becomes fixed, resulting in disturbed function of a viscus or viscera or anatomical part.

### MORBID ANATOMY.

Now if this definition is correct, there is no tangible pathology other than that which would exist in the cortical cells from any other morbid or erratic idea. Personally I am inclined to think that this position is right, but I often hear learned men say that the use of the term hysteria is merely an expression of our ignorance because they assume there is a tangible pathology which we would find if we were able.

I believe that such a morbid idea may complicate many kinds of pathology.

It may even exist in a body otherwise healthy. In short, I believe hysteria to be a morbid idea, and that whatever change of form or constitution becomes necessary for the morbid idea will at the same time constitute a pathology of hysteria.

All scientists, I believe, connect cellular action and reaction with mental action and reaction; this is what I mean by the pathology of hysteria.

It seems to me there is a close analogy between the devout Christian Scientist and the hysterical subject. Both possess the same erratic psychic constitution. In the former, prayer works benevolent miracles, in the latter, some insignificant injury in some miraculous way results in diabolical and wonderful physical damage.

As stated above, both of these individuals possess erratic ideas; both are sincere and both are profoundly affected even in the matter of functional reaction; one throws away crutches while the other hunts them up.

I believe morbid ideas can exist without any pathology and that they can complicate any kind of pathology. I believe if this fixed idea is permanent, that it can generate pathology likewise, and in defense of this belief I invite your attention to a well known law of physiology which states that the exercise of a function results in development and hypertrophy whereas conversely, atrophy and death follow inaction.

The symptomatology of the cases which I review presents a variety almost infinite and therefore defies brief description. The following lines will convey some idea of the majority of these cases.

First, paralysis which varies from a monoplegia to a more or less complete paralysis of all the extremities. Sometimes it involves only the vocal cords and produces an aphonia. By paralysis I mean both motor and sensory, either

one or both, of all the varying degrees of intensity.

Second, contracture or ankylosis of one or several joints.

Third, a hyposthesia of the stocking or glove variety which varies from a partial analgesia to complete anaesthesia.

Fourth, blindness and deafness. Some authors allege that these patients are ignorant of the existence of deafness and blindness until they are discovered or more probably suggested by the physician.

Fifth, amyosthenia (weakness of the muscles) which generally involves the hands, although it may be ascribed to the legs.

Sixth, pseudo-ataxia.

As a general thing there is present in these individuals a certain degree of mental instability, i. e., they are subjects of erratic mental development. There is, of course, a desire to excite admiration, sympathy and wonder, perhaps incidentally to make some money and to escape the vicissitudes of hard and grinding toil. Again one will notice that there is a lack of inhibition and a great susceptibility to suggestion, or what might better be termed an erratic mental constitution. Contraction of the field of vision and deafness are rather common complaints, particularly the latter.

Exaggerated reflexes but no ankle clonus (excepting however, a pseudo clonus; never a Babinski) are present, as a rule.

If there is an anaesthesia of the fingers it does not prevent delicate acts being discharged with the eyes closed. During examination when an anaesthetic area is touched, the claimant often answers "No" at the moment of contact.

Very likely many of the symptoms in these cases come into existence as a result of a physician's careful, minute and repeated examination. I have never found the hysterogenic areas where light pressure causes some violent hysterical explosion; neither have I found the irregular areas of hyperesthesia so prominently mentioned by authors of various text books.

One thing I wish to emphasize is that usually the injury sustained has been very slight, where the anatomic disorganization has been a feature of little moment, and that many times there is a period between the time of injury and the complete evolution of the symptomatology which is termed by some authors a period of meditation. In such cases the symptoms develop slowly and insidiously following as a rule, a very slight and doubtful injury.

#### DIAGNOSIS

Diagnosis as a rule, is a matter of considerable difficulty because this symptomatology may be concomitant with some grave pathology and because it is nothing more or less than an erratic mental state, or as I stated in my definition, it is a particular symptomatology which follows some morbid and fixed idea.

Some authorities doubt the existence of a functional defect without a positive pathology. As a rule the diagnosis is made by exclusion, i. e., the symptoms cannot be ascribed to any local lesion which might involve a nerve or a muscle or an area of the spinal cord or some cortical area of the brain. Therefore there is but one other factor, viz., the neurons involved in the higher psychical area.

In order to complete the ensemble, there is the erratic mental constitution hereinbefore mentioned and the probable motive involved such as the exciting of wonder, admiration or sympathy. In brief, the symptoms violate all the laws of organic physiology or anatomical construction if we except the effectivities and potentialities of the mind.

Many times the diagnosis is very difficult and puzzles even the most experienced. Generally speaking, however, this will not occur so frequently if one carefully analyzes one's cases and is aware of the enormous influence of the mind over bodily functions.

#### PROGNOSIS

According to the text books the prognosis is generally good. My opinion is quite the reverse. The patients are sick for a long time and they do not get well rapidly.

#### TREATMENT

I know of no remedy nor any specific or effective way of managing these cases. There is one thing that always produces a good effect, and that is gold. Generally speaking if these people receive a good sized sum of money in the form of an award for damages, a wonderful and miraculous cure is affected. This is not always the outcome, however, for they sometimes complain the rest of their lives.

I have recently conceived the idea of using ether in all of these cases, believing that through this means I will find an efficient agent in aiding diagnosis and perhaps also in promoting recovery.

I submit five cases which are representative of the graver types which come under my observation. Only the main clinical features at issue will be mentioned.

CASE No. 1. A. R. Injured July 21, 1915.—Description of the accident as follows: "Was taking a pie out of the oven when foot slipped." The attending surgeon stated that the adductor muscles were torn and bruised; that the right hip was contused and the great sacrosiatic ligament torn. The roentgenogram was entirely negative. I examined the claimant on Feb. 25, 1916. I found that the claimant had continued at her work for a period of a week or ten days when she was compelled to take to her bed and summon a physician. I found a hyposthesia of the stocking-like type which extended to the height of the summit of the greater trochanter.

Temperature and pulse normal. There was marked rigidity of the right knee, hip and ankle.

Wassermann showed a clear positive reaction. Diagnosis — traumatic hysteria.

On May 24th, 1916, this claimant was examined under ether and in the delirious stage it was found that the leg could be freely moved in all directions. This claimant had been fitted with plaster casts and had been sent to the hospital on several different occasions.

CASE No. 2. R. N. Aged 57. Injured June 22, 1915.—Description of the accident as follows: "Was descending a ladder with a load of timber—foot slipped and fell over an embankment." The attending surgeon stated that the claimant had a right inguinal hernia, and was unable to walk on the right leg, on account of the injury to the right hip. The roentgenogram was entirely negative. This claimant was removed to a hospital about six days later where the doctors seemed to be nonplussed but suspected an injury to the spinal cord. He was examined by at least a half dozen men of high standing. I examined the claimant on December 17th, 1915, and again under ether on Jan. 8th, 1916. I found that in the delirious stage the injured leg acted in the same identical way as the uninjured leg. This claimant was granted a final, full and complete settlement by the Industrial Commission and at once regained splendid function of the leg.

CASE No. 3. E. E. Male. Age 25.—Description of the injury as follows: "Severe burns on the face, neck and hands." (This was a mine explosion). This claimant duly recovered from his burns, but alleged an incapacity to flex the digits of both hands. This incapacity did not seem to be warranted by the nature of the burn. This claimant was examined under ether by Dr. White when it was found that about nine-tenths of the disability was of a psychic nature. This case will illustrate the fact that hysteria can complicate organic change.

CASE No. 4. J. S. Injured April 4, 1914.—The description of the accident as follows: "Street car ran into a wagon I was in and knocked me off." The attending surgeon stated that the claimant sustained three broken ribs and that his back was injured; also left hip and back of the neck. The roentgenogram on repeated occasions was entirely negative. The claimant never came to a hospital. The important symptoms were merely an abduction of both thighs and flexion of the spine. The claimant therefore assumed a position like a quadruped, except that his feet were carried wide apart. After repeated examination I found that all of the joints of the body were freely mobile. I made a diagnosis of traumatic hysteria. Unbeknown to me a like diagnosis had been made and the Street Railway Company, without loss of time, immediately settled with the claimant, for the sum of \$1,500.00. This claimant has

been under my observation for a period of 1½ years, and I believe that any intelligent physician would have made a diagnosis of traumatic hysteria, but because of the fact that the man never received a final, full and complete settlement, his symptoms have never exhibited any marked improvement. Had this case been disposed of summarily with a reasonable sum of money, I am quite certain the claimant would have shown the usual prompt recovery. Within the last few months some physician has tried to explain the symptoms by assuming a sacroiliac subluxation.

CASE No. 5. D. N. Age 34. Injured May 22, 1915.—Description of the accident as follows: "Was cleaning out grate, fell into the cinder box." The attending surgeon stated that the claimant sustained a severe contusion along the spinal column and back of the neck; probably some internal injuries.

Claimant was removed to a hospital on the date of the injury. Sixteen days later he left the hospital and traveled to his home in Eastern Pennsylvania. The roentgenogram did not show any pathology. I examined the claimant at his home Nov. 13, 1915, about 6 months after the alleged injury. I found a hypoesthesia which extended from the waist line down throughout the whole extent of both limbs. There was no trophic change. I found that the claimant could be burnt with a match and not exhibit any feeling of pain. There was no involvement of the rectal, vesical or genital function. The external genitals were excluded in this area of anesthesia. The lower extremities seemed to be completely paralyzed and the claimant got about on two crutches. The case was diagnosed traumatic hysteria. This claimant went to work July 5, 1916, i. e., about 14 months after the injury. It might be interesting to state that this patient was examined by dozens of physicians and that a well known surgeon of Pittsburgh made a diagnosis of sacroiliac subluxation. This claimant however, recovered without any particular treatment.

#### FOOTNOTE

It might be quite proper to state that my views since writing the above paper, are somewhat changed, to-wit: I am now of the opinion that all compensation and awards for damages should be peremptorily denied, believing that this syndrome is evolved as a direct result of the seductive influences of a money-making accident. In other words, I believe that above 98 per cent. of these cases would promptly and immediately get well under such a regime.

An amendment of the laws relating to liability for injuries has been suggested by several persons but the difficulties involved are very great and it appears to me that a better understanding of this disease and its nature and its causes, by the profession, would result in more reliable and consistent testimony before courts and juries, which would, of itself, result in better and more competent judgments. It is needless to say that the amount of money which has been mulcted from wealthy corporations by this procedure assumes enormous proportions.

## Ductless Gland Therapy and Dermatology\*

Edwin D. Tucker, M. D., Toledo, Ohio

WHAT a vast field of subject matter this branch of medical science embraces, and yet how comparatively little has been written concerning it! In fact, when it comes to obtaining data, very little definite knowledge seems to be attainable. It should be the duty of every man interested in dermatology to test and try out these remedies, and give to the medical profession the results of his experiments.

There have appeared in the medical literature, from time to time, valuable articles upon ductless gland therapy, but little has been written upon this subject in connection with cutaneous conditions. Sajous has contributed interesting and instructive articles on the ductless gland, in the *New York Medical Journal*, and I understand there have been formed Sajous clubs, to further the study of this most interesting subject.

At the thirty-ninth annual meeting of the American Dermatological Association in New York City, in 1915, Dr. Foerster, of Milwaukee, read, as part of a symposium, a most interesting and able paper on "The Relation of Internal Secretions to Cutaneous Diseases," and gave a very good bibliography. I also refer you to Dr. Emmet McEwen, of Chicago, whose paper also formed a part of this symposium.

There is no doubt in my mind that within the next few years, we will understand more fully the reason for the phenomena which result from the administration of some of the ductless gland substances. I have been much impressed with this for some time, and have tried to deduct from my own clinical experience these unexplainable actions. There seems to be as yet, however, no definite data to follow. At least, if there be such, I have not succeeded in unearthing it.

As Dr. Foerster says, "It has been established that practically all activities of the human body are intimately associated with the functions of the ductless glands. In spite of numerous investigations, the physiology, the chemistry, and the inter-relationship of the ductless glands and their secretions is so little understood that the use of the glandular extracts is still largely empirical. This is especially true of dermatology, where very few studies of the true relationship between the organs of internal secretion and the skin have been made." He closes his paper with these words: "A very large part still remains unrevealed, and it is hoped that with a further development of the doctrine of internal secretions many of the problems of dermatology will find their final solution."

This subject is of such magnitude, and one has so little to work on in private practice, that

our clinicians in the large hospitals could do much to aid us by taking this matter up with their corps of trained assistants, and giving us the benefit of their experience, as did Dr. Schamberg, in his preliminary report, "Research Studies in Psoriasis."

Of the thyroid treatment in this disease, Psoriasis, MacLeod has this to say: Up to the present time, Psoriasis is the disease which has responded most favorably to thyroid medication. He also says that thyroid has been used with good results in some cases of ichthyosis and xeroderma; results with scleroderma have been very uncertain; acne vulgaris, acne rosacea, and cutaneous tuberculosis have all been treated by thyroid extract in a few instances.

Murray believes that the action of the thyroid in cases of chronic skin diseases where there is no evidence of thyroid insufficiency is to stimulate metabolism.

The thyroid is generally prescribed in the form of an extract, beginning with small doses, in order to accustom the system to the remedy before pushing it, and to be able to detect any idiosyncrasy towards it. When this point has been reached, and improvement noticed, this dose is maintained for some time until a level plane has been reached, the dose then being slowly increased, and continued as long as it is necessary.

When unlooked for symptoms arise, the dose is dropped back just one point, and thymous extract used in conjunction. This seems to be followed by a marked improvement in the general condition.

There can be no one definite dose. Each case has to be worked out individually. All cases show some reaction; the skin begins to clear, the glands become more active, and improvement goes steadily on until ultimate recovery is attained.

I found in my Psoriasis cases that the results were not as favorable, in fact, the conditions became worse after the use of the thyroid. The lesions seemed to take on an active exacerbation, that changed the case from an in-active one, with a few scattered spots to a general one, spreading rapidly till the body was well covered.

In speaking of conflicting results in Psoriasis, Morris says: "The failures that have been reported are explained by the fact that there were no data for determining the cases to which the remedy was appropriate.

"My recent experience has led me to the conclusion that one of the secrets of success in the employment of thyroid extract, as of other ductless gland preparations, consists in selecting for its administration, cases in which the skin

\*Read before the Section on Dermatology, Proctology, and Gynecology, Ohio State Medical Association, in annual session at Cleveland, May 17, 1916.

affection complicates other conditions in which this remedy is indicated. In obesity, in infantile wasting, in a certain type of chronic rheumatism, in osteomalacia, rickets, and delayed union of fractured bones, in hemophilia, etc. thyroid preparations are of proved utility; and whenever cutaneous affections are associated with such conditions as these, there is a presumption in favor of thyroid treatment."

In my Acne Vulgaris cases, which were not benefited by other treatment, the thyroid proved successful. These responded to small doses. The thyroid was used only in chronic skin conditions that had not been helped by other treatment, avoiding all dermatoses that showed an active or acute stage.

That the thyroid treatment is not confined to the above named diseases but is unlimited in its scope, is proved by an interesting case of Alopecia, reported by Dr. Montgomery, of San Francisco. In his communication, Dr. Montgomery seems to be impressed with the wonderful improvement in the general condition of the patient. Truly, so striking is the improvement immediately following the use of this treatment, that one can hardly believe his eyes, and can but marvel at the seeming miracle which has been performed.

What impressed me most of all and led me to become an enthusiast, was just such an improvement in the general condition of my patient, after the use of this treatment. Not only was the cutaneous condition improved, but the whole aspect was different. O. H.—schoolboy, first seen in December, 1914, German father and mother living, two older sisters, and one younger, all in good health. Patient had had measles and chicken pox. His weight was 112 lbs. and height 4 ft. 8 in. His breathing was very labored on the least exertion, his mouth was held open. He was very slow in school work, being two grades behind his class. He was a big eater. Would rather stay at home than play with other boys.

His present skin condition began six years ago; was much worse in cold weather; the skin was dry, had a number of large patches scattered about the body, on the flexor surfaces of the joints of the legs and arms. On the back, chest, and abdomen, were papules, from pin head to split pea, in size, with top scratched off, fissures in hands and on feet. Itching at night was intense.

A mild tar preparation was given for external use, and thyroid extract given, the dose being slowly increased until the limit of tolerance was reached, when thymous was used in conjunction. A marked improvement was immediately noticeable. His general appearance improved, his breathing was better, his school work improved, he began to play with the other boys, and last year attended summer school to make up his

grade. During this time, his weight decreased to 82 lbs. The skin is now entirely clear, soft, and smooth. He discontinued the use of thyroid some time ago.

Cases like this are positive and convincing proof of the value of the thyroid treatment, and we confidently look forward to seeing, in the near future, the phenomena resulting from the giving of thyroid in cutaneous affections, fully explained.

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*The Therapeutic Value of the Glycerophosphates*—In view of the very convincing evidence that the glycerophosphates do not possess the therapeutic properties attributed to them and are not superior to ordinary phosphates, the Council on Pharmacy and Chemistry examined the following proprietary glycerophosphate preparations: Tonols (Schering and Glatz) comprising Iron, Lime, Lithium, Magnesium, Manganese, Potassium, Quinine, Sodium and Strychnine "Tonols," Duotonol Tablets, Tritonol Tablets, Quartonol Tablets, Sextonol Tablets, Phosphorcin Compound (Eimer and Amend), Robinol (John Wyeth and Bro.), Phosphoglycerate of Lime (Fougera and Co.), Elixir Glycerophosphates, Nux Vomica and Damiana (Sharp and Dohme). The Council reports that unwarranted therapeutic claims are made for all of these preparations. In addition the composition of Robinol and Elixir Glycerophosphate, Nux Vomica and Damiana is semi-secret, and Tonols, Phosphorcin Compound and Robinol bear objectionable names (Jour. A. M. A., Sept. 30, 1916, p. 1033).

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*Nuxated Iron.*—Nuxated Iron is advertised in newspapers with the claim that it is not a patent medicine or secret remedy. In the popular meaning of the words, "Nuxated Iron" is just as much a "patent medicine" as is "Peruna," "Lydia Pinkham's" or "Pierce's Favorite Prescription." Also, "Nuxated Iron" is essentially secret in composition. While the public is led to believe that the preparation consists chiefly of nux vomica and iron, analyses made in the A. M. A. Chemical Laboratory and elsewhere indicate that it contains much less than an ordinary dose of iron and practically no nux vomica. It is sold under claims that are both directly and inferentially false and misleading not only as regards its composition but also as regards its alleged therapeutic effects. Nuxated Iron is also advertised in the Medical Brief, a publication which has for its editor the "medical expert" for the Wine of Cardui concern in the recent case against the American Medical Association and as its publisher one who, through the "National Druggist," has long been the mouthpiece of the "patent medicine" interests (Jour. A. M. A., Oct. 21, 1916, p. 1244).

## Medical, and Other Interests Affected, Decide to Ask for Commission to Study State Health Insurance

That the subject of state health insurance will be a live issue in Ohio from this time forward was clearly indicated when representatives of practically all the agencies directly affected by the proposal met in Columbus in an informal conference and by unanimous vote decided to ask the General Assembly, which convenes early this month, to appoint a special commission for the purpose of thoroughly investigating the entire subject and the possible effect of the operation of such a system in this state.

The conference was called by Mr. Croxton of the Ohio Institute for Public Efficiency and was intended solely to develop a discussion of the pending proposition by those chiefly interested. The discussion, which occupied an entire morning, was exceedingly frank and seemed to crystallize in the practically unanimous sentiment that it would be far better for Ohio to carefully study the possibilities of the plan before attempting any definite legislation. A glance at the list of associations represented, given in the next column, lends considerable weight to this decision, despite the fact that the conference was wholly unofficial and entirely informal.

The resolution that was officially adopted without a dissenting vote reads as follows:

*Resolved: That this conference indorse the principle of health insurance and sickness prevention and that we ask the General Assembly to provide by law for the appointment of a commission to study the subject and its application to Ohio conditions; to make appropriations to meet the expense of such a commission and direct the commission to report by bill or otherwise at the session of the General Assembly beginning on the first Monday in January, 1919.*

The decision to approach the subject from this angle rather than through the direct introduction of the so-called "model bill" proposed by the American Association for Labor Legislation, came after a very considerable discussion. Practically without reservation each of the representatives endorsed the principle of health insurance and admitted that it presents the next logical step in our development of public health protection. There immediately developed, however, a very radical difference of views relative to the specific provisions of the "model bill." These ranged from the declaration by Mr. Jennings that it is merely "a hodgepodge of fool ideas," to its firm defense, except for minor details, by Prof. Hammond, who asserted that in the main it is based upon extended European experience and is by far the most intelligent tangible offering on the subject.

It was made certain early in the session that any attempt to agree, even on broad general

principles of administration, would be absolutely futile. However, as all admitted that Ohio is facing this problem, common ground was eventually located in the above resolution—which was drafted by Mr. Jennings. Then, to make the work of the conference effective, the participants voted to authorize a committee to draft such a bill and to present the same to the next General Assembly. This committee was im-

Those participating in the conference on Health Insurance in Columbus on December 19, illustrating how various interested agencies were represented, were:

*American Association for Labor Legislation*—Max Senior, Cincinnati.

*Social workers*—Fred Croxton, Columbus, Welfare Bureau of the Ohio Institute for Public Efficiency; Robert G. Paterson, Columbus, Executive Secretary, Ohio Society for the Prevention of Tuberculosis; George F. Miles, Columbus, Chief Statistician of Labor Statistics, Industrial Commission of Ohio; Courtenay Dinwiddie, Cincinnati, Secretary, Cincinnati Anti-Tuberculosis League; M. B. Hammond, Columbus, Professor of Economics, O. S. U.

*Ohio State Federation of Labor*—John Voll, Zanesville, president, Representative O. B. Chapman of Dayton and P. F. Casey of Zanesville, members of the Executive Committee.

*Ohio Manufacturers' Association*—Malcolm Jennings, Columbus, secretary.

*Ohio State Department of Health*—Dr. R. P. Albaugh, acting director of the Division of Industrial Hygiene; Gordon Davies, superintendent of publications.

*Ohio State Medical Association*—Dr. J. H. J. Upham, chairman, and Dr. J. B. Alcorn, member, State Legislative Committee; Dr. Wells Teachnor, representing Council; George V. Sheridan, Executive Secretary.

mediately appointed and consists of Mr. Senior, Mr. Croxton, Mr. Jennings, Mr. Voll, Mr. O. K. Shimansky of Cleveland, manager of the Ohio State Board of Commerce, who was unable to attend the meeting, and Mr. Sheridan. They were directed also to confer with Governor Cox in regard to the matter and express to him the conclusions reached.

It should be pointed out here that this action does not, of course, prevent consideration by the legislature of the so-called "model bill." In fact, it is practically certain that this bill will be introduced by the American Association for

Labor Legislation and that it will be considered by the legislators. It is thought, however, that the action taken by the conference will cause the law-makers to transfer extended consideration of this important subject to a special commission which will have two years in which to give the matter thorough study.

Similar action was taken in California and Massachusetts. In New York, where the plan was adopted of considering a specific bill, it was, of course, defeated, and nothing of permanent value resulted.

Considering the matter from the standpoint of medical practice, this action by the conference was entirely desirable. Even the most enthusiastic supporters of health insurance within the medical profession are rather hazy as to the details of its practical operation in a great American state. Under the plan proposed it will be possible for a thorough discussion of the whole problem, with consequent education of the medical profession as well as the laity.

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Mr. Senior, who, as a practical philanthropist, has devoted much study to social legislation, presided as chairman of the conference and in his opening remarks gave a brief and illuminating statement of the situation. He admitted the difficulty of adapting so comprehensive a scheme to Ohio conditions and admitted that before such a plan could be successfully administered numerous groups would have to be propitiated. These he enumerated:

1. *Private insurance companies.* While they carry as risks but a small per cent. of the workers who should be insured, they are numerous and must be given consideration. He pointed out, however, that under their plan fifty per cent. of the premiums are used for administration and the cost is necessarily exorbitant.

2. *Trades unions.* Many of the better organized groups, he said, now manage limited sick funds. In speaking directly to the labor representative present he argued that these unions should welcome a state health insurance scheme, as it would relieve them of this work and permit them to devote their private efforts to invalidity insurance—a field which the state is now unable to enter.

3. *The medical profession.* He argued that social workers and the proponents of health insurance are interested in it chiefly because of its great possibilities in *preventing* sickness. He believes that it will mean a "health-first" campaign in the same manner that industrial accident compensation has developed the "safety first" movement. He feels that in this manner—that is, by making it financially profitable to the employer to thus diminish his insurance cost—we can emphasize preventative medicine. Mr. Senior coincides with the Cabot view that under

our present plan best medical attention is open only to the very poor and the very rich. He feels that under state health insurance it will be possible to develop systems of group treatment that will bring this service within the reach of the great middle class.

4. *The employers.* Mr. Senior believes that the experience of Ohio employers with industrial accident compensation (under Workmen's Compensation) will cause them to give favorable consideration to an extension of this plan to all sickness disability. He argues that the general improvement that would be noted in the health of the workers would so enhance their value as employees that the employer could well afford to bear his forty per cent. of the cost of such insurance.

5. *The public.* He admitted, of course, that the general public is almost totally unfamiliar with the scheme and that a thorough campaign of education would be necessary. He argued that all interests must meet this situation in a spirit of compromise.

Mr. Senior's presentation of the subject was so clear-cut that we have reported his remarks somewhat in detail, as it gives the social worker's viewpoint on this subject.

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The attitude of the employers as indicated in the comment by Mr. Jennings is exceedingly interesting. In his opinion, employers generally will favor health insurance, but they desire that it be nation-wide and under federal administration. The reason is, of course, that the institution of such a plan in Ohio alone would place an additional manufacturing cost on Ohio employers and that they would be handicapped in meeting competition with employers from other states where a similar expense is not imposed.

The inevitable clash between "capital" and "labor" immediately materialized. Mr. Voll, the recognized spokesman of organized labor in Ohio, immediately took issue on this point. He declared emphatically that should Ohio await federal action in matters of this sort, the advancement of social legislation would be prohibitively delayed. He cited the Ohio Workmen's Compensation Act (which he declares to be the best in existence) and declared that if Ohio had awaited federal action on this subject the benefits of this law would have been delayed for many years. He stated that Ohio labor organizations are emphatically in favor of some form of health insurance.

However, both Mr. Voll and Mr. Jennings agree on one point—they both object to provisions in the so-called "model bill." They united in agreeing that the best plan would be to refer the whole subject to a state commission for thorough study. Mr. Voll admitted that the operation of health insurance would prob-



ably work a hardship on some of the factors involved. For example, he said "it may affect adversely the physician, but I believe that even the physicians admit that something must be done to increase the efficiency of medical treatment available to the general public. Under such a law our Ohio physicians may find themselves in the position that our workmen were forced into when machinery was introduced to supplant their individual work."

Mr. Jennings was more violently opposed to the "model bill." He declared that at best, if enacted, it could only be an experiment that would of necessity be patched up from time to time as "its glaring defects" developed. Emphasizing his original point, he objected to "trying it on the dog here in Ohio." It was from this premise that Mr. Jennings urged the establishment of a commission, pointing out that careful preliminary study would prevent much expensive experimentation.

Professor Hammond here took up the cudgel for the "model bill," stating that it was based upon extensive European experience covering a period of thirty years, and that Germany had, to a large extent, served as "the dog." He argued that under the stimulus of health insurance the efficiency of the German workers had increased marvelously. He said that his personal experience, based upon residence abroad, led him to believe that health insurance had been the most important factor in the development of German industrial efficiency, and that England, after awakening to her state of industrial demoralization six years ago, immediately turned to health insurance as a solution.

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Because of the broad uncertainty of the plan of medical administration that might be adopted under an Ohio act, the medical representatives in the conference confined their remarks to expressions in favor of the underlying principles. It should be remembered that the "model bill" provides an option of three methods of administration as follows:

1. A panel of physicians to which all legally qualified physicians shall have the right to belong, and from among whom the patients shall have free choice of physician, subject to the physician's right to refuse patients on grounds specified in regulations made under this act; provided, however, that no physician on the panel shall have on his list of insured patients more than 500 insured families nor more than 1,000 insured individuals;

2. Salaried physicians in the employ of the carriers, among which physicians the insured persons shall have reasonable free choice;

3. District medical officers, engaged for

the treatment of insured persons in prescribed areas;

4. Combination of above methods.

It was immediately agreed by all concerned that a discussion of the merits of these three systems should not be entered upon at this time.

Dr. Upham in his remarks laid particular emphasis upon the fact that while the medical profession has always rendered a great amount of humanitarian service without thought of compensation, the promoters of this and similar legislation *must remember that doctors are human and that under any plan devised the public will get, in the way of medical service, exactly what it pays for.* He declared that any system of health insurance that does not provide for adequate compensation for the physician is doomed to failure. He cited the experience of the insurance companies when a few years ago they decided to cut the fee for a life insurance examination from five to three dollars. The result was an immediate decrease in the amount of care exercised in this service. The effect was so serious that most of the companies of their own volition quickly resumed their former schedule.

Dr. Alcorn pointed out that it would be necessary under any system devised to free the sick public from the suspicion that they might be receiving charity, or semi-charitable medical attention. He advocated the free choice of physicians by the insured sick as a cardinal principle to be observed. He believes that if the profession is rightly considered and honorably dealt with in the development of such legislation, they will work for and be a large factor in its success. He cited the altruistic work of the profession in the prevention of typhoid, the improvement of food supplies and in other lines that have materially and directly reduced the income of the practicing physician.

The writer, whose work keeps him in touch with physicians throughout the state, expressed the belief that health insurance propaganda will meet with active opposition from many physicians until they are absolutely assured that its operation will not mean their economic ruin.

Throughout the discussion there was a very gratifying inclination on the part of all concerned to give serious consideration to this feature.

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We have reported this meeting in considerable detail because this question is of tremendous importance to the members of this Association. Later, in December—after these pages have been closed, but before this issue reaches our readers—the American Association for Labor Legislation will have held its meeting in Columbus. We are pleased to note that many county societies have arranged to send repre-

sentatives to this meeting and our State Legislative Committee will be fully represented—all of which indicates that the medical profession of Ohio, as represented by this Association, is fully alive to this important issue and that it will have an important part in the shaping of the definite legislation that seems sure to come.

#### Ohio Tuberculosis Workers Meet

More adequate provision for the care of tuberculosis children in the tuberculosis sanatoria and hospitals of this state, the construction of new hospitals and enlargement of existing institutions were discussed at a conference of superintendents of the Ohio tuberculosis hospitals in Columbus on December 6. Officers elected for the ensuing year were: Dr. A. C. Buchmeyer, Cincinnati, president; Mrs. Aloysia Lawin, Franklin County Tuberculosis Sanatorium, Columbus, vice president; Dr. J. R. McDowell, director of the division of public health education and tuberculosis of the State Board of Health, secretary. Others in attendance were: Dr. S. A. Douglass and J. Harris, of Ohio State Sanatorium, Mt. Vernon; Dr. J. D. Kramer, Montgomery-Preble County Sanatorium; Dr. and Mrs. H. L. Rockwood, Cleveland Tuberculosis Sanatorium; J. F. Hill, Rocky Glen Sanatorium, McConnellsville.

Dr. Douglass reported that temporary ar-

rangements have been made for the separate care and instruction of children between the ages of seven and fifteen at the state sanatorium but that the problem should be met by a separate building for which funds have been asked of the state board of administration. He stated that the infirmary for bed-fast patients was nearing completion and would have a capacity of forty.

The Cleveland Board of Education has furnished a teacher and equipment for children and is co-operating with Dr. Rockwood in the instruction of patients of school age. Steps for the separate care and instruction of children in the lower branches is also planned at Cincinnati and other institutions.

Dr. Hill is building a nurses' home and is planning a course in public health and tuberculosis nursing for graduate nurses in his sanatorium at McConnellsville. There is a larger demand than can at present be filled in Ohio for workers trained along these lines.

*Galion*—Dr. Martin Helfrich, Ohio State University, 1916, has been appointed health officer at Galion to succeed Dr. E. D. Helfrich, who resigned, following his election as representative of Crawford county. The new health officer recently formed a partnership with the representative-elect.

## Are Your 1917 Dues Paid? If Not, Your Medical Defense Has Lapsed and This Will Be Your Last Journal

In these late December days, while we are closing the pages of this Journal, it is impossible to give our members a good idea of the situation relative to 1917 membership. Secretaries and other officers of the county societies in every section of the state are responding magnificently to the necessity for collecting dues prior to January 1. Before the end of the month we expect to have at least five-sixths of our membership in good standing.

At this time (on December 20) five counties have qualified in the One Hundred Per Cent. Club for 1917. On November 27 Dr. Isa Teed-Cramton, secretary-treasurer of the Geauga County Society, started the ball rolling by sending in the dues for the ten members of that active organization. It will head the 1917 honor roll. On December 14, Dr. E. J. Widdecombe, treasurer of the Portage County Society, qualified for 23 members, increasing the 1916 membership by one. On the same date Dr. Jean Douglass landed the Wayne County Society in the One Hundred Per Cent. class by qualifying 28 members, an increase of one. On the following day Dr. C. E. Northup "came to bat" with 11 members from Morgan County and made Morgan the fourth on the list. Today Dr. A. T. Cole sends the dues for the 11 members in Holmes County.

At this writing more than two-thirds of the counties are within easy striking distance of the desired mark. Only comparatively few will fail to qualify.

As a neat wind-up to the old year the total membership for 1916 was raised to 4,354—by far the largest in the history of the Association. Dr. A. F. Saver, secretary of the Greene County Society, was the last to qualify in the One Hundred Per Cent. Club for 1916 when he placed the last of his 56 members in good standing. Except for a book-keeping technicality, Darke County would have taken its usual place in this group several months ago.

As we have stated elsewhere, state membership dues for 1917 must be paid and received at this office prior to January 1 if the member is to retain his good standing and retain medical defense protection. If you have not paid your dues to the secretary of your county by the time this Journal reaches you, you are not in good standing in the Association and you have sacrificed your medical defense protection until such time as your dues are received at this office. Also, this will be the last issue of the Journal that you will receive—until you pay.

## A Few Practical Points to Consider in Dealing with Medical Cases Under The Workmen's Compensation Act

C. E. Gillette, Manager

(Workmen's Compensation Bureau, Ohio State Medical Association.)

Many of our members are using the new bureau to adjust differences with the State Industrial Commission. If you have a complaint, or want information about any phase of the state compensation law, write Executive Secretary George V. Sheridan, 131 East State St., Columbus. The Bureau, a new feature of the Executive Office of the Association, is at your service.

Results obtained by the State Association's Committee on State Insurance through its study of cases in the workmen's compensation department of the state industrial commission, show that reduction of fee bills and delay in the payment of fee bills are the chief causes of protests and complaints by physicians against the administration of the workmen's compensation law.

Drop in the office of the medical department of the commission and ask what per cent of the fee bills submitted by physicians are "cut" or reduced and you will be told about five per cent. Assuming that the present policy of the department was in effect from January 1, 1914, the date on which the compulsory workmen's compensation law became effective, and June 30, 1915, this would mean that fee bills in more than 4,000 of the 100,000 claims allowed by the commission during that period were reduced. This subject is not covered in the statistics issued by the commission.

The next logical question is, "Why are fee bills reduced?" Medical examiners who pass upon the bills will tell you that more than 80 per cent of the reductions are due to the failure of the physician to give adequate information regarding the nature of the services rendered and failure to follow the charges fixed in the commission's fee schedule. About ten per cent of the reductions or only one-half of one per cent of the total number of fee bills presented to the commission, are made because of the \$200 limitation on the amount of money the commission can award for medical, hospital, ambulance and nurse service in any one case. Very few cases, the examiners say, bear earmarks of being deliberate attempts to overcharge the state.

In making out fee bills for presentation to the commission, it is well to bear in mind that the medical examiners will determine the reasonableness of your charges from the description of the injury and treatment contained in your reports; from the manner in which the fee bills are itemized; from uniform rules which are not as flexible as those by which the phy-

sician governs himself in ordinary practice, and from the ability of the average worker, not the average industrial firm or corporation, to pay for medical attention.

Investigation of several complaints which have been taken up with the commission through the State Association's new Workmen's Compensation Bureau, reveals the fact that many reductions are made because the physician charges for office dressings or home visits during a period which, in the opinion of the medical examiners, the patient should be able to care for himself safely. In one case, a physician drove ten miles to visit an injured employee on the day the injured man returned to his regular work. For this visit, the fee bill shows that the physician charged \$2.50. He had previously made a number of daily visits to the patient's home during the time the medical examiners decided the man should have been able to call at the physician's office for dressings or, perhaps, care for the injury himself. The limit for the allowances of charges for daily dressings at home was determined by the date on which the patient returned to work. The physician's bill, therefore, was reduced from \$55 to \$30.

In such cases, there is no disposition on the part of the medical examiners to question the honesty and integrity of the attending physician. In making the reductions, they simply follow their fee schedule in line with the policy of the commission. It is our opinion that it is the intention of the medical examiners to treat all fairly and to allow reasonable fees in every case that comes before them for recommendations.

Any one familiar with the examiners' work of recommending fees in accordance with the rules and regulations of the department will tell you that their task is a difficult one. The commission argues that any administrative body, whose jurisdiction covers a territory as large as the state of Ohio, must have uniform rules to guide it or the plan will lose its effectiveness. The rules under which the commission began operation have been changed from time to time and several proposed changes, which would give relief to those who feel that they are not getting a square deal from the present plan, are now under consideration.

### THE \$200 LIMIT.

Statistics show that the \$200 limit is not an important factor in the reduction of fee bills. The effect of this limitation, so far as the physician is concerned, is practically nil, but if an effort is made in the next legislature to secure

the removal of the limitation, it is safe to say that a storm of protests, based on the argument that it is a mercenary move on the part of the physicians of the state, will greet the effort.

A glance at the statistics of the commission, however, will bring to light the fallacy of such an argument. A comprehensive report of 100,000 industrial accident cases, handled by the commission from January 1, 1914, to June 30, 1915, which had their origin in plants operated by contributors to the state insurance fund, shows that in the 377 fatal cases the \$200 limit was reached in only 16 or little more than one-half of one per cent of the total. The average amount awarded for medical and hospital expenses in these cases was only \$46.07.

Of the total number of claims adjudicated during the period covered by the report, 1,949 were

### NO WONDER THEY'RE SLOW

The high water mark in the preparation and completion of claims for hearing before the state industrial commission under the workmen's compensation law was reached in November, 1916. During the month, the claims department prepared and presented to the commission 16,675 claims for hearing. Of this number, 12,667—a new record—were finally disposed of. This is an average of more than 600 a day for the 21 days the commission was in session. In most of the other cases, compensation was granted and the cases continued for additional compensation. This tremendously increased volume of business explains the slowness of the commission in paying medical claims. It is to be hoped that the present legislature will allow for increases in the administrative force.

in the permanent partial disability class. In only 483 of these cases were medical and hospital expenses of \$50 or more awarded while the average award for such expenses in this class was only \$47.14. In 33,237 claims allowed for temporary disability for more than seven days, \$14.50 was the average amount awarded for medical and hospital expenses. In only 1,191 cases of this class were medical and hospital expenses of \$50 or more awarded. Of the 37,020 claims for temporary disability for seven days or less, medical and hospital expenses reached \$10 in only 1,718. The average in this class was only \$3.58.

The state would receive the greatest benefit to be derived from the removal or increase of the \$200 limit. More corrective operations could be performed and cases which otherwise would draw heavily on the compensation fund, terminated by the expenditure of comparatively small amounts of money for expert or special

medical or hospital attention. And this could be done without any appreciable increase in the average amount now paid for medical and hospital awards.

### CAUSES FOR DELAY.

Many complaints received by the State Association's Workmen's Compensation Bureau are based on delay in payment of fee bills. Delay in most cases is caused by failure to send in promptly the blanks necessary to establish a claim, mistakes by clerks in filing the blanks after they reach the commission, or failure on the part of the physician to give adequate information concerning his services.

In the average industrial case there are four interested parties, namely, the commission, the employer, the employee and the physician. To establish a case with the commission for an injury not resulting in death, the employee must file with the commission within two weeks after the date of injury, a preliminary application for compensation. Unless such an application is filed, no supplemental application or bills for services will be considered.

In cases in which the injury results in death, the notice of death and the preliminary application must be made within two weeks after the date of death. Preliminary application blanks may be obtained from the employer, who is required to keep the mon hand. On receipt of the preliminary application, the commission sends out blanks for the attending physician's report and fee bill and, except in cases of injury resulting in disability for seven days or less, supplemental application blanks to the injured employee.

Frequently the injured employee, in cases where the injury lasts more than a week, fails to send in his supplemental application. Although there is a rule which permits payment of physician's fee bills in such cases, the medical department usually holds them up until it is evident that no supplemental application will be filed. They are filed away for two months and at the expiration of that period are returned to the medical department for recommendation. The filing of the preliminary application does not close the case and the physician, in order to secure prompt payment of fees, should see to it that not only the preliminary application but also the supplemental application is filed.

The physician, who has a large industrial practice, is usually familiar with the commission's rules and regulations. He adheres strictly to the fee schedule of the commission, sends in report blanks promptly, answers adequately the questions asked in the blanks, describes in detail any unusual conditions requiring unusual treatment and follows closely all instructions given by the commission. As a result, his cases are acted upon promptly and there is no unnecessary delay in the payment of his fees.

## Where Ohio Firms Carry Their Own Insurance Under Workmen's Compensation They May Force Employees to Use "Company Doctors"

Can a company which carries its own industrial accident insurance under Section 22 of the Ohio Workmen's Compensation Act, force its employes to accept medical and surgical treatment from physicians which the company designate?

Can such companies be relieved from payment of medical bills where other physicians are called in (by the injured employe, on his own responsibility), to render such treatment?

These are serious questions in many industrial communities. In view of several requests for authentic information, *The Journal* has investigated the matter carefully. We find that, where concerns carry their insurance directly with the state, the injured employe has the right to select his physician, but that where concerns carry their own insurance under Section 22—which gives the Industrial Commission only supervisory powers over their settlements—such companies, according to the established policy of the State Industrial Commission, may retain their own physicians; and where this service is not proved inefficient, such companies may be exempted from paying outside physicians in these cases.

The situation may best be shown by the following correspondence. The first is a letter (dated June 9, 1916,) in which an Ohio doctor asks for an official statement:

Gentlemen:—What has the Commission to say in regard to the Glass and Shoe factories of this town, monopolizing the medical cases and surgical cases in their factories?

What right have they to have a so-called "factory doctor" and to urge that all accident and injury cases go to their doctor? They leave the impression with the patient that they must go to their factory doctor in order to come in under the compensation law. They do not give the patient's family doctor any consideration.

The factories have worked this thing on me in families where I have been the family physician for ten years. Am I obliged to put up with this? Is it fair treatment to the medical profession who have qualified under the laws of Ohio as I have? What is it to the factories who the physician is, so long as proper attention is rendered? If Ohio Laws compel factories to pay industrial insurance for the protection of their employes and the State of Ohio is the Insurance Company, and the State of Ohio settles with the injured employes, and with the attending physician, (which should be the "Family Doctor,") why then should any factory or company carrying such protection dictate WHO the physician should be?

Mr. Wallace D. Yable, chairman of the Commission, answered the inquiry as follows:

"You are advised that while it may be within the power of The Industrial Commission of Ohio to select and designate the physicians who are to render service to injured employes, the Commission has not undertaken to exercise such right, so that in the absence of any regulation to the contrary the injured employe has the right to select his own physician in cases where the employer is a subscriber to the state insurance fund, and his doing so does not in any way effect his right to compensation.

"In cases where the employer elects to carry his own risk and pay compensation direct to his injured, and to the dependents of his killed employes he assumes the duty of furnishing the proper medical and surgical attention and it is his duty to do so and in such cases it is his right, of course, to select a competent physician and the employe is required to accept his services. If the employer does not furnish such competent medical services, of course, the employe is at liberty to select his own physician.

"You may be interested in knowing that our records show 10 per cent of industrial injuries result in infection. This result is due, no doubt, to three causes, the failure of the injured person to appreciate the importance of having proper medical attention, the indifference of the employer who takes no interest in having his injured em-

ployes properly treated, and to bad medical treatment. The Commission, therefore, recognizes that the employer, by taking an interest in the treatment of his injured employes and requiring that all injuries, however trivial, must be reported and receive medical attention, may do a great deal toward eliminating the causes of infection and in cases under state insurance where the employer manifests such interest in his employes and advises them to accept treatment from a physician or physicians who are recognized as competent to render proper medical and surgical treatment I fail to see where this Commission has any right to interfere.

"This Commission has paid for a great many deaths resulting from injuries of a trivial nature where on account of the failure of the employe to appreciate the necessity of proper medical attention, or the indifference of the employer or indifferent medical treatment, or all three combined, have resulted in infection and death.

"The magnitude of the loss on account in industrial accidents seems to be so little understood that the Commission has found it necessary to institute a campaign for the prevention of accidents and it has in its service a Director of Safety who devotes his whole time in endeavoring to secure the co-operation of employers and employes in preventing accidents. Why should not the employer be encouraged to take as much interest in the proper treatment and care of his employes after they are injured as he is encouraged to take in preventing their occurrence? The workmen's compensation law is primarily for the benefit of injured and the dependents of killed employes. The prevention of accidents and their proper compensation and medical treatment when they do occur go hand in hand.

"You must not take take this letter as any reflection upon your ability as a physician or surgeon, for it not intended as such."

The stand taken by Chairman Yable is supported by an opinion rendered by the attorney general on December 14, 1914. The case presented to the attorney general (then Mr. T. S. Hogan) was one in which a physician submitted a bill of \$3 for dressing the injury of a workman employed by a company which maintains at its plant several regularly equipped emergency hospitals and employs under salary a number of surgeons to care for injured employes. The company had been authorized by the commission to pay compensation and medical expenses direct in accordance with Section 22 of the Workmen's Compensation Act. The injured employe at the time of the dressing was under the care of the company's surgeons. On a certain Sunday the injured man had felt that an additional dressing was needed and had called in his family physician. The company refused to pay the \$3 fee on the ground that its employes are compelled to accept the services of its regular surgeons in the treatment of injuries sustained in the course of their employment and that in the event an injured employe refuses to accept such services, the company is not required to pay the fee of an outside physician from whom the employe may accept treatment. The commission asked whether the company is required to pay the fee of the outside physician.

"Directly answering your question," the attorney general wrote the commission, "it is my opinion that if the employer is permitted by your commission to furnish medical attention by his regular physicians to his injured employes, and, further, if your commission authorizes such service to be exclusive, then such employer can not be compelled to pay for medical service rendered

by physicians other than the regularly appointed physicians of the employer."

If the commission finds that the hospitals, surgeons and nurses maintained and employed by the employer who carries his own insurance under Section 22, are efficient, and that injured employes will receive proper medical care and attention therein and therefrom, the attorney general held, "it may permit such employer to re-

quire his employes to be treated by his surgeons and cared for by his nurses in his hospitals."

"When this is done," the opinion says, "I do not think that the employer can be made liable to other physicians who may be employed by the injured workman, except under exceptional circumstances, under which it might be impossible to secure the attendance of the regular surgeon of the employer."

## Committee Recommends That County Societies Take Up School Inspection Work; Volunteer, Where Necessary

*"Resolved: In order to encourage the development of systems for the medical inspection and physical supervision of children in our schools throughout the state, and to give to pupils in the rural and smaller city schools the advantages enjoyed under such systems by the children of our larger cities, that we, the Committee on Physical Supervision in Schools of the Ohio State Medical Association, assembled in Columbus on Friday, December 15, 1916, do hereby urge that this matter be considered by each component county society and that we urge such societies to appoint special committees to encourage the installation of such systems in their respective counties, even to the extent of volunteering professional service for such inspection."*

The above resolution was adopted unanimously after prolonged consideration of the subject by the nine members of the State Committee on Physical Supervision in Schools, who assembled in Columbus in the offices of the Association on the above mentioned date, to consider plans for the installation of general school medical inspection throughout Ohio.

This work is made possible by Section 7692 of the new state school code adopted in 1915. (See page 810 of the December Journal). The code provides that each and every board of education in the state may appoint at least one school physician for this purpose and that such boards may also employ school nurses. The code further provides for school inspection work and makes it possible for such inspectors to enforce their orders. Provision is made in the law for compensating such inspectors, but the limited finances of the great majority of school boards makes it impossible at this time to proceed with this work. Further, until the value of such work is demonstrated—as it has been in our largest cities—school board members are slow to make provision for this service. In order to meet this situation and to make it possible to get this work started at once, throughout Ohio, the committee after careful consideration included in its resolution a recommendation that, where necessary, physicians tender their services without charge. This has already been done in a number of Ohio cities.

In these cities the work has proven so beneficial that the boards of education, almost without exception, are arranging to place it on a paid basis under their future budgets.

The following members of the committee answered the call of President Gibbon to attend this meeting: Drs. Mark Millikin, Hamilton; Harry B. Harris, Dayton; Geo. W. Williard, Tiffin; J. M. Garber, Mansfield; C. U. Hanna, Zanesville; Ella G. Lupton, Gallipolis; and D. V. Court-right, Circleville.

In addition, these were present by special invitation: Mr. John H. Francis, new superintendent of schools in Columbus; Dr. Frances M. Hollingshead, director of the Division of Child Hygiene of the State Health Department; Mr. T. Howard Winters, member of the staff of the State Department of Public Instruction; Dr. H. M. Platter, head of the school medical inspection system in Columbus; President Gibbon and Executive Secretary Sheridan.

Because it was felt that the work should be directed from Columbus Dr. Gibbon added Dr. Platter to the special committee and by unanimous action he was elected chairman, Mr. Sheridan serving as Secretary.

The teachers and instructors of the state, and particularly the city and county school superintendents, have shown keen interest in this work and have indicated that the cooperation of physicians will be warmly welcomed. For this reason Dr. Hollingshead was delegated by the committee to present the matter to the annual meeting of the Ohio State Teachers' Association, held in Columbus on December 28. Both Mr. Francis and Mr. Winters expressed the belief that if physicians will take up this matter through their organizations they will find their local school authorities very willing to cooperate.

Dr. Hollingshead, who has been busy for several months stimulating this work in various communities, reported to the committee that outside of the larger cities school inspection has been instituted by physicians in only sixteen towns. In eight of these the physicians volunteer their services, while in the remainder the work is on a part time basis. In Youngstown, for example, the school board employs physicians

for a total of twenty days' work each year. In Dayton the work was started a few years ago by volunteers. Now the city has a splendid system, on a pay basis.

Dr. Hollingshead recommended two plans of procedure: First, physicians, through their county societies, may volunteer to go into the schools and actually examine the pupils — noting the defects and advising parents of the same by regulation card. Under the second plan, which is followed in New York state, the inspection is made by the school nurse under the general supervision of the physician. Under this plan the nurse selects those pupils who according to her superficial examination need medical attention. These are referred to the school physician for a

definite recommendation as to the special attention needed.

At the meeting all agreed that the school nurse is a very important part of the program. Under Ohio laws nurses may be employed either by the school board, by the board of county commissioners, or by private and charitable organizations. In Ohio the larger number are retained by this third group and these nurses are almost always available for school inspection work.

After this matter has been brought definitely to the attention of the school officials throughout the state this committee will address a communication to each county society urging local consideration of this problem and suggesting a definite plan of procedure.

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## Columbus Academy Brings Successful Year to a Close with Delightful Banquet; Ernest Scott is New President

Columbus Academy of Medicine celebrated the close of a most successful year on the evening of Monday, December 18, with a banquet at the Columbus Athletic Club.

During the evening the result of the recent preferential election was held. Dr. Ernest Scott succeeds Dr. H. M. Flatter as president and Dr. Ivor G. Clark succeeds Dr. Leslie L. Bigelow as secretary-treasurer. Other officers elected were: Vice president, Dr. Ray Rice; delegates to the state meeting, Drs. G. T. Harding and S. J. Goodman; trustee, Dr. T. W. Rankin.

The Columbus Academy has installed a complete preferential ballot election system. Nominations are made by petitions which are filed with the secretary. Ballots are sent out several weeks before the election with nominees for first, second and third choices. On the election of both president and secretary, this year, it was necessary for the successful man to secure a majority of all choices.

President Platter in his closing address called attention to the fact that the average attendance at the Columbus meetings — 93 — is easily the largest of any medical society in the state. During the year there were 36 meetings, with 56 papers and 26 case reports. The Academy received 30 new members and three associates, and lost only 11 by death or removal. The remarkable success of the Academy during the year is in a large measure attributable to the energetic work of Dr. Platter and Dr. Bigelow.

Dr. Eugene F. McCampbell reported that in therapeutics progress has not been phenomenal in the past year. Abroad chief attention has been devoted to surgery, and the foreign journals have been irregular. He reported that during the year the use of typhoid vaccines with a modified technique (and used intravenously) has returned to favor. They are not to be used as a substitute for other treatments, but in con-

nection with them. The journals further show, he reported, that good results are being obtained in scarlet fever from the use of blood from either normal or convalescent persons. In regulating high blood pressure no new practices have been developed and additional attention has been paid to regulation of habits and diet.

Dr. E. A. Hamilton who recently resigned from the surgical corps of the Ohio National Guard, after service along the border, was scheduled for the review of surgery. As he had just returned, this review was undertaken by Dr. Hugh Baldwin, Dr. Hamilton confining his remarks to comments on the troop situation and particularly to the freedom in camp from the usual typhoid. Dr. Baldwin in a witty paper commented upon the development, or rather lack of development, in the field of surgery. He was compelled to report that little or no real progress was made. Dr. H. P. Blakey, reporting on medicine, emphasized the increasing recognition of the importance of preventative medicine, brought about by the war experience in preventing the usual camp diseases. He said that our recent experience with infantile paralysis has developed our utter inability to cope with this disease. Wasserman reaction, he finds, is every year being found more fallible and is losing more of its popularity. He commented particularly on the increasing recognition of the importance of focal inoculations, pointing out that they have proven the solution of many puzzling points. He strongly endorsed the Harrison Act, rebuked the "drugless healers" and contrasted their development with the progress of scientific medical education — making the point that during the year our medical colleges have received additional endowments of \$17,000,000.00. Dr. Andrews Rogers gave a scholarly review of the year's advances in surgery. The points he emphasized are too numerous to bring out in this limited space.

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 \* STATE MEDICAL BOARD \*  
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Members of the State Medical Board, at a meeting December 6, placed the Lakeside hospital nurses' training school on the recognized list, granted nine reciprocity licenses and warned four physicians, who appeared before the board, regarding mistakes they were making in their practice of medicine.

Giving recognition to Lakeside hospital's training school brings to an end a controversy which has existed between the board and the administrative heads of the hospital since last August when the board withheld recognition of the school on the ground that charges had been made that the law regarding the administration of anesthetics by others than licensed physicians was being violated at the Cleveland institution and that it was giving courses in anesthetics to nurses for the purpose of violating the law.

At a hearing, which attracted more than state-wide attention, the authorities at Lakeside hospital admitted the charges were technically true. They contended, however, that their action was not in violation of the spirit of the law but an advance step in hospital management. Further negotiations with the board resulted in the hos-

pital officials giving a statement that the teaching of the administration of anesthetics to others than legally qualified persons and the practice of allowing others than legally qualified persons to administer anesthetics, had been discontinued. Following the receipt of this statement, the board placed the nurses' training school on the recognized list.

### NURSE TRAINING REQUIREMENTS.

In the form of a resolution, the board approved a recommendation by the state nurses' examining committee that all hospitals maintaining nurses' training schools, must keep complete records of student nurses and of the number of women, men and children patients, medical and surgical, in order that the standing of the nurses' school may be determined.

Another resolution adopted by the board requires that the subject and time credits of student nurses changing from one school to another must be submitted to the board and nurse committee for approval.

### FOUR ARE DISCIPLINED.

Of the four physicians, who were called before the board to explain their practice, three were warned regarding the character of the advertising they have been using. Claims made in the advertising bordered on the extravagant, the board pointed out, and the physicians were



asked to eliminate this objectionable feature. All promised to do so and were dismissed. The attention of the fourth physician was directed to complaints regarding the excessive use of intoxicants, which had been preferred against him. He promised that he would not allow liquor to interfere with his practice of medicine in the future and was dismissed.

### RECIPROCITY LICENSES

Reciprocity licenses to practice medicine in Ohio were granted the following:

Rebecca M. Evans; graduate of Northwestern University Woman's College; registered in Illinois; residence, Kent; intends to enter public health work.

Fred H. Powers; graduate of Rush Medical College; registered in Illinois.

Halstead S. Murat; graduate of Indiana School of Medicine; registered in Indiana; intended residence, Middletown.

Walter A. Hoyt; graduate of the University of Michigan Medical College; registered in Michigan; intended residence, Akron.

William H. Gordon; graduate of University of Michigan Medical College; registered in Michigan; intended residence, Findlay.

Harold Heffron; graduate of Detroit College of Medicine; registered in Michigan; residence, Metamora, Ohio.

Parker G. Borden; graduate of the University of Buffalo Medical College; registered in New York; intended residence, Massillon.

Ernest G. Kuhlman; graduate of the University of Pennsylvania Medical College; registered in Pennsylvania; intended residence, Cleveland.

William F. Montgomery; graduate of the Howard University School of Medicine; residence, Cincinnati; intended residence, Chillicothe; registered in West Virginia.

Twenty-five applicants for licenses to practice medicine in Ohio took the annual winter examination given by the state medical board at Columbus, December 5, 6 and 7. Most of the applicants were from other states. Seventeen medical colleges were represented in the examination room. The questions follow:

**DERMATOLOGY, SYPHILOGY AND DISEASES OF THE EYE, EAR, NOSE AND THROAT**—1. What is glaucoma? Give differential diagnosis and treatment. 2. Give symptoms and diagnosis of acute suppurative inflammation of the middle ear. 3. What are the symptoms of chronic inflammation of frontal sinus? Give treatment. 4. How diagnose and treat edema of the larynx? 5. Give definition of impetigo contagiosa.—S. M. S.

**PHYSIOLOGY**—1. Name the active principles (enzymes) of the various digestive secretions, and the changes produced upon the food by each. 2. Give the function of the adrenals. 3. What are the various functions controlled by the vagus nerve? 4. Trace a sensory nerve impulse from the periphery to the cerebral cortex. 6. Describe the process of micturition. 6. Explain the process of accommodation in the eye. 7. What is an internal secretion? Name five organs producing one. 8. Explain the mechanism of respiration. 9. What is the function of the medulla oblongata? 10. Explain the process taking place in Bowman's capsule. In the convoluted tubules.—J. K. S.

**ANATOMY**—1. Name the bones of the face. 2. Name the component nerves of the brachial plexus. What branch is most commonly affected in neuritis? 3. Through what chan-

nels will circulation be maintained in obliteration of the femoral artery below the origin of the profunda? 4. What regions are drained by the inguinal glands? 5. Name important structures damaged by a knife wound through the zygoma extending from right temporal region to inferior maxilla.—L. E. S.

**OBSTETRICS**—1. Describe an acceptable method for converting a persistent occipito posterior into an anterior position. 2. Name four reasons justifying abortion, and what are the chief elements of risk to its performance in the first half of pregnancy. 3. In what manner does resort to Fowler's position favorably influence the parturient state? How early should it be employed and what dangers may attend its unguarded use? 4. Name some of the determining factors in the choice of version or Caesarean section. What are the principal dangers connected with each and how would you minimize them? 5. Diagnose a prolapsus funi early in labor and describe an acceptable method of treatment.—L. E. S.

**DIAGNOSIS**—1. Make early differential diagnosis of typhoid fever and influenza. 2. Differentiate pleuritis left side and pericarditis. 3. Give positive signs of: (a) acute nephritis; (b) chronic nephritis. 4. Make early diagnosis of incipient tuberculosis. 5. Make diagnosis of dementia precox. 6. Differentiate gastric ulcer; duodenal ulcer; inflammation of gall bladder and acute pancreatitis. 7. Give symptom complex Basedow's disease. 8. Give physical signs of: (a) acute cardiac dilatation; (b) chronic cardiac hypertrophy. 9. What is significance of occult blood in feces? 10. Give positive signs of diphtheria.—B. R. McC.

**MATERIA MEDICA AND THERAPEUTICS (REGULAR)**—1. Give the modes of applying heat and the therapeutic indications of each. 2. Name three most important anodynes; give use and dose of each. 3. Mention indications for the use of arsenic. In what forms used? Give dose of each and symptoms resulting from its excessive use. 4. Give the most important salines and explain one physiological action. 5. Apomorphin: From what derived? What is its physiological action, therapeutic use and dose? 6. Name four preparations of iron and give use and dose of each. 7. Name the preparations of bismuth. How administered? What are the indications for their use? 8. Bichlorid of mercury, and carbolic acid; What is the therapeutic use of each? Give symptoms of toxic dose, antidote and treatment of each. 9. Atropin; What is the therapeutic use, dose and why combined with morphine when the latter is administered? 10. Cocain Hydrochloride: What is its physiologic action and therapeutic use?—L. H.

**CHEMISTRY**—1. What elements belong to the nitrogen group? Give properties and use of one of the most important. 2. Give the principal constituent of milk by percentage. How would you detect water adulteration? 3. What are formalin and formaldehyde? Give properties and uses. 4. What are alcohols? How classified? Give formula and some distinguishing features of each. 5. Give chemical test for diacetic acid in urine. Give clinical significance.—C. E. S.

**SURGERY**—1. Give causes, symptoms, diagnosis and treatment of intestinal obstruction. 2. Differentiate principal varieties of pelvic infection. 3. Differentiate: Acute infective osteomyelitis; Tuberculosis and Acute metastatic arthritis. 4. What anaesthetic do you recommend? Give reasons for use. 5. Diagnose fracture of base of skull.—C. E. S.

**PRACTICE**—1. Give the pathology, symptoms and treatment of dysentery. 2. Give symptoms and treatment of intestinal hemorrhage of typhoid fever. 3. How differentiate between ptomaine poisoning and acute appendicitis? 4. What is the difference between lobar and lobular pneumonia? 5. What is tetanus? How would you treat it? 6. Give symptoms and treatment of pernicious anemia. 7. Given a case with edema of the legs, irregular pulse, dyspnea, cough with occasional bloody expectoration. Outline your treatment. 8. Outline the medical treatment of a case of appendicitis pending the decision as to operation. 9. Give symptoms of mucous colitis and treatment. 10. What would be your treatment in a case of lobar pneumonia with falling blood pressure, blue finger nails and profound prostration? S. M. S., J. H. J. U., and L. E. S.

**PATHOLOGY, BACTERIOLOGY, HYGIENE AND PUBLIC HEALTH**—1. Define thrombosis and describe the changes which may take place in a thrombus. 2. Describe obliterative endarteritis and mention the further pathologic consequences which may result. 3. Describe a diphtheritic membrane and its method of formation. 4. Describe the pathology of chronic mitral valvular disease. 5. Give pathologic findings, macroscopic and microscopic in a case of cancer of stomach (scirrhus type and involving pylorus). 6. Give classification of bacteris (a) according to morphology; (b) according to oxygen requirements; (c) according to their power to produce disease, and give illustrations. 7. How may it be proven that a certain organism is the specific cause of a given disease? 8. Describe the method of making a bacteriologic examination of the water from a suspected well. 9. Describe the methods of transmission in smallpox, diphtheria, typhoid fever, whooping cough and malaria. 10. Describe protective measures to be applied in caring for a case of pulmonary tuberculosis.—J. H. J. U.

### Dr. Briggs Delivers Final Lecture of State Series

One hundred and fifty physicians of Northwestern Ohio heard the final lecture of the "Fracture and Dislocations" series delivered by Dr. Charles Edwin Briggs of Cleveland, at Lima, December 5, under the auspices of the Committee of Medical Education of the State Association. The meeting was arranged for the particular benefit of physicians in Allen, Putnam, Van Wert, Mercer and Auglaize counties.

Dr. Briggs began his lecture shortly after four o'clock in the afternoon. At six, the party gathered in the dining room of the Lima club, where the meeting was held, and enjoyed a banquet. After the banquet the speaker resumed his talk, giving demonstrations of the most modern treatment of difficult cases. Comments on the lecture by those who heard it indicated a general appreciation of the efforts of the State Association in arranging the meeting and that all felt benefited by having heard the lecture.

Dr. William Roush, president of the Allen County Medical Society, and Dr. W. B. Van Note, councilor of the Third District, had charge of the local arrangements.

### FOR CRIPPLED CHILDREN

Ohio should no longer delay in providing an institution for the care and treatment of indigent, crippled and deformed children. This is the opinion of State Auditor Donahey and H. H. Timkin, Canton philanthropist, who recently visited the Minnesota home for such children as the representatives of the Ohio commission appointed to report to the legislature on the advisability of erecting a similar institution in this state.

The Commission is composed of Governor Willis, Dr. W. D. Haines of Cincinnati, John A. Dowell of Millersburg and Auditor Donahey and Mr. Timkin. During December many plans were discussed, and it is probable that the matter will be given consideration by the Legislature this winter. There seems to be a disposition to locate the proposed hospital in Columbus, in connection with one of the state hospitals or with Ohio State University.

### DR. LANE APPOINTED.

Dr. George F. Zininger of Canton has resigned on the state committee on County Extension Work, of which Dr. Andre Crotti is chairman. Dr. Zininger found it impossible to devote time needed for the proposed work of this committee in developing the propaganda within the association for better diagnostic methods in treating the cancer. President Gibbon has appointed Dr. Frederick Lane of Cambridge to fill the vacancy.

### MARRIAGES IN OHIO.

Dr. Alexander M. Steinfeld of Columbus, to Miss Lou Taggart of Columbus, November 8.

Dr. P. A. Murr of Galion, to Miss Emma Linn, superintendent of Good Samaritan Hospital, Galion, at Crestline, Miss Linn's home, November 4.

Dr. William A. Mansfield, health officer of Barberton, to Mrs. Grace Wadsworth Mansfield, widow of Dr. Mansfield's brother, at Meadville, Pa., November 6.

Dr. Richard S. Kester of North Lewisburg, to Mrs. Dora J. Longwell of Ft. Wayne, Ind., at Columbus, November 21.

Dr. Herman Street, Jr., of Columbus, to Mrs. Rose McKinley of Harrisburg, October 3.

Dr. John Franklin Martin to Miss Elsie Sawtell of Latimer, on November 8.

### Small Advertisements of Interest

*Position* as male nurse, 27 years of age, five years' hospital experience, (massage), highest recommendations. Address E. L., care of Ohio State Medical Journal.

*For Sale*—Physician's surgical chair, in first-class condition, practically new. Inquire Dr. G. W. Cooperrider, 1036 East Main St., Columbus, Ohio.

*For Sale*—\$3,500.00 village and country practice in Northwestern Ohio. Nothing to sell but my property; that is, house and lot. This is one of the best opportunities to get into a paying business right from the start. Address, Dr. O., care of this Journal, Columbus, Ohio.

When the campaign for building funds for the Miami Valley Hospital at Dayton was brought to a close December 9 it was announced that pledges totalling \$212,000 had been obtained. This amount was \$38,000 under the amount needed, but Frank L. Canby, president of the hospital trustees, stated that he was certain that pledges, which would be received during the next week, would bring the official amount up to the \$250,000 mark.

After January 1, 1917, the Louisville Monthly Journal of Medicine and Surgery will be the official organ of the Mississippi Valley Medical Association, and will appear under the name of *The Mississippi Valley Medical Journal*. Dr. Henry E. Tuley, secretary of the association, will continue as editor. Dr. Willard J. Stone of Toledo, is a member of a special editorial committee.

**Dr. Crile Honored by College of Surgeons**  
 Dr. George W. Crile of Cleveland was elected president of the American College of Surgeons at the fifth convocation of the college held in Philadelphia October 27, coincidentally with the Clinical Congress of Surgeons of North America. Other new officers follow: Dr. Robert R. G. LeConte of Philadelphia, first vice president; Dr. Rudolph Matas of New Orleans, second vice president; Dr. Franklin H. Martin of Chicago, secretary (re-elected); Dr. A. J. Ochsner of Chicago, treasurer.

Eleven Ohio surgeons were admitted to the College. They are: Drs. George B. Booth, Toledo; Frank Bradley Cross, Cincinnati; Orville T. Manley, Warren; Roy H. McKay, Akron; Harry S. Noble, St. Marys; Lawrence A. Pomeroy, Cleveland; Anton Benjamin Spurney, Cleveland; Jacob Edward Tuckerman, Cleveland; Warner Hopkins Tuckerman, Cleveland; William Colesgrove Tuckerman, Cleveland; John Charles Trüch, Findlay.

Chicago was selected as the permanent headquarters of the College. Announcement was made at the meeting that the College had decided to form an international committee on standards, with representatives from each state in the Union and the provinces of Canada, which will take the necessary steps for the enactment of laws to protect the public against untrained surgeons, to prevent dishonest practices and to provide means for the supplementary and graduate training of surgeons.

**McDowell Society (Cincinnati) Program**

The 1917 program of the McDowell Medical Society of Cincinnati, prepared by a committee composed of Drs. A. R. Walker, J. Keyser and F. A. Kautz, follows:

- January 5—Infectious Arising from Sinuses and Tonsils.....Dr. F. W. Swing
- January 19—Feeding the Patient.....  
 Dr. Martin Fischer
- February 2—Uses and Limitations of X-Ray in Treatment.....Dr. Chas. Goosmann
- February 15—Obstruction of the Bowels.....  
 Dr. C. T. Souther
- March 2—Ulcer and Malignancy of the Stomach.....Dr. W. D. Haines
- March 16—Diagnosis and Treatment of Glaucoma.....Dr. J. Ranly
- April 6—The Birth-Rate Problem....Dr. J. W. Rowe
- April 20—Surgery of the Kidney....Dr. E. O. Smith
- May 4—Pharyngeal Catarrh....Dr. Wm. Mithoefer
- May 18—Significance of the Newer Methods of Urine and Blood Analysis in Diagnosis.....Dr. O. Berghausen
- June 8—Importance of X-Ray in the Diagnosis of Gastric and Duodenal Ulcers.....  
 Dr. F. L. Rattermann

Dr. L. Schwab is president of the society which meets at the North Side Business Club, Knowlton's Corner.

**New Fee Bills Given Attention**

Confident that present economic conditions will not be transitory, Ohio physicians, many of whom have been practicing under fee bills several decades old, are seriously considering the relation of their incomes to the cost of living and the increasing expense to practice.

During the past month one county medical society—Morrow—adopted a revised fee schedule and another—Wayne—gave the subject careful study. In Wayne county, the subject was discussed at three separate meetings and then referred to a committee to report back to the society.

The Morrow county society adopted in connection with its new fee schedule, a resolution explaining why action had been taken. Both were published in the Morrow county newspapers as follows:

Whereas: In view of the present upward trend in the prices of drugs, instruments and surgical appliances, and

Whereas: Telephone and automobile service has become requisite to practice, thereby adding to the burden of expenses, and,

Whereas: There has been marked increase in incomes from all other lines of endeavor; and

Whereas: The demands of modern medical practice render it imperative that the physician's income be sufficient to enable him to render the very best service possible to the public, and

Whereas: Our present rate of charges are but slightly in excess of forty years ago, therefore be it

Resolved: That it is the sense of the Morrow County Medical Society that the present fee rate be increased to conform to the following Fee Bill.

Office consultation a minimum of seventy-five cents (75c).

Visits in cities and villages inside the corporation, in daytime, a minimum charge of one dollar (\$1.00).

All calls out of office and within the corporation, after 9 p. m. and before 6 a. m., shall be one and one-half dollars (\$1.50).

All extra patients seen in the same house shall be a minimum of fifty (50c).

All visits outside the corporation, in the daytime, shall be one dollar (\$1.00) for visit and fifty cents (50c) for each mile or fraction thereof for the first two miles, then 25 to 50 cents for each succeeding mile as a minimum.

Night calls, between hours of 9 p. m. and 6 a. m., outside the corporation, shall be one dollar (\$1.00) extra.

Wayside calls shall be a minimum of one dollar (\$1.00).

Obstetrics—Ordinary cases—a minimum of twelve (\$12.00) dollars, and if detained over six (6) hours, fifty cents (50c) per hour each succeeding hour. Twenty-five dollars (\$25.00) minimum for instrumental delivery.

Abortions and miscarriages, ten (\$10.00) to fifty (\$50.00) dollars.

Fee for anaesthesia shall be five (\$5.00) to ten (\$10.00) dollars with mileage.

Consultation fee shall be five (\$5.00) to ten (\$10.00) dollars with mileage.

All surgical fees shall conform to the fee bill of the State Industrial Commission of Ohio.

Geo. H. Pugh, President.  
 Carl E. Neal, Secretary.

Members of the Massillon Association of Physicians, at their regular monthly meeting, December 5, listened to an address by Dr. H. C. Eyman, superintendent of the Massillon state hospital; a report of a case of lead poisoning resulting from the use of drugs, by Dr. H. P. Hart of Navarre; and a report of a case of typhoid fever by Dr. B. J. Miller.

The Council of Jewish Women has established a bureau for pre-natal instruction and care in Cleveland. Classes are held on Wednesdays when instruction is given by a graduate nurse, who spends the remainder of the week visiting the homes of mothers for follow-up work.

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 DEATHS IN OHIO  
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*Jesse K. Bailey, M. D.*, Ohio Medical University, Columbus, 1884; aged 63; for 30 years a practicing physician of Dayton; died at his home November 14, following a stroke of apoplexy. He is survived by his wife and two sons.

*L. Monroe Norman, M. D.*, Medical College of Ohio, Cincinnati, 1881; aged 60; died at the home of his niece, Mrs. McClellan Frank, in Millersstown, November 16. Dr. Norman had been ill for several months. He is survived by one sister.

*James Milton Evans, M. D.*, Starling Medical College, Columbus, 1850; member of the first class graduated from Starling Medical College and one of the oldest physicians in the state; died at his home in Clarksburg, November 15. He was 93 years old and the last of a family of 16 children. Dr. Evans began to practice in Clarksburg 66 years ago. He is survived by one son and two daughters.

*William H. McGranaghan, M. D.*, Hahnemann Medical College and Hospital of Philadelphia, Philadelphia, 1876; aged 61; died in the Youngstown Hospital, November 18, after a long illness. He had been a resident of Youngstown for 38 years.

*Samuel J. Covert, M. D.*, College of Physicians and Surgeons, Baltimore, Md., 1882; aged 66; died at his home in Perrysville, November 8.

*C. August Schwagmeyer, M. D.*, Medical College of Ohio, Cincinnati, 1870; aged 72; died at his home in Cincinnati, November 11. Dr. Schwagmeyer took an active part in the recent political campaign and his work along this line is believed to have hastened his death. He is survived by his wife and four children.

*James K. Henderson*, a retired physician and a veteran of the Civil war; aged 90; died November 6, at the home of his son, Frank A. Henderson, in Bucyrus. Dr. Henderson practiced at Ada, Bucyrus and Weston. He is survived by five sons, one daughter, 24 grandchildren and 31 great-grandchildren.

*Henry John Cook, M. D.*, Medical College of Ohio, Cincinnati, 1893; a fellow of the American Medical Association; member of the Ohio State Medical Association and the Cincinnati Academy of Medicine; aged 50; died recently at his home in Cincinnati.

*Joseph Alfred Brown, M. D.*, Medical College of Ohio, Cincinnati, 1878; a fellow of the American Medical Association; member of the Ohio State Medical Association; aged 61; died at his home in Germantown, November 9, after an illness of four days. Dr. Brown had practiced medicine in Germantown for 37 years and at the time of his death was president of the Farmers and Citizens Savings Bank. He is survived by his wife and two daughters.

*George Bayliss Stillman, M. D.*, College of Physicians and Surgeons, Baltimore, 1880; aged 64; formerly a member of the Ohio State Medical Association; died in Buffalo, October 12. Dr. Stillman's home was in East Cleveland.

*James Franklin Heady, M. D.*, Miami Medical College, Cincinnati, 1878; member of the Cincinnati Academy of Medicine; aged 65; died at his home in Glendale, October 25. He served the Miami Medical College in various capacities and was a valuable member of its faculty.

*William Overholt Baker*, one of the oldest practicing physicians of Stark county, died of bronchitis at his home in Louisville, November 26, after a brief illness. He was 89 years old. Sixty years ago he attended a course of lectures at Jefferson Medical College and then began the practice of medicine, which he continued until a few weeks before his death. Dr. Baker is survived by a son and three daughters.

*William C. Huston, M. D.*, Medical College of Ohio, Cincinnati, 1894; a fellow of the American Medical Association; member of the Ohio State Medical Association; aged 48; died at Mercy hospital at Hamilton, his home, December 4, following an operation for appendicitis.

*James Whittenmyer, M. D.*, Ohio State University Medical College, 1913; member of the Ohio State Medical Association; lieutenant in the Second Field Hospital; died in a military base hospital at El Paso, Texas, Dec. 5. His home was in Peebles, where burial was made. After his graduation, Dr. Whittenmyer was an instructor at the Ohio State University Medical College for a short time. He left with the Ohio troops for the border September 1. His wife reached El Paso before his death.

*Jirah Dewey Buck, M. D.*, Cleveland University of Medicine and Surgery, Cleveland, 1864; aged 78; died at his home in Walnut Hills, Cincinnati, after an illness extending over a period of more than one year. After serving in the Civil War in a Michigan regiment, Dr. Buck

took up the study of medicine. In 1870 he went to Cincinnati, where he became associated with the Pulte Medical College, serving as registrar and professor of physiology and later as dean and professor of theory and practice of medicine. He is survived by three sons and three daughters.

*Samuel A. Hostetter*, physician, druggist and banker; aged 69; died at his home in Greenville, following a stroke of apoplexy. After completing his medical education he practiced for a time at Ansonia. He served two terms in the Ohio legislature and a term as treasurer of Darke county, and then entered the drug business. Later he became cashier of the Second National Bank at Greenville. He is survived by his wife.

**Orthopedists Hold Clinics**

Cleveland, Elyria and Cincinnati entertained the members of the Central States Orthopedic Club, December 27 and 28. The members arrived at Cleveland, Wednesday morning, December 27. After a breakfast at the Hollenden Hotel, clinics were conducted at Mt. Sinai hospital by Miss Ritch, and Drs. Harrison, Bland, Dower and Stern of Cleveland, Steinfield of Columbus, and Chollett of Toledo; and at Lakeside hospital by Drs. Morrill, Bauman and Crile.

In the afternoon at St. Luke's, clinics were conducted by Drs. Kelley, Teter, Skeel, Stepp, Spurney and Stern. A special car carried the doctors to Elyria where the Gates Hospital for Crippled Children was visited. Upon arrival at Cincinnati Thursday morning, the club was taken to the Cincinnati General hospital to witness interesting demonstrations by the members of the orthopedic staff: Drs. Freiberg, Carothers, Maddox and Cofield. Points in plaster, technique and gymnasium methods in the treatment of scoliosis were discussed. The two-day session was closed with a dinner at Hotel Sinton.

**How About Your Telephone Directories?**

If your telephone company lists osteopaths, chiropractors, dentists and veterinary surgeons under the heading "Physicians and Surgeons," register a protest. In Canton, the telephone companies listed several "Doctors" of other professions under this heading and the Canton Medical Society presented a formal protest. Managers of the companies promised that when the new editions of the phone directories are published, the desired distinction will be made. This subject was discussed at the regular meeting of the society, November 24. The program of the meeting follows: "Some Phases of Nephritis," by Dr. J. J. Dougherty of New Berlin—Discussion by Drs. F. G. King and C. D. Hamilton. "Lesions of the Prostate and Their Treatment," by Dr. H. P. Pomerene—Discussion by Drs. James Fraunfelder and J. P. DeWitt.

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 \* PUBLIC HEALTH NOTES \*  
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Dentists of Fostoria are preparing to start a free dental clinic to be conducted by the board of education.

Dr. E. B. Starr has been selected health commissioner of Springfield to succeed Dr. J. R. McDowell, who recently resigned to become director of the division of public education and tuberculosis, state department of health.

Cincinnati department of health is urging that all vagrant dogs be exterminated at once as a measure of public safety. The department's report states that since January 1, 1916, 96 persons have been reported as having been bitten by dogs. Of 47 dogs examined 19 proved to be victims of rabies.

Cincinnati's water supply during 1915 was 99.8 per cent pure according to the annual report of Filtration Superintendent Ellms. The city health department records show that not a single case of typhoid fever, which resulted fatally during the year, was traceable to the water supply.

Babies' Dispensary and health department nurses in Cleveland are planning a campaign against midwives who are practicing illegally and against nurses, midwives and physicians, who fail to report cases of eye disease in infants according to state law.

On the recommendation of the Lorain board of health, the Lorain council recently adopted a resolution urging the legislature to legalize the employment of visiting nurses by cities. Officials of other cities in Ohio are to be asked to lend their aid to the movement.

A Brooklyn man, who intends to move to Toledo, recently wrote the Toledo department of health, inquiring as to the health conditions there. "The time is coming when more people will inquire about the health conditions of cities where they expect to live," said Health Commissioner Selby, commenting on the letter. "It's the wise thing to do."

Logan county is on the verge of taking a step forward. The county board of education has appointed a committee to arrange a mass meeting for the purpose of discussing medical and dental inspection in the city and county schools.

Rural school children of Franklin county are to be examined for physical defects by public health nurses as a result of a system inaugurated by

County Superintendent Coy. County teachers report that among 7618 pupils in the county outside of Columbus, 616 have defective sight, hearing or speech.

Health Commissioner Light of Dayton has inaugurated a movement for better ventilation of street cars and is urging the public and street car companies to improve present conditions.

Through the efforts of the Tuscarawas County Anti-Tuberculosis and Health Society, Tuscarawas has engaged Miss Mary E. Holz of Columbus as visiting nurse to succeed Miss Margaret Ruba, resigned.

Members of the Miami Valley Health Officers' Association held an interesting meeting at Dayton, November 29. Addresses by Dr. G. D. Loomis, health officer of Middletown, on "Milk Inspection," Dr. A. L. Smedley, health officer of Hamilton, on "Sewage Disposal," and Dr. A. L. Light, health commissioner of Dayton, on "Infantile Paralysis," were followed by a general discussion of local health problems.

Toledo health department has decided to prosecute physicians who do not report contagious diseases promptly. Health Commissioner Selby recently stated that four cases of scarlet fever might have been prevented if reported in time to the health department.

Health Officer Kahn of Columbus is urging parents to give their children prompt medical attention in diphtheria cases. He suggests that children be sent to a physician when they complain of being ill with sore throat.

Value of sanitation in homes and other buildings was shown Dayton citizens by means of an exhibit conducted by the city health department during the first week of December. Numerous sanitary devices were displayed.

Chillicothe dentists have offered their services for dental inspection in the schools of that city and have asked the school board to authorize an inspection.

A free lecture on "The Common Disorders of Childhood" was delivered by Dr. O. L. Goehle of Cleveland in the First Congregational Church at Elyria, December 7th.

In order to increase the efficiency of health and charity work, the Scioto County Anti-Tuberculosis League and the Associated Charities of Portsmouth have merged into an organization to be known as the Bureau of Community Service. The work of the organizations will be under the management of one directorate.

The Defiance board of health recently adopted a resolution pledging its support to the movement to obtain passage of a state law authorizing the use of public funds for a district nurse. Action was taken at the request of the Lorain board of health which started the movement.

Health Commissioner Selby of Toledo has prepared a list of books on health and sanitation, which he urges the citizens of Toledo to read and which can be found in the Toledo library. The list was published recently in the Toledo newspapers.

Dr. A. L. Light, health commissioner of Dayton, delivered a lecture on "Public Health," at a public meeting at Lancaster, December 14.

In a signed article published in the Bellefontaine Index Republican, A. A. Bell, superintendent of the Logan county public schools, urges medical inspection of all school children. "In the field of education, we are shortsighted." Superintendent Bell says, "We erect modern, commodious school buildings, put in them the best of equipment, bring our country children in comfortable wagons to our centralized school plant, complete our equipment by employing skilled, well-trained teachers and then fail to see to it that every pupil is in such physical condition that he will receive the greatest benefits from his school work and that we shall receive the greatest possible interest on our investment."

Dr. F. G. Boudreau, director of the division of communicable diseases, state department of health, on November 29 delivered the second of a series of lectures on Public Health, which is being given at Delaware under the auspices of the department of education of the Ohio Wesleyan University.

In Circleville the city council has granted special police power to the public health nurse employed by the Benevolent Society. The action has materially aided the nurse in her work and might be followed with profit in other cities.

#### INDIANA'S NEW SECRETARY

The Indiana State Medical Association has appointed Mr. Frederick E. Schortemeier of Indianapolis as executive secretary. He has opened offices in Indianapolis similar to those maintained by our association in Columbus. As reported last month, the Indiana Association has adopted the Ohio plan of organization insofar as legislative and promotional work is concerned. Mr. Schortemeier made a pleasant visit to our Columbus offices last month. The Indiana Association is to be congratulated upon securing the services of a man of his evident capability.

### First District Society Holds Good Meeting

The annual meeting of the First Councilor District Society at Cincinnati, November 22, was a success in every way, according to a note received by *The Journal* from Dr. Robert Carothers. The sessions were held at the Cincinnati General Hospital. In the morning, instructive papers were presented by Dr. Charles Williamson of Chicago, on "Some Practical Points in Haemoglobin Determinations Based upon Recent Research," and by Dr. James F. Percy of Galesburg, Ill., on "The Heat Treatment of Cancer." A good general discussion followed. In the afternoon, non-operative clinics were conducted by members of the staff, as follows:

Dr. Victor Ray, Cases—Cicatricial Ectropium, Secondary Glaucoma, and Choke Disc; Dr. J. W. Murphy, Case—The Tonsil as a Factor in the Cause of Rheumatism; Dr. J. R. Callahan, What Shall be Done with the Devitalized Tooth? Dr. Hugh W. MacMillan, An Aseptic Method of Wiring the Teeth in the Treatment of Fractures of the Lower Jaw; Dr. Albert H. Freiberg, Case—Demonstrating the Value of Heliotherapy; Dr. Robert Carothers, Case—The Benefit to be Derived from the Albee Operation on the Spine; Dr. Robert B. Cofield, Case—Bone Graft for a Case of Sacro-iliac Tuberculosis; Dr. Albert J. Bell, Case—Symptoms of the Abortive Cases of Poliomyelitis; Dr. E. O. Smith, Case—Extensive Urinary Extravasation; Dr. S. P. Kramer, Case—Brain Tumor; Dr. D. I. Wolfstein, Case—Demonstration in Neurology; Dr. Paul G. Woolley, Cardiac Aneurism—Specimen; Drs. Wm. H. Wherry and Frederick W. Lamb, Case—A Case of Eye Disease Contracted from Wild Rabbits; Dr. Roger S. Morris, Case—Hypopituitarism; Dr. Frank Fee, Case—X-Ray Demonstration of Obstruction of the Descending Colon. A Case of Carbuncle; Dr. Arch I. Carson, Case—Traumatic Brachial Aneurism; Dr. Joseph W. Hall, Case—Acute Pelvic Inflammation—A Discussion of the Modern Treatment; Dr. Charles E. Caldwell, Case—Fracture of both Bones of the Leg—Operation for Adjustment Without Plating; Dr. Wm. D. Porter, Obstetrical Post-Graduate Instruction; Is it Feasible? Dr. William Gillespie, Case—The Pubes as a Guide Post for Forceps Prehension and Extraction; Dr. M. L. Heidingsfeld, Case—Radium in Skin Cancer; Dr. George A. Fackler, Case—Aneurism of the Aorta; Dr. H. L. Woodward, Case—Malignant endocarditis—Specimen and X-Ray; Dr. Mark A. Brown, Case—Differential Diagnosis of Ascites; Dr. B. K. Rachford, Case—A Diagnostic Sign of Pneumonia in Infancy; Dr. Alfred Friedlander, Case—Acute Myocarditis—Post Diphtheria; Dr. William M. Doughty, Case—X-Ray Demonstration. Dr. Charles A. L. Reed also spoke at the clinic.

Dr. Herschell Fisher of Lebanon, who was to have been one of the speakers at the morning session, met with an automobile accident en route

to Cincinnati and was unable to attend. Dr. Kelly Hale of Wilmington, was elected president of the society to succeed Dr. George D. Lummis of Middletown.

### Sixth District Meeting at Ashland

The 170th session of The Union Medical Association of the Sixth Councilor District was held in Ashland, November 14. The day was stormy, so the attendance was not so large as usual owing to the uncertainty of the condition of the roads for motoring. Members were met at the depot by the local doctors, who took them to the Samaritan Hospital, where the meeting was held.

Dr. Carl R. Steinke, Akron, read a paper on "Surgery of the Posterior Spinal Roots," and Dr. John D. O'Brien, Canton, read a paper on "The Diagnosis and Treatment of Paresis and Tabes." The papers, being closely related, were discussed together. The question of syphilis as a causative factor and the probable outcome of the treatment entered into the discussion and called for many questions to be answered by the essayists. Doctor O'Brien advocated the intradural application of remedies.

At this juncture the doctors were escorted to the Otter Hotel, where they were the guests of the Ashland County Medical Society at noon luncheon. The afternoon session was held in the hotel.

Dr. Walter G. Stern, Cleveland, opened the discussion on infantile paralysis. Here are some of the points he brought out: The name is a misnomer, because it affects adults as well. Anteropolyomyelitis does not cover it, because it affects other portions of the nerve tract as well. Before 1890 the disease was sporadic. Today it is epidemic, probably due to the spreading of the sporadic. Experiments have proven that contact contagion is very rare. We do not yet know how it is spread. Reliable symptoms pointing to its early recognition have not been discovered. Signs and symptoms simulating other diseases are usually present, but the onset of the paralysis is usually sudden, and progresses rapidly. Pains in the muscles, and irritation of the posterior roots is usually present, and continues throughout the acute stage, which lasts from six to eight weeks. There is usually loss of the reflexes, but sensation remains.

Treatment—Little or nothing can be accomplished with medicine, during the acute stage. Do as little violence as possible. Keep the patient quiet. If necessary place splint on the affected member. No baths, massage, or electricity during this stage. But after the acute stage, then gradually introduce these measures. There being no Faradic reaction, it is useless to apply this current. The Galvanic current is indicated, provided it can be properly applied. Avoid over use of the diseased muscle to the extent of fatigue. But overuse the opposite healthy muscle. Be

frank with your patient and tell him it will take from three to four years to accomplish substantial results. Of the 25,000 cases in America this year, probably 18,000 proved fatal.

Dr. Edward Remy, Jr., Mansfield, read a paper on "General Anesthesia, and the Selection of the Anesthetic." He said nitrous oxide with ether is the best all around anesthetic. Oxygen with chloroform is safe. Several children were reported having died from chloroform two and three days after the operation. With children it is better to begin with chloroform, and then use ether later. Contraindications—Nitrous oxide in brain, and chloroform in rectal operations. A vigorous discussion followed. Doctor Walker said nitrous oxide is not the best anesthetic, because it did not produce complete relaxation.

The society was honored with the presence of Dr. H. B. Gibbon, of Tiffin, President of The Ohio State Medical Society. Among other things, he said that when the State Society was organized in 1864 it had 25 members, representing 21 counties. The membership today is 4,324.

The next meeting—the annual meeting, will be held in Akron, on the second Tuesday in February.

J. H. Seiler, M. D., Secretary.

Ohioans Discuss Health Insurance

Workmen's compensation and health insurance were given considerable attention at the conference on Social Insurance, held in Washington, December 5 to 9. Several Ohioans took an active part in the conference, which was called by the International Association of Industrial Accident Boards and Commissions, a quasi-official organization composed of official bodies charged with the duties of administering compensation laws in the United States and Canada.

Dr. W. H. White, chief medical examiner of the Ohio Industrial Commission, read a paper on "Physical Examination and Medical Supervision of Employes," at the second session of the meeting. Other Ohio men, who addressed the conference, and their subjects follow:

Dudley Kennedy, director of the labor department of the B. F. Goodrich Company, Akron, "Self Insurance"; T. J. Duffy, member of the Industrial Commission, "State Monopoly"; Victor T. Noonan, its director of safety, "Accident Prevention in Connection with Workmen's Compensation"; Fred C. Croxton, former head of the statistics bureau of the Commission, "Permanently Disabled Workers"; William Green of Coshoc-ton, secretary-treasurer of the United Mine Workers of America, "Invalidity and Old Insurance, Pensions and Retirement Allowances."

Dayton—After serving two years as assistant physician at the Dayton State Hospital, Dr. H. H. McClellan resigned recently to engage in private practice. He has taken an office at 1329 Germantown Street, Dayton.

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\* NEWS OF THE CLEVELAND \*  
\* ACADEMY OF MEDICINE \*  
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(Report by J. E. Tuckerman, M. D., the Secretary)

WOOD: PROGRESS IN CANCER.

The one-hundred and thirty-third regular meeting of the Academy of Medicine was held Friday, November 17, at the Cleveland Medical Library; the President, William Bruner in the chair.

The program:

- 1. Pyloric Stenosis in Infants, H. G. Sloan, Cleveland.
- 2. Recent Progress in the Study and Therapeutics of Cancer, Francis Carter Wood, New York City.

In a very interesting manner Dr. Wood outlined the problem of cancer investigation, stating that much can be done by the clinician through accurate case records, combining clinical and pathological data. Such clinical work should supplement experimental research.

He showed how by experimental investigation the characteristics and properties of new growths in animals were being determined; the conditions under which such growths develop studied, and the question of malignancy or non-malignancy determined by implantation experiments. He stated that a parasitic cause of malignancy has not been borne out by the experimental facts so far adduced, and he was inclined to believe that malignancy would be found to consist of a change in a cell otherwise apparently normal which makes it possible for that cell to lead a parasitic existence and to resist the natural or acquired defenses of the host.

He illustrated his talk with many lantern slides showing microphotographs of histological specimens from human tumors and from tumors in experimental animals; charts giving the progressive course of spontaneous and transplanted animals showing the size of some of the transplanted tumors.

He brought out the fact that radiation is either stimulating or destructive according to the doses used. In closing he said that he had endeavored to speak of those things which he thought would be of general interest or of aid to the physician having to deal with malignant cases. Of course the experimental investigation of malignancy, in fact the whole problem of malignancy has only begun to be studied and no one can predict when a solution will be had.

Doctor Wood's paper was discussed by C. E. Briggs, G. W. Crile, J. E. Tuckerman and H. N. Cole.

Attendance 100.

MEETING OF DECEMBER 15.

The one-hundred and thirty-fourth regular meeting of the Academy was held Friday, December 15, 1916. Program: "The Relation of the Medical Profession to National Preparedness," by Lt. Col. Henry Page, M. C., U. S. A.



OPHTHALMOLOGICAL SECTION.

The eighty-seventh regular meeting of the Ophthalmological and Otolaryngological Section was held November 24.

David Prendergast gave a report of a case of ethmoiditis in a child, complicated by unilateral exophthalmus. The child, aged six, developed, following a blow on the face a marked exophthalmus of the left eye accompanied with high fever. Examination showed profuse discharge of pus coming from under the middle turbinate of the same side. The exophthalmus was so marked that he made a tentative diagnosis of cavernous sinus thrombosis secondary to the sinusitis. Opening of the antrum, exenteration of the ethmoids gave prompt subsidence of all symptoms. Doctor Prendergast reports this case because of the rareness of sinus infection in young children of this age due to the lack of development of the sinuses.

W. H. Tuckerman presented a patient with optic atrophy due to a severe pan sinusitis of the left side about two months ago. At the time first seen there was marked exophthalmus with folds of the conjunctiva protruding from the palpable tissue. The pupil was dilated and fixed. The lid could be opened for a little but an examination of the fundus was impossible. The history was that the swelling was of two days duration only, although she had had a cold for several weeks. As she was subject to hay fever every fall she had paid little attention to it. A tentative diagnosis was made of cavernous sinus thrombosis secondary to the pan sinusitis. However to give the patient every chance a complete exenteration of the ethmoids and free opening of the sphenoid and frontal sinus was done. The exophthalmus receded gradually. At present it is hardly noticeable. The eye has remained totally blind, the arteries have shrunk to mere threads.

H. N. Cole presented a patient who had had a paraffin injection for correction of nasal deformity a year ago last May. For six months the appearance of the nose was much improved and there was no redness, then the skin over the site of injection became shiny and red with dilatation of the capillaries and the area of redness and enlargement has continued with exacerbations to the present time. It is a case of paraffin migration with the accompanying cell proliferation and tumor formation due to the presence of the paraffin. At present the bridge of the nose is much widened with two tumor-like formations at the base of the bridge on either side encroaching in the inner angle of the orbits. On the left side there is beginning migration downward in the naso-labial fold into the cheek. There is also some migration upward onto the forehead in the median line, but this feels more like edema and swelling due to interference with circulation at this point. Dr. Cole does not know the melting point of the paraffin used in this case, but similar

conditions have been reported from the use even of the paraffins of higher melting point.

EXPERIMENTAL MEDICINE.

Ninety-first regular meeting of the Experimental Medicine Section was held December 8. Program: 1. Fate of Iodin in the Body, T. Sollmann; 2. Measurement of the Pulmonary Circulation with Special Reference to Congenital Heart Disease, R. G. Pearce. At the November meeting of this section the following program was presented: 1. Intravenous and Intraarterial Insufflation of Oxygen; an Experimental Study, Carl R. Steinke; 2. Utilization of Dextrose in the Animal Body. J. J. R. Macleod, M. B.

CLINICAL AND PATHOLOGICAL.

The one-hundred and twentieth regular meeting of the Clinical and Pathological Section was held Friday, December 1. Program: 1. (1) Head Surgery in Early Childhood; (2) A Report of an Obscure Case of Septic Fever in a Child,—of Pulmonary Origin, A. Peskind; 2. Bismuth Poisoning. Report of Two Cases, John Phillips; 3. Chloroform in Obstetrics, Wm. D. Fullerton; 4. Complete Fixation Test in Tuberculosis, A. A. Eisenberg.

ACADEMY NEWS NOTES.

Frederick Blossom, Cleveland, head of the "birth control" propaganda in Ohio, has been granted permission to address the Academy at its February meeting.

The Civics Committee, H. L. Sanford, Chairman, is preparing a questionnaire in fees for the collection of information relative to the situation in the city.

Leo Wolfenstein succeeds W. B. Chamberlain as Chairman of the Ophthalmological and Oto-Laryngological Section. W. H. Tuckerman was re-elected secretary.

The following new members have been admitted: Wm. E. Dwyer, Arthur A. Eisenberg, Ignatius W. Matuska, P. J. Opperman and Adam E. Szczytowski. The following are applicants: Oscar E. Townsend, E. A. Wakefield and Josephine M. Danforth.

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\*\* MEETINGS OF CINCINNATI \*\*  
\*\* ACADEMY OF MEDICINE \*\*  
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(Report by W. R. Abbott, M. D., the Secretary)

OFFICERS FOR 1917

The annual election of officers of the Academy will be held January 8. The nominating committee, consisting of Charles L. Bonifield, E. O. Smith, Frank Fee, Arthur Bauer and E. W. Wilson, yesterday made its report, as follows: Pres-

ident, John H. Landis and John Miller; First Vice President, Sidney Lange; Second Vice President, M. B. Brady; Secretary, William Abbott; Treasurer, A. G. Drury; Librarian, B. Merrill Ricketts; Censors, William Mithoefer and Charles Rockhill; Trustee, E. Gustav Zinke; Delegates to State Association, Charles Souther, H. Kenon Dunham and Albert Faller; Alternates, Albert Faller and William Doughty. Nominations from the floor: C. C. Fihe for President and Eric Fennel for Secretary.

#### MEETING OF DECEMBER 4.

Charles Kiely reported a case of a one-month-old child who was posted at the General Hospital. Clinically a diagnosis had been made of spina bifida, and meningitis of the cord. A history of the case was not obtainable. The anatomical diagnosis was hydrocephalus, congenital lues (?), meningitis of the cord. The interesting feature of the report was the histological examination made by Dr. Kiely, which revealed the presence of the spirocheta in the cortex. Small round cell infiltration of the medulla, marked sclerosis of the choroid was also found.

Dr. Pirrung, who saw this case in consultation twenty-four hours after birth, stated that there were present no signs of congenital syphilis. Dr. Pirrung referred to a similar case in which hydrocephalus was present at birth.

Dr. Ingram believes that in all congenital errors, syphilis is the etiological factor.

Dr. Souther described a family of three children in each of whom there was hydrocephalus. The second child was less affected than the first, and the third less than the second. A failure of the closure of the mouth in a case about to be operated was mentioned. A report of this case was promised.

#### RAVOGLI: CANCER OF THE SKIN

A. Ravogli spoke on cancer of the skin. The word cancer was used to designate all those tumors of the skin of an epithelial origin, which destroy the skin and the tissues near by, by ulceration. The ulceration is persistent, slowly increases in size, does not heal up, when removed it has a tendency to recur. It causes infection of the adjacent parts of the skin. It infects the lymph glands, which communicate with the affected locality by means of the lymph vessels. The appearance of the different forms and their pathology were described and illustrated by the means of the lantern. A cancer is a heteroplasm, masses of epithelial cells growing inside of connective tissue stroma. The tumors may arise from the surface epithelium, or from the epithelium of the glands of the skin.

The causes which produce cancer are yet unknown. All we have is theories. The theory of irritation has been strengthened by the development of cancers following X-ray dermatitis. This has great importance in showing that ex-

ternal irritation has great influence on the skin already altered by trauma, or poison. The germinal theory, that in the course of pathological processes, epithelial cells may be separated from their connection and be enclosed in the connective tissues, has many followers.

It has been pointed out that the growth of the cells is due, not to the abnormal situations in which they find themselves, but to certain qualities in the cells themselves. Indeed they are not in a favorable place for nutrition, yet their growth is very rapid, and their increase makes up for the destruction.

The comparison of cutaneous cancer to tuberculosis of the skin shows some points of analogy for us to infer the parasitical origin of cancer.

Differential Diagnosis.—Cancer must be differentiated from syphilis, primary and tertiary. Blastomycosis, dermatitis, coccidioides, sporotrichosis of the tubercloid type may all be mistaken for cancer. The diagnostic points were considered in detail.

In cutaneous cancer the removal of a section for diagnosis is objectionable, as it is very prone to cause more rapid growth locally and metastasis.

Prognosis.—Cutaneous cancer in the beginning is localized and remains so for years, without producing apparent infection, thus giving the hope that it is curable.

Treatment.—Excision seems to be the best way, but it is not sure and is not applicable in all cases, and relapse is more frequent than not.

Escharotics.—Nitric and carbolic acids may be used, trichloroacetic acid may be used with great benefit in superficial cancers. Chloride of zinc, nitrate of mercury, give good results in small cancers. Carbon dioxide has been used in some cases with success, in others with bad results.

Arsenical paste has been used with good results, but on account of the pain produced, and the resulting inflammation, the method has been abandoned. Resorcin, salicylic acid, thermo and galvano-cautery are sometimes used with good results.

Dr. Ravogli's method of treating cancers is as follows: After thoroughly cleansing the skin, a 5 per cent solution of cocaine is applied. The growth is then removed with a sharp curette, care being exercised to remove all hard particles from the edges, and also from the bottom of the growth. The cocaine solution is again applied, and the wound thoroughly dried. A mixture of formaldehyde 2 per cent, lysol 2 per cent, ferric perchloride 1 per cent, is applied and allowed to remain five minutes.

Formaldehyde has a cauterizing as well as a germicidal effect, the lysol produces a coagulation of the plasma in the connective tissue, thus producing necrosis, the perchloride is used to control the oozing. This application may be repeated at intervals of seven to ten days until the surface has entirely healed. For dressing the

wound an ointment composed of ichthyol 31, and Unguen Diashylon Hebra 31 is used.

This routine treatment was begun in 1899, and the results obtained have justified the practice. As brought out in the discussion there has been a 75 per centage of cures.

#### MEETING OF NOVEMBER 27

The evening was devoted to case reports.

M. Schlotz reported a case of bromide eruption which presented many unusual features. Discussed by James Rowe and James Miller.

James W. Rowe showed a specimen of a double lobed placenta with a single cord attachment.

Dr. DeNeen presented a preliminary report of a double oophorectomy in which he transplanted a portion of one of the ovaries into the right rectus muscle. There was a history of dysmenorrhea of two years' duration. At operation, the right ovary was found to be cystic, the left bound by adhesions. The first transplant ever reported was by Robert Morris, of New York, in 1885. This transplant is to alleviate the symptoms of an artificial menopause. The result of Dr. DeNeen's case will be given later.

#### OVARIAN CYST

Magnus Tate submitted the following case report:

Mrs. —, fifty-eight years old, came under my care four years ago. The following history was given:

Menstruation ceased some fifteen years ago. Had never been pregnant and always very healthy until some ten years ago. Her illness at times was acute, and she complained as follows: Indefinite pain over abdomen and bloating frequent. Appetite variable, here and there nausea, urination difficult at times, and constipation always marked. These attacks lasted a few days to a week, and then a term of months with apparently good health.

Some four weeks ago, patient complained of abdominal pains, had two chills, abdomen enlarged, nausea and vomiting, constipation to obstipation, no stool for three days.

Examination: Abdomen enlarged, firm to palpation, the large and one or two coils of intestine, well marked. Vaginal examination, negative; urine loaded with albumin, scant and highly colored; temperature and pulse, 100. The right leg enlarged to twice the normal size, but this of some years' standing, she having a well-developed case of phlebitis. Her condition grave, and the diagnosis at this time not positive. An intestinal obstruction, a fibroid and an ovarian cyst were carefully considered.

Mrs. — was taken to hospital, first for treatment to see if we could not get her general condition up to a state for operation. After three days brisk medication, we secured a number of bowel movements; the urine, increased in

quantity, contained a trace of albumin, but the temperature and pulse remained 100.

Operation: Medium incision. Ovarian cyst, very black; twisted pedicle; weight of cyst, fifteen pounds.

Patient left hospital in three weeks, good condition.

My main object in presenting this case was the indefinite history and the question of diagnosis.

J. L. Ransohoff presented the following case report:

#### CHOLECYSTECTOMY, FOLLOWED BY SECONDARY HEMORRHAGE ON THE TENTH DAY, BLOOD TRANSFUSION, RECOVERY.

J. S., aged sixty-one. Nothing in the previous history has any bearing on the present illness. During the past two years has had a severe bronchitis. On the evening of November 4, 1916, had a sudden severe pain in abdomen, with nausea and vomiting, the pain growing progressively more intense. On the morning of Nov. 5, he was seen by Dr. Salzer. Temperature, 100° F.; pulse, 90; respiration, 22. He had some tenderness over the appendix and gall-bladder region, and general abdominal rigidity. White blood count in the morning, 10,000; at noon, 14,000; in the evening, 18,000. The tenderness then localized in the gall-bladder region, accompanied by marked rigidity of the right rectus. The temperature was 100.6° F.; the pulse, 112; respiration, 24. Diagnosis, acute purulent cholecystitis. Dr. Joseph Ransohoff saw the patient with Dr. Salzer in the evening, and concurred in the diagnosis.

In view of the increased fever, rising blood count and increased pain and tenderness, operation was advised. Operation, Jewish Hospital, November 6, gas oxygen anesthesia. Through a transverse incision the gall-bladder was exposed and found distended. On opening, it was found filled with white bile and pus. The wall was gangrenous in spots. A single large conglomerate stone was found in the cystic duct. The removal of the gall-bladder was accompanied by furious hemorrhage from the liver bed, which was easily controlled by packing. A cigarette drain was placed over the stump of the cystic duct, and the rest of the wound closed.

The post-operative course was uneventful. No nausea or vomiting.

On the morning of the fourth day after operation, the temperature was 98.6°; pulse, 72; respiration, 22; and the bowels moved well. On the tenth day at 10:30 A. M. the gentle removal of the packing was followed by a profuse hemorrhage from the wound. The patient collapsed. No pulse could be felt at the wrist, respiration ceased, the pupils dilated, and the rectal sphincter lost its tone. The hemorrhage was controlled by reinserting the packing. Artificial respiration was successfully instituted, and the usual re-

storatives, caffen and camphor, given hypodermically. The foot of the bed was, of course, elevated. At 10:55 the pulse was scarcely perceptible, 144; respiration, 44. Dr. Salzer began the administration of oxygen with the McKesson machine, as the patient was very cyanotic. This was kept up for several hours. At 11:15 the pulse was again gone at the wrist, and 800 c.c. of salt solution were slowly given intravenously. At noon, 400 c.c. of blood, obtained from one of the patient's sons, were transfused by the citrated method. The pulse became reduced to 120. Strange to say the cyanosis was not relieved, and the oxygen was kept up. At 3:00 o'clock, 400 cubic cm. of blood obtained from another son were given in the same way. At 3:30, the pulse was 108, of good volume; respiration, 36; and the cyanosis was gone. The following morning the temperature was 98° F.; pulse, 80; and respiration, 20. Except for a severe hiccough, which has subsided, the patient's convalescence was uneventful.

The interesting point of this case was that the patient's life was saved by an unbroken chain of expedients: Artificial respiration, oxygen properly administered, intravenous salt injection, and finally blood transfusions. I think that the omission of any one of these therapeutic measures would have proved fatal.

November 27.—Blood pressure, systolic, 140; diastolic, 85. Red blood count, 5,186,000; H., 70.

O. Berghausen, in discussion, reported a case in which fever followed a cholecystectomy. The blood picture was that of a secondary anemia, resembling greatly pernicious anemia. Three days after the transfusion by the citrate method, the temperature became normal, the blood count also gradually becoming normal.

The following case was reported by Dr. Berghausen:

H. H., aged twenty-seven, white, single, patient at the City Hospital, June 6, 1916, service of Dr. Joseph Ransohoff, who asked me to see and conduct the treatment of the case. June 7, stepped on a new nail, the physician probed the wound and swabbed it out with an antiseptic solution; no antitoxin given. On the eighth day symptoms of tetanus developed, the symptoms became very marked by the next day, presenting all of the classical symptoms. The wound was surgically treated; also dressings soaked in tetanus antitoxin were applied. The serum was given intravenously and subcutaneously at once; on the next day, intraspinal medication, 6,000 units of the serum was resorted to; in addition, routine symptomatic treatment including morphine. On the second and third day his condition became very serious. In all 133,600 units of antitoxin were used subcutaneously, 19,500 units intravenously, 12,000 units intraspinaly. The patient made a gradual and perfect recovery and was discharged as cured on August 7, 1916.

This case was demonstrated to show what can

be done with very severe cases of tetanus by using the serum intravenously and intrapinally at once. Probably it would have been unnecessary to use so much serum subcutaneously.

This case was presented by Dr. Berghausen to show what results could be obtained in chronic as well as acute cases.

Dr. Salzer explained that the use of oxygen has fallen into disrepute because of the method of administration. As ordinarily used,  $\frac{3}{4}$  of the 100 gallon tank is dissipated during use, also there is no way to control loss during the patient's expiration and the further disadvantage remains that air is breathed with the oxygen.

Dr. Hermann referred to a series of one hundred cases of puncture wounds in which he had claiming infection can be prevented by proper local treatment. However, Dr. Hermann does not oppose the serum's use, but it is not always available.

A lengthy discussion followed, in which each participant described his own methods.

The discussants were: J. L. Ransohoff, Curry, Rowe, Salzer, J. H. Caldwell, Tate, Shuman.

#### MEETING OF NOVEMBER 20

Robert Carothers presented a patient showing the results obtained by the use of turpentine and castor oil on a carbuncle on the back of the neck. The carbuncle was of five weeks' duration. At the beginning of treatment there was present sugar in the urine, also an irregular heart. The action of the heart has improved and the sugar cleared up. The patient is rapidly taking on weight. This treatment was first suggested by Dr. Conner, a great many years ago. James Rowe and E. W. Mitchell, in discussing the case, reported results in similar cases.

A patient with inflammation and ulceration of the conjunctiva of the left eyelid was presented by Fred Lamb. The condition was due to infection by the bacillus tularensis, and was of one week's duration. A history of the cleansing of rabbits was obtained. Rabbits are the usual source of infection. The bacilli, which was isolated by Dr. Wherry, is similar to that of bubonic plague, and was probably the cause of the epidemic among rabbits in Southern California two years ago. Post-mortem on rabbits which have died following inoculation, reveal a peritonitis, with miliary tubercles of the liver and spleen. This is but the third case on record. The first was seen by Dr. Vail, and the second by Robert Sattler. The ulcers on the eyelid measured from 2 to 4 m.m. in diameter. The constitutional symptoms were slight; at the beginning, mild chills and fever, some pain in the forehead and neck on the affected side. The infection runs its own course, and there is no definite treatment. The severity of the contagion in the human has not been determined.

John E. Greiwe presented the paper of the

evening on The Clinical Significance of Heart Irregularity. He classified and discussed the disorders of the heart and urged general practitioners to take up the study of pulse from the graphic point of view.

NEWS NOTES

New members during the month: A. T. Rennecker, Jacob Schwartz, Albert Schwartz, D. A. Tucker, I. Gould.

T. P. Hyatt, D. D. S., was to address the Academy on "Mouth Hygiene as a Factor in the Efficiency of the Industrial Worker." Dr. Hyatt is a director of the Dental Clinic of Metropolitan Life Insurance Co., 4,000 employees coming under his jurisdiction. Illness has prevented Dr. Hyatt's presence here, but he will favor us at a later date.

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\*\* MEETINGS OF THE TOLEDO \*\*  
\*\* ACADEMY OF MEDICINE \*\*  
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(Report by E. M. Latham, M. D., Correspondent)

DECEMBER 7.

The general meeting for December was held on the first. President Louis Miller presided. Secretary Waggoner was at his post again after a long illness. W. D. Hogue admitted on a transfer card from Williams county. A letter was read from G. V. Sheridan, State Executive Secretary, outlining the legislative and other plans of the State Association.

The main event of the evening was an address on cancer by Dr. Eisenbrey of Cleveland. The speaker presented a large number of lantern slides, showing the different forms of cancer. He stated that cancer has been known since the days of cave dwellers. The microscope had aided our study greatly. The morphological study is not yet ended. New kinds are being found. There are many borderline cases. Classification and nomenclature are changing. Some formerly thought malignant are now known to be benign. The nature of cancer is still not understood. Some can be cured by curettage. The disease is not contagious. There is no parasitic cause, no cancer district and no serum reaction. The living cancer cell must be transplanted before it will grow in another animal. The tumors in animals parallel those in humans. There is no transmission by heredity. There seems to be a predisposition by intermarriage. A person having a cancer cannot develop an immunity such as takes place in a parasitic infection. Every case of cancer is curable at some stage by operation.

SURGICAL SECTION.

The surgical section met November 24, 1916, at the Y. M. C. A. Thos. Heatley, chairman and J. T. Murphy, secretary, had charge.

The first subject was "Uterine Prolapse after Menopause," by C. N. Smith. He advocated operation for these cases, with repair of any cystocele or rectocele at the same time if presented. A method of operation was outlined as follows: Cut a V-shaped piece out of the fundus of the uterus and sew the fascia over the par's. All mucosa of the uterine cavity should be removed. P. J. Bidwell followed with a paper on the vaginal treatment of uterine prolapse. He traced the history of the treatment of this malady through its stages of development to the present time. Paul Hohly, S. D. Foster and J. H. Jacobson discussed the papers.

B. W. Patrick closed the program with a paper on uterine infections. Such infections may be classed as puerperal, non-puerperal and tubercular. Closely allied to uterine infections are pyocalpinx, salpingitis, ovaritis, pelvic abscess and gonorrhoeal infection. A careful history of such cases should be taken. Dr. Pamment discussed the paper.

NOVEMBER 3.

The Toledo Academy of Medicine was addressed on Friday evening, November 3, 1916, by Professor Albert Barrett of Ann Arbor. His subject was "Syphilis of the Central Nervous System." The subject was handled in a very thorough manner. Numerous charts and colored plates were used for illustrations. The whole evening was given up to the subject. A large audience greeted the speaker.

NOVEMBER 10

The evening program consisted of demonstration and exhibition of pathological specimens. Drs. Ramsey and Moots showed an enlarged thyroid removed from a patient who also had a growth in the uterus at the same time. A cystic thyroid was also shown. In this case the rings of the trachea were gone and the patient could breathe only with great difficulty.

S. S. Hindman presented an immense appendix taken from a boy twelve years old. He also showed an epithelioma of the penis taken from a man forty-nine years of age. His wife was suffering from cancer of the cervix.

Dr. Moseley showed a carcinoma taken from the cheek of a woman seventy-four years old; an adenocarcinoma of the fundus of the uterus; and a small round cell sarcoma of the skin taken from the outer side of the knee of a man fifty-four years old. The other specimens were two slices of lung tissue showing miliary tubercles and a tumor of the spleen weighing eight pounds, following splenic leukemia. Theo. Zbinden showed a specimen of malignant development from a fibroid uterus. Other specimens were cancer of stomach superimposed on ulcer of stomach, an adenocarcinoma in a girl two years old, and a suprarenal sarcoma.

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 \* MEETINGS OF COLUMBUS \*  
 \* ACADEMY OF MEDICINE \*  
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(Report by L. L. Bigelow, M. D. the Secretary)

MEETING OF NOVEMBER 20.

Regular meeting of the Columbus Academy of Medicine, Auditorium Room, Columbus Public Library; the President, H. M. Platter, the chair, introduced Fred T. Murphy, Head of the Department of Surgery of the Washington University Medical School at St. Louis, Mo. Dr. Murphy talked for an hour, his subject being "Impressions of Some of the Problems of the French Base Hospital." The lecture was illustrated with lantern slides, most of which were selected with a view of demonstrating not only the importance, but even the necessity, of leaving in situ fragments of bone if one expects to get a functional result in dealing with comminuted fractures of the long bones. A warm tribute was paid to the high order of work performed by the dental surgeons in the reconstruction of shattered bones.

Attendance, 150.

MEETING OF DECEMBER 4.

C. F. Clark reported further favorable progress as regards vision in a case referred by him to Harvey Cushing for operation on the pituitary gland.

The regular program of the evening followed.

R. L. Barnes read a paper on "Some Phases of Blood Examination." Discussion was opened by G. M. Waters and continued by Drs. Keil, Bigelow, J. F. Baldwin, Kahn, Kahle, and Sheetz. Dr. Barnes closing the discussion.

Andre Crotti read a paper on "Cancer of the Uterus." Discussion by J. F. Baldwin and R. R. Kahle.

Attendance, 43.

MEETING OF NOVEMBER 27.

E. W. Schueller reported three cases. One a case of a positive Widal, bleeding from the bowel, and ecchymosis of the belly wall. Second, a case of hemorrhage from the female breast. Third, a case of Lipuria. The regular program of the evening followed:

A. C. Wolfe read a paper on "The Technique of Tonsillectomy." Discussion by C. P. Linhart, W. C. Davis, D. G. Sanor, F. L. Stillman, and I. G. Clark, Dr. Wolfe closing.

J. H. J. Upham read a paper entitled "Some Retrospective Views of Medicine."

The secretary called attention to the necessity of paying now dues for 1917 in order that members might qualify for the medical defense.

Dayton—Dr. Martin Fischer of Cincinnati delivered an address before the annual meeting of the Ohio Dental Society at Dayton December 5.

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 \* COUNTY SOCIETIES \*  
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FIRST DISTRICT

Clinton County Medical Society met at Wilmington Thursday, November 2. The evening was spent in a general discussion led by Drs. Austin, Briggs and Wire, of the problems involved in the proposed extension of the principle of the workmen's compensation act to include some form of sickness insurance. The possibilities of such legislation, in the direction of more effective preventive medicine, were clearly brought out, though it was felt that it was not likely that legislation would be sufficiently comprehensive to include the floating population of unskilled laborers in country districts such as ours, an element which is at present looked after by the gratuitous service of the physician of the community to a very large extent. Owing to the absence of the secretary, Henry M. Brown, who is serving as first lieutenant and assistant surgeon, Ohio National Guard, on the Mexican border, Kelley Hale was appointed secretary, and Robert Conard was named correspondent.

Drs. Briggs, Hale and Shrieves made arrangements for the meeting of the Society which was held Dec. 7, in the Odd Fellow's Hall at Wilmington. The members and their families enjoyed an excellent chicken dinner, served by the ladies of the M. E. Church. Robert Carothers, District Councilor, his son, and Dr. and Mrs. William Doughty, of Cincinnati, were guests of the Society.

After dinner, Dr. Doughty gave an interesting talk, illustrated by lantern slides, on the diagnosis of stomach conditions by means of the X-Ray. Dr. Doughty presented an extremely interesting set of slides. Dr. Carothers spoke on some of the unhygienic results of a state of over-civilization and attributed many of our modern ills to an unnatural mode of life. This precipitated a lively discussion on hygienic subjects, in which most of the members participated.

At the business meeting the following officers were elected for 1917: Robert Conard, President; J. B. McKenzie, Vice-President; Kelley Hale, Secretary-Treasurer; Frank A. Peelle, Medical Defense Committeeman; E. Briggs, Legislative Committeeman.

It was proposed that the Post Graduate Study Course as outlined in Bulletin No. 1. A. M. A., Sept. 15, 1916, be adopted as a basis for the work of the Society for the coming year. Copies of this Bulletin are to be placed in the hands of all members before next meeting, when plans will be proposed for adapting this course to our needs.—Robert Conard, Correspondent.

*Adams County* Medical Society, at its August meeting, elected the following officers for the coming year: President, Edwin J. Kennedy, Peebles; vice president, S. J. Ellison, West Union; secretary-treasurer, O. T. Sproull, West Union; delegate, O. B. Kirkpatrick, Cherry Fork; medical defense committeeman, O. B. Kirkpatrick; (From news clipping.)

*Fayette County* Medical Society held an interesting meeting in the Y. M. C. A. building at Washington Court House, December 6. Program: E. C. Brock, of Columbus, paper on "Goitre," and B. R. Kirkendall, talk on "Radium." (From news clipping.)

## SECOND DISTRICT

*Montgomery County* Medical Society at its regular meeting at Dayton, December 1, decided to erect a bronze tablet in the medical section of the Dayton public library in honor of the late W. J. Conklin. The section will be enlarged by the addition of 300 volumes of medical books, which were part of the library owned by Dr. Conklin.

A. E. Baber, superintendent of the Dayton State Hospital, was elected president of the society to succeed C. L. Patterson. Other officers elected were: N. D. Goodhue, first vice president; A. O. Peters, second vice president; W. H. Riley, third vice president; B. C. West, secretary; W. F. Prather, treasurer; Geo. Brown, censor; E. R. Arn, program committeeman; H. C. Haning and C. W. King, milk committee; C. C. McLean, contract practice committeeman; Webster Smith, public policy and legislation committeeman; and A. O. Peters, state delegate.

Mark Millikan, of Hamilton, addressed the society at a meeting held November 17. (From news clipping.)

*Greene County* Medical Society met on December 7 in the rooms of the Xenia Business Men's Association. Fifteen members were present. The following officers were elected: President, R. R. Richison; vice-president, D. E. Spahr; secretary-treasurer, H. C. Messenger; board of censors, W. A. Galloway, J. O. Stewart and W. O. Whitaker; state delegate, C. G. McPherson.

Several cases were reported and discussed. M. L. Heidingsfeld, head of the Department of Dermatology, the University of Cincinnati, gave an illustrated lecture on eczema. He stated that there was a time when nearly all skin diseases were included in this one group, embracing such well-known affections as ring-worm, ivy-poison, "seven-year itch" and a host of other irritations from plants, drugs and trade causes. He said, in reality, eczema is only an inflammation of the skin which can be produced by any sort of an irritant which reaches the skin either from within or without. Dr. Heidingsfeld showed many dif-

ferent forms of eczema in their various types and also other conditions commonly mistaken for eczema.—H. C. Messenger, Correspondent.

*Champaign County* Medical Society's November meeting was held on the evening of the 9th in the Council Chamber at Urbana. The members heard an interesting paper on "The Clinical Significance of Abdominal Pain," read by L. G. Bowers of Dayton. Interesting discussion followed the paper.—David H. Moore, Correspondent.

*Dayton Academy* of Medicine meeting on November 10, was well attended. W. G. Claggett spoke on "The Present-day Standards of Obstetric Practice," C. L. Patterson on "Diagnosis of Presentations," W. F. Lauterbach on "Accidental Emergencies," J. D. Fouts on "The Kidney Pregnancy," M. E. Coy on "Emergencies Asepsis and Anti-Asepsis in the Home," and C. D. Smith on "Accidents of Labor."

Frank Winders, of Columbus, was the principal speaker at the meeting of the Society, November 24. His subject, "Gall Bladder Infection," was freely discussed. After the meeting, a luncheon was served. (From news clipping.)

*Miami County* Medical Society met at the Piqua Club, December 7. After a business session, in which the report of Secretary-Treasurer and the monthly news bulletin of the State Society was read, M. R. Haley of Piqua read a paper on "Pellagra." Discussion was opened by C. E. Hetherington of Piqua. Election of officers resulted as follows: President, L. A. Ruhl; vice-president, R. L. Kunkle; secretary-treasurer, R. D. Spencer; delegate, S. D. Hartman; alternate, F. I. Shroyer; member of board of censors, R. M. Shannon.—R. D. Spencer, Correspondent.

*Clark County* Medical Society met in the Springfield Club Rooms, November 11, with one of the largest attendances of the year. Several guests from the Champaign County Society were present. E. C. Brock, of Columbus, read a paper on "Goitre," and Ben. R. Kirkendall, of the same city, read a paper on "Radium and Its Use in Therapeutics." The following officers for the ensuing year were elected: President, Clement L. Jones; first vice-president, Chas. W. Evans; second vice president, W. H. Graham; secretary, A. R. Kent; treasurer, W. C. Taylor; counselor, E. B. Starr.

A. R. Kent addressed a meeting of the society November 13 on the subject "Laboratory Methods for the General Practitioner." A general discussion followed the reading of the paper. Committees in charge of the arrangements for the annual meeting of the Ohio State Medical Association next May reported that their work was progressing nicely. H. B. Gibbon of Tiffin, president of the State Association, visited Spring-

field recently and met with the committee.—Clement L. Jones, Correspondent.

*Shelby County* Medical Society met in regular session in the court house at Sidney, December 7. The following officers were elected for the ensuing year: President, A. W. Reddish; vice president, D. R. Milliette; secretary, O. O. Le-master; treasurer, B. M. Sharp, censor for three years, J. W. Costelo; delegate, Vernon LeMaster; alternate, J. W. Costelo. The next meeting will be held January 4, 1917, jointly with the Miami County Medical Society at Sidney. (From news clipping.)

### THIRD DISTRICT

*Seneca County* Medical Society's regular monthly meeting was held in Tiffin at the Shawhan Hotel, November 16. R. C. Chamberlain read a practical paper on "Modern Diagnosis of Pelvic Diseases," which was discussed by all members present. Case histories were given in the discussion to illustrate some of the points made in the paper. Thirteen members of this society motored to Sandusky to attend the lecture given by Charles Edwin Briggs, of Cleveland, on fractures and dislocations. They were very much pleased with the work and hope that it may be extended along other medical lines.—Geo. L. Lambright, Correspondent.

*Hancock County* Medical Society held its regular meeting at Findlay, December 6. After an interesting discussion of state legislation and medical defense, the following officers were elected: President, J. M. Firmin; vice president, N. L. MacLachlan; secretary, Nelia B. Kennedy; treasurer, E. J. Thomas; censor, T. S. Wilson; delegate, J. C. Tritch; legislative committeeman, N. B. Kennedy; medical defense committeeman, J. P. Baker; members of Red Cross committee for emergency work in county, J. M. Firmin, N. B. Kennedy, R. N. Lee, C. D. Todd, and J. V. Hartman.

Earl B. Maxwell, of Van Buren, was elected to membership in the Society. The January meeting of the Society will be held at the home of J. V. Hartman.—Nelia B. Kennedy, Correspondent.

*Wyandot County* Medical Society held its regular meeting in the Carnegie Library at Upper Sandusky, December 7. Papers were read by Andre Crotti of Columbus on "Cancer of Uterus," and by H. B. Blakey of Columbus on medical subjects of interest. General discussion followed the reading of the papers. (From news clippings.)

*Logan County* Medical Society held its last meeting of 1916 in the Memorial Hall at Bellefontaine, December 1. Officers were elected for

the coming year as follows: President, Robert Butler; vice-president, Guy Kent; secretary-treasurer, C. K. Startzman. The average attendance at the society meetings during 1916 was seventeen, the highest in the history of the society. Dr. Heffner offered for discussion a case which had nervous manifestations. The society adopted resolutions in support of Public Health Week, which is to be observed in this county during the first week in January.—C. K. Startzman, Correspondent.

*Allen County* Medical Society held its regular meeting on November 23 at the Lima State Hospital. A lecture was given by Charles H. Clark, the superintendent of the hospital, on general paralysis of the insane or paresis. The cardinal points regarding this disease as brought out by Dr. Clark may be summarized as follows: Every case is caused by syphilis. The proportion of occurrence in males and females is as 5 to 1. The average age of the patient at time of attack is 43 years. The average time of onset after the initial lesion of syphilis is 15 years. The average duration of the disease itself is about two and one-half years. It is the most incurable of all human diseases. No thoroughly established case has ever recovered. In case of a recovery it may be stated as an established fact, that a mistake in diagnosis has occurred. Remission may occur during the course of the disease, (the cures of Christian Science) with apparent recovery lasting a few months during which period the patient may be able to resume affairs of life with a moderate degree of success. Neither salvarsan nor neo-salvarsan have any effect whatever in the way of permanent benefit in treatment.

Most interesting results of investigation regarding the wives and families of 100 cases of paresis in males were announced by Dr. Clark as follows: Eleven of the wives had four living children (all syphilitic) 22 miscarriages, nine stillbirths, eleven children who died soon after birth. All eleven wives showed positive Wassermann. Forty-six of the wives had 126 living children, 116 miscarriages. Five and one-half per cent of these children showed positive Wassermann. Twenty-eight of the wives had no living children but 82 miscarriages. Fifteen of the wives were never pregnant. Very interesting clinical cases showing the different stages of the disease were presented by Drs. Berry and Vorban.

The society elected officers for 1917 as follows: President, A. W. Bice; vice-president, A. S. Rudy; secretary, E. D. Sinks; treasurer, Paul Stueber; and member of the board of censors, O. S. Steiner—Shelby Mumaugh, Correspondent.

*Marion County* Medical Society held its annual meeting, December 5, in the Carnegie Library at



Marion. Officers elected for the coming year were: President, N. F. Tilton, Marion; vice president, Don Shira, Larue; secretary-treasurer, D. W. Brickley, Marion; delegate, F. Young, Marion; alternate, H. L. Uhler, Marion; member board of censors for year, A. M. Crane, Marion; medical defense committeeman, R. C. M. Lewis, Marion; Red Cross committeeman, F. E. Mahla, Marion; correspondent, Dana O. Weeks. An extraordinary effort is being made to gather in all old as well as new members in order that each may have the benefit of medical defense the first of the year.—Dana O. Weeks, correspondent.

*Van Wert County* Medical Society was entertained at a venison supper, Monday evening, December 11, at the residence of Robert C. Fleming, Van Wert. The annual business meeting followed the dinner. (From news clipping.)

#### FOURTH DISTRICT

*Sandusky County* Medical Society held its October meeting in the city hall at Fremont, October 26. Dr. Kuntz read an able paper on arterio-sclerosis which was followed by a lively discussion. Cardiovascular-renal disease or arterio sclerosis is so named because there are three principal foci around which the clinical manifestations group, viz.: heart, blood vessels and kidneys. This disease of middle life occupies as important a place as does the microbic diseases in the morbidity of youth. The principal etiological factors are heredity, previous diseases, personal habits, work, exercise, diet and drugs. As the disease is preventable to a large extent, it is therefore important to recognize the condition early by frequent examinations with the blood pressure instrument. Treatment: Prophylactic by correcting errors in living, medicinal with vasodilators and iodides.

The November meeting was held at Fremont on the 23rd, when F. L. Moore read a paper on "Anterior Poliomyelitis." Some interesting features of the disease, as pointed out by the speaker, follow: Despite all efforts of modern hygiene and sanitation, the disease spreads, because, possibly, of the fact that there is a very mild form of the disease which is not recognized. Direct contact with patients is an important method of transmission, and healthy adults are probable carriers. As only one in a family is usually afflicted, it is believed that a majority of people possess a natural immunity. Age seems to be the principle predisposing cause for in the recent New York epidemic, 80% were under five years of age. Adults are not wholly exempt. Fair haired children seem to be the most susceptible. Treatment: No definite therapeutic measures have as yet been accepted. Good hygiene and the avoidance of overtreatment by either medicine, massage of electricity.

Dr. Stamm reported a case in which the de-

formity was corrected and almost complete return of function by tendon transplanting.—D. W. Philo, Correspondent.

*Fulton County* Medical Society held its regular meeting at Wauseon, November 17, with sixteen members present. An exceptionally good program was presented as follows:

1. Experiences at the Clinical Congress of Surgeons, E. A. Murbach.
2. Acute Endocarditis, W. H. Maddox. (Paper read at Northwestern Ohio meeting in Toledo.)
3. The Future of Medicine, H. E. Bailey.

It is the aim of the society to increase the annual dues to \$5.00 and to revise the present fee bill. A. M. Wilkins of Delta was appointed legislative committeeman.—A. A. Brindley, Correspondent.

*Paulding County* Academy of Medicine met in regular monthly session in the Commercial Club Rooms at Paulding, November 15. A. F. Shepherd of Orchard Springs Sanitorium was the essayist. The secretary had extended an invitation to the medical profession of Van Wert and Defiance counties and to the legal profession and clergy of Paulding to be present and many responded. Dr. Shepherd's subject was "Management of Incipient Insanity" and certainly it measured up to the expectations of the members and guests present for he dealt with the subject in such a thorough and simple manner that any one who could hear could understand. The doctor was complimented highly and a hearty vote of thanks was given him. Some of our members were absent on account of the meeting of the 14th District of Indiana which was held at Fort Wayne on the same date.—C. E. Hutson, Correspondent.

*Fulton County* Medical Society held its December meeting at Delta on the 13th. Twenty members were present. The meeting was brisk and full of life from the start. The following interesting and instructive program was presented and ably discussed: 1. Etiology, Modes of Transmission and Diagnosis of Infantile Paralysis—Ralph Reynolds. 2. Treatment, Including Orthopedics of Infantile Paralysis—E. A. Murbach. 3. Analgesia and Anesthesia in Labor, with Especial Reference to Nitrous Oxide—C. Harold Heffron. Discussion opened by Dr. McKesson.

C. W. Moots, of Toledo, our district councilor, was present and ably assisted in the discussion. Following the scientific meeting, the members of the society and guests were tendered a sumptuous dinner at the home of P. S. Bishop, by the physicians of Delta. The following officers were elected for the ensuing year: President, P. S. Bishop, Delta; vice president, C. F. Murbach, Archbald; secretary-treasurer, A. A. Brindley, Swanton; member of the committee on medical

defense, E. A. Murbach; delegate, Charles H. Heffron; alternate, W. H. Maddox. The society voted to increase the annual dues to \$5. Two new members were admitted to membership—C. Harold Heffron of Metamora, and Ralph Reynolds of Fayette, who moved here from Williams County.—A. A. Brindley, Correspondent.

*Ottawa County* Medical Society held its regular meeting at Oak Harbor, December 14, with good attendance. Election of officers for the coming year resulted as follows: Carlton C. Starks, president; Fred Ingraham, vice president; and S. T. Dromgold, secretary-treasurer. Committeemen will be selected at our next meeting.—S. T. Dromgold, Correspondent.

#### FIFTH DISTRICT

*Lake County* Medical Society met at the Painesville hospital, Monday evening, December 4. A. S. Maschke, Director of Medicine, Mount Sinai Hospital, Cleveland, addressed the society on "The Diagnosis of Fluid in the Chest from a Physical Examination." He first spoke of pleural exudate, making the diagnosis by inspection, percussion, palpation and auscultation. He emphasized the great value of the X-Ray in all cases where there is any doubt. He then gave several cases he had had in Mount Sinai. He gave a clear-cut diagnosis of pneumonia by the physical signs and closed his address by saying that pericarditis with effusion is the most difficult for diagnosis; that percussion showed an increased triangular area of dullness, within which a feeble apex beat is felt; that a tympanic lung posterior is characteristic; intercostal spaces prominent; pulse paradoxical; dilation of the heart; friction sounds and fremitus absent. The address was one of the best made before the society the past year. A vote of thanks was extended Dr. Maschke.

The following were present: L. H. Tillotson, C. O. Hudson, H. E. York, H. N. Amidon, E. S. Jones, M. H. Carmedy, G. F. Barnett, R. H. Clark, and Dr. Freedman, Cleveland. After the close of the meeting, Miss McLaughlin, Superintendent of the hospital, served light refreshments. The next meeting will be Monday evening, January 1, 1917.—E. S. Jones, Correspondent.

*Medina County* Medical Society met in the court house at Medina, November 22. Nine members were present. M. J. Lichty of Cleveland, our councilor, gave us an interesting talk—the kind he is capable of giving. Cases and unusual experiences were discussed and all left feeling that they had been benefited by the meeting.

The following officers were elected for the coming year: President, James E. Waite of Lodi; vice president, Albert Wood of Brunswick; secretary-treasurer, H. P. H. Robinson of Medina;

censors, Charles D. Freeman of Medina, and N. S. Everhard and C. A. Bolich of Wadsworth.

Our total membership is now 20. There are five doctors in the county who are not members of the county society. We will not rest until we get them.—H. P. H. Robinson, Correspondent.

*Lorain County* Medical Society held its annual meeting at the Andwur Hotel, Elyria, December 12. The eventful occasion was opened by a banquet in the grill room. Covers were laid for twenty-seven, this being the record meeting thus far. Following the dinner, the meeting was called to order by President E. P. Clement. J. C. Kramer was admitted to membership and one application was received. Election of officers for 1917 resulted as follows: H. W. Powers of Amherst, president; C. O. Jaster of Elyria, re-elected secretary-treasurer; E. P. Clement of Elyria, delegate; V. S. Burley of Lorain censor for three years. The secretary-treasurer reported a most successful year, a good balance in the treasury and that all members but 9 had paid 1917 dues. J. D. Osmond of Cleveland, then addressed the society on "Benign and Malignant Conditions of the Oesophagus," and illustrated his address with lantern slides. A general discussion followed, with a vote of appreciation for Dr. Osmond's address. The next session will be held January 8, 1917, at Lorain, when Dr. Stephan will read a paper on "Does Disease Kill the Unfit?"—C. O. Jaster, Correspondent.

#### SIXTH DISTRICT

*Wayne County* Medical Society, at a meeting held at Wooster, October 17, discussed a request, presented by a committee representing the Orrville doctors, that the fees for medical services in the county be revised.

At the meeting of the Society on November 4, revision of the fees was again discussed and the following program was carried out: Paper—D. K. Jones, Wooster; paper—J. J. Kennedy, Wooster; report of case—O. G. Grady, Orrville.

On November 21, we had a fine medical meeting with 18 doctors present. We discussed the pros and cons of an increase in medical fees and a committee was appointed to revise the old fee bill of 1907. The following is the program of the meeting held December 12: Paper—W. B. Dawson, Sterling; paper—K. C. Ice, Shreve; report of case—G. W. Ryall, Wooster.—Jean S. Douglas, Correspondent.

*Stark County* Medical Society held its regular meeting at Canton, November 21. "Late Syphilitic Complications in Industrial Accidents" was the subject of an interesting paper read by V. C. Kaufman of Canton. C. A. LaMont of Canton

discussed health insurance, pointing out its interest to the medical profession. Discussion was opened by A. B. Walker of Canton and participated in by most of the members present.—Charles A. LaMont, Correspondent.

*Summit County* Medical Society held its annual meeting at Akron, December 6. The attendance numbered 60 from Akron, Cleveland, Cuyahoga Falls, Doylestown, and Uniontown. New members admitted are: M. W. Everhard, of Wadsworth, and B. H. Gillespie, of Akron. Two applications were presented.

The election of officers for 1917 resulted as follows: President, H. H. Jacobs; vice president, E. W. Barton; secretary, A. S. McCormick; treasurer, T. D. Hollingsworth.

Committees: Board of Censors—D. H. Morgan, chairman, T. K. Moore, J. N. Weller. Health and Legislation—C. E. Held, chairman, C. S. Hiddleson, J. M. Denison. Library—D. S. Bowman, chairman, J. H. Seiler. Delegates—D. H. Morgan, J. D. Smith. State Legislation—H. S. Davidson. National Legislation—W. A. Searl.

In their respective offices it will be the 13th term for Dr. Seiler, sixth for Drs. Bowman and Searl, fifth for Dr. McCormick—all of them records. F. E. Deeds and F. V. Dunderman acted as scrutineers.

The program follows: 1. Annual Report of the Secretary. 2. "Medical Defense," H. S. Davidson.

The secretary's report shows a membership of 214. Attendance during 1916: total, 502, average, 50.—A. S. McCormick, Correspondent.

*Richland County* Medical Society held its regular meeting at Mansfield, November 16. Twelve members were present. The new constitution and by-laws were adopted. Dr. Magloti read a paper on "Emergency Work in Obstetrics," which was followed by general discussion. Applications for membership were presented by Drs. Hattery and Keller.—F. A. McCullough, Correspondent.

*Ashland County* Medical Society, at its regular meeting, November 10, elected the following officers for the coming year: R. C. Kinnaman, president; W. H. Roasberry, vice president; Wm. McClellan, secretary and treasurer; W. F. Emery, delegate to state society; and O. E. Meuser, member of board of censors. The society decided to have a program made out for the entire year and assign speakers for each meeting. (From news clipping.)

#### SEVENTH DISTRICT

*Tuscarawas County* Medical Society held a public meeting in the City Opera House at Uhrichsville, Monday evening, November 13.

Members of the society and citizens of Uhrichsville and Dennison were addressed by E. J. Emerick of Columbus, superintendent of the Institution for Feeble Minded, on the subject of "Heredity." Dr. Emerick illustrated his lecture with lantern slides. The opera house was full and, if it had been a good night, the house would not have held the people. Everybody was well pleased with the lecture. We have been told by the superintendents of the high schools of both towns and by other citizens that it was what we needed and that we should have more of such lectures. The society distributed cards, announcing the lecture, and physicians of the two towns urged the people to attend. Dr. Emerick gave our people many things to think about.

The society held its annual meeting in Uhrichsville, December 5. The following officers were elected: President, H. A. Coleman of New Philadelphia; vice president, G. B. Kistler of Newcomerstown; secretary-treasurer, George Tracy Haverfield of Uhrichsville; censor, S. B. Hayes of Newcomerstown; public policy and legislative committee, J. A. McCollam of Uhrichsville; committee on medical defense, J. E. Groves of Uhrichsville; delegate, E. D. Moore of New Philadelphia; alternate, A. C. Dempster of Uhrichsville. There was no regular program but a general discussion of things for the future good of the medical profession.—Tracy Haverfield, Correspondent.

#### EIGHTH DISTRICT

*Licking County* Medical Society gathered at the Warden Hotel, Newark, November 23, for a "Dutch" lunch. After a short but interesting discussion of medical topics, the meeting adjourned.—Harry E. Hunt, Correspondent.

*Guernsey County* Medical Society held an interesting meeting in Cambridge in the auditorium of the public library on Thursday evening, December 7th. George V. Sheridan of Columbus, executive secretary of the State Association, was present and gave a detailed account of the various activities of the society and outlined legislation which will probably come up this winter. He devoted particular attention to the new proposal for State Health Insurance which is becoming a very important issue in the state. His talk brought out a full discussion in which the members of the society agreed that for the next few years, it is most necessary to maintain an active local and state society.

A. B. Headley brought to the attention of the society a request from the Cambridge School Board that the organization co-operate in the installation of a system of school medical inspection. As this is in direct line with the new work undertaken by the Association throughout the state, a committee was appointed to get in

touch with the school authorities and devise a plan of procedure.

New officers for the year were elected as follows: President, F. M. Mitchell; vice-president, A. G. Ringer; secretary, A. B. Headley; treasurer, W. M. Lawyer; censor, B. A. Souders; delegate, H. A. Green; alternate, A. G. Ringer. Meetings will be held on the first and third Thursday of each month as in the past.—B. A. Souders, Correspondent.

*Perry County* Medical Society met at New Lexington, November 16, with E. I. Dozer of Crooksville presiding. Thirteen members were present. S. J. Goodman of Columbus read a splendid paper entitled, "Some Practical Points on Obstetrics." The paper was thorough, complete and up-to-date and elicited a good discussion. Dr. Goodman was extended a vote of thanks for reading it.—R. W. Miller, Correspondent.

*Athens County* Medical Society, in regular session at Athens, December 5, elected the following officers for the coming year: President, W. V. Sprague; vice president, E. I. Stanley; secretary-treasurer, T. A. Copeland; censor, J. M. Higgins; delegate, J. L. Henry. Cases were presented by Drs. Lee and McDougal. I. P. Primrose of Nelsonville, Athens County's oldest practitioner, was made an honorary member. (From news clipping.)

*Muskingum County* Academy of Medicine held its annual meeting in the Chamber of Commerce rooms at Zanesville, December 13. The report of the secretary-treasurer for 1916 showed an average attendance of 21, an increase over last year, and a balance of \$55 in the treasury. The retiring president, E. M. Brown, read a letter from President Gibbon of the State Association, and then addressed the academy on the progress made during the past year. Dr. Brown's remarks brought forth loud applause. The secretary read several letters from Executive Secretary Sheridan of the State Association, regarding Association work and called attention to the proposed medical legislation for the coming year. Revision of our fee bill also was discussed.

As the Eighth District is without a councilor, owing to the resignation of H. M. Hazelton of Lancaster, the academy unanimously urged the appointment of Charles H. Higgins of Zanesville, to represent our district. Muskingum is the largest county in the district and we think it is our due at this time.

Election of officers resulted as follows: President, Edmund R. Brush; vice president, L. F. Long; secretary and treasurer, O. I. Dustheimer; member of board of censors, Granville Warburton; member of public policy board, C. U. Hanna.

T. H. Infield reported two interesting cases of heart disease and J. M. Fassig and W. A. Melick reported a case of spasmodic stricture of the esophagus due to aortic aneurism. W. C. Bate-man reported a case of universal alopecia and E. M. Brown a case of tetanic uterine contraction following the use of pituitrin.—Edmund R. Brush, Correspondent.

#### NINTH DISTRICT

*Hocking County* Medical Society met at the Cherrington Hospital, Logan, November 23, with its president, E. A. Moore, presiding. Quite a number of Athens county physicians were present to hear J. A. Riebel's comprehensive paper on "Backache." The doctor also conducted a clinic which added much to illustrate some of the more important points of interest. The thorough way in which this extensive subject was covered by Dr. Riebel gave evidence of much study and years of close observation.—M. H. Cherrington, Correspondent.

*Pike County* Medical Society met in regular session in O. C. Andre's office at Waverly, December 4, with president E. W. Tidd in the chair. Many cases of interest were reported. Dr. Bingham reported a case of triplets, consisting of one girl, weighing seven and one-half pounds, and two boys, one weighing eight pounds and the other eight and one-half pounds. Dr. Dixon reported a case of premature labor in which no muscular contraction was noticed either before difficult delivery or afterward. Pituitrin was thoroughly discussed in open session, every one taking part. Other cases were reported as follows: J. R. Hilling, fractured oscalsis; J. L. Caldwell, use of belladonna ointment to relax the cervix; L. E. Willis, inflammatory rheumatism following attack of acute tonsillitis; E. W. Tidd, sarcoma.

The following officers were elected for the coming year: President, Geo. W. Deem, Picketon; vice-president, E. W. Tidd, Stockdale; secretary-treasurer, I. P. Seiler, Picketon; delegate, L. E. Wills, Waverly; alternate, E. W. Tidd, Stockdale; board of censors, E. M. Dixon, Stockdale.—Preston Seiler, Correspondent.

#### TENTH DISTRICT

*Morrow County* Medical Society met in regular session December 6 at Mt. Gilead in the rooms of the Chamber of Commerce. Nearly all members were present. A county fee bill, which was unanimously adopted by the society, is discussed in another column of the Journal.

H. O. Bratton of Columbus read an interesting paper on the "Value of Phenol Sulphne Phthalein in Determining Renal Function." The doctor's talk and report of cases showed he has had con-

siderable experience with this test, which certainly is a valuable one.

Election of officers for the coming year resulted as follows: President, W. S. Bennett, of Cardington; vice-president, R. C. Spear, of Mt. Gilead; secretary, J. C. McCormick, Mt. Gilead; treasurer, G. H. Pugh, of Mt. Gilead; delegate, R. L. Pierce, of Mt. Gilead; censor, E. C. Sherman, of Cardington.

One new member, D. B. Virtue, of Iberia, was admitted to membership. We extend a hearty welcome to Dr. Virtue.—R. L. Pierce, Correspondent.

Ross County Academy of Medicine met at Chillicothe on the evening of November 8 with a good attendance. Andre Crotti of Columbus read an excellent paper on "Cancer of the Uterus," emphasizing particularly the need of early and accurate diagnosis and the dangers of neglect. The need of popular education in regard to the cancer problem so that something effective may be done in overcoming the present ravages of this disease, was dwelt upon by the speaker. In this connection, the propaganda now being launched by the State Medical Association to disseminate information in regard to the general subject of cancer was commended. A general discussion followed the reading of the paper.—R. E. Bower, Acting Correspondent.

Ross County Academy of Medicine met in regular session Tuesday evening, December 5, in the Chillicothe Chamber of Commerce rooms with a splendid attendance. J. Harris, assistant physician at Mt. Vernon State Hospital, was present and read a carefully prepared paper on the value of a local tuberculosis hospital. This subject was of especial interest to the Academy of Medicine on account of our District Hospital which six counties are building near Chillicothe. Election of officers resulted as follows: President, F. T. Marr; vice-president, H. L. Brehmer; secretary-treasurer, W. H. Silbaugh; delegate, G. E. Robbins; alternate, D. A. Perrin; censor, Josephine Riley; G. E. Robbins, correspondent.

Knox County Medical Society held a regular meeting at Mt. Vernon, December 13, at which a paper was read by J. M. Pumphrey on "The Relation of Refraction to General Medicine." Election of officers for the ensuing year resulted as follows: President, Francis W. Blake, vice president, J. M. Pumphrey; secretary, E. V. Ackerman; treasurer, J. H. Norrick; member of board of censors, N. R. Eastman.

The society ordered that arrangement be made for a public meeting, at which measures for the prevention of poliomyelitis, based on the discoveries made in the laboratories of the Mayo Clinic, will be presented to the parents of the commun-

ity. It was also ordered that a social session should be held after the holidays. No regular meeting of the society will be held until April.—Francis W. Blake, Acting Correspondent.

Union County Medical Society, at its regular meeting, December 12, selected the following officers: President, Charles D. Mills; vice president, Lutrelle Henderson; secretary, Angus MacIvor; assistant secretary, Fred C. Callaway. The society is contemplating raising the price of visits from \$1.00 to \$1.50 in Marysville. (From news clipping.)

Louis R. Curtis, for 18 years superintendent of St. Luke's Hospital, Chicago, has been elected president of the Frank S. Betz Company. Frank S. Betz, under whose control the concern bearing his name assumed its present proportions, will continue with the company as chairman of the board of directors.

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 # OHIO CONTRIBUTORS TO  
 # MEDICAL LITERATURE  
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Harpster, C. M., Toledo; "Spontaneous Exclusion of Kidney from Calculi," Surgery, Gynecology and Obstetrics, October XXXIII, No. 4.

Crile, G. W., Cleveland; "Use of Electric Light and Hypochlorous Acid in Treatment of Wounds," Surgery, Gynecology and Obstetrics, October, XXXIII, No. 4.

Jacobson, J. H., Toledo; "Recent Progress in the Treatment of Uterine Cancer," Jour. A. M. A., October, Vol. LXVII, No. 17.

Caldwell, John A., Cincinnati; "Thrombosis of Brachial Artery Relieved by Incision and Massage of the Artery," Jour. A. M. A., October, Vol. LXVII, No. 18.

Fischer, M. H., Cincinnati; "Classification and Treatment of Nephritides," New Jersey Med. Soc. Journal, October, XIII, No. 10. Abs. Journal A. M. A., July 29, 1916.

Atler, F. W., Toledo; "Postoperative Hemorrhage in Hemophiliac Following Enucleation of Eyeball." Ophthalmic Record, October XXV, No. 10.

Vail, D. T., Cincinnati; "New Anterior Capsule Forceps," Ophthalmic Record, October XXV., No. 10.

Noonan, V. T., Columbus; "What Ohio is doing to Conserve Life in Industries." American Journal Public Health, October, VI, No. 10.

J. M. Rogoff and D. Marine, Cleveland; "Effect on Tadpoles of Feeding Thyroid Products Obtained by Alkaline Hydrolysis." Journal of Pharmacology and Experimental Therapeutics, October, IX, No. 1.

## Dr. McMechan Calls Attention to Action Taken in Michigan and Kentucky on Nurse--Anesthetist Question

Because it is a "live" question—one that merits discussion—we are glad to print the following interesting editorial comment by Dr. F. H. McMechan of Avon Lake, Ohio, who, as secretary-treasurer of the Interstate Association of Anesthetists, is the leading figure in the crusade against the employment of nurses in this field:

It is interesting to note that the nurse-anesthetist abuse is receiving attention on the part of the profession and state boards in neighboring states.

In an editorial in *The Journal of the Michigan State Medical Society*, Dr. F. C. Warnshuis, Secretary-Editor, and also a member of the Michigan State Medical Board, writes as follows, in the November issue:

"... The movement on the part of the Ohio State Medical Board to abolish the nurse-anesthetist abuse, should and must receive the approval and support of a united profession. The administration of an anesthetic should never be entrusted to any but skilled individuals, trained to select the safest agent for each individual case. That nurses, after three years hospital training and a few months experience in the giving of an anesthetic, are deemed competent anesthetists, is preposterous, if not criminal. Such individuals are wholly incompetent to make a

physical examination, to detect renal, circulatory and respiratory defects. Neither can such nurses estimate the variance from the normal that disease or surgical conditions have produced. Consequently there will be evidenced a marked inability to select the safest indicated anesthetic agent or to be alert to the precautions that must govern its administration. It is from the legal standpoint unlawful and a violation of the Michigan Medical Act for other than registered physicians to administer an anesthetic. They who violate the law are amenable to its penalties."

Dr. Warnshuis' announcement is all the more important as he is the member of the Michigan State Medical Board responsible for the standardization of hospitals and provision for the fifth interne year.

How quickly the matter of the nurse-anesthetist was handled in Michigan is exemplified in the action of the Surgical Staff of Harper Hospital, Detroit, headed by Dr. Angus McLean, which on information from the Interstate Association of Anesthetists that the Assistant Superintendent had three nurses in training for introduction as anesthetists into the surgical clinics of the hospital, put a "kibosh" on the whole affair in five minutes. This Assistant Superintendent was a former Lakeside Hospital em-

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**Parke, Davis & Co.**

ployee, and was attempting to introduce the nurse-anesthetist into Michigan, but his efforts were nipped in the bud. The Surgical Staff refused to concede that a hospital which had organized and perfected a post-graduate course for its internes, in every phase of medical practice, was unable to teach anesthesia to any but nurses.

The profession of Kentucky, however, has taken the most radical action possible against the nurse-anesthetist. During the meeting of the House of Delegates at Hopkinsville, October 17, the report of the Committee on Ethics, including the following, was unanimously adopted:

“. . . Your Committee desires to call your especial attention to a violation of the principles of ethics in the employment by surgeons of nurses and other anesthetists, who are not trained in the practice of medicine. It is urged that this is a procedure under the control of the surgeon, but we submit that neither law nor usage permits surgeons to decide who shall be permitted to practice medicine. In addition few surgeons are qualified better than others of the profession in the administration of anesthetics. In order, therefore, to stop this evil now, your committee recommends that the Medical Association of Kentucky requests its members not to employ others than qualified physicians as anesthetists, except in cases of emergency. In order to make the request urgent and effective we would suggest that the profession should not refer cases to hospitals where nurses are allowed to give anesthetics, and that hereafter no member who so violates the law and ethics shall be considered in good standing in the Association. . . ”

This resolution, unanimously carried by the Kentucky State Medical Association, practically challenges the ethical standing of every surgeon, employing a nurse anesthetist, not only in Kentucky, but in the whole United States. Kentucky has taken a crucial action, which eventually, the American Medical Association must endorse, or else see the whole system of control of medical practice collapse. The anesthetists of Ohio will ask the Ohio State Medical Association at Springfield to emulate the decision of the Kentucky State Medical Association and thereby conserve the professional rights and privileges of those specializing in this vital phase of surgery.

*Toledo*—Dr. Edwin D. Tucker has moved his offices to 2016 Second National Bank Building.

*Marion*—Dr. C. E. Sawyer, on December 13, addressed the Baltimore Medical society, Baltimore, Md., on “Mental Disorders as Related to Physical Disarrangement.”

*Cincinnati*—Dr. Louis Markle has succeeded Dr. Milton Cohen as bacteriologist of the city health department. Dr. Cohen has accepted a similar position in Cleveland.



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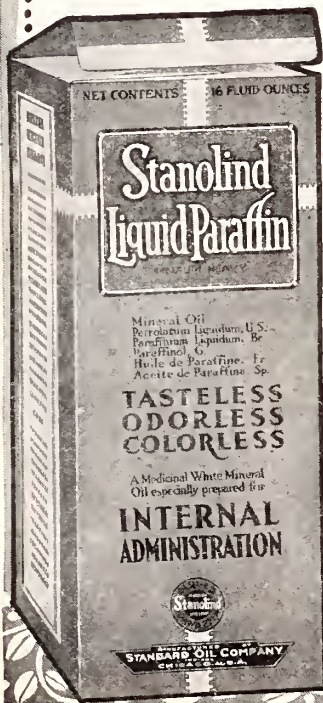
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NEWS NOTES OF OHIO

Yellow Springs—Dr. F. C. Adams, formerly of Clifton, has located in this city.

Cincinnati—Dr. John W. Hall has resigned as assistant police and fire surgeon.

St. Clairsville—Dr. Park M. Barrett is taking a post-graduate course in Philadelphia.

Marion—Dr. R. C. M. Lewis has been re-elected president of the County Humane society.

Limaville—Dr. and Mrs. James F. Wilson are spending the winter at Lakeland, Florida.

Fairview—Dr. H. J. Arnold suffered a broken arm while cranking his automobile, November 30th.

Circleville—Dr. A. W. Holman is spending the winter in Florida, for the benefit of his health.

Malvern—On November 23 Dr. and Mrs. W. R. Spratt celebrated their golden wedding anniversary.

New Lexington—Dr. J. G. McDougal has been appointed Committeeman on Medical Defense for Perry county.

Bellaire—Dr. J. S. McClellan addressed the members of the Woman's Civic club at a meeting December 11.

Ravenna—Dr. Henry Primm returned November 23 from Chicago where he took a six weeks' post graduate course.

Fulton—Dr. Ernest R. Gamble and family recently moved to Tennessee, where the doctor will continue practice.

New London—Dr. M. E. Roasberry spent part of November in Rochester, Minn., where he attended the Mayo clinics.

Shawnee—Dr. J. A. Davis moved to Wilmington December 1, where he has formed a partnership with Dr. D. V. Ireland.

Ashland—Dr. George P. Reibel returned recently from Chicago where he took special work in eye, ear, nose and throat.

Canton—Dr. Charles A. LaMont resigned recently as health officer of Canton. He will devote his time to private practice.

Bellefontaine—Mrs. Sarah Jackson Pratt, wife of Dr. L. C. Pratt, died at her home here November 16 after an illness of four years.

Celina—Dr. W. C. Stubbs was called to Germantown November 27 on account of the death of his mother, Mrs. Esther A. Stubbs.

Akron—Dr. Hal Hogue, formerly a member of the Goodrich hospital staff, has moved his family to Toledo where he will engage in private practice in surgery.

Delaware—Dr. William C. Davis of Columbus delivered a lecture on "Care of the Ear, Nose and Throat" in the Ohio Wesleyan University chapel, December 5.

Toledo—Dr. John Gardiner announces that after January 1 his practice will be limited to obstetrics and obstetric surgery. His office is in the Colton Building.

Dover—Dr. B. A. McConnell suffered a nervous breakdown late in November and was taken to Union hospital. According to latest reports he is rapidly recovering.

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SANITARY OFFICE FURNITURE Of Modern Design. The illustration at the left shows our Ohio-Miami Examining and Operating Chair-Table with heavy plate-glass top. Beautifully finished in baked white enamel with nickel trimmings. At the right is shown our popular 257 Cabinet. All steel construction, with glass door, sides and shelves. Baked white enamel finish. THE MAX WOCHER & SON CO. CINCINNATI, OHIO. X-RAY APPARATUS TRUSSES ELASTIC HOSIERY BRACES

*Perrysville*—Dr. G. W. Parr, formerly a resident of Perrysville, died at his home in Geuda Springs, Kansas, November 19, according to word received by friends here.

*Findlay*—Dr. Mabel Coddling has entered the office of her brother-in-law, Dr. J. V. Hartman, to practice her profession, after an internship in Bellevue hospital, New York.

*Akron*—Dr. E. W. Barton, who has been serving in the medical reserve corps on the Mexican border, was called home recently on account of the illness of his father.

*Cleveland*—Dr. Hamilton Fiske Biggar has given \$5,000 to the Cleveland Medical Library Association for the establishment of a special fund for the upkeep of the institution.

*Hillsboro*—Dr. and Mrs. William Hoyt celebrated their 48th wedding anniversary at their home here November 12. Dr. Hoyt began to practice medicine at Hillsboro in 1867.

*Akron*—Dr. J. T. Beall, who conducted a sanitarium at Rife, Colo., during the last five years, has opened an office in Akron. Before going to Colorado, Dr. Beall practiced at Coshocton.

*Columbus*—Dr. E. J. Emerick delivered an illustrated lecture on "Segregation of the Feeble Minded" at a meeting of the Women's Club of the Ohio State University, December 4.

*Columbus*—Dr. Franklin C. Wagenhals has returned to Columbus after an absence of seven years in Baltimore and New York and is residing with his mother at 603 East Town street.

*Randolph*—Dr. Byron S. Cranston has purchased the practice of Dr. C. B. Weedman of New London, and is now located in that city. Dr. Cranston practiced medicine in Randolph for 23 years.

*Gallipolis*—Friends of Dr. Albert P. Ohlmacher, who was connected with the state hospital for epileptics here from 1897 to 1905, received word of his death at his home in Detroit, November 10.

*Portsmouth*—Dr. W. A. Quinn, first lieutenant in the Medical Reserve Corps of the U. S. Army, has been assigned to a hospital at Fort Sam Houston. The doctor left for the Mexican border November 24.

*Cleveland*—Alumni of the Jewish Orphan asylum gave a banquet at the Statler hotel December 10 in honor of Dr. S. Wolfenstein, superintendent, who celebrated his 75th birthday anniversary on that date.

*Elyria*—Dr. George D. Nicholas left Elyria November 16 for Rochester, Minn., where he will spend some time at the Mayo clinics. He will also do special work in industrial surgery in Chicago before he returns.

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1. All claims or suits for alleged civil malpractice, error or mistake, for which our contract holder,
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3. Or that of any other person (not necessarily an assistant or agent),
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6. Defense through the court of last resort and until all legal remedies are exhausted.
7. Without limit as to amount expended.
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9. If we lose, we pay to amount specified, in addition to the unlimited defense.
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Protection, Exclusively

*Delphos*—Physicians of Delphos recently joined in a controversy between the Home Telephone company and its subscribers, who object to increased rates. Following the refusal of the company to accept the former rate, which the doctors tendered for telephone service, the doctors ordered the phones taken from their homes and offices. Scores of other subscribers followed the example of the doctors.

*Marion*—Dr. J. B. Taylor celebrated his 70th birthday anniversary at his home December 6 with a dinner party. The following physicians were guests: R. C. M. Lewis, A. Rhu, A. M. Crane, J. W. Murray, E. O. Richardson, C. T. Wiant, R. S. Dombaugh, G. T. Harding and Dana O. Weeks. Each responded to a toast. Dr. Taylor was presented with a beautiful house coat.

#### How Some Medical Journals Get Circulation

Dr. E. A. Murbach of Archbold recently received a letter from the publisher of one of the numerous medical journals informing him that a Rochester pharmaceutical house had ordered his journal sent to the doctor for a year "with their compliments." This, by the way, is a favorite method by which the numerous medical publications secure their circulation—in fact, the

only manner in which many of them could secure any circulation whatever.

Dr. Murbach at first figured that he might be getting something for nothing. However, after consideration he wrote as follows to the Rochester pharmaceutical house:

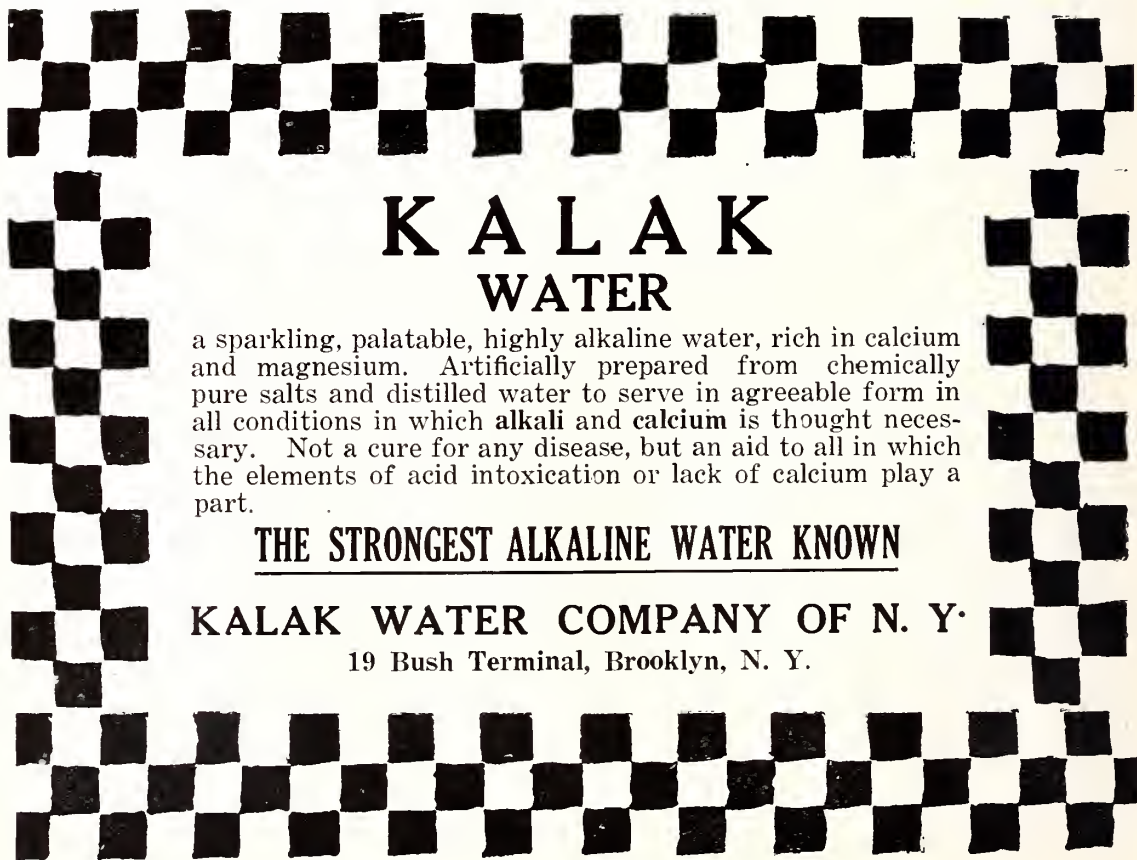
"Dear Sirs: I have recently had notice that you had paid for a year's subscription to the Medical '——' and all that was necessary for me to do was to sign an enclosed card subscribing to same; subscription to continue until notified by me to be discontinued.

"As I am already receiving about ten weekly and monthly journals I do not think I could spare the time to read the extra one.

"If you allow a suggestion I should advise that in all probability an advertisement in The Ohio State Medical Journal would do more for your Ohio business than a year's subscription to the Medical '——.'

"All the better class of medical men to whose business I know you cater are members of the Ohio State Medical Society and among them there is a tendency to patronize firms who advertise in their Journal.

"You may take my suggestion for what it is worth, at any rate notify The '——' that I do not care for it so they may return your dollar, or send their journal to some other physician as you may suggest."



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a sparkling, palatable, highly alkaline water, rich in calcium and magnesium. Artificially prepared from chemically pure salts and distilled water to serve in agreeable form in all conditions in which alkali and calcium is thought necessary. Not a cure for any disease, but an aid to all in which the elements of acid intoxication or lack of calcium play a part.

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— TROMMER —

**L**IEBIG was the first physiological chemist to call attention to Malt Extract and advocate its use as a food medicine. That his views were correctly based is evidenced by the wide use of Malt Extract in America and Europe and the popularity of many infant foods in which maltose is the principal constituent.

Leibig's process for making Malt Extract destroyed the diastase and it remained for Prof. Trommer to develop the fact that while maltose as prepared by Liebig was an excellent nourishment for the sick, that diastase as preserved in a properly prepared Malt Extract such as **TROMMER'S** is the element which effects transformation of the carbohydrates into an assimilable form of food.

"Diastase normally exists in constant proportion all the tissues, organs and fluids of the human body where its action has been demonstrated to be intracellular, as for example, converting the glycogen of the liver that its product may be utilized for structural growth and repair of wastes."

Bechamp and Moro discovered that human milk contains diastase and that cow's milk does not contain it. In infant feeding many physicians have achieved brilliant results by the addition of diastastic Malt Extract to pure cow's milk, thereby supplying the vitalizing and energizing element (diastase) of which an artificially fed infant is otherwise deprived. Sixty-six per cent of the solids of human milk are carbohydrates, which the diastase of human milk seems to dispose of to the advantage of the growing child. Cow's milk solids consist of 36 per cent of carbohydrates, to which often more carbohydrates are added to make the quantity equal to human milk. Few realize the importance of adding normal diastase to assist the process of metabolism in the new born.

MALT SOUPS (Malzsuppen) have been largely used by Keller, Czerny, Gregor and Koplik. The latter says: "The Keller method of feeding with dextrinized gruels is one of the most useful methods of feeding marantic infants, and one in which, in a great number of cases of atrophy, has given me brilliant results. I have used this method of feeding in cases in which all other known methods have failed."

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President, A. G. LOHMANN, Cincinnati.  
 Secretary, HOWELL WRIGHT, Cleveland.

(The Journal is the official organ of the Ohio Hospital Association. This column will be a regular monthly feature in the future. Items relative to Ohio hospitals are solicited.)

The new Van Wert County Hospital, a gift of George H. Marsh of Van Wert, was formally opened November 28 with a program of interesting speeches in the afternoon and a banquet attended by 100 physicians in the evening. Hundreds of citizens of Van Wert county visited the new building, which is modern and complete in every detail.

The dedication ceremony was in charge of H. W. Blachly, president of the board of trustees of the institution. In addition to Mr. Blachly, the speakers were the Rev. J. W. Christie and J. A. Stiggers of Van Wert, and Dr. H. A. Duemling of Ft Wayne, Ind., Dr. R. C. Flemming, president of the Van Wert County Medical Society, acted as toastmaster at the banquet. After-dinner addresses were delivered by Dr. E. O. Smith of Cincinnati, president-elect of the Ohio State

Medical Association, and Dr. B. L. Good of Van Wert.

Fifty-five patients can be accomodated in the hospital building—a three story structure which cost more than \$100,000 to erect. The laboratory in charge of Dr. N. E. Leake of New York, a graduate of the National Pathological Laboratory of New York City, is located in the basement. Its equipment will enable Dr. Leake to make any pathological or bacteriological test a physician may desire. The walls of the building are of brick trimmed with blue Bedford stone. Near the structure is a nurses' home which will accommodate 25 nurses.

Miss Mable F. Pittman is superintendent of the new institution and Miss Margaret Ridenbach is surgical supervisor. A schedule of weekly prices has been announced by the administrative officers. Ward services will be \$10 a week and room services will range as follows: \$15, \$18, \$21, \$25, and \$30.

The old hospital which was maintained for several months by the Van Wert County Hospital Association, was abandoned on the date of the opening of the new institution.

Work on an addition which will practically double the capacity of Mercy Hospital, Columbus, was started in December. Plans call for an expenditure of about \$25,000.

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means much to the *oculist* that is particularly anxious for best results. QUALITY and ACCURACY have always been our policy and motto. Cheapness at the expense of quality is expensive to the one who supplies their customer on this basis.

A few of our high grade specialties are: PUNKTAL lenses, ULTEX BIFOCALS, KRYPTOK BIFOCALS, CROOKES PUNKTAL KRYPTOKS, CROOKES lenses, KORECTAL lenses, WILSTA eye glasses, and SHELL-TEX frames. Scientific work does not end with the examination, but glasses accurately made is the climax to the achievement desired.

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A Representative Line of General Pharmaceuticals covering all standard makes.

Surgical Dressings, Ligatures and Sick Room Supplies in such quantity and selection as will supply the most exacting.

Serums, Vaccines, Antitoxins and other Biologicals in complete assortment, stored under ideal conditions and handled by Pharmacists understanding their technical differences and therapeutic usages.

A Clinical Laboratory under the direction of an expert Pathologist (Dr. S. S. Hindman) completely equipped for all kinds of clinical work.

Directory for Graduate Nurses at the service of the Profession; with the largest enrollment in the Middle West.

Prompt, Efficient and Courteous Service—Are You Using It?

**THE RUPP & BOWMAN CO.**  
TOLEDO, OHIO

"YOU WILL DO BETTER IN TOLEDO"

## Jennings' Mouthgag

With Electric Light Attachment

as designed by

**DR. ROSS HALL SKILLERN**, Philadelphia

Clinical Professor of Laryngoscopy, Medico-Chirurgical College



Very effectively illuminates the field in operations on the mouth and throat.

The mouthgag is one of the most improved and approved types — all-steel — superior workmanship.

**Harvey R. Pierce Company**

PHILADELPHIA, 1801 Chestnut Street

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# ISAAC'S

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# \$75.00

Probably never before has an Isaac's Operating Table been included in an office equipment priced so low. The entire outfit has been selected with a view of giving the most practical service combined with the greatest economy. All the furniture is manufactured of special drawn steel, acetylene and electrically welded, finished with four coats of hand rubbed, oven baked white enamel, and built to last a lifetime.

The entire Isaac's Outfit as shown, only \$75.00.

**THIS EXTRAORDINARY OFFER CONSISTS OF:**

One Isaac's Operating Chair Table, complete with stirrups and shoulder braces, and removable foot piece.

One Opportunity Steel Instrument Cabinet, with five plate glass shelves, plate glass beveled door with nickel plated hinges and locks. The cabinet stands 67 inches high, with separate shelf below.

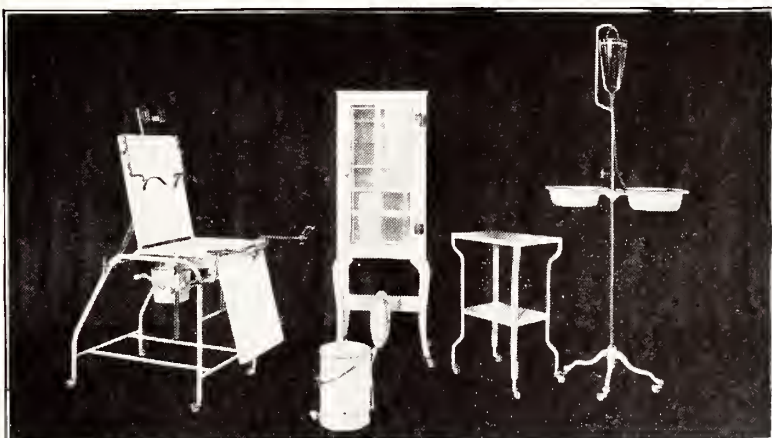
One A. M. A. Adjustable Irrigating Stand, with glass percolator, rubber tubing, etc., and two enameled Solution Bowls.

One Steel Instrument Table 16x20 inches, electrically welded and White Enameled.

One Waste Bucket with automatic self-closing cover.

*\$75.00 Now Invested Means Prosperity Next Year*

**FRANK S. BETZ CO., Hammond, Ind. Chicago Sales Dept., 30 E. Randolph St.**



Geneva citizens are considering the erection of a community hospital.

The new Ohio Valley hospital at Steubenville will be formally opened to the public in February.

The Crucible Steel firm is considering plans for the erection of a \$12,000 emergency hospital at Midland.

Dr. Charles A. Stammel on December 1 took up his duties as receiving physician at the Cincinnati General Hospital.

Preliminary plans are being considered for the erection of a fifty-room hospital building for the Good Samaritan Hospital at Sandusky.

Friends of the Cincinnati Children's Hospital added three beds to the institution through endowments at the donation day services November 23.

Mrs. L. B. Bull has been employed as matron of the Bellevue Hospital at Bellevue. Mrs. Bull had six years experience in hospital work in Buffalo.

A nurses' home, which is included in the plans for the new Mansfield General Hospital, will be built next year, according to a recent announcement by the hospital trustees.

Miss Elizabeth Schleckman, acting superintendent of the Lancaster Municipal hospital since the resignation of Miss Lillian Allen last October, has been appointed superintendent of the institution.

Amherst's new hospital is near completion and will be in readiness to receive patients in a few weeks. Miss A. M. Binkley of Canton has accepted the position of superintendent.

Plans for Mercy Hospital, to be erected by the Toledo Catholic diocese, have been completed. It is expected that the building which will have a capacity of more than 200 beds, will be ready for occupancy early next fall.

Contractors are at work on an addition to the Ashtabula General hospital which will increase the capacity of the institution 25 beds. The addition will cost \$16,000 and will be known as the Mary Burton Lyons Memorial.

Trustees of the Columbus Children's Hospital have announced that the new hospital building for which funds were raised last winter, will be erected next summer on the site of the present hospital. About \$150,000 has been pledged for the new building.

## THE Westerfield Pharmacal Co. DAYTON, OHIO

Physicians' Supplies, Surgical Instruments, and Office Equipment.

**A GENERAL SUPPLY DEPOT  
WE CARRY EVERYTHING**

A full line of Pharmaceuticals and Tablets and a fine line of Specialties.

We have the largest stock of Pharmaceuticals in the Central States. Everything in Serums and Vaccines—Mulford's, Parke-Davis and Shermans lines. Oxygen and Nitrous Oxide, and everything else.

If you are not already dealing with us, why not arrange to buy where you can get everything? Think it over.



**YOU cannot foresee the future, but you can provide against its possibilities.**

You will be happier for the knowledge that in case of disability or accidental death you have made certain provision for yourself and dependents.

### Physicians' Casualty Assn. of OMAHA, NEBRASKA

OFFICERS:—D. C. BRYANT, M.D., Pres., D. A. FOOTE, M.D., Vice-Pres., E. E. ELLIOTT, Sec'y-Treas.

A mutual accident association for physicians only. Fourteen years of successful operation. Over \$500,000 paid for claims.

\$5,000 for accidental death; \$25.00 weekly indemnity. Cost has never exceeded \$13.00 per year per member.

**NATIONAL IN SCOPE.** Membership fee of \$3.00 covers current quarter. Standard policies containing entire contract—no reference to by-laws.

*The Physicians' Health Association pays indemnities for disability due to illness instead of accidents. An important protective insurance for physicians. Send for circular.*

E. E. ELLIOTT, Sec., 304 City Nat'l Bank Bldg., Omaha, Neb.



Dr. Martin Stamm has announced that he will soon abandon his hospital at Fremont and store his equipment for future use. Dr. Stamm plans to leave on January 10 for an extended tour of South America.

Contracts have been let and work commenced on a \$60,000 nurses' home in connection with the City Hospital at Akron. Plans for a new 80-bed addition to the institution are being prepared so that contracts can be let next spring.

One of the Cleveland hospitals has raised its rates slightly and others are preparing to do so. The East Cleveland Hospital now charges a weekly rate of \$18 a bed where there are three beds in a room. It formerly charged \$18 a bed where there were two beds in a room.

The injunction suit, brough by the citizens of Circleville to enjoin the city from issuing bonds for \$35,000 to be used in building a city hospital, has been carried to the Court of Appeals. In the lower court, the case was decided in favor of those supporting the hospital project.

The personal property of the Mizer Sanatorium Company at Coshocton was sold December 4 for \$2075 to French V. Mizer, by order of the Court of Appeals. Mr. and Mrs. Mizer will continue to operate the sanatorium. Dr. H. R. McCurdy acted as receiver for the sanatorium company.

Plans for a new Hospital to be erected by Dr. H. A. Schirrmann in Portsmouth at a cost of approximately \$75,000 are being prepared by Chicago architects. The hospital will be a four-story structure with 70 beds. It will be built on a site situated in the rear of Dr. Schirrmann's residence at Eighth and Chillicothe streets.

Members of the Staff Association of the Elyria Memorial Hospital, Elyria, held their annual election of officers November 20. President, Geo. D. Nicholas; vice-president, W. E. Hart; secretary-treasurer, (re-elected), C. O. Jaster. The hospital, having outgrown its present capacity, will soon be enlarged by additions to the hospital building and nurses home and by erection of a central power plant.

Owing to the high cost of supplies several hospitals throughout the state have increased operating and room charges. The Flower Deaconess Home and Hospital at Toledo recently announced that the charge for use of the operating room for minor operations had been increased from \$3 to \$5 and for major operations from \$5 to \$7. Rooms which heretofore cost \$25 a week were increased to \$27.50. Other changes follow: \$20 rooms, \$22 a week; \$18 rooms, \$20; and \$15 rooms, \$18.

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## Cleveland Red Cross Hospital Mobilizes to Demonstrate Practicability of the Base Hospital Movement

(The following brief article was furnished *The Journal*, at our request, by Miss Ida F. Preston, of Cleveland.—Ed.)

A mobilization of seventy members of Lakeside (Cleveland) Base Hospital No. 4 of the American Red Cross was held in Philadelphia on October 27 and 28, the party leaving Cleveland Thursday evening in three special cars over the Pennsylvania Railroad. Included in the party were sixteen medical officers, twenty-five nurses, one anesthetist, five orderlies, seventeen from the quartermaster's division and five from the record section, making in all about one-third of the total enrollment of the Lakeside unit. Those of the medical staff who attended were: G. W. Crile, director; W. E. Lower, assistant director, surgical section; H. T. Karsner, assistant director, laboratory section; G. W. Morrill, orthopedist; W. C. Hill, roentgenologist; John F. Stephan, dentist; H. G. Sloan, W. B. Rogers, C. A. Bowers and B. I. Harrison, staff surgeons; C. D. Christie, M. A. Blankenhorn and H. V. Paryzek, staff physicians; A. R. Warner, quartermaster; W. B. Barney, adjutant; and L. R. Sherry, registrar.

Upon arrival in Philadelphia, the three special cars were taken to the Belmont switch, near which a detachment of thirty men from the regular army, under the direction of Maj. Harold Jones, U. S. A., had established a camp. Belmont Plateau, located above the Schuylkill River in West Fairmont Park, afforded a camp quadrangle about 500 by 1000 feet. On each side of the main street were erected thirteen ward tents, each accomodating eighteen beds. Back of them were living quarters of the personnel of the unit. At the end of the main avenue were located the operating tent, dental ward, and X-Ray tent. Across the front of the camp were the general and administrative offices, linen room, pharmacy and receiving ward. In the rear were the mess halls, kitchen, ambulance tents, mortuary, chapel and isolation wards. Much of the equipment provided belonged to Base Hospital No. 1, of the Presbyterian Hospital of New York, but it was supplemented by some from the regular army medical corps. All the members of the unit were in regulation uniform, and during their stay in camp were under strict military discipline. Meals were served at the

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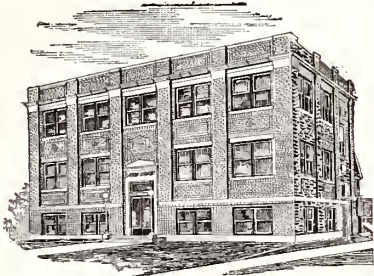
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historic old Belmont Mansion, where Washington and other prominent Revolutionary officers were delighted to visit. The party spent Friday night in camp.


The first day was spent in a general inspection of the camp and in the assignment of each member of the unit to his post of duty. The nurses put in order 120 of the 500 beds available, three wards being assigned to the medical service, three to the surgical and one to the orthopedic. By night everything was in readiness to take care of patients.

On the second day, eight hypothetical wounded or sick soldiers were admitted to the hospital and were given treatment in the various departments, the regular routine being followed out by doctors and nurses. After morning inspection by the director and staff, the camp was thrown open for inspection by a large number of surgeons who were in attendance at the sessions of the American Congress of Surgeons in Philadelphia. In the afternoon, the general public came in large numbers to see the first mobilization in this country of a Red Cross base hospital.

Among the Red Cross officials who visited the encampment during the day were Col. Jefferson L. Kean, General Director of Military Relief, Miss Jane A. Delano, Chairman of the National Committee on Nursing, and Miss Clara Noyes, Director of the Nursing Service. Maj. R. U. Patterson, Director of the Organization and Enrollment Division, was present both days and gave valuable aid in organizing the work.

The mobilization was decided upon by the Secretary of War and the Red Cross officials in order to prove by a practical demonstration the practicability and efficiency of the base hospital movement. In order to secure the opinions and suggestions of as large a number of prominent surgeons as possible, the time for the mobilization was made identical with the meetings of the Clinical Congress of Surgeons and the American College of Surgeons, which also met in Philadelphia. The whole plan proved successful beyond the expectation of all. It is certain that the movement has been given a great impetus. The Lakeside unit was also afforded an opportunity to try out the entire outfit, thus proving itself in better position to secure for its own use those supplies which would be needed and best adapted for its work.

*The requirements of a special diet for diabetics* has led to the addition of several new foods to the menu of the Battle Creek Sanitarium. Bean sticks are largely used. They are made from the Soya bean and contain no carbohydrates, while showing a high content of protein and fat. The root of the lotus, a water plant, and a species of lily also yield a food lacking carbohydrates, but the nutritive value is less than that of bean sticks. Bamboo shoots are also served, but they contain a small amount of carbohydrates.



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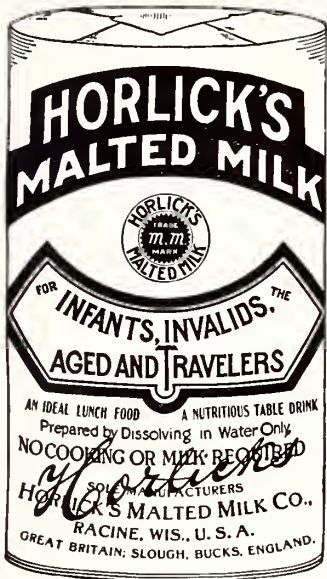
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### Plans for Ohio Propaganda Against Cancer

Plans for a vigorous campaign against the menace of cancer were laid November 22 at a preliminary conference in Columbus. A state-wide movement, somewhat similar to the anti-tuberculosis propaganda, was started. Dr. Joseph Ransohoff, of Cincinnati, chairman of the Ohio committee of the American Society for the Control of Cancer, called the conference and presided at the meeting. Others participating were: Drs. A. Howard Smith, Marietta; William Roush, Lima; C. G. Parker, Gallipolis; H. T. Sutton, Zanesville; Oscar Hasencamp, Toledo; David Tod Gilliam, J. F. Baldwin and Andre Crotti, and Mr. G. V. Sheridan, Columbus.

Cancer is responsible for nearly 5,000 deaths in Ohio every year, and many of these deaths could be prevented by early recognition of the disease. The committee, through a campaign of popular education, hopes to place the general public in possession of facts which will cause them to consult physicians earlier and will consequently make early diagnoses more common.

At the conference it was decided to work along two lines—the education of the physicians of the state in better methods of diagnosis, and the general education of the laity.

It was decided to establish a bureau in Columbus through which clubs and societies, granges and other similar organizations may secure lecturers who will deal with the popular phases of the subject. The bureau, temporarily at least, will be under the direction of Mr. Sheridan and in connection with the state headquarters of the Ohio State Medical Association.

The committee voted to delegate the work within the medical profession to the special committee of the State Association of which Dr. Andre Crotti, of Columbus, is chairman. This committee will select a representative in each of the 87 county medical societies, and an effort will be made to direct the attention of the entire medical profession of the state to the subject of cancer during the coming year.

### NATIONAL BOARD OF EXAMINERS

The National Board of Medical Examiners held its first examination from October 16 to 21, in Washington, D. C.

There were thirty-two applicants from seventeen states, representing twenty-four medical schools, and of these sixteen were accepted as having the necessary preliminary and medical qualifications, ten of whom took the examination. Five passed. The second examination will be held in Washington, D. C., June, 1917. Further information may be had by writing to Dr. J. S. Rodman, Secretary, 2106 Walnut St., Philadelphia, Pa.

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**Next Annual Meeting at Springfield, May 14, 15 and 16, 1917**

In this issue, on another page, appears a budget of legislative news that should interest every physician in Ohio. It is designed to familiarize you with what your legislators are doing at Columbus—your Senator and your Representative.

Through *The Journal* and through special bulletins to the Legislative Committeeman of your county society, the State Legislative Committee will make it possible for every member of the Association to keep in close touch with legislation proposed at Columbus.

Dr. J. H. J. Upham, of Columbus, chairman of the committee, requests that every member of every society keep in touch with this work during the next two months.

"The session has progressed far enough to make certain that many influences are at work this year to break down the Medical Practice Act," Dr. Upham said.

We have evidence that many doctors are entirely unfamiliar with the mechanics of law making and legislative procedure. Perhaps a short A-B-C explanation of how the Ohio General Assembly operates will be of interest.

The General Assembly is, of course, divided into two bodies, the Senate or upper house and the House of Representatives or the lower house. Members of the Senate are elected on a population basis from districts from one to nine counties each. These districts are fixed by the legislature, each district having at least one senator.

The so-called Representatives—members of the House—are elected on a population basis from

the counties of the state, each county having at least one representative. (Cuyahoga county, for example, has 13 representatives this year while Adams county has only one). In the Eighty-second General Assembly, which convened in Columbus this month, there are 36 senators and 128 representatives.

The legislators meet in Columbus and organize on the first Monday in January following their election. Election of presiding officers is the most important part of the organization since, in addition to presiding over the two houses, these officials are vested with the power to appoint the standing committees—through which most of the real legislative work is done. Members of the majority, that is, members of the party in control of either house, are usually victorious in the organization contests, and the presiding officers usually favor the majority in their selection of standing committees. This year the Democrats control both branches.

With organization out of the way,—this year this was not accomplished until late in January—the legislature is ready to begin consideration of proposed laws and resolutions. Any member of either branch may introduce a proposed law, providing it has been drafted in proper form. Following the introduction of the bill, in either branch, it is numbered and read.

If a bill is introduced by a Representative it is called House Bill Number ——. If introduced by a Senator it becomes Senate Bill Number ——. This designation is important, as there are several hundred bills pending and the legislator can only trace a given measure by its number. This

makes it vital to know the number when referring to any specific measure, when writing to or conferring with a Senator or Representative.

For the purpose of explaining the rather intricate development of a legislative bill, let us trace a House bill that has been introduced and given its "first reading."

The next day it is read for a second time. It is referred to a standing committee for consideration. It is customary to refer all bills to a committee, except in emergency cases. There are many of these standing committees in each branch. Taxation matters, for instance, are referred to the Taxation Committee, proposals affecting labor to the Labor Committee, etc., etc. Medical and public health questions are almost always referred, in both the House and Senate, to the Public Health Committee, although in the Senate there has always been a standing Committee on Medical Colleges and Societies.

These committees have regular hours for meeting, outside the regular session hours. They consider the bill in detail and usually hear proponents and opponents. As their recommendation is exceedingly important, both sides usually try to straighten out all differences at the committee hearings.

When a bill is referred to a committee, it may be held by the committee indefinitely,—a common form of "killing" undesirable measures—unless the House votes to discharge the committee from its further consideration. If not held, the bill is reported back to the House, usually with a recommendation for either passage, amendment and passage, or "indefinite postponement."

If the report of the committee is accepted by the House, the bill is engrossed and read for the third time in its regular order. It is then on the calendar, ready for a final vote. There is a constitutional rule that each bill must be read three times but the House may suspend the rule and take up bills out of their regular order. This becomes important near the close of the session, when leaders of both branches make up emergency programs and limit consideration to those few bills on which they desire action before adjournment.

Immediately after the bill has been passed by the House, it is transmitted to the Senate for action. Its course through the Senate is practically the same as through the House. If a bill originates in the upper house and is passed by that body, it is immediately sent to the lower house for action, and goes through the same process. Approval of both houses, of course, is necessary under our bicameral system before the measure can be sent to the governor for his signature or veto.

After a bill has passed the House and been referred to the Senate, the latter may amend it before passage. If the amendments are imma-

terial, the House concurs by *viva voce* vote. In the event the Senate insists on amendments it has added to a bill which originated in the House, and the House refuses to accept the amendments, conference committees are appointed by the presiding officers of both bodies to meet and "iron out" the difference between the two branches.

When conference committees are unable to reach an agreement and neither house is willing to recede from its position, the bill is defeated.

After a bill has been passed by both branches of the General Assembly it is sent to the governor. That official may make it a law by attaching his signature, or he may veto it.

Minus an explanation of parliamentary maneuvering, descriptions of party clashes and oratorical battles, log-rolling and vote-trading operations, efforts of lobbyists and the excitement attending the lining-up of legislators for this or that measure—all of which go to make up a legislative session, the above is a cold statement of what may happen to a proposed law after it has been placed at the mercy of Ohio law-makers.

#### STATUS OF HEALTH INSURANCE

From this time forward *The Journal* will make frequent references to compulsory state health insurance. Members should not confuse this legislative proposal with others that will come before the Ohio legislature *this winter*.

The legislature which convened in Columbus last month will not seriously consider a compulsory health insurance law. It will, however, be asked to consider and to pass a special act, directing the governor to appoint a state commission to investigate the whole subject of social insurance. If this act is passed—and it seems to meet with general favor—the commission will be given two years to complete its work and will be directed to report, with recommendations, to the legislature that assembles in Columbus in January of 1919.

In the meantime, the legislative committee of the State Association will keep in close touch with the development of this movement. Our Association was well represented at the annual meeting of the American Association for Labor Legislation which was held in Columbus during the holidays. At this meeting Dr. Alexander Lambert of New York, chairman of the Judicial Council of the American Medical Association, presented a paper dealing with the medical phase of the proposed system. It was the first definite discussion of a plan of medical administration that might be applicable to American conditions that has come to our attention. It will be printed shortly in the *Journal of the American Medical Association* and deserves careful consideration. At the Columbus meeting it was discussed by Dr. E. R. Hayhurst, of Columbus, who is active



in his advocacy of health insurance, and by Secretary-Treasurer Selby and Executive Secretary Sheridan of the State Association. The latter two urged that the propagandists seeking the inauguration of a system of health insurance in Ohio proceed with great care. They expressed the opinion that a majority of the members of the medical profession would oppose such a plan at the present time, and that under any system it would be necessary to provide for adequate compensation for medical service.

Some are still inclined to believe that State Health Insurance is so complicated, and so smacking of European paternalism, that it will never be seriously considered in a great state like Ohio.

For the benefit of these, we call attention to the fact that organized labor in Ohio is on record as definitely favoring a system of universal compulsory health insurance. A half dozen years ago organized labor in this state started after industrial accident compensation, and the doubters shouted that "it can't be done." Workmen's compensation is the result.

The Ohio State Federation of Labor at its thirty-third annual convention held in October, 1916, adopted resolution No. 58, as follows:

"WHEREAS, Investigations recently conducted by the Ohio State Board of Health, the United States Public Health Service, the Department of Labor, and the Federal Commission on Industrial Relations show that the American wage-earners endure annually enormous loss on account of sickness; and

"WHEREAS, The amount of suffering and economic loss endured by working men and women because of sickness is seven times that endured by them because of accidents; and

"WHEREAS, European experience demonstrates that workmen's insurance results in the prevention of sickness and in the lengthening of the lives of the workers; therefore, be it

"RESOLVED, By the Ohio State Federation of Labor, that the Federation favors a universal system of health insurance, without opportunity for insurance company profits, and in order that prompt and efficient medical service may be furnished to sick wage-earners and due emphasis placed upon the prevention of sickness and industrial disease."

We are calling attention to this significant action to more forcibly impress on you the need for *serious* and *immediate* consideration of state health insurance. It is a problem for immediate study, and not a dim and hazy chimera of the indefinite future.

#### DR. ALEXANDER LAMBERT

Physicians who attended the sessions of the American Association for Labor Legislation were impressed by the fact that the American Medical Association is handling the subject of health insurance in a thorough manner. Instead of blindly opposing all such legislation, the Association has recognized the fact that it is a natural development in our social evolution. With this in view they have kept in close touch with the development of the tentative proposals, and when laws eventually are passed will be in a position to demand that the medical practice phase be not entirely ignored.

Eventually the American Medical Association proposes to profit by the bitter experience of the British Medical Association, which stubbornly fought the enactment of the Lloyd-George Act four years ago. The result was that in Great Britain little of no attention was paid to the medical features of the insurance plan, and the profession for the time being was almost disrupted.

The medical profession of the United States owes a debt of gratitude to Dr. Alexander Lambert, who, for three years, has given a considerable portion of his valuable time to the study of the medical phases of health insurance. In a great mass of hazy comment his writings on the subject stand out clear and forceful. He seems to have steered a middle course between two elements that would make compulsory health insurance extremely dangerous to the medical profession of the United States. On the one hand, he has not made himself a tool of the propagandists whose ideas of social betterment are confused with plans of social revolution, and who seem to think that the social systems of continental Europe can be transferred to this country and made successful under conditions that are radically and fundamentally different. On the other hand, Dr. Lambert has given expression to the views of broad-minded medical men who realize that the socialization of medicine is necessary, and has avoided entanglements with those of more limited horizon who seem to regard medical organizations as medical trade unions. The profession today has need of more men like Alexander Lambert.

#### A CHIROPRACTOR'S PRIVATE OPINION OF THE PLATT-ELLIS LAW.

Every once in a while, after hearing how another of the newly-licensed chiropractors has run riot, we momentarily regret the enactment of the Platt-Ellis law. We soon remember, however, that the law, at least, did not add any to our allotted number of these healers, and that it has permitted some regulation of their wild practices.

And it is comforting, at these times, to read what the chiropractors think about it.

The following is from a paper read before the Indiana Chiropractic Convention at Indianapolis on November 10, 1916, by one J. W. Bush, of Columbus, who is practicing under one of the Ohio exemption certificates, and who was one of the chief lobbyists for the Ohio chiropractors when the bill was passed two years ago. Bush isn't pleased with the status of his "profession" in Ohio. In fact, his chief plea to his Indiana brethren was for them to avoid, at all costs, the "pitfall of the Medical trust which the Ohio chiropractors fell into." Here's a quotation from his address — or harangue — which gives an inkling as to Mr. Bush's opinion of the Platt-Ellis law:

"We got a license to practice what? Chiropractic, do I hear you say? No, not that, but a license to practice "A Branch of Medicine Called Chiropractic."

"So we are no longer non-therapeutic Doctors of Chiropractic, in Ohio, but Doctors of "a branch of medicine." You see by this new law we have lost our identity. This law, while it purports to license us to practice "a branch of medicine," gives the power of making the rules and regulations under which we practice, into the hands of the State Medical Board. We are not regulated by the law, mark you, as the medical doctors, dentists, osteopaths, and even the horse doctors are, but by the State Medical Board.

"Now what can chiropractors expect the Medical Board to do for them? Why they can expect about the same kind of treatment that a Christian would get from the devil.

"The Board has already made rules prohibiting us from treating forty-one different diseases, all of which Chiropractic has been most successful in handling in the past. And this is not all, the State Medical Board has power to add to this list, at will. The State Medical Board has the power to regulate and accept or reject all schools. They have not recognized a single Chiropractic school to date. On the other hand they have ruled that a man to practice Chiropractic in Ohio, must spend three years in "a recognized school," which means a medical school. They are openly boasting that no other Chiropractors will be permitted to enter Ohio. So you see our growth has ceased and the Chiropractic principle has been throttled and stifled by the medical trust in Ohio. While we are licensed to practice "a limited branch of medicine," yet the rules laid down by the State Medical Board lays us liable to arrest and prosecution and revocation of our license. Note the following which I quote from the rules laid down for us by the Medical Board: "Failure to comply with the rules and regulations established, governing the practice of the branch specified in the certificate will not only warrant prosecution for illegal practice of medicine and surgery, but subject the offender to prosecution for revocation of license." So this places us in the following predicament:

"We can, and we can't,  
We will, and we won't,  
We will be damned if we do,  
And we will be damned if we don't."

Knowing, as we do, the crowd which Mr. Bush represents, we are inclined to believe that if Mr. Bush feels that way about it, the law must be a dandy.

## SPEAKING OF PROFESSIONAL PROSTITUTES.

In a recent civil suit in the Hamilton county courts a well-known member of the county bar (Former Judge Littleford) is reported to have testified:

"I knew there was nothing in court so absurd but you could get the best doctors to testify it was all right, provided they got enough money for it." \* \* \* "That is my experience after 33 years' of practice. The doctors are the worst to testify. All they want is the money. It is a question of who gets to the doctor first. They would prove anything on either side of the case — that has been my experience with them." \* \* \* "It is the only question in a community, who gets there first with the money, provided you have the most. If you get there with \$10.00 he probably won't come, but if the other side gets there with \$50.00 he will go to work and prove anything."

Naturally, the publication of so intemperate a quotation caused widespread indignation within the medical profession—the integrity of which was challenged. Since the demise of *The Lancet-Clinic*, the doctors of Cincinnati have no direct means of meeting attacks like these, so Health Officer Landis came to their rescue in the weekly bulletin published by the Board of Health. Dr. Landis is a past master in the art of "talking turkey." Like his distinguished brother — Federal Judge Kenesaw Mountain Landis of Chicago — he is more than likely to remove a portion of the hide when he starts out to administer a verbal skinning. Judge Littleford's reputed remarks seem to have aroused Dr. Landis' ire, as witness the following from the bulletin of December 16:

"Judge Littleford has very probably been misquoted or qualifying statements have been eliminated from his testimony as it appears in the press.

"No sane man would make the sweeping statement credited to Judge Littleford. It is as erroneous to state that all physicians have their price as it would be to state all lawyers are on the square and above reproach. Both professions are long overdue for a housecleaning.

"Simple fumigation would probably meet the requirements of the medical profession. Mechanical cleansing with soap and water, followed by liquid germicides and fire, ought to improve conditions in the legal profession. Create a demand for something and the supply is forthcoming.

"The lawyers have made the rules governing testimony and too often stand in the market place bidding for liars.

"When you find a prostituted medical expert selling his honor to the highest bidder you will invariably find a member of the legal profession playing the part of procurer.

"The financial returns, due to intellectual white slavery, are divided between the intellectual white slave and the procurer, the latter getting the lion's share of the dirty money.

"The courts, and by the courts is meant the entire legal profession, know that the present

rules place a premium on perjury and what the simple expedient of *court appointed* and *court paid* experts would eliminate the greatest scandal in the two professions.

"I believe that a respectable majority of attorneys are honorable men. I know that the overwhelming majority of physicians are a credit to their profession and to mankind.

"Isn't it possible for the two to bring about changes in the rules governing expert testimony that will restore public confidence in both professions?"

In our humble opinion, Judge Kenesaw Mountain Landis couldn't have said it better.

And, incidentally, wouldn't it be well for the medical and legal profession to join hands in this state and give serious consideration to the last paragraph?

### THE DEVIL'S OWN TOOLS

Health Commissioner Bishop of Cleveland has hit upon a common sense plan of fighting the venereal peril.

Through co-operation with a committee of the Federated Churches, the Cleveland Division of Health has arranged for the printing of several thousand enameled signs warning venereal disease victims to beware of quacks. It is also planned to establish diagnostic clinics for these diseases in connection with the city tuberculosis dispensaries.

The signs will be placed in the toilet rooms of public buildings, in saloon toilet rooms and in public comfort stations. At the dispensaries the applicant will be given advice regarding the treatment of his particular disease and will be referred to a physician. Special treatment will be arranged for when needed. If the patient is unable to pay, he will be treated at one of the free dispensaries, at City Hospital or by one of the city physicians.

The signs lay special emphasis on the fact that sufferers from gonorrhoea and syphilis need medical attention at once, but that it must be the right kind of medical attention. They also call attention to the fact that the advice given at the dispensaries is free and confidential.

Dr. Bishop is using the plan that has proven profitable to the crooked doctor and the equally crooked patent medicine manufacturer. His latest innovation is typical of the trend of modern public health protection—a departure from the old conventional methods that were so puerile and ineffective.

We understand that the Hempstead Academy of Medicine of Portsmouth will in the Spring celebrate its fiftieth anniversary. This organization has had a continuous record equaled by few similar societies in the Middle West. Its members are planning to celebrate this splendid milestone in a manner worthy of its importance.

### NOTICE TO DELINQUENTS

If your state and county society dues for 1917 were not paid on or before January 1 you thereupon became delinquent in the Ohio State Medical Association. The malpractice defense protection which covers all members in good standing lapsed for you on that date.

You can be reinstated as a member in good standing in the State Association—and in the medical defense fund—by promptly paying your dues to the secretary-treasurer of your county medical society. Immediately on receipt in our Columbus office of the State Association's per cent. of this payment, you are restored to membership in the state and national organization.

We have had several inquiries as to whether a member whose dues were not paid for the year on January 1, but who pays later in the month—say on January 15—is protected by the medical defense fund for the balance of the year.

He is. He will be defended for any liability incurred between January 15 and December 31, 1917. But, if the liability was incurred during the fifteen-day period in which he was delinquent—or prior to that time—the Association cannot defend his case. This makes it important for members who are delinquent to immediately pay their dues for 1917, so that they may be promptly restored to full membership in our State Association and may thus reduce to a minimum their lack of protection.

The names of all delinquents who have not paid their state dues prior to January 15 were dropped from the mailing list of *The Journal* on that date. This is made necessary by a postal regulation, which does not admit of any other course. Pay your dues and we'll resume sending *The Journal*.

### SURE, IT'S EASY!

Despite the fact that the secretary of the Union County society, Dr. Angus MacIvor, of Marysville, is serving with his regiment down on the border, Union county "came to bat" on December 27 with a most remarkable membership record. In 1916 Union had twelve members. On December 27 we received state dues for twenty members—a gain of 66 2-3 per cent. In the writer's opinion, this is unequalled in the history of the State Association. Credit for this remarkable achievement goes largely to Dr. F. C. Calloway, of Marysville, one of the younger physicians in the county. During Dr. MacIvor's absence, Dr. Calloway was made acting secretary. He seems to have gotten busy at once. In sending his remittance to this office, he merely reported: "No trouble to get new members when you go after them." A comparison with last year's records shows that he has landed nine.

### THIS NEEDS YOUR SUPPORT

Fatalities caused by cancer are on the increase in Ohio. The havoc caused by this one agency is so great that something must be done to curb its increase. A movement has been inaugurated and will follow the general lines of the successful campaign against tuberculosis.

Our Association will have an important part in this great work. It has pledged itself to a campaign of education within the profession with a view of bringing about earlier diagnosis. Dr. Andre Crotti of Columbus, chairman of the committee which has this work in charge, has, through co-operation of the different section officers, secured an important place for a discussion of cancer treatment and diagnosis on the scientific program of the Springfield session. Further, he is working on a plan by which, in the early Spring, speakers will be available for practical talks to societies throughout the state. The Publication Committee has lent its aid to the movement by delegating to Dr. Joseph Ransohoff of Cincinnati, the editorial supervision of its issue in May. Dr. Ransohoff, who is chairman of the Ohio committee of the American Society for the Control of Cancer, has accepted the proposition and will issue a special cancer number.

In making up programs for the Spring and Summer months, county societies are urged to get in touch with Dr. Crotti at Columbus with a view of devoting as much attention as possible to the cancer propaganda, and thus make effective by concerted action a campaign that deserves our heartiest support.

### THE BOSTON INFLUENCE

A fine example of the propaganda for healing which is conducted by the Christian Science church appeared in the news columns of the Cincinnati Enquirer on January 15. The article is particularly significant to those who are familiar with the mechanics of newspaper making, and who know that every item concerning the so-called Christian Science is carefully written and submitted to the editor by an authorized emissary of the cult—a plan by which misquotation is eliminated. The Enquirer article stated:

"Eminent physicians now are sending to Christian Science practitioners patients who do not recover under medical treatment; many clergymen are declaring from their pulpits that fruits of Christian Science are good, and not a few have left their pulpits to become Christian Science practitioners. These facts are worthy of consideration," said Virgil O. Strickler, C. S., member of the Board of Lectureship of the Mother Church of Christ, Scientist, Boston, Mass., in an address on Christian Science at Music Hall yesterday afternoon.

"Although healing physical and mental diseases by spiritual means was widely practiced both in the Old Testament and the New Testament times,

and was expressly commanded by Jesus; and, although Christian Science during the last 50 years actually has healed in this way large numbers of people suffering from all kinds of physical and mental diseases, there are still a great many people who honestly find it difficult to understand how it is possible for sick to be healed without drugs," he added, "even those who confess to believe in the Bible and the omnipotence of God. There are many who have honest doubts that the power of God is sufficient or available to deliver them from sickness, and these doubts often prevent an effort to gain an understanding of the way by which spiritual healing is accomplished. To these it can be said Jesus healed the sick without using drugs, and, what is more important to us, He taught other people how to do so, thus providing a method of healing physical diseases by spiritual means that can be taught to others and understood and practiced by them."

"This, the speaker declared, is part of the belief of Christian Science."

Every two years—at about the time the state legislature assembles—carefully written items like the above make their appearance, almost simultaneously, throughout Ohio. They invariably precede the introduction of an innocent-appearing legislative bill, which is headed "to permit free exercise of religious beliefs," but which in reality is an amendment to Section 1286 of the General Code.

Section 1286 of the General Code is the heart of the Medical Practice Act—and makes unlawful, in this state the practices to which the distinguished member of the Board of Lectureship direct this free publicity.

Incidentally, we notice that when the Ohio Legislature assembles there are always present in Ohio an unusually large number of gentlemen from Boston—the headquarters of the organization and the home of the Mother Church of Christ, Scientist.

### SHALL WE BE THE SIXTH?

The Michigan State Board of Registration in Medicine has adopted a resolution requiring all candidates for examination who matriculated in recognized medical colleges subsequent to Jan. 1, 1917, to have an additional qualification of one year's internship in a recognized hospital before being admitted to the examination for licensure. This is the fifth state to require a year's internship. The requirement became effective for all graduates in Pennsylvania in 1914, in New Jersey in 1916, and will become effective in Rhode Island in 1917, and North Dakota in 1918. In Michigan it will apply to graduates in 1921 and thereafter.

Ohio should be the state next in line. The past two years has witnessed a great advance in our hospitals, as training institutions, as a direct result of the nurse registration law. We are ready now for the compulsory interne year.

## Original Articles

# Obstructions of the Ureter\*

By Henry L. Sanford, M. D., F. A. C. S. Cleveland, Ohio

**O**BSTRUCTIONS of the ureter are either A., Congenital, or B., Acquired.

A. *Congenital* obstructions are always true strictures and are due to faulty development of the ureter and especially to valvular folds of mucous membrane which fail to permit the formation of a proper lumen.

In 1910 Bottomley reported fifty-six cases which he gathered from the literature and since then several others have been described. In congenital stricture the ureter may be a fibrous and impermeable cord throughout the whole, or only a portion of its course, involving absence of the kidney; or the obstruction may be only a localized constriction. These are found generally either near the kidney pelvis or near the bladder. In the latter case the ureter often ends in a blind sac which may project into the bladder. In Bottomley's series twenty-five were males, sixteen females, and in fifteen the sex was not mentioned as they occurred in monstrosities and pathological specimens. The kidney as the result of the congenital stricture, either undergoes complete primary atrophy or hydronephrosis, generally the latter.

*Symptoms and Diagnosis:* In Bottomley's series nineteen cases gave symptoms suggestive of the condition; there may be tumor formation in the ureter or in the kidney above the point of obstruction; there may be changes in urination and hematuria. In none of Bottomley's cases, however, was the diagnosis made before operation. Providing the other kidney and ureter are normal the condition may not be brought to the attention of the patient until the tumor of the hydronephrosis or hydroureter is discovered, or unless infection supervenes on the damaged side. In women the hydronephrosis has been mistaken for ovarian cyst. Cystoscopy, ureteral catheterization, and pyelography should make more diagnoses possible in the future.

*Treatment:* Nephrostomy of the hydronephrosis is indicated only as an emergency measure. Nephrectomy is the only chance for cure.

B. *Acquired Obstructions* of the ureter may be classified as those due to

1. Infection: Colon bacillus, tubercle bacillus, pyogenic organisms, gonococcus.
2. Trauma: External trauma, gynecological operations, labor.
3. Mechanical Obstructions: Within the

ureter—(stone, blood clots, new growths). Outside the ureter—(new growths, kinks, movable kidney, aberrant vessels).

*Infection:* Any hematogenous infection of a kidney may be followed by a descending infection of the corresponding ureter with the same organism and may result in the production of stricture. The colon bacillus, tubercle bacillus, the staphylococcus, streptococcus and gonococcus are, in the order mentioned, the most frequent causes of infection. Certain authors believe that many cases of obstruction in the ureter which have been classed as congenital stricture are really due to inflammatory changes in the ureter which occurred after birth, and are caused by these organisms mentioned. The theory is now held that infection carried through the kidney from diseased tonsils, sinuses, and teeth, as well as from the intestinal tract, may operate to produce this condition. Ascending infection of the ureter from the bladder is now held improbable as a cause of ureter stricture, but ureteritis undoubtedly occurs complicating pelvic peritonitis in women, and inflammation of the lower end of the ureter is seen with vesiculitis in the male.

*Pathology:* The obstruction in the ureter is either an acute swelling of the mucous membrane which almost entirely occludes the lumen of the tube, damming back the urine in the infected kidney, or is a late result of the contraction of the fibrous tissue resulting from the former acute infection:

*Symptoms:* The symptoms of inflammatory obstruction of the ureter depend somewhat upon the infecting organism but generally include signs of obstruction, with pain, urinary frequency, and the presence of pus or blood or both in the urine.

*Diagnosis:* The recognition of the infecting organism in the sediment of the urine obtained by ureteral catheterization will determine the nature of the infection and the fact that obstruction is present will be shown by ureteral catheterization and pyelography.

*Treatment:* The treatment will depend upon the cause of the infection and the nature of the obstruction. Drainage and irrigation of the kidney pelvis by the ureter catheter is often enough to correct the condition. If the kidney is permanently damaged by infection and back pressure, or is the seat of tuberculosis, nephrectomy is the only thing to be considered.

2. *Trauma:* The second group of acquired ureter obstructions are those due to injury and those resulting from accidents, such as kicks, blows and crushing injuries, also those follow-

\*Read in a symposium on Urinary Obstruction before the Section on Dermatology G. U. Surgery and Proctology of the Ohio State Medical Association in Annual Session, May 19th, 1916.

ing surgical operations as accidental ligation or cutting of the ureter in hysterectomy and other abdominal operations. Injuries to the ureter from external causes are rare, as it is well protected throughout its course. Surgical injuries may result in total obstruction, partial obstruction, or fistula formation, if the ureter wall is cut. These conditions may require a nephrectomy or a plastic operation to restore the proper channel for the urine. Ureteral bougies have been used successfully in dilating ureter strictures in cases in which the instrument could be passed.

Caulk reports an interesting case where both ureters were tied off in removing a uterine fibroid. After complete anuria for eight days, a double nephrostomy was done and urine was secreted through these openings until the fifty-eighth day when it began to pass from the bladder. The patient recovered. Following this, experiments were made by Caulk and Fisher on dogs, in which single and double ligation of the ureters with catgut was done with the following conclusions:

1. "In the absence of infection No. 2 plain catgut does not become absorbed as rapidly as is supposed, in none of our experiments was it absorbed before the end of the third week."
2. "When both ureters have been ligated, the kidneys should be nephrotomized early in order to spare the cortex as much as possible; our experiments show that it is useless to hope for early absorption of the catgut and the restoration of the lumen."
3. "With nephrotomy the life of the kidney may be fairly well preserved if the nephrotomy is made within a reasonable time."
4. "The ureteral lumen is re-established in 6 to 8 weeks; this occurs both with and without nephrostomy as shown in the experiments of single ligation."
5. "This patency is brought about by a restoration of the epithelial lining in the ligated area, which restoration seems to be due to growth of epithelium from both ends of the occluded area and also from epithelial cells included in this area."
6. "It is possible that the re-establishment of patency may be assisted by means of ureteral bougies, but we are inclined, to think that the resulting traumatism is likely to do more harm than good."

*Mechanical Obstructions* to the ureter comprise the third group and may be divided into obstructions from *within the ureter*, (calculus, blood clots, intra-ureteral new growths) and those *produced outside the ureter*, (new growths, kinks, movable kidney, aberrant vessels). Of the first class, *ureteral calculus* can only be mentioned in a paper of this length. It is interesting to note that it occurs more often in men than in women,

and more frequently on the right side. It may be present for years without symptoms and then only when by complete obstruction or ureter spasm it produces kidney block. The usual symptoms are familiar to you all.

In diagnosis it is often confused with gall-bladder and appendix lesions and it is well to remember that a certain definite percentage of calculi do not show in X-ray photographs. Expectant treatment is often employed where the calculus is small, when it is producing no symptoms, and where there is no evidence of damage to the kidney by back pressure. Ureteral catheterization and injection of oil have been successful in causing small stones to pass, and stones impacted in the ureter near the bladder have been removed through an operating cystoscope. Extraperitoneal removal is indicated in cases where symptoms of discomfort to the patient or damage to the kidney are present.

*Blood clots* due to the various conditions in the kidney where bleeding takes place, at times produce an acute blocking of the ureter. They usually represent only a symptom of the condition which causes them.

*Intra-ureteral new growths*, especially carcinoma are rare, but may cause localized obstruction.

*Of the obstructions from outside the ureter*, tumors arising from any organ which by their proximity and size press upon the ureter may cause more or less complete and constant obstruction of the out-flow of urine. In some cases the symptoms produced by the urinary obstruction have led to the discovery of the tumor.

*Kinks*: Kinks and twists in the ureter are most frequently produced by movable kidney. Experience has shown that in cases where the obstructive symptoms demand operative relief, anchoring the kidney in a position which will straighten out the kink or twist gives better results than a plastic operation on the ureter or the kidney pelvis. A case illustrating this point, in which the writer was called, was that of a boy of nine knocked down, but not run over, by the fender of a motor truck. At the hospital no apparent severe injury was found and the boy returned to his home. After forty-eight hours, fever, vomiting and abdominal distension developed. The patient was taken to another hospital and an exploratory laparotomy disclosed no abdominal lesion but a mass in the region of the right kidney. Nothing was done to this mass and a few days later, as it increased rapidly in size; about a quart of urine was withdrawn through a puncture in the loin. This refilled twice and was emptied by puncture and then did not again fill up. The boy recovered and later examinations showed a freely movable right kidney. Apparently the trauma of the accident dislocated the movable kidney, twisting the ureter

and producing an acute hydronephrosis which eventually drained itself. An interesting fact in connection with this case is that a damage suit which grew out of it has gone through four trials and is still unsettled.

One of the most interesting forms of ureteral obstruction is found in the presence of *aberrant renal vessels* which constrict the ureter. It is easy to understand how a vessel crossing in front of the ureter could interfere with the outflow of the urine but these anomalous vessels according to Hutchinson, strangely enough, often cross posterior to the ureter, and still produce obstruction. The kidney is not necessarily movable. They occur more often in males and generally on the right side.

*Symptoms:* Symptoms usually appear in these patients between the ages of fifteen and twenty-five. The attacks of pain are independent of exercise, diet or constipation, which serve to differentiate the condition from duodenal ulcer. The pain is severe, usually accompanied by nausea or vomiting; cystoscopy and the urine are often negative.

*Diagnosis:* The diagnosis is often confused with appendix, gall stone disease, duodenal ulcer and renal calculus. The fact that the attacks

of pain may occur at any time without reference to the taking of food, intestinal conditions, or even exercise, is one of the most important points in making a diagnosis, which, according to Hutchinson, is often only arrived at by exclusion of all other causes.

*Treatment:* The treatment is ligation and resection of the vessel and anchoring of the kidney if movable. Early diagnosis and operation are important.

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## Obstructions to the Urinary Flow in the Bladder\*

By Hugh A. Baldwin, M. D., F. A. C. S., Columbus

Genito Urinary Surgeon to Grant, St. Francis and Protestant Hospitals.

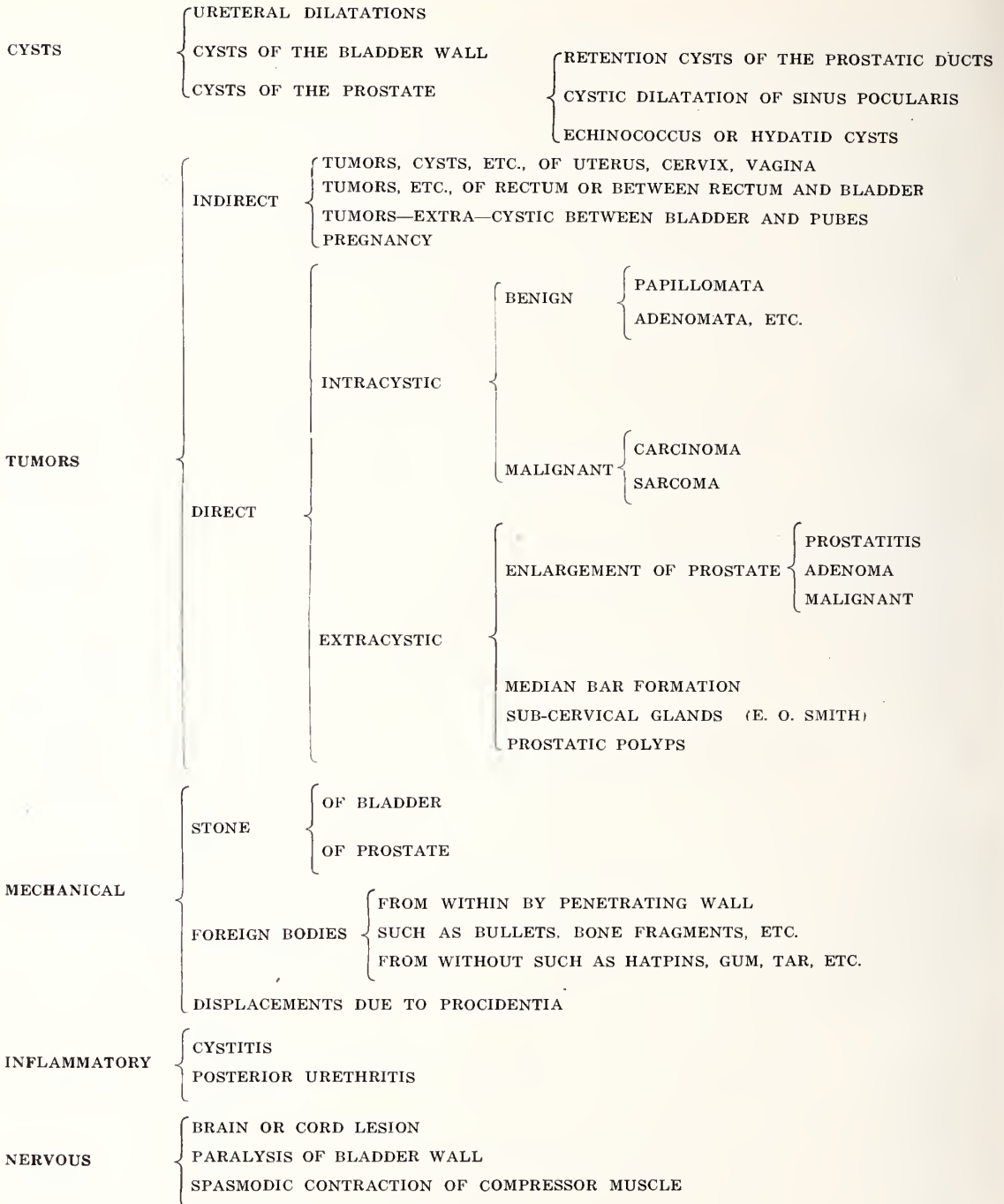
IN looking up the matter of obstruction to the urinary out-flow arising in the bladder, I was unable to find any very satisfactory presentation of the subject. I have therefore made out a diagram or chart which I think covers the subject quite completely, and in which I have attempted to group the various disturbances in a natural manner. A study of the chart shows that I have given five main causes of urinary block. There is some little overlapping to be sure of these groups, but in the main they can be considered as separate entities. I have purposely separated the cysts from the tumors, although perhaps this separation is the least natural of all.

The cysts of the prostate, which I have mentioned, are very rare, and personally I have never seen any sufficiently large to cause any interference with the urinary stream. I have, however, seen several cases of eversion of the ureter which I have chosen to class among the cysts. In many of these cases the eversion is so complete that the cyst-like projection flows into the urethral opening completely blocking it.

In the next division, namely, tumors, I think the classification is a very satisfactory one. The

only question there, is the considering of pregnancy as a tumor. I have felt, however, that a normal pregnancy really acted as a tumor between the bladder and the rectum, and produces the obstruction just in the same manner as would a large fibroid. The remainder of this group needs, I think, no comment. In the next general group, where the interference is an actual mechanical interference, I have included the displacement of the uterus where through the development of a large cystocele the point of exit, namely, the internal meatus, is raised above the floor of the bladder so that the urine will be compelled to run up hill which is mechanically difficult. These cases are frequently the most annoying with which we are confronted. It is seldom that the gynecologist, even with the most painstaking technique, can completely restore the normal condition of the anterior vaginal wall; the elasticity of the bladder floor is never regained, and as a result, the bladder, probably infected, can never be completely cleaned up. I have one such case on hand at the present time who has been operated upon by three different surgeons, but some cystocele still remains and with it a certain amount of bladder trouble. The rest of the chart explains itself very naturally.

\*Read before the Genito-Urinary Section, Ohio State Medical Association, Cleveland, May 18th, 1916.



To attempt to discuss the question of treatment in all of these cases would be a herculean task, but to touch lightly on one or two subjects might not be out of place. As you have noticed, I have added Dr. Smith's name to the sub-title, sub-cervical glands, which he has very beautifully described under the general division of extra-cystic tumors of the bladder. It is probable that we are more concerned with the general group of extra-cystic direct obstructions than with any other one group in the classification that I have given, but the subject has

been so thoroughly covered in the medical journals and recent books, that I feel that I would be intruding upon your time if I undertook to discuss them in any detail. I have never attempted to carry out Young's punch operation for median bar formation, nor am I an advocate of the fulguration method of treating these obstructions. I have always felt that direct approach through the suprapubic wound was really the most satisfactory way of treating these obstructions. You not only have a better chance to observe the actual condition present, but you



have a greater freedom in the manner of treatment. It has been our custom in these cases to burn through the bar with an electric cautery, doing, in fact, a retrograde Bottini operation. The suprapubic drain is left purposely, as these cases are almost always accompanied by a severe cystitis which yields readily to the free drainage brought about by the suprapubic opening.

It is a peculiar fact that the originator of an operation can accomplish much more than other operators who may think that they are carrying out a technique exactly similar to his. Frequently we get a bad idea of an operation because we have seen unsatisfactory cases occurring at the hands of others than the originator. This means that the difference is not in the operation itself, but in the man doing the operation. The originator probably has some very clear ideas on the subject and a definite object in mind. As a result he selects his cases very carefully and accomplishes a wonderful amount of good. Dr. Young has undoubtedly elaborated a distinct technique for his punch operation, and in his own mind has very clear indications for it, but other men in attempting to do the same operation have failed in some respect, and as a result there are many patients who have failed to receive any benefit from it, and a number have probably been hastened to an untimely end.

In a recent communication from Dr. Young, he says that he has now done the operation in 160 cases with practically satisfactory results in every case and with no deaths. He emphasizes the point, however, that the diagnosis must be very carefully made. He has modified his technique recently so that he frequently, in order to get rid of a valve-like enlargement anteriorly, makes an anterior cut as well as a posterior and two lateral cuts.

It might be well to add a word in regard to the preliminary and after treatment of the prostatic cases.

At the present time, we have probably gone a little too far in our preliminary preparation, and many cases have been subjected to needless delay or perhaps refused operation entirely because of a desire to keep down the mortality rate. The man who dies because an operation is refused, is just as dead as the man who dies following an operation. A low phthalein output has frequently been the cause of an indefinite postponing of an operation, when as a matter of fact the patient was in excellent condition for an operation as has been demonstrated by successful operation in spite of such a low output.

I believe that the problem of acidosis concerns us more vitally than it does any other class of operators. The patients of the average surgeon are almost all good surgical risks. On the other hand it is seldom indeed that we get a patient that could be called even a fair surgical risk. A few weeks ago one of my prostate cases seemed to be doing very nicely for the first few days

following his operation. Because of a rather bad cystitis which had not yielded entirely to preliminary treatment, I put the patient on large doses of urotropin and acid sodium phosphate; forty-eight hours later it began to look as if I were going to have a funeral. Whether the condition was induced by the acid sodium phosphate, it is hard to say, but nevertheless this was promptly discontinued and drip enemas of sodium bicarbonate and glucose were begun and apparently these remedies were responsible for the patient's improvement. He is now practically well and I consider him out of danger.

I have used these enemas heretofore in certain cases, but from now on I think I will use them as a matter of routine in all of the more severe urologic cases, and in prostate cases particularly, will keep them up until the patient begins to eat starchy foods.

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*Hydras.*—The Council on Pharmacy and Chemistry reports that Hydras, sold by John Wyeth and Bro., is one of the so-called "uterine tonics," said to contain "cramp bark, helonias root, hydrastis, scutellaria, dogwood and aromatics" in unspecified amounts. While the name, taken in connection with the composition, suggests that hydrastis is an important constituent, the A. M. A. Chemical Laboratory found this drug to be present in unimportant amounts. The Council finds Hydras inadmissible to New and Nonofficial Remedies because its composition is semi-secret; because the recommendations on the label for its use in specified diseases, and the advertising accompanying the bottle are sure to lead to its ill-advised use by the public; because the claims made for its curative properties are exaggerated and unwarranted; because the name is misleading and because the combination of these five drugs, even if individually they were of therapeutic value, is irrational (Jour. A. M. A., Oct. 7, 1916, p. 1107).

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*Bromin-Iodin Compound.*—This preparation was submitted to the Council on Pharmacy and Chemistry with the following formula: "Iodin Gr. 1, Bromin Gr.  $\frac{1}{4}$ , Phosphorus Gr. 1/100, Thymol Gr. 2/3, Menthol Gr. 2/3, Sterilized Oil fl. dr. 1." According to the promoters Bromin-Iodin Compound is "A Powerful Anti-Tubercular Agent for Hypodermic Use in Pulmonary and Laryngeal Tuberculosis \* \*". The Council declared the preparation ineligible for New and Non-official Remedies because the "formula" was impossible if it is intended to indicate the composition of Bromin-Iodin Compound; and meaningless if it is intended to indicate the ingredients used in the manufacture; and also because there was no satisfactory evidence for its therapeutic efficiency.—(Jour. A. M. A., Dec. 23, 1916, p. 1958).

## Diagnosis of Conditions Interfering with the Urinary Flow Anterior to the Prostate\*

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URETHROSCOPY is little understood or used by the general profession. One of the great difficulties is to make it clear in what group of cases the instrumentation should be used, and which instrument is best adapted for the particular case. In this review of urethroscopy I will endeavor to make clear the above mentioned points. Necessity demands that I quote freely from the writings and freely avail myself of the clinical demonstrations and drawings of Goldschmids, Wossidlo, Nitze, Casper, Albarron, Israel, Chetwood, Keys, Young, McCarthy, Lewis, Buerger, Wossidlo, Jr., Marks, and others.

A large prostate may cause little trouble, while a small gland may cause complete and continuous retention. Contraction of the bladder neck at times causes annoying conditions and is often overlooked by practitioners, who advise against any operative procedure because a large gland is not found on examination by rectum. In cases of contraction of the bladder neck, without enlargement of the gland, it is of no avail to remove the prostate. A slit of the median bar, when present, through the urethra, is simple, and, in cases in which drainage is not essential, is to my mind the best method.

E. L. Keys, Jr., emphasizes the points that in theory, as always in practice, the problem of prostatic retention is mechanical; the bladder neck, and especially the elevation of its inferior lip, is the important mechanical obstruction. Prostatectomy, suprapubic or perineal, total, subtotal, or partial, should be performed.

Proper treatment causes stricture of the anterior and posterior urethra to disappear, also infiltrations of the urethral mucosa to disappear, and only the coarser plastic changes to remain visible.

Diverticula of the anterior urethra have been previously diagnosed with the urethroscope and reports published by Gruenfeld, Kollmann, Feleki, and deKeersmaecker; but occasionally such urethral diverticula may become the site of a persistently relapsing gonorrhoeal urethritis, as was observed by H. Wossidlo at the last German Congress of Urologists and described in the *Folia Urologica*.

Very great progress has been made during the last few years in diagnosis and treatment of diseases of the posterior urethra. It is true that the whole number of the pathological changes of the posterior urethra and their relations to the most manifold disturbances in the uro-genital

apparatus have been recognized and treated by the older endoscopists, but they had to contend with great technical difficulties, and their results were inferior to those of today. The introduction of the older endoscopes, particularly of the straight tube which was employed most frequently, into the posterior urethra was in itself not such an easy thing, and called for a certain technical dexterity on the part of the examiner. Hemorrhages and the flooding of the field by urine rendered examination quite difficult. We may add that the pictures seen with the older urethroscopes, also with the Nitze-Oberlaender, were small and it took great practice and experience to correctly understand them. This explains why comparatively few urologists employed posterior urethroscopy.

A change occurred when in 1906 and 1907 Goldschmidt introduced his irrigation urethroscope into urological practice, and at almost the same time H. Wossidlo perfected a urethroscope for the posterior urethra which by inflating with air rendered the posterior urethra more accessible than with the older endoscopes.

Stricture is the most common disease affecting the urethra anterior to the prostate, and causes an obstruction to the urinary flow. I have seen cases of polypus of the urethra, ulcers, etc., produce a retarding of the urinary flow.

The bent tube as provided by H. Wossidlo has received a slight turn at the convex side which gives a greater field of vision, so that a larger area of the posterior urethra can be viewed. To be able to practice urethroscopy under a moderate air pressure and to gain a better distension of the urethral walls, a small tube has been attached, through which air may be forced by the aid of a bellows. The tube rises at its vesical end to a cone which occludes securely the orifice of the bladder. The light is furnished by a Valentine lamp fitting air tight into the tube, and provided with a removable glass window. Two removable bent plugs permit the use of the tube for inspection of the superior or the inferior wall of the posterior urethra. The tube is introduced in the ordinary way after the use of catheterization. The obturator is removed and after wiping off in the liquid, the urethroscope provided with a window is introduced into the tube. If one now pumps air into the tube, one may see a much larger area of the posterior urethra at once. Local applications and cauterizations can easily be performed by aid of the attachment furnished with this apparatus or with the galvanocautery, after removal of the window. An optical tube, which may be introduced into the tube, gives enlarged pictures of the posterior

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urethra. The surprisingly beautiful pictures of the posterior urethra which are shown, and the ease of its technique have caused the great popularity of this very good instrument. There is no doubt that irrigation urethroscopy has solved the a brilliant way the problem of rendering the posterior urethra visible, and that it has occasioned an important progress in diagnosis and treatment of diseases of the posterior urethra.

Following Goldschmidt's instrument some others have been constructed. For instance, Rothschild, who missed the reproduction of the natural colors of the mucosa, particularly in the anterior part, and who was aware of the limitation of therapeutic maneuvers with the Goldschmidt urethroscope and its occluded sight, has attempted to solve the problem by uniting the older endoscope with Goldschmidt's. H. Wossidlo had an instrument made in 1910 which combines the older air endoscope with the irrigation urethroscope and permits examination of the posterior urethra as well with irrigation as with the blowing in of air.

This urethroscope consists of a tube with the bend in the window and a long attachment in place of the Valentine lamp of the former instrument. The Goldschmidt lamp has been attached to the tube so that it lies in line in front of the tube window, and not as in the Goldschmidt instrument directly opposite the tube window. In this upper wall, closed at the ocular end, the tube is provided with an attachment for irrigation or the blowing in of air, while a drainage tube, ending close to the tube window, is placed in its lower wall to permit the removal of liquids from the urethra. The optical apparatus is either an optical tube, as in Goldschmidt's, or the Kauffmann telescope.

For examination with irrigation, the upper tube connection is attached, just as in the Goldschmidt instrument, and an irrigator filled with boric solution is attached. Irrigation is started while the obturator is being removed. One has to see that the faucet at the lower drainage tube is open, and now the long optical tube is introduced if one intends to make an examination by irrigation. To examine or give treatment without irrigation, the long optical tube is removed and in place of the irrigation tube a double bulb is attached to the upper connecting tube to inflate the tube with air. The lower drainage tube is connected with a suction pump which may be connected with the hydrant. Putting this into operation and swabbing the urethra at the same time with cotton swabs, one may easily remove all fluids from the tube and the urethra. For the examination, the tube is closed with the plane glass, and if one wants a magnified picture the Kauffmann telescope is used. Examination is then made by the air being blown into the instrument. The beak of the tube may be unscrewed and may be replaced

by one of a different bend to allow a view of the upper wall of the urethra. For endoscopy of the female urethra the beak is replaced by a short attachment. By the deflection of the tube at its window one looks over a much larger area of the posterior urethra than with the Goldschmidt urethroscope. By placing the lamp at the anterior end of the tube window, the urethra is illuminated from in front, and not as in the Goldschmidt, from above and partly from behind, therefore the urethral pictures appear in the Wossidlo instrument in their natural colors.

Further the drainage tube attached to the sheath permits a thorough irrigation of the visual field during examination without a rapid filling of the bladder with the irrigation liquid, as is the case with the Goldschmidt instrument, where, when the optical tube is introduced, the liquid has no other exit than into the bladder. One must calculate the water pressure when irrigating through the Wossidlo instrument and must not forget to open the cock at the drain tube. It is particularly easy to wash away any blood which might interfere with examination. The picture becomes much more rapidly clear in cases of hemorrhage than with the Goldschmidt instrument. How one may readily perform therapeutic manipulations with the Wossidlo instrument will be described later.

The nervous troubles in the region of the urogenital tract, hyperesthesia, paresthesia, paralgnesia in the urethra and the surrounding parts with a frequent termination in sexual neurasthenia, are the complaints caused. The symptoms may originate in any part of the posterior urethra by the above mentioned pathological processes, but most frequently one discovers disease of the seminal colliculus as the cause. This refers to various swellings, polypi and cysts of the colliculus. Such changes of the posterior urethra, and particularly of the seminal colliculus, lead frequently to premature ejaculation and impotence.

Quite frequently the pains of dysuria bring a patient to us with turbid, but in rare cases, with a clear urine. Some of these cases present mucous swelling, granulations or polypi on the border of the internal sphincter of the bladder or at any other place in the posterior urethra.

In chronic prostatitis we see the walls of the prostatic urethra rigid and not responding to the water pressure. Often berry-shaped growths of the mucosa project into the urethra. H. Wossidlo has published an illustration of tuberculosis of the posterior urethra in the *Folia Urologica*, loc. cit. So we see that our diagnosis of diseases of the posterior urethra has really been made accurate by modern urethroscopic methods, and to as great an extent the newer instruments have advanced our therapeutic power. Although even with the simple

old instruments of this class, the Nitze-Oberlaender urethroscope with its straight tube, local applications, operations, and galvano-caustic removal of polypi have been made, they are extremely difficult, require great practice, and cannot be performed in every case. For instance, in swellings of the internal sphincter, hemorrhages, which are usually caused by introducing the instrument, are in the way, and one may very easily cause other unwelcome damage beside the one intended.

Painting the diseased mucosa is rendered easy, as is also galvanic cauterization, particularly of the seminal colliculus.

Lohnstein has added to Goldschmidt's instrument a curette and a long galvanocautery knife. Goldschmidt's instruments permit of cauterization that may be indicated, in a satisfactory way; but local painting with medicinal solutions cannot be done. For moving forward and backward and for lifting and lowering the cauteries and the curette, his instruments are provided with a complicated set of screws which renders technique rather difficult and requires frequent repair. A further disadvantage is that all instruments must be held in the median line, where they run in an unchanged direction, and that a change of the operating instrument necessitates the removal of the tube, as almost every instrument is fitted to a tube of its own.

Compared with the Goldschmidt and Lohnstein operating instruments, the latest operating urethroscope of Erich Wossidlo excels by its great simplicity, permitting as it does of the change of operating instruments while the tube remains in its place, and at the same time the instruments may be moved readily from their axis. We shall now describe his contrivance in detail.

This instrument is based upon the irrigation urethroscope of H. Wossidlo, with the tube deflected at the window, and consists of an optic, a blunt probe, an electrolytic double needle, a pointed and a flat, a straight, and a deflected galvanocautery, a galvanocautery knife, a curette, and a sharp pair of tongs, with the necessary separate handles. To introduce these instruments into the tube he has provided an opening which can be closed by a cock, situated below the shut-off from the connection of the operation optic. One directs the instrument toward the place to be operated upon, by the aid of the optic, then removes the ocular, opens the cock on the shutter, and slides the desired instrument through the opening below the optic until it is within range of the ocular. Now the ocular is replaced again and the instrument is ready for use.

The technique with the other instruments is somewhat different. After focusing the field of operation, the optic is removed, irrigation and light are shut off, while the tube remains in the urethra. The ocular is removed from the optic, the cock at the shut-off is opened, and

now the connection of the chosen instrument is pushed through the tube and connected with its handle. After the ocular has been attached again other optic and operative instruments are introduced into the tube after opening connection with the irrigation and light.

When the galvanocautery is used it must be applied firmly upon the part being treated, as otherwise it will not work. The current is applied. We recognize its action by the appearance of fine bubbles of gas, now the burnt tissue turns white, and we disconnect the current. One should beware of burning too long because it may occasion severe hemorrhages or severe dysuria and other disagreeable complications. Therefore the cautery must act only for a short time and it is better to repeat the treatment several times than to be too energetic at once. We employ the galvanocautery in those cases of polypi which cannot be removed either by the sharp tongs or the curette. We observe how the parts removed by operation are washed away by the circulation of the irrigation solution but this is not imperative, as such growths will disappear later on if only two-thirds of their base has turned white. One may in this manner remove several polypi at one sitting. The electrolytic double needle is inserted into the growth to be removed, one turns on a current of about three to five milliamperes for a few seconds, but this causes some pain.

As to the application of the various instruments, the following may be stated. The blunt probe is used only for diagnostic purposes. With it we search for pockets or canals and measure the depth where we are not quite sure on account of monocular vision. By the aid of the electrolytic double needle we treat coarser bodies which are easily punctured, but we succeed almost always with the galvanocautery. The pointed burners are useful in cases of single polypi with thin pedicles, in the membranous portion, also on the colliculus and in the parietal surfaces of the urethra. They are less useful in the treatment of disease of the pars prostatica and the internal sphincter of the bladder. The instruments with an angular beak are made especially to operate upon the colliculus and in the pars prostatica.

No operation should be repeated before the tenth or fourteenth day if one can not remove everything at one sitting. It is advisable to give, if possible, internal urinary antiseptics twenty-four hours before treatment and to continue with them for several days after operation. Hemorrhages are usually of an ephemeral character, and will disappear by themselves. Should they become troublesome, the general rules concerning urethral hemorrhage will prevail.

In conclusion we must mention the treatment of prostatic hypertrophy which was first tried by Goldschmidt with his urethroscope. To destroy the so-called barrier he has attached a gal-

vanic knife to his urethroscope and has attempted to act upon the prostatic lobes which project into the urethra by the aid of his operating urethroscope with galvano-puncture and electrolysis. The galvanic cautery knife which Erich Wossidlo has added to his operating instruments serves the same purpose. It is introduced into the tube similarly to the galvanic cauteries, but in applying galvanic caustic incision in cases of prostatic hypertrophy, one must confine oneself

strictly to cases of a simple small barrier. Prostatic tumors of larger size must be excluded. One may then have good results in a number of cases, as is evidenced by the observations of Goldschmidt, Frank, Lohnstein, Schlenzka, H. Wossidlo and others. One must, however, remember at all times when using such treatment that relapses of urinary retention may occur and call for renewed treatment.

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## The Roentgen Ray Treatment of Acne. A Resume of Fourteen Years Experience \*

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THE treatment of acne is a subject of interest to the medical profession for several reasons. First, on account of the large number of cases, authors giving this number as from 5 to 10% of all dermatoses. This, however, does not indicate the great prevalence of the disorder, for many cases go through years of disfigurement without treatment, acne being almost universally found, at some time during adolescence, from a mild to a severe form. Second, because it is confined almost exclusively to that period of life when the personal appearance is most important for unfortunately it appears upon the face, occasionally upon the neck, chest or back. Lastly, acne is of special interest because if properly treated it can be cured, most cases with Roentgen therapy alone. The foregoing remarks refer to simple acne, or acne vulgaris so-called. Usually this disease is subdivided into classifications according to the predominance of the characteristic lesions. Acne punctata, acne papulosa, acne pustulosa, acne indurata, describe the various forms, most cases exhibiting several or all of these characteristics at the same time.

### ETIOLOGY.

Whether the acne bacillus is the specific cause of acne is still a debatable question. Most authorities agree that acne is a local disease, influenced by systemic conditions. The main and predisposing, if not the active cause, is hyperactivity of the sebaceous glands, which occurs at puberty. The oil which normally softens the skin and hair, solidifies and clogs the sebaceous duct, thus producing a comedo. Inflammatory reaction follows, which in turn may be invaded by the Staphylococci producing the pustule. This process might be called a physiological-pathological one,—the cycle of comedo, infiltration, pustulation, rupture and healing, repeating itself over and over, sometimes through many years.

### TREATMENT.

The number of remedies used and the different kinds of methods advocated in the treatment of

acne are perhaps only exceeded by the number of cases treated. The list usually reads as follows: Constitutional or internal, local or external, mechanical, actinic, electrical, vaccine, radio, and Roentgen therapy. Consideration, in this paper, will be confined to the last classification, not that the writer depreciates the value of most of the others, but rather that he fully appreciates the superiority of the method of choice. Many cases of acne are cured by medicinal means but many refuse to be. Any measure that offers assistance should be utilized. One should not be so enamored of his favorite method as to be blind to the good of others. Still it is even more foolish to subject the patient to a wearisome routine of needless procedures. Over-treatment does not excel undertreatment. All treatment must be measured by the standard of "common sense." The patient should be treated rather than the disease. It is impossible to outline any course of treatment applicable to all cases. It is equally impossible to give specific technic of any special method that will suit all conditions. The technic must vary with the pathology evident. Most cases of acne are perfectly well in all respects except for their "pimples." Occurring as this disease does, in young people in their 'teens, we should expect this. If the patient assures you he is perfectly well, take his word for it and let good enough alone. It is not even desirable to prescribe a "diet." I never put an acne case on a diet, but have taken many of my cases off of a diet. The reason for this is that many cases are referred to me for treatment after trying "Materia Medica" elsewhere. To my mind the question of diet is very much a secondary one. Instead of "Diet" change it to "Don't it." Most of my cases are X-rayed without any internal treatment or auxiliary external treatment, with the following exceptions. All cases are advised to clean the face once a day with pure alcohol. Saturate a piece of cotton and carefully go over the skin. This to remove the excess of oil and prevent the spreading of the pus infection. The drinking of large quantities of water is to be

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encouraged. Talcum powder is not to be prohibited but the use of the unhygienic chamois skin is positively forbidden. Substitute a clean piece of cotton, which can be discarded after using. Facial massage or steaming should not be indulged in and it is best not to remove the blackheads by mechanical means. Pustules may be opened and washed with alcohol. The patient should be instructed not to manipulate the skin, as pinching or squeezing the skin increases the inflammatory reaction.

#### TECHNIC.

The patient is seated in a comfortable chair, the eyes, eyebrows and hair being protected with thin sheet lead. A fresh piece of waxed paper is placed under the lead. A medium-hard tube is used, which will back up about a four inch spark gap; distance, fifteen inches from anode to the skin; milliamperes, 1½ to 2; duration, five minutes for each side of the face. This treatment is given once a week, until the skin clears; or should even a slight erythema appear, the time is lengthened to two weeks or more. The skin of each individual is the best guide to govern the technic. Make the milliamperage, the focal distance and the penetration, constant factors and vary the time of exposure and intervening time between sittings according to the reaction. In all cases the object to be accomplished is to slightly shrink the sebaceous glands, thus reducing the amount of the secretion. Where induration is severe some inflammatory reaction may be necessary to correct this. The pustules are a secondary consideration and require no special attention as they will spontaneously disappear, when the formation of the comedones ceases. A mild case of acne can be restored to normal without any erythema being produced.

The first thing the patient notices is a dryness of the skin, usually observed after the first three or four treatments, which is followed a little later by a slight tanning of the skin, like a mild sunburn, this condition remaining throughout the series but fading away in ten days or two weeks after the treatments are stopped. Some skins will freckle under the light the same as when exposed to the sun's rays. These cases take from two to four months, with an average of three months for the first series of treatments. Then a rest of six to eight weeks should ensue and the second series follow, according to the results produced by the first. In some cases the third series may be necessary, but many patients are satisfied with the result of the first. If time is pressing the first treatments may be given twice a week until the tanning appears, then reduce as before. It is best to go slow rather than to hurry as this eliminates any danger of producing an unnecessary dermatitis. If the skin is stimulated there is a chance of increasing the growth of hair, which

is objectionable in the female. In the male the treatment can be pushed a little stronger, but the slower process is desirable.

During the past fourteen years several hundred cases of acne have been treated in this way. All have been private cases, treated personally. In this class of work we would expect better results than are possible in a clinic. The majority of these cases treated, have been cured. Practically all were improved, while a few have not responded as we would wish. The writer feels that the results justify the care, the time and the expense required for this method of treatment, and heartily recommends it as the method of choice in the treatment of acne.

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*More Misbranded Nostrums.*—The following "patent medicines" have been held misbranded under the Federal Food and Drugs Act, chiefly because of false and unwarranted therapeutic claims. *Mrs. Winslow's Soothing Syrup*, declared to contain 5 per cent. alcohol and 1/10 grain morphine sulphate to each fluid ounce together with oil of aniseed, carrawaym coriander, jalap, senna and sugar syrup (as now marketed the preparation contains no opiate). Johnson's Iodized Extract of Sarsaparilla found to be a simple vegetable preparation with only an appreciable amount of potassium iodide. Matusow's Nulfey contains 51.8 per cent. sodium salicylate. An alkaloid, probably berberine, and emodin were present.—(Jour. A. M. A., Dec. 16, 1916, p. 1865).

## Control of Diphtheria\*

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WITH the possible exception of typhoid fever, diphtheria is probably the communicable disease about which most is known. We are familiar with the organism, with its resistance to disinfectants, its life outside the body, its means of transfer, its portal of entry, its distribution in the body, and the means of causation of the disease. We are also able to make ready and rapid diagnosis without taking time to isolate the culture. In addition to this, we have an unusually certain means of cure and of prevention. Yet the incidence has not materially decreased, although the mortality has been reduced by the use of antitoxin.

In comparing this with typhoid, about which we have much the same sort of information but are hampered by greater difficulty in diagnosis, we see nevertheless that our activities against typhoid have been productive of better results than those against diphtheria.

We have, therefore, to consider in a paper of this sort two main questions: On the one hand, the reasons for such lack of success; and on the other hand, a coherent scheme to reduce or overcome our difficulties. In the first place, then, why are we less able to cut down diphtheria incidence than, for example, typhoid incidence? In regard to the latter disease we have found that a number of the means of transfer are through inanimate objects subject to more or less complete control. If we can protect our water supply, our milk supply and raw food supply, and in addition, in the warmer parts of the country, if we can insure that flies will not have access to the infective material, we have reduced enormously the possibility of transfer of the disease. Moreover, it is possible and even practicable to solve the problems connected with direct contact between patient and victim, or the very rapid mediate contact, such as may occur with typhoid carriers who handle food.

On the other hand, let us look at diphtheria. While it is true, of course, that diphtheria, as well as other diseases having the respiratory tract as portal of entry, may be transferred in food and drink material, yet it is also true that the proportion of cases so transferred is very small, and if no diphtheria was acquired other than by these means, it would not be a sanitary problem. The vast majority of cases of diphtheria are, as we well know, transferred in a very direct manner from one person to another in particles of infected fluid coughed, sneezed or spit out by the person having diphtheria organisms in the respiratory tract. It will be seen at once, in comparison with typhoid, that

the danger of direct infection of this type is much broader than where the organisms are present only in feces or urine. In such cases a more or less gross uncleanness is necessary for the transfer, whereas we all know that the carelessness in regard to the secretions from the nose and throat is a matter so prominent as to require special legislation.

We have then in both types of disease the personal element, that is to say, the factor involving direct transfer of infection by one person to another as the most important and least easily subject to control. We have also, as just stated, far greater danger in connection with respiratory tract disease than in connection with digestive tract disease.

Furthermore, the percentage of persons having typhoid and continuing to excrete typhoid organisms after they are well enough to return to their usual occupations is probably not much, if any, over 2 per cent, whereas in diphtheria we have well over 3 per cent who carry organisms for a long period. This however is only part of the story. The cases of unrecognized typhoid in which the patient is only slightly incapacitated and is able to be up and about are very few in comparison with the number of unrecognized cases of diphtheria. In fact, we really have no very adequate information as to the number of persons, especially during an epidemic, who have virulent diphtheria organisms in their throat without symptoms. Again, the cases of typhoid carriers who have not had the disease are very few, whereas almost anyone who is not susceptible to diphtheria but is in contact with a diphtheria case may become a carrier for a longer or shorter period, and during this period may act as a focus of infection.

Taking up this point again, we have two groups of persons who are potentially dangerous. The first group consists of those who have unrecognized cases of diphtheria or who are convalescing from it and have the organisms temporarily in their throats or noses. The second group consists of those who have either recovered from an infection received so long ago that in the ordinary course of events, as determined by a long series of investigations, they should be clear of infection, or those who are not susceptible but have acquired the germs in some way and are carrying them in much the same way that they carry non-pathogenic organisms. The latter are of course the true carriers, but I am inclined to believe that they are really fewer in number than the first group.

*Present Methods of Attack:* We have at present two ways in which we can determine the presence of a diphtheria case, namely, clinical

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symptoms and laboratory diagnosis. It is a recognized fact that, especially at times of epidemics, or during the periods in which colds and inflammation of the upper respiratory tract are most common, a clinical diagnosis is uncertain. Many other infections, notably those due to streptococci and to a less extent those due to Vincent's organism, simulate diphtheria very closely, and we have come to the conclusion that a laboratory diagnosis is the most essential part of the work. Two difficulties meet us in this connection: On the one hand, there may be factors which prevent our getting the organisms even when they are present, such, for instance, as the recent use of disinfectants or improper technic in making a swab. In the second place, we have the undoubted fact that there are non-virulent strains of diphtheria, which may occur in either the normal or the pathological throat; that is to say, the presence of a *morphological* diphtheria organism does not necessarily connote a diagnosis of diphtheria, although it is probable that if fairly well marked clinical symptoms are present, we are safe in considering the organism as virulent.

Based upon this, our activities have been in the main confined to establishing as stringent a quarantine as possible on persons in whom a diagnosis of *morphological* diphtheria in the throat has been obtained, until cultures taken on two consecutive days show freedom from the organism. The weak points in this are obviously: (1) That many cases escape notice altogether; (2) that a certain number of cases in whom two consecutive negative cultures are obtained may again be positive later; and (3) that we may continue quarantine unnecessarily where the organism is morphologically typical but not virulent. The latter difficulty has been to a certain extent obviated by tests of virulence when the quarantine passed some arbitrary period of time. We have attempted to improve on the second in some places by establishing a period based on records before which release cultures will not be accepted, and we have attempted to improve upon the first difficulty by getting as many routine series where exposure is thought to have taken place as possible. These efforts have mitigated the difficulties, but have by no means removed them.

The development of the Schick test has been our greatest assistance from many points of view. It has been established satisfactorily that a true local reaction to a small amount of toxin introduced into the skin shows a definite susceptibility to diphtheria, and that the absence of such a reaction shows a definite immunity against the disease. While in the early years of life there is apparently some degree of variation, it is now believed that in children over seven or eight years of age and in adults, the presence or absence of a positive reaction is fairly constant.

Park is of the opinion that the exceptions to this will be found to be less than 2 per cent. Accordingly, in any group of persons who have had this test made upon them, we can determine with an astonishing degree of certainty which ones will take diphtheria after exposure and which will not. It is obvious that this will very materially reduce the amount of antitoxin necessary for prophylaxis, and will consequently reduce the expense and will lessen the number of anaphylactic reactions. The principle can also be applied in determining the virulence of an organism by making the test of a guinea pig with a culture whose virulence is unknown. If virulent, a local reaction will occur in the guinea pig; if non-virulent, no reaction will occur, and the patient may be dismissed as not dangerous to the community.

*Active Immunization.*—The reason for a negative Schick test is, of course, that the blood contains a sufficient amount of antitoxin per c.c. to protect. This may be established with considerable accuracy in a quantitative manner. Immunization would therefore consist in establishing in those who were, as shown by the Schick test, non-immune, an artificial antitoxin content in the blood. We know that the duration of immunity after the use of antitoxin is variable and in the main short. It is believed that this is due to the fact that the immune bodies are in a sense foreign bodies, and are therefore more or less readily excreted. For this reason active immunization against diphtheria has been attempted, but until recently without much success. Behring has, however, developed a method by the use of a mixture of toxin and antitoxin which is showing excellent results. In cases where immunity is absent, this can be attempted and results checked by an occasional Schick test. At first lack of success was apparent, for the Schick remained positive over a period of several weeks and in many cases it was believed that no immunity had been produced. Further researches, however, showed that the immunity was slow to develop but had a marked persistence, and that it might not appear for some weeks after the series of inoculations. It is not successful in every case, but is so in the majority of cases.

We have therefore *clinical diagnosis, laboratory diagnosis and serological diagnosis* to aid us in establishing the number of cases and the presence of carriers, and it will be by the application of these that we may establish suitable means of control. It will, however, be a long time before adequate arrangements can be made for such statistical research—perhaps longer before public opinion will allow health departments to establish the percentage and distribution of diphtheria non-immunes. Until such time there will be no very material decrease in the incidence of the disease.



## Epilepsy\*

G. G. Kineon, M. D., Gallipolis, Ohio

THE etiology of epilepsy is obscure or at least conjectural. The actual pathology of the disease is unknown—such changes as are found are regarded as secondary in character. Our knowledge consists of the recognition of a symptom-complex, aura, convulsion, stupor, characteristic physical state, mania, dementia, occasional status epilepticus and status lymphaticus. It is evident that these symptoms result from excessive activity of the nerve cells of the cerebral cortex, due to some impulse originating within the cells or transmitted from some source external to them.

Observations of many cases have suggested the theory that a similar symptomatology may result from different causes and have led to a classification of the different epilepsies on a causal basis.

1. Reflex epilepsy due to ocular defect, intestinal parasites, etc.
2. Traumatic epilepsy due to cranial fractures, hemorrhages large and minute, etc.
3. Symptomatic epilepsy due to neoplasm or organic lesion of the brain.
4. Essential or genuine epilepsy in which there is no constant recognizable cause or lesion.

Besides the above classification which also suggests etiology, many theories as to the cause of genuine epilepsy have been promulgated.

John Turner suggests that epileptic convulsions are of thrombotic origin, dependent on a stasis of the blood stream with temporary coagulation of blood in the small blood vessels, producing thrombosis and convulsion; the causative agent he assumes is a toxin in the blood.

Others have thought there is an insufficiency of lime salt in the blood of epileptics with low clotting power, while others have thought there is a greater viscosity of the blood.

Hare and others believe the mechanism of a convulsion is due to a cerebral anemia initiated by some stimulus as yet undetermined, but associated with sudden vagus inhibition or inhibition of the vasomotor system and with sudden lessened blood pressure. Experimentally, ligation of the carotids causing cerebral anemia in animals has caused convulsions. Leonard Hill has produced clonic spasms in himself by compression of one carotid artery. It has been observed by reliable observers that in many epileptics there is a slowing and frequent cessation of the heart's action for one or more beats just prior to the convulsion. For example, in a case of an epileptic with a slow pulse, the pulse would sometimes intermit, losing one or more beats. If five beats were lost a convulsion invariably re-

sulted. The vagus inhibition according to the above theory resulted in a sudden lessened blood pressure, cerebral anemia, unconsciousness and convulsions. In substantiation of this theory, Victor Horsely in trephining the brain of an epileptic, perceived a blanching of the brain during a convulsion which occurred during the operation.

In addition, convulsion might be the expression of certain cells, defective or normal, of their injury caused by lack of nutritional substances or oxygen, or poisoning by carbon dioxide during cerebral anemia.

McKenna, Johnston, Henneger (*Journal of Nervous and Mental Disease*) in some 35 cases of genuine epilepsy, discovered in the X-ray plates an acromegaly of the anterior clinoid processes and sella tursica which compressed the pituitary body resulting in a hypopituitarism. The posterior lobe of this gland has some influence on carbohydrate metabolism. The anterior lobe carries the secretion from the posterior lobe to the inter cavernous sinuses. Compression of the gland and sinuses causes stasis and acromegaly. The trend of the most recent investigation is along two lines which ultimately may meet, auto-intoxication due to faulty metabolism, a result of a perversion of function of the endocrine glands, and heredity.

The function of the endocrine glands is believed to influence metabolism in various ways and it is their perversion of metabolism producing some chemotoxic substance which may initiate the convulsion.

McCallum, of Johns Hopkins, has demonstrated that the thyroids and para-thyroids have to do with calcium metabolism. In the case of a girl with tetany (a disease allied to epilepsy) following thyroidectomy with injury or removal of the para thyroids, the use of calcium salts had a definite specific result.

Timme (N. Y. City in *Journal of A. M. A.*) suggests an endocrinopathic inheritance based on the Mendelian law of heredity. He presents four generations of one family showing inherited defects which he believes are due to the endocrine glands. These glands influence growth and metabolism abnormalities inherited in the same proportion with Mendel's law.

Others are pursuing the theory of heredity, also based on Mendel's law, that there is an inheritance of a neuropathic defect transmitted through the germ plasm and that epilepsy—feeble mindedness and dementia praecox are allied defects.

According to Mendel, who has made one of the most important observations with reference to heredity, "like tends to beget like in a certain

\* Read before the Section on Nervous and Mental Diseases, Ohio State Medical Association, in annual session at Cleveland, May 18, 1916.

definite ratio." "The essential factors of Mendel's discovery are: first, unit characters—second, dominance—third, segregation. By unit characters is understood any characteristic of an individual that is transmitted from parent to offspring through successive generations. When parents with complimentary unit characters unite, it is found that one character predominates over the other. This is known as Dominance. It has further been found that the unit characters contributed by the respective parents do not, as a rule, blend, but remain separate and distinct. This is known as Segregation."

We are still trying to find a remedy or a cure for epilepsy by experimentation with hygienic measures, communal life, bromides, calcium, salts, glandular extracts, etc., but much of our effort has had little success because we are trying to tackle the problem from the wrong end: i. e., we try to cure the individual who develops epilepsy and neglect to cure those who may succeed him. In other words, we wait until the thistle goes to seed and when the wind has blown the seeds abroad, we start to find a way to prevent them from developing into new plants like the parent from which they sprang.

It is practically impossible to gather all the seeds and each mature seed is capable of producing its kind and crowding out more profitable crops. If you cut down the parent thistle plant, there can be no reproduction of its kind.

The same holds good with the epileptic—only we cannot actually cut down the parent, but the production of offspring can be prevented to a greater or less extent.

There are different methods by which a reduction in the number of defectives may be accomplished. First—by propaganda of education of the general public concerning the laws and possibilities of heredity and the best methods to prevent the continuance of undesirable hereditary taints so far as they have come to our knowledge.

Our understanding of the laws of heredity is by no means complete, although we are daily collecting data which prove the fact that defectives, including feeble-minded, epileptics, and *some* criminals are such because of defect in their ancestors.

The recognition of hereditary influence is not new, for in one of the oldest medical books on record, it is stated that "the iniquities of the father are visited upon the children unto the third and fourth generations."

Practically all the great reforms in sanitation and health are initiated by the medical profession whose whole training is toward the betterment of humanity. Each physician must take upon himself the task of instructing his clientele. It is he who knows most intimately the family characteristics and he must not neglect

to fearlessly instruct against the propagation of undesirable traits or defective offspring.

In the case of intelligent patients, these matters can be taken up with the patient himself, but where there is a mental impairment, the relatives, guardian or community must be the governing factor.

Education is the only method which will induce people to adopt such preventative measures as segregation and sterilization. The normal individual must be instructed not to mate with the abnormal; the defective, either by education or control, must be prevented from reproducing.

If epilepsy were contagious like smallpox, there would probably be less of it, because people could see the more immediate effects and would therefore be more careful to guard against it. However, since it takes not only months but years to develop, and a very limited number of successive generations come under the direct observation of any one set of observers, society becomes accustomed to the epileptic and ceases to regard the malady with fear.

Consider for a moment the economic and financial side. According to the best available statistics about one person of each 500 of the population has epilepsy. There are over 8,000 epileptics in the state of Ohio. There are over 1,600 at the Ohio Hospital for Epileptics. It costs approximately \$160.00 per year to maintain a patient, or a total of \$256,000.00. Allowing \$10,000 per mile, the state could build 25 miles of brick highway each year with the amount of money it costs to care for only one class of its wards. No intelligent person begrudges the money thus expended and I only mention this to give a comparative idea of the financial outlay without taking into consideration the suffering, both mental and physical, endured by epileptics on account of their malady.

Of 5,600 patients admitted to the hospital, the court records show that 25% have epilepsy or insanity in their immediate ancestors. This is an extremely low estimate of the per cent of hereditary influence because we frequently find upon investigation that patients who are reported by the court papers to have no hereditary taint, have not only epilepsy but insanity, feeble-mindedness and delinquency in the immediate family. Sixty-five per cent is a low estimate of the percentage of hereditary in epilepsy and we have never failed to find evidence of neurosis in the family of patients that we have had a reasonable opportunity to investigate.

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*Toxicity of Salvarsan.*—From the reports of O. S. Ormsby and J. H. Mitchell, A. M. Moody and J. D. Ellis in The Journal A. M. A., Dec. 9, 1916, it would appear that some of the salvarsan recently on the market has been unusually toxic. —(Jour. A. M. A., Dec. 9, 1916, p. 1764).

# LEGISLATIVE



Committee on Public Policy and Legislation  
Ohio State Medical Association

J. H. J. UPHAM, M. D., Chairman.....	Columbus
A. H. FREIBERG, M. D.,.....	Cincinnati
J. B. ALCORN, M. D.,.....	Columbus
H. B. GIBBON, M. D.,.....	Tiffin
E. O. SMITH, M. D.,.....	Cincinnati
C. D. SELBY, M. D.,.....	Toledo

For additional information relative to any legislative proposal, write

G. V. SHERIDAN,

Executive Secretary of the Association

131 East State Street  
Columbus, Ohio

When this issue of *The Journal* went to press on January 29, the Eighty-second General Assembly of Ohio had completed its preliminary work and both the House and Senate were ready for active consideration of proposed legislation. Over one hundred bills have been introduced and among these proposals ten bear directly or indirectly on public health or medical practice.

Incidentally the anti-medical lobby is with us in force. Through formal announcement published in the press of the state, the Ohio Association for Naturopaths has served formal notice that a determined effort will be made to repeal the Platt-Ellis law, under which chiropractors and similar branches of non-medical practitioners have been licensed by the State Medical Board. The State Association of Osteopaths has ready a bill that admits osteopaths to almost unlimited practice. The optometry interests are represented by an active lobby. Taking it all in all, it promises to be a most interesting winter.

Compulsory state health insurance is a subject that will probably be under prominent consideration in Ohio from this date forward.

Representative Whitacre of Columbiana County, has introduced House Bill No. 91 which provides for the appointment of a commission to inquire into questions relating to the creation of a state insurance fund which shall provide insurance against sickness, invalidity, old age and unemployment. Under Mr. Whitacre's bill, the governor is directed to appoint a commission of three for this purpose. They shall serve without pay, but \$7,000.00 is appropriated to cover the necessary expenses, including the employment of assistants. The commission is authorized to visit different states and to investigate the laws of other states and countries and to report to the governor of Ohio during the year 1918.

This or a similar measure will receive the unanimous support of the Ohio interests directly concerned in a compulsory health insurance proposal—organized labor, manufacturers' associations and the medical profession.

It is probable that later in the session the "model bill" prepared by the American Association for Labor Legislation will be introduced—merely for the purpose of bringing about a general discussion of health insurance. No effort will be made to secure its enactment at this session.

The Ohio Public Health Federation has been reorganized and strengthened for the session, and through over one thousand co-operative committeemen situated in every county in the state, it will keep the general public advised on legislation affecting the public health. Our association is working in close co-operation with the Federation.

The Committee on Public Policy and Legislation has held frequent meetings recently and is keeping in close touch with the situation. From the executive office of the Association in Columbus frequent bulletins will be sent to legislative committeemen in every county and an effort will be made to keep the profession fully advised regarding these proposals.

## PRESS-TIME BULLETIN

### Immediate Action Necessary

Write or wire today to the Senator or Senators representing your district (not your Representative) asking him to vote and work against:

Senate Bill No. 62, by Mr. Gilmore, which provides for the licensing of optometrists by a separate board of optometrists with little or no regulation.

Senate Bill No. 66, by Mr. Terrell, which amends the Medical Practice Act to admit Christian Science "healers" to unrestricted practice.

These are the two most dangerous bills before the General Assembly.

The enactment of either would emasculate the Medical Practice Act and render it to a grim farce.

Immediate action, by every member of this Association, is necessary.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION.

## The Optometry Bill, Including Ten Arguments Against its Adoption

Probably the largest, best organized, and the best financed optometry lobby that has appeared in recent years swooped down on the legislature the day it opened and commenced a systematic campaign for the enactment of a bill creating a special board to examine and register the so-called optometrists. F. P. Barr, of Lancaster, is in charge of the work. Mr. Barr is the gentleman who is quoted as saying in an interview in the Lancaster *Eagle* on October 11 — two days after a conference of state optometry leaders in Columbus — that “a new subscription aggregating \$10,000 for future legislation was taken by the Ohio optometrists.”

The bill was introduced into the Senate on January 25 by Senator Gilmore of Preble County. It was referred for consideration to the Senate Committee on Public Health. The bill as introduced was drafted last summer following frequent conferences held by optometrists from every section of the state. Printed booklets containing its provisions and other printed literature were sent in advance to each member of the House and Senate. In the last campaign the optometrists in practically every locality took an active part in the primaries and at the general election. Mr. Barr informed a representative of *The Journal* on January 18 that he anticipated very little trouble in getting the bill through.

This bill can be defeated if every member interested in the protection of public health will get in touch with the senator representing his district, and inform him as to why this measure is a distinct menace to public health.

The bill as introduced by the optometrists this season is practically the same as measures that have been defeated in previous years. It creates a special board of five persons “each of whom shall be a non-medical man actively engaged in the practice of optometry.” Each shall serve for five years. It also provides for a secretary at a salary of \$2,000, and a per diem of \$10.00 for board members, the salary expenses to come from the state treasury.

*All persons who have been engaged in the practice of optometry in this state for a period of five years are to be given exemption certificates without examination or preliminary requirements of any sort. Those who enter the practice in the future shall be required to pass an examination “conducted by the board in theoretical, practical and physiological optics, in anatomy and physiology of the eye, and in theoretical, and practical optometry.” The only preliminary education required is proof that the applicant is over twenty-one years of age, of good moral character, and has had a preliminary education equivalent to two years of high school, and a diploma from*

a school of optometry containing a course covering two years of six months each.

In other words, a sophomore high school student could enter this limited branch of medical practice by taking twelve months' work in a so-called college of optometry.

The act also specifically defines the term optometry as “the employment of any method or means other than the use of drugs for the measurement of the powers of vision, and the adaption of the lenses for the aid thereof.

Because of the activities of the well-financed lobby of the state optical association, it is necessary that every person concerned in the protection of public health inform both his senator and his representative of the dangers that will attend the establishment of a board of this sort, and of its utter uselessness in view of the fact that provision is made under the Platt-Ellis law for the licensing of optometrists. The following ten reasons briefly summarize the chief arguments against the enactment of such a bill:

(1) Optometry, as practiced, clearly comes within the definition for the practice of medicine (Sec. 1286 G. C.) in that an examination and diagnosis of physical defects, abnormalities or disease is necessary before advice or recommendation for treatment or correction can be intelligently given.

Section 1286 G. C., the so-called Medical Practice Act, reads: “A person shall be regarded as practicing medicine, surgery or midwifery, within the meaning of this chapter who \* \* \* examines or diagnoses for a fee or compensation of any kind, or prescribes, advises, recommends, administers or dispenses for a fee or compensation of any kind, direct or indirect, a drug or medicine, appliance, application, operation or treatment of whatever nature for the cure or relief of a wound, fracture or bodily injury, infirmity or disease.”

(2) Before one should be permitted or legally authorized to examine, diagnose, advise or treat an individual for his physical defects or disease, he should show proficiency before a properly constituted board having authority to test one's knowledge of the human body.

(3) To intelligently examine, diagnose, advise or treat defects of the eye requires a definite knowledge of anatomy, physiology, histology, pathology and kindred subjects, all medical, and hence an examination before those versed in these subjects should be demanded.

(4) Many persons with constitutional diseases first complain of errors in vision. The treatment in such cases should be directed toward the constitutional disturbance and not toward the relief of the eye symptoms. The cause not the effect should be corrected. Hence a knowledge

of pathological diseases manifest in the eye by those engaged in this practice is essential for the welfare of the people.

(5) It is very important that those who treat neurasthenics (those with imaginary ailments) shall know absolutely the difference between a normal and abnormal condition in order to avoid untold harm by advising what to the patient seems a desirable treatment, that is, the lenses prescribed.

(6) There now exists a board "The Medical Board," specifically charged with the duties outlined for the board proposed in this measure, which is amply able to take charge of and conduct all examinations required or necessary.

A duplicity or multiplicity of boards should be avoided in the best interests of the state.

(7) The laws of Ohio already provide for the registration of optometrists or any other limited branch of medicine that may now or hereafter exist, and until regulation under this act has

been given a thorough trial, no consideration whatever should be given this proposal by the legislature.

(8) Under the law now existing which provides for the registration of optometrists — more than 100 applications await disposition on account of injunction proceedings which have not yet been heard by the court.

(9) Since the Medical Practice Act provides for the regulation of all branches of medicine or surgery, including optometry as well as other limited branches — no special legislation for optometrists is necessary, especially in view of the fact that the regulation provided has not been tried.

(10) Another board of five members with per diem of \$10.00, when on duty in the state or at conventions or meetings anywhere outside of the state, with duties similar to those prescribed for the now existing board, would tend to destroy the uniformity and classification of examinations and is not warranted.

## Several Bills Introduced to Modify the \$200 Limitation in Workmen's Compensation

There seems to be a disposition on the part of the legislators to modify the unfair provision in the medical section of the Workmen's Compensation Act which limits to \$200.00 the complete amount that may be paid by the commission in any single case for medical, surgical, hospital and nurse attention. It is admitted that a provision of this sort frequently works a hardship on both the physician and the injured workman. The legislative committee of the State Association has been working on this modification for some time and has secured practical endorsement from both the manufacturing and laboring interests of the state. The law at present is as follows:

"Section 1465-89. In addition to the compensation provided for herein, the board shall disburse and pay from the state insurance fund, such amounts for medical, nurse and hospital services and medicine as it may deem proper, not however, in any instance, to exceed the sum of two hundred dollars; and, in case death ensues from the injury, reasonable funeral expenses shall be disbursed and paid from the fund in an amount not to exceed the sum of one hundred and fifty dollars, and the board shall have full power to adopt rules and regulations with respect to furnishing medical, nurse and hospital services and medicine to injured employes entitled thereto, and for the payment therefor."

Dr. W. S. Hoy of Wellston, representative from Jackson County, has introduced House Bill No. 37 to correct this condition. His bill adds the following qualifying clause to the \$200.00 limitation:

*"except that where constant medical and surgical attention is demanded for a period longer than two weeks, an additional allowance for surgical and medical attention may be made at the discretion of the board;"*

In Dr. Hoy's bill he also specifically provides that the board shall pay for "extraordinary special appliances and special medicines" in addition to payments for medical, nurse, and hospital services.

Mr. Ernest U. Whitacre of Salem, representative from Columbiana county, who is influential in the promotion of labor legislation, has introduced House Bill No. 14 to correct the same evil. Mr. Whitacre's bill merely changes the \$200.00 limitation to an expressly stated limitation of \$300.00.

Because Dr. Hoy and Mr. Whitacre are Republicans and representatives of the minority, it is probable that a Democratic member will introduce a proposal on this point. Senator Howell Wright of Cleveland, a Democrat, has suggested the following modifying phrase to the present \$200.00 limitation:

*"except that in unusual cases when in the opinion of the State Industrial Commission the health and welfare of the injured worker require additional medical, nurse and hospital services and medicine, the board shall have full power to disburse and pay from the Industrial Commission fund such additional amounts as it may deem proper for the same in excess of the sum of two hundred dollars."*

With these various measures under consideration it is probable that this session of the General Assembly will correct the unfair condition that has been brought about by this absurd limitation to the Workmen's Compensation Act.

# Status of the Nurse Anesthetists--Not at Present a Problem for the Legislature

Considerable confusion has been caused by a lack of clarity regarding the present status of the nurse anesthetist. The Interstate Association of Anesthetists, through its secretary, has been appealing to various county medical societies to pass resolutions urging the legislature to reject proposals modifying the Medical Practice Act to permit nurses to administer anesthetics.

*At the present time this matter is not before the legislature and it is probable that it will not come before the legislature. Therefore, legislators should not be confused by petitions asking them to vote against a measure relative to which they are in complete ignorance.*

Briefly, the status of the situation is as follows: Several years ago the attorney general of Ohio rendered an official opinion, declaring that the administration of an anesthetic is the practice of medicine as the same is defined by our Medical Practice Act, and that anesthetics could be administered only by registered physicians. Immediately thereafter the dentists of the state secured an amendment to the Medical Practice Act extending to dentists the right to administer anesthetics.

In recent years several of the large hospitals of Ohio (notably Lakeside Hospital, Cleveland), have found that nurses, after special training and under careful supervision, could be used advantageously as anesthetists. Although this constituted a technical violation of the law the State Medical Board was reasonably certain that it could not successfully prosecute these cases in the courts—as local sentiment expressed by juries would probably sweep aside such technicalities.

However, after the nurse registration law was passed, power was lodged with the State Medical Board to extend recognition to and approve hospitals. This formal recognition was necessary to the maintenance of nurse training schools in these hospitals.

At the time the question of recognition was under consideration, the Interstate Association of Anesthetists filed formal complaint with the State Medical Board against Lakeside Hospital, claiming that Lakeside was conducting a *special* school for the training of nurses as anesthetists. The board, after consideration of the matter, served notice on the trustees of Lakeside Hospital that until this *special* school was discontinued it would withhold recognition of its training school for nurses.

After conferences, Lakeside Hospital agreed to abandon its special school for the training of nurses as anesthetists as soon as the present students are graduated. In return for this

promise the board extended recognition to Lakeside Hospital's training school for nurses.

In the meantime, however, the Interstate Association of Anesthetists carried on a campaign to force the discontinuance of nurse anesthetists in all hospitals. This proposal has met with very general approval by county medical societies throughout the state. At its last meeting Council of the State Association went on record unanimously against any legislative action that would in any way lower the standards of medical practice and permit nurses to encroach upon this branch of the same.

However, the impression has prevailed that a bill modifying the Medical Practice Act had been introduced by Senator Howell Wright of Cleveland. This impression is entirely unwarranted. At the time this was written (January 24), no such bill had been prepared or introduced.

Cleveland Hospital Council, of which Senator Wright is secretary, is on record in favor of a plan that will permit the continued use of nurses who have been specially trained in the administration of anesthetics. They think that economic conditions in large charity hospitals make necessary their continued use. Through delegated representatives, the Cleveland group has discussed the matter with the legislative committee of the State Association and the State Medical Board. At this date no definite settlement had been reached.

The point is: Please don't "muddy the water," legislatively, by petitioning your legislators on this point, until the matter is definitely before the legislature. We and they have enough troubles, now.

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## HOUSE BILLS

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**Editorial Note.**—During the session of the legislature we will print each month in this column a short review of each bill affecting public health, together with a notation as to its status at the time our forms closed.

H. B. No. 7, by Mr. Billingslea, of Butler. Gives the city council additional power over health departments. Committee on Cities. An analysis of this bill will appear next month.

H. B. No. 14, by Mr. Whitacre, of Columbiana. Modifies the \$200 limitation for medical attention in Workmen's Compensation Act. Com. on Public Health. See page 100, this issue.

H. B. No. 37, by Dr. Hoy, of Jackson. Same as above.

H. B. No. 38, by Dr. Hoy, of Jackson. Amends the nurse registration law, by establishing as a

minimum hospital requirement, a daily average of five patients for hospitals which seek to operate nurse training schools. At present this minimum is not written into the law, but is left to the discretion of the State Medical Board. The Board has established as a minimum, a daily average of 15 patients. Com. on Pub. Health.

H. B. No. 54, by Mr. Evans, of Lucas. Relative to construction of municipal sewage treatment plants. Committee on Cities. Analysis next month.

H. B. No. 66, by Mr. Sprague, of Scioto. Provides \$60,000 for the purchase of a site and the erection of an institution for the treatment and education of deformed and crippled children, by a state commission of three. Committee on Finance.

H. B. No. 87, by Dr. Hoy, of Jackson. Directs State Board of Health to manufacture tetanus and rabies serum, in addition to diphtheria antitoxin, as now provided, and provides for its free distribution to indigents, through licensed physicians. Com. on Pub. Health.

H. B. No. 91, by Mr. Whitacre of Columbiana. Provides for a state commission of three to study compulsory health and other forms of state insurance, and report in 1918. Allows \$7,000 for expenses; no salaries for commission members. Com. on Labor.

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\* SENATE BILLS \*  
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S. B. No. 17, by Mr. Tyrell, of Cuyahoga. Extends exemption from service as jurors to dentists as well as to physicians.

PROGRAM NEARS COMPLETION.

At the January meeting of Council reports from the section officers were received indicating that a splendid scientific program will be offered at the Springfield meeting in May. The program is not entirely complete and members desiring space on same should immediately get in touch with the section officers. A list of these, together with their addresses, was printed on the inside cover of the January issue.

COUNTY HELPS SANATORIUM.

Hamilton County commissioners recently voted to devote \$25,000 to the maintenance of the Cincinnati Tuberculosis Sanatorium in 1917. This is the first appropriation ever made for a city institution by the county.

University of Cincinnati Completes New Arrangement With City Hospital

An important readjustment of the relations of Cincinnati General Hospital and the medical department of the University of Cincinnati became effective January 1, 1917, and, it is said, insures the university substantial endowments which were contingent upon the change.

Under the new arrangement the work at the hospital will be divided into 18 branches of service, at the head of which will be the physicians in charge of similar departments in the medical department of the university. The directors will be in continuous service.

The re-arranged staff service is announced as follows:

MEDICAL SERVICE—Director, Roger S. Morris; Assistant Directors, John E. Greiwe and Mark A. Brown; Attending Physicians, George A. Fackler and Oliver P. Holt; Assistant Attending Physicians, L. G. Heyn, A. E. Osmond, Clement C. Fihe, Thomas H. Kelly, Julien E. Benjamin, Oscar Berghausen, Allan Ramsey, Starr Ford and Walter H. Stix; Consulting Physicians, E. W. Mitchell and J. C. MacKenzie.

FIRST SURGICAL SERVICE—Director, Joseph Ransohoff; Assistant Director, C. E. Caldwell; Attending Surgeons, Archibald I. Carson, H. H. Hines, W. D. Haines and Goodrich B. Rodes; Assistant Attending Surgeons, J. E. Pirrung, Charles T. Souther and Samuel Zielonka.

SECOND SURGICAL SERVICE—Director, J. C. Oliver; Assistant Director, Frank Fee; Attending Surgeons, Carl Hiller, Dudley W. Palmer, Charles A. Langdale and J. Louis Ransohoff; Assistant Attending Surgeons, Frank Coppock, J. A. Caldwell and L. Howard Schriver.

OBSTETRICAL SERVICE—Director, William Gillespie; Assistant Director, W. D. Porter; Attending Obstetricians, M. A. Tate and H. L. Woodward; Assistant Attending Obstetrician, William J. Graf; Consulting Obstetrician, E. Gustave Zinke.

PEDIATRIC SERVICE—Director, B. K. Rachford; Assistant Director, Alfred Friedlander; Attending Physicians, F. H. Lamb and E. A. Wagner.

NEUROLOGICAL SERVICE—Director, H. H. Hoppe; Assistant Director, David I. Wolfstein; Attending Neurologists, E. M. Bauer and Robert Ingram; Assistant Attending Neurologists, Charles E. Kiely and G. E. Shinkle; Consulting Neurologist, Philip Zenner; Consulting Psychiatrist, Frank W. Langdon.

ORTHOPEDIC SERVICE—Director, Alfred H. Freiberg; Assistant Director, Robert Carothers; Attending Orthopedic Surgeons, Robert B. Coffield and Robert D. Maddox.

GYNECOLOGICAL SERVICE—Director, John M. Withrow; Assistant Director, Sigmar Stark; Attending Gynecologists, William Rowe, E. C. Steinharter; Assistant Attending Gynecologists, Joseph A. Hall.

DERMATOLOGICAL SERVICE—Director, A. Ravogli; Assistant Director, M. L. Heidingsfeld; Attending Physicians, Elmore E. Tauber, C. J. Broeman.

GENITO-URINARY SERVICE—Director, E. O. Smith; Assistant Director, G. F. McKim; Attending Surgeons, Dudley Webb, Ralph Staley; Assistant Attending Surgeons, Joseph DeCourcy, H. E. Kock.

OPHTHALMOLOGICAL SERVICE—Director, Robert Sattler; Assistant Director, Victor Ray; Attending Oculists, Jesse Wyler, Frederick W. Lamb; Consulting Oculists, S. C. Ayres and D. T. Vail.

OTOLOGICAL SERVICE—Director, C. R. Holmes; Attending Otologists, Walter E. Murphy, Charles C. Jones; Consulting Otologist, John M. Murphy.

LARYNGOLOGY AND RHINOLOGY SERVICE—Director, Samuel Iglauer; Attending Laryngologists, C. H. Weintz, M. F. McCarthy; Contagious Department, Horace F. Tangeman, Edward King; Consulting Laryngologist, J. A. Thompson.

PATHOLOGICAL SERVICE—Director, Paul G. Woolley.

BACTERIOLOGICAL SERVICE—Director, W. B. Wherry.

X-RAY SERVICE—Director, Sidney Lange; Assistant Director, William M. Doughty.

DENTAL CLINICS SERVICE—Director, J. R. Callahan; Assistant Director, Hugh MacMillan; Attending Dental Surgeons, Robert M. Schell, Howard A. Reed, Roy Culbertson Harkrader; Tuberculosis Sanatorium, Attending Dental Surgeon, C. H. Burmeister.

CONTAGIOUS DEPARTMENT SERVICE—Director, Albert J. Bell; Attending Physicians, James M. Bently, Albert Faller; Assistant Attending Physicians, Rufus Southworth, Charles K. Ervin, Carrol DeCoursey; Ear, Nose, Throat Service—Horace F. Tangeman, Edward King; Eye Service—Director, Frank B. Cross.

TUBERCULOSIS SANATORIUM SERVICE—Director of Medical Service, Ernest Zueblin; Attending Physician in Charge of X-Ray Laboratory, H. Kennon Dunham.

# Prompt Payment of Dues, in Advance, Indicates That Physicians of Ohio Appreciate Their Organization

Talk about a healthy growth, note these Association membership figures:

1903 - 750

Then, ten years later:

1913 - 3559

Now, watch it go up:

1914 - 3899

1915 - 4243

1916 - 4345

With 3900 already paid for this year, it looks like:

1917 - 4500

Nearly four thousand members of the Ohio State Medical Association have demonstrated that they prize their membership in that body and that they do not care to take chances on being dropped. Their action is a truly remarkable testimonial to the development of our organization.

Last May, when the Association inaugurated its plan of conducting co-operative defense against civil malpractice suits, it became necessary to put the business affairs of the Association on a more business-like basis. In past years for example, the secretary-treasurer of the State Association *seldom received dues from more than one half the members of the organization in advance of the State meeting*, and many were delinquent throughout the greater part of the year.

Under the defense plan it was necessary for all members to pay their dues in advance. This made necessary radical changes in the collection systems of the county societies. To simplify the work the task of collecting the dues was transferred from Secretary-Treasurer Selby's office to Executive Secretary Sheridan in Columbus.

Late in November an appeal was sent from the Columbus office to the officers of the county societies. It was urged that state dues be paid at the Columbus office before midnight on December 31.

Those familiar with previous history of medical organization predicted that not more than fifty per cent. of our membership would pay by that time, and this estimate was held to be liberal. *As a matter of fact 3,700 of our 4,354 members were placed in good standing before the advent of New Years Day, and shortly thereafter 200 more "came under the wire." When this was written, on January 20, over 3,900 had paid for 1917 and the delinquents were largely limited to a few counties. In the 1917 membership are 200 new members.*

## Here are the Counties Which Have Not Yet Qualified as 100 Per Cent

Membership to date, January 15, of counties not in 100 per cent club and their 1916 membership follows:

County	1916 Membership	Membership To Date, 1/15
Adams	23	17
Allen	83	76
Ashtabula	38	37
Brown	9	6
Butler	50	47
Champaign	24	13
Clermont	9	3
Columbiana	45	37
Coshocton	24	20
Crawford	32	28
Cuyahoga	512	419
Darke	56	45
Defiance	16	11
Erie	24	23
Fairfield	39	38
Franklin	332	282
Gallia	31	29
Guernsey	32	20

Hamilton	468	338
Hardin	26	23
Harrison	22	14
Hocking	13	11
Jefferson	49	40
Knox	30	24
Lawrence	23	18
Lucas	206	171
Madison	21	18
Meigs	15	13
Mercer	26	23
Miami	49	42
Morrow	15	14
Noble	10	5
Paulding	21	20
Pickaway	26	25
Pike	13	10
Preble	18	16
Sandusky	30	26
Seneca	40	34
Summit	144	112
Washington	53	32
Wood	42	39
Wyandot	16	10



## Forty County Societies Land in the One Hundred Per Cent Club for 1917; How Does Your County Stand?

Here is the honor roll for 1917! Note that 40 counties either equalled or increased their 1916 paid-up membership—and several of those listed below will make further increases during the next few weeks.

Note that three of the largest counties in the state qualified—Montgomery, Mahoning and Stark.

Note the material gains made in Marion, Trumbull, Union, Auglaize, Hancock, Licking, and Van Wert counties. The list follows:

Membership to Date				Membership to Date			
County.	Date.	1916	1/15	County.	Date.	1916	1/15
1. Geauga.....	Nov. 27, 1916	10	10	24. Montgomery....	Dec. 30, 1916	161	163
2. Portage.....	Dec. 14, 1916	22	26	25. Putnam.....	Dec. 30, 1916	31	31
3. Wayne.....	Dec. 14, 1916	27	29	26. Vinton.....	Dec. 30, 1916	7	7
4. Morgan.....	Dec. 15, 1916	11	12	27. Athens.....	Dec. 31, 1916	54	55
5. Holmes.....	Dec. 20, 1916	11	12	28. Fulton.....	Dec. 31, 1916	25	26
6. Highland.....	Dec. 26, 1916	25	27	29. Henry.....	Dec. 31, 1916	23	25
7. Marion.....	Dec. 26, 1916	38	43	30. Jackson.....	Dec. 31, 1916	19	19
8. Ottawa.....	Dec. 26, 1916	15	15	31. Lake.....	Dec. 31, 1916	19	21
9. Trumbull.....	Dec. 26, 1916	32	37	32. Ross.....	Dec. 31, 1916	31	31
10. Union.....	Dec. 27, 1916	12	20	33. Scioto.....	Dec. 31, 1916	48	50
11. Auglaize.....	Dec. 28, 1916	26	35	34. Shelby.....	Dec. 31, 1916	19	19
12. Belmont.....	Dec. 28, 1916	58	61	35. Van Wert.....	Dec. 31, 1916	26	29
13. Clark.....	Dec. 29, 1916	64	64	36. Williams.....	Dec. 31, 1916	25	25
14. Lorain.....	Dec. 29, 1916	63	63	37. Stark.....	Jan. 1, 1917	130	131
16. Muskingum....	Dec. 29, 1916	49	51	38. Ashland.....	Jan. 1, 1917	19	20
16. Muskingum....	Dec. 29, 1916	49	51	39. Mahoning.....	Jan. 1, 1917	109	115
17. Warren.....	Dec. 29, 1916	29	29	40. Tuscarawas....	Jan. 3, 1917	47	47
18. Delaware.....	Dec. 30, 1916	28	30	41. Monroe.....	Jan. 5, 1917	6	8
19. Greene.....	Dec. 30, 1916	33	33	42. Perry.....	Jan. 6, 1917	24	24
20. Hancock.....	Dec. 30, 1916	36	39	43. Fayette.....	Jan. 16, 1917	10	13
21. Huron.....	Dec. 30, 1916	18	19	44. Clinton.....	Jan. 20, 1917	23	24
22. Licking.....	Dec. 30, 1916	30	34	45. Richland.....	Jan. 20, 1917	51	51
23. Logan.....	Dec. 30, 1916	29	31				

### Increase In Dues Did Not Affect Membership in Cleveland

Dr. J. E. Tuckerman, Secretary of the Cleveland Academy of Medicine, in his annual report brings out a number of interesting facts about the largest component society of the State Association.

The Academy has held 9 regular meetings with an average attendance of 92.

The Sections have made the following report to the Council:

	Number Meetings	Total Attend.	Total Attend.
Clinical and Pathological.....	8	497	62
Experimental Medicine .....	7	333	47
Ophthalmological and Oto-Laryngological .....	6	116	18
Veterinary .....	5	80	16
	Papers Read	Cases Shown	Specimens
Clinical and Pathological.....	21	25	13
Experimental Medicine .....	19		
Oph. & Oto-Laryngological.....	19	17	

"Last year the Veterinary Section held a clinical meeting. Another was held this year which was so well received that a committee has been

appointed to arrange for another clinical meeting early in 1917.

"The annual outing was held August 30th at the Cleveland Yacht Club, which, situated on an island at the mouth of Rocky River, affords an excellent opportunity for a variety of sports and entertainment. Attendance was 113.

"Contrary to the fear expressed by some the increase in the dues has not caused a marked decrease in the active membership. This will appear in the report of the chairman of the membership committee. The net loss for the year in all classes of membership is 18. The net loss in active membership which is most concerned in the increase in dues is 19. Considering that there were 7 deaths during the year and that 7 members permanently removed from the city, the net loss directly chargeable to the increase in dues would not exceed 5. This is materially offset by seven new applications and two requests for reinstatement received since December 1st, the date of this compilation."

## Recommendations Regarding Changes in Medical Administration of Ohio's Workmen's Compensation Act

William H. White, M. D., Columbus, Ohio

(Director of the Medical Department of the Industrial Commission of Ohio)

*Editorial Note.*—The Journal has asked Dr. White to use our pages freely for a discussion of problems which develop in his department, and which are of interest to the physicians of Ohio. In the following article, Dr. White suggests the establishment of a state department in Columbus where workmen's compensation cases could be given special medical attention when such attention is not available in the community in which they reside; favors an extension of the \$200 limitation; asks the hospitals of the state to agree upon a state-wide ward and private room rate for industrial cases and to adopt a working plan similar to that now used by the Cleveland Hospital Council; urges employers to pay more attention to the filing of preliminary notices of injuries, especially in cases of minor injuries; and points out that the work of the commission increased nearly 100 per cent. during 1916.

THE number of reports of injuries filed each month with the Ohio Industrial Commission during the past year, dating from January 1, 1916 to January 1, 1917, shows a gradual increase, ranging from 6,878 to 13,880. The total number of accidents reported during the year was 142,521. An interesting fact is shown in the monthly reports submitted from the claims department, in that March, August, September and November have a number of accidents greater than other months of the year, the average being about 4,000 for each month. This same condition has also been noted in reports of previous years' work.

The annual report for the fiscal year of the medical department shows the number of cases passed upon by the department in November, 1915, was about 7,500, and that in October, 1916, more than 30,000 passed through the department. In justice to the medical department it is to be noted here that the number of employes in the department is the same as in November, 1915. Numerous changes in routine have been made to increase the work of the department during the year. Better medical fees have been allowed than in previous years, both to physicians and hospitals. A large number of old cases has been reopened on further medical proof of disability, compensation being granted and medical bills paid in a number of cases of long standing.

The present rate of injury will no doubt continue notwithstanding the fact that this year's work has shown a phenomenal increase over the past year—nearly 100%. This increase in part

can be ascribed to the increase in industrial activities in this country due to the European war. Additional increase may be shown during the coming year, especially if the casualty company work of the state is turned into our department for adjustment.

Some changes in the work of the medical department are under advisement. Better medical fees with revision of the present fee schedule will be submitted to the Commission within a short time for its approval. This we hope, will further improve the care and treatment of industrial cases.

Recommendation was made to the Commission some time ago for the furnishing of suitable rooms with a modern X-Ray equipment for the use of the medical department. Money spent in this equipment can readily be saved by the elimination of the X-Ray work which is now being sent to radiographers in Columbus. An opportunity will thus be afforded to physicians in all parts of the state to refer those needing such service here for examination. The possibilities to be derived from the establishment and efficient maintenance of such a department in connection with the work of the Industrial Commission are difficult to enumerate in their entirety. The matter has been gone into sufficiently to know that a large amount of money can be saved to the state insurance fund, and better service given injured employes if this equipment can be secured. It is to be hoped that this matter will receive sufficient co-operation so that it may be consummated by proper appropriation during this term of the legislature.

Another matter of great importance, which I beg leave to suggest, is the establishment in connection with some suitable hospital in Columbus, of a department devoted to the care of injured claimants from all parts of the state, who need further treatment of a special character to alleviate their sufferings and to remove the greatest possible amount of disability, and where such treatment is not possible in the community in which they reside. Numerous cases of this character have been examined during the past year and wherever possible such treatment has been secured. It would be of great advantage if such a department could be established in a central location so that such cases might receive this special attention as near at hand as possible. This department should be equipped and financed to the extent that the very best medical and surgical treatment could be given,

and able and efficient medical service administered. There is a large and varied field open in this work at the present time and as years go by the work will accumulate. The merits of such work are indeed great. Large sums of money paid out in permanent partial disabilities can thus be saved, and the injured workman will be made a more useful unit and a more valuable member of society. More than 150 such cases were treated and operated upon during the past year in this particular line of work. I might say further that such special work is frequently overlooked by the attending physician in Industrial Commission cases. I dare say the possibilities of further improvement in a number of cases is not even dreamed of by the average physician.

It is to be hoped that the \$200.00 limitation for complete medical attention, which is now in effect, being so specified in the law, will be extended so that full medical attention can be given and paid for by those administering the affairs of the Industrial Commission under the Workmen's Compensation Law.

Better co-operation on the part of employers is also to be hoped for during the present year. There is a tendency on the part of not a few employers to neglect or overlook the filing of the preliminary notice of injury, especially in injuries of minor importance where there is no period of disability or where the same does not exceed seven days. It is thus difficult for physicians to secure payment for medical service and materially tends to increase infection and other serious complications arising from non-medical attention or inadequate medical attention. Our records for the year 1915 show that infection produced 23% of the total number of cases causing a permanent partial disability, and that in the temporary total classification, 10% of the cases were due to infection. Physicians should insist upon employers making a report whenever medical service is rendered, even in the most trivial injuries—not only that they may be justly paid for their services, but for the protection and benefit of the claimant.

The suggestion is made that the State Hospital Association get together and agree upon an average state-wide ward and private room rate, and that a meeting for this purpose be held, and that every hospital in the state be required to submit a statement showing the per capita cost for patients in their institutions, and that an average minimum per capita cost rate be established for use in all industrial cases—whether submitted to the hospital by self-insured employers or those directly under the state—and that a plan be worked out similar to that in use by the Cleveland Hospital Council since January 1, 1917. The advisability of this can be readily seen, owing to the fact that the Industrial

Commission receives hospital bills from practically every hospital in the state. To pay the per capita cost per patient for each hospital separately would not be feasible, owing to the present volume of our work.

In this connection I wish further to say that a number of instances have come to my attention wherein some hospitals in the state have submitted bills to us for payment at a rate of \$15.00 per week, when as a matter of fact the patients were treated and given ward service where the ward rate to other patients was much less. The rules under which we have been working gives hospital rates at \$10.00 for ward service and \$15.00 for private room service. This does not mean that bills submitted to the Commission for payment should always be \$15.00 per week, regardless of the service given.

### The State Board of Health Breaks Into Song

The most readable number of the Ohio Public Health Journal that has ever come to our desk came from the press last month. Here is a sample of the editorial comment, headed "How Did They Miss It?"

"The makers and advertisers of Nacor have overlooked their best bet. They claim that it is a wonderful relief-giver in certain diseases. But they neglect to call attention to its marvelous properties as a memory-stimulator and as a developer of precocity in the very young.

"Following is an advertisement taken from the *Ohio State Journal* (Columbus) of December 8, which shows how terribly negligent the Nacor people have been in failing to bring their great discovery to the attention of educators; correspondence schools of memory training; or even physicians with difficult cases of amnesia. Here's the wonderful recital of a seven-year-old:

#### "LUNG TROUBLE DISAPPEARS AFTER TAKING NACOR

"Weakened lungs as a result of a severe case of whooping cough left Lelia Stallings of Griffin, Ind., in very poor condition. After efforts to afford relief had failed, her parents obtained NACOR for her, with the excellent results as told in the following letter:

"I took the whooping cough when I was only two months old. It settled on my lungs and I gradually declined until it was necessary to carry me on a pillow. They took me to the doctor and tried every one they thought would help me, but got little relief from my cough. After taking a bottle of your medicine, I found that I was improving very much. I have taken Nacor until my cough is almost gone. I am now seven years old, weigh 46 pounds and go to school every day. I give Nacor all the praise for my relief and hope that I can only cause some one else to try it."

"Such a wonderful specific as this may even lead to re-casting one of our old favorite songs. Imagine gran'paw singing:

How dear to my heart are the scenes of my childhood  
When a stiff drink of Nacor transports me with joy,  
E'en back to the point of my very beginning,

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As I hear the Doc saying: "Fine work! it's a boy."  
The excitement, the yelling, the relatives telling  
The good neighbor women who rush in to see,  
Oh give me the bottle, the only draught what'll  
Bring all them dear scenes again clearly to me.

So up from my earliest days I remember,  
Thanks to the sweet potion which rolls back the years,  
My colic and whooping cough, measles, distemper,  
My joys and my sorrows, my smiles and my tears.  
But I keep regretting and cannot help fretting  
And constantly stop reminiscing to mourn  
That at two months no faker had dosed me with Nacor,  
So my mem'ry'd go back to "before I was born."

If you are not getting the Journal write the Secretary of the State Board of Health at Columbus and ask to be placed on the complementary mailing list.

### CONTROL ANTI-TOXIN SALE.

Akron board of health has adopted a resolution, providing that when a druggist sells anti-toxin he must report the sale to the city health board, giving the name of the buyer, the amount sold and the date. Health Commissioner McShane reports that a recent investigation showed that a large number of units of anti-toxin had been sold to people who were not suffering from any disease the anti-toxin is intended to combat.

*O-Do-Cure.*—The A. M. A. Chemical Laboratory reports that a solution essentially similar to this "perspiration remedy" may be made thus: salicylic acid 1 grain, boric acid 30 grains, alcohol 3 fluid drams, perfume sufficient, water to make 1 fluid ounce.—(Jour. A. M. A., Dec. 30, 1916, p. 2030).

### Governor Cox to Address A. M. A. Gathering at Chicago on February 6

Governor James M. Cox has been invited by the American Medical Association to deliver the chief address at the Conference on State Regulation of the Practice of Medicine which is to be held in Chicago on Tuesday, February 6, in connection with the annual Congress on Medical Education, Public Health and Medical Licensure. Governor Cox's subject will be "The State Regulation of the Practice of Medicine as an Executive Problem." The educational phase of the problem will be discussed by Dr. William L. Bryan, president of the Indiana State University. The Congress is held under the auspices of the Council on Health and Public Instruction of the American Medical Association, the Federation of State Medical Boards of the United States and the Association of American Medical Colleges and is to be held in the Florentine Room of the Congress Hotel, Chicago, Monday and Tuesday, January 5 and 6, 1917. All interested are cordially invited to attend.

### MARRIAGES IN OHIO

Dr. J. C. Bohl of Hillsboro, to Miss Nannie Harriet Moore of Xenia, December 25.

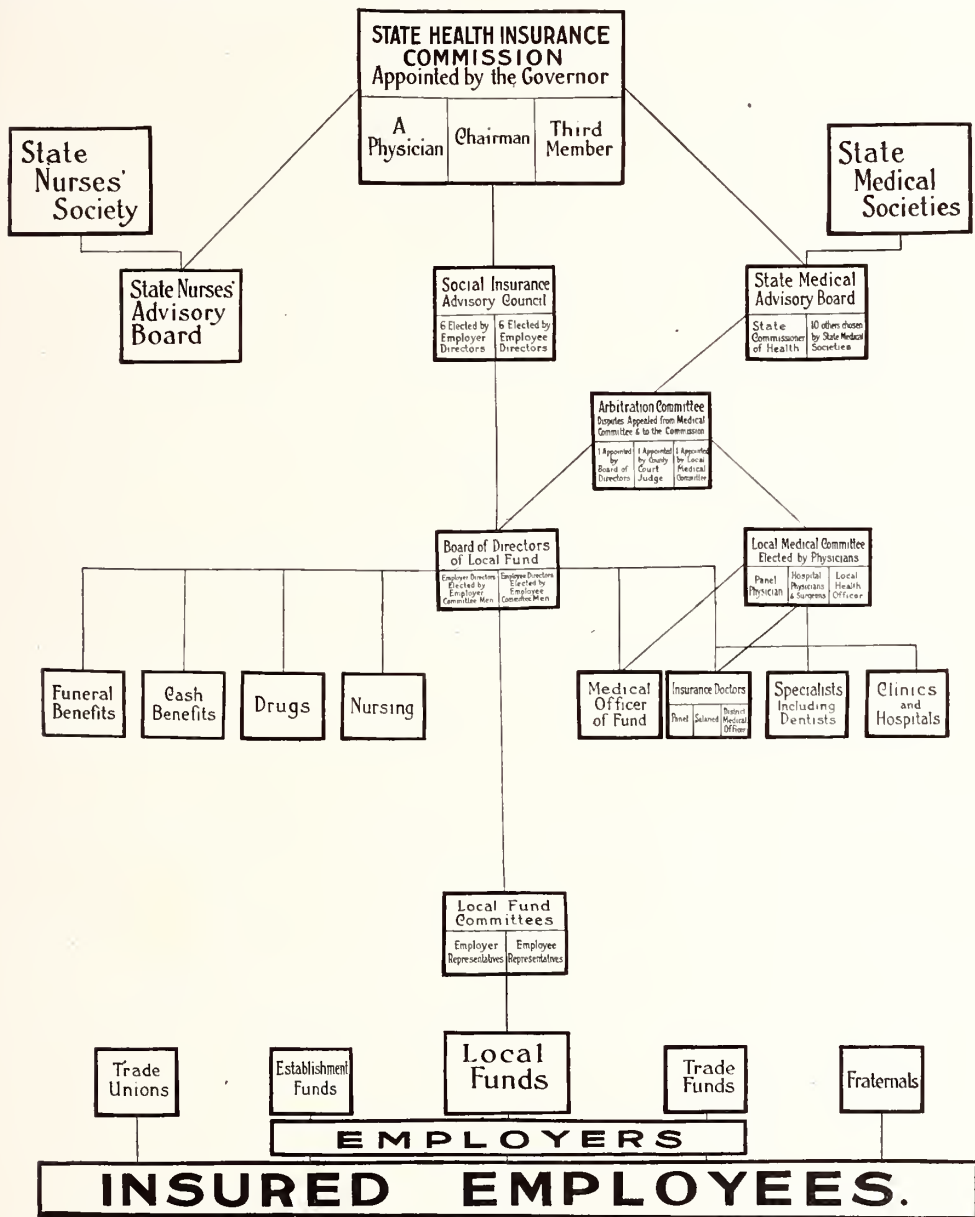
Dr. Grover C. Goudy of Canton, son of Dr. A. C. Goudy, Beach City, and Miss Edna Hilger of Pittsburgh, at Pittsburgh on December 30. They will reside in Canton.

# Chart Graphically Presents Plan for Administration of State Health Insurance, Under Plan Proposed for Ohio

The American Association for Labor legislation, working in conjunction with a special committee from the American Medical Association, has been carefully considering plans for the administration of compulsory state health insurance.

Columbus office. He will be glad to send you a copy of the "model bill" prepared by the American Association for Labor Legislation and a copy of the report covering this subject prepared by the Judicial Council of the American Medical Association. This report was drafted by Dr. Alexander Lambert of New York, and is a con-

Through the courtesy of Dr. John B. Andrews



of New York we are able to publish this month the accompanying diagram, which shows the suggested plan of administration and the important place that has been given to medical administration. The diagram is so clear that no explanation is necessary.

If you desire further information on this subject write Executive Secretary Sheridan at the

cise and exceedingly interesting review of health insurance systems now in operation in the European countries.

The present General Assembly will be asked to appoint a special commission to study this subject and report in two years. If the "model bill" is introduced, it will be solely for propaganda and publicity purposes.

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 \*\* STATE BOARD OF HEALTH \*\*  
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In a resolution adopted by the Ohio State Board of Health, the legislature is asked to remove the statutory limitation on the salary of the secretary of the board. The present limitation, fixed by law, is \$3,500 a year.

The resolution states that the board finds that the limitation stands in the way of the employment of a man best fitted to act as secretary. It recites that the responsibilities of the position have greatly increased in the last decade. The position has been vacant since Dr. E. F. McCampbell resigned last April to become dean of the College of Medicine, Ohio State University.

The board suggests that the fixing of the amount to be paid the secretary be left to the discretion of the board in order that it may be adjusted from time to time to meet changing conditions. This amendment should have the support of every one interested in the development of public health protection in Ohio.

DR. ALBAUGH PROMOTED.

Dr. R. P. Albaugh, acting director of the division of industrial hygiene, has been provisionally appointed director of the division, a position formerly held by Dr. E. R. Hayhurst of Columbus. Dr. Albaugh was assistant director under Dr. Hayhurst. The board has asked the state civil service commission for an eligible list from which an assistant director can be appointed.

STATISTICIAN APPOINTED.

Miss Sara Kerr, statistical clerk in the state department of health, has been appointed statistician in the division of communicable diseases to succeed A. B. Arner, resigned.

TO HOLD FOUR MEETINGS.

For the purpose of holding conferences with representatives of township and small village health boards, the state board of health has divided the state into four districts. An annual conference will be held in each district.

Heretofore the board has held two annual conferences with these officials—one with those in the northern half of the state and one with those in the southern half. On recommendation of Acting Secretary Bauman, the board abandoned this plan in order to bring the conferences closer to the homes of the officials and enable them to discuss local problems. The new districts are comprised of the following counties:

NORTHEASTERN DISTRICT—Ashland, Ashtabula, Carroll, Columbiana, Cuyahoga, Erie, Geauga, Harrison, Holmes, Huron, Jefferson, Lake, Lorain, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas, Wayne.

SOUTHEASTERN DISTRICT—Athens, Belmont, Coshoc-ton, Fairfield, Gallia, Guernsey, Hocking, Jackson, Knox, Lawrence, Licking, Meigs, Monroe, Muskingum, Noble, Perry, Vinton, Washington.

NORTHWESTERN DISTRICT—Allen, Auglaize, Crawford, Defiance, Delaware, Fulton, Hancock, Hardin, Henry, Logan, Lucas, Marion, Mercer, Morrow, Ottawa, Paulding, Putnam, Sandusky, Seneca, Shelby, Union, Van Wert, Williams, Wood, Wyandot.

SOUTHWESTERN DISTRICT—Adams, Brown, Butler, Champaign, Clark, Clermont, Clinton, Darke, Fayette, Franklin, Greene, Hamilton, Highland, Madison, Miami, Montgomery, Pickaway, Pike, Preble, Ross, Scioto, Warren.

The redistricting plan will in no way affect the annual conference which the state board holds with representatives of health boards from municipalities of more than 3,000 population. Mr. Bauman pointed out that when the board held one state conference with the rural officials, the attendance was about 500 and that after the state was divided into two districts the attendance in each district was about 500. Under the new plan, the board expects to meet about 500 officials at each district meeting.

NURSE APPOINTED.

Miss Margaret Simpson of Cambridge, has been appointed as nurse in the state department of health. Her work will be in connection with the state's campaign to prevent blindness.

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 \*\* PUBLIC HEALTH NOTES \*\*  
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The following table, compiled by the Ohio Society for the Prevention of Tuberculosis, shows the "batting average" in the contest with tuberculosis in Ohio during the past seven years:

Population	Year	Deaths
4,418,253	1909	6,844
4,779,981	1910	7,719
4,841,710	1911	7,093
4,903,439	1912	6,764
4,965,169	1913	6,571
5,026,898	1914	6,564
5,088,621	1915	6,668

In commenting on these figures a Society bulletin, issued in January, says:

"From this record we are justified in the statement that there has been a decline both absolute and relative in the tuberculosis deaths in Ohio. The decline it is true is not great, but it is sufficient to give hope that in the next period of seven years we should see a slightly greater decline."

Thomas H. Haines, director of the Ohio bureau of juvenile research, will spend five months studying the feeble minded in Kentucky.

Public Health Week was observed in Bellefontaine, January 9 to 13. Crowds visited the public health exhibit of the state department

of health and attended meetings in the Central School building where addresses were delivered by representatives of the state health department, and motion pictures demonstrating public health questions, were shown. The Bellefontaine chamber of commerce co-operated with the city board of health in making arrangements for the exhibits and meetings.

Dr. Arthur J. McCracken, health officer of Bellefontaine, has been appointed milk inspector of the city for 1917.

The Lorain Federation of Women's Clubs has inaugurated a movement to establish a nursing system in connection with medical inspection in the public schools.

Governor Willis, before retiring from office, issued a proclamation opening the new Marysville reformatory for women convicted of misdemeanors and delinquency. In a letter to clerks of courts, the governor explains that there are not enough accommodations at the institution for all who have been convicted of these offenses, and urges that only the more serious cases be committed.

Drs. G. E. Robbins and R. E. Bower of Chillicothe were elected vice president and secretary, respectively, of the Ross County Welfare Association at the annual meeting of that body held recently in Chillicothe.

The Washington County commissioners have appropriated \$900 to be used in a campaign against tuberculosis.

The Goodrich Rubber Company of Akron has established a special dispensary for tuberculosis.

Final figures are not available but Executive Secretary R. G. Paterson of the Ohio Society for the Prevention of Tuberculosis estimates that more than 5,000,000 Red Cross Christmas seals were sold in Ohio this year. In 1911 there were sold 3,500,485. Since then the number has increased annually.

The Department of Welfare, Cleveland, has asked for bids for material to construct a solarium at the Warrensville Tuberculosis Sanatorium. The solarium will add about 50 beds to the capacity of the institution which at present is about 235.

The board of health of Akron has set aside an experimental block in the city in which one nurse will handle all cases of sickness.

### Need Systematic Plan for State Departments

According to Dr. G. G. Kineon, superintendent of the State Hospital for Epileptics at Gallipolis, that institution is now caring for more than 1600 patients while it has actual accommodations for only 1000. Many beds are placed in corridors and halls. At the present time probate courts of the state have a waiting list of almost 400 persons who should be committed to the institution.

The Ohio Probate Judges' Association, in session at Columbus, January 10, adopted a resolution asking Governor Cox and the general assembly to provide a plan whereby a certain per cent of the gross revenues of the state would be available annually to enlarge state institutions, particularly the Hospital for Epileptics and the Institution for the Feeble-minded at Columbus.

In a letter to *The Journal*, Judge William H. Lueders of Hamilton County points out that in order to adequately meet the situation it will be necessary for the present legislature to pass a law making it mandatory that certain specified amounts be appropriated *each year* for the maintenance of our state institutions. In other words, a systematic policy is needed to replace the present haphazard plan of biennial legislative appropriation. Judge Lueders adds: "Any help that the distinguished members of the Ohio State Medical Association can give this matter will be thankfully received by the Probate Judges of Ohio."

### BIG FOUR SURGEONS MEET.

Dr. E. R. Henning of Bellefontaine, was chosen vice president, and Dr. William A. Ewing of Dayton, secretary-treasurer of the Association of Big Four Railway Surgeons at the convention of that body held in Cincinnati December 15. Dr. G. Reynard of Union City, Ind., was elected president. The following papers were read by Ohio surgeons: "Simplified Methods in the Management of Fractures," Dr. George M. Todd of Toledo; "Transfusion," by Dr. S. S. Tuttle of Van Wert; "Primitive Surgery," by Dr. L. E. Russell of Cincinnati; "Bone Surgery with Remarks On the Necessity of the X-Ray," Dr. C. W. Russell of Springfield.

### CLEVELAND DOCTOR HONORED.

Dr. Secord H. Large of Cleveland, was re-elected treasurer of the American Academy of Ophthalmology and Oto-Laryngology at the annual meeting of that body in Memphis, Tenn., December 11 to 13. Dr. William L. Dayton of Lincoln, Neb., was elected president to succeed Dr. John E. Brown, of Columbus. The next annual meeting will be held in Pittsburg.

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 \*\* STATE MEDICAL BOARD \*\*  
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Dr. J. H. J. Upham of Columbus was elected president of the board to succeed Dr. C. E. Siemon of Cleveland. Dr. J. K. Scudder of Cincinnati was chosen vice president to succeed Dr. Upham. Drs. S. M. Sherman and George H. Matson of Columbus, were re-elected treasurer and secretary, respectively.

Eugene C. Waters of Chillicothe, and M. F. Hulett of Columbus, osteopaths, were appointed members of the state osteopathic examining committee. Waters succeeds E. R. Booth of Cincinnati, Hulett was re-appointed.

WALKER SEEKS RE-INSTATEMENT.

Under the heading of revocation of licenses, the board heard the plea of G. W. W. Walker of Roseville, Muskingum county, for reinstatement. Walker, it will be remembered, was until a few months ago employed by the "United Doctors Company." His connection with this firm resulted in the revocation of his license. An attorney, who presented Walker's case, stated that a stronger character led him into his trouble, that Walker was 69 years of age and that he has an invalid wife to support. The case was referred to the judiciary committee of the board with instructions to investigate and report.

CERTIFICATE REVOKED.

Because of irregularities in its issue, the license of Dr. Verl T. Strickler of Columbus, was revoked. Strickler voluntarily returned his certificate to the secretary and did not appear to contest the board's action.

ANOTHER "SPECIALIST" SCANDAL.

Action on the application for the revocation of the license of Dr. A. L. Guertin, arrested December 24 at Akron on charges of conspiring to defraud foreigners, was postponed. Dr. Guertin formerly lived in Cincinnati. He and a partner are said to have posed as "specialists" and to have obtained large sums of money from foreigners as advance payments for special treatment—which was never given. Police are seeking the partner, a "Dr. James."

Guertin pleaded guilty to a charge of extortion and was fined \$50 and sentenced to 60 days in jail in the Akron courts. The jail sentence was suspended on the promise that he would testify in the cases against his partner, an interpreter, and a woman who was associated with the "specialists."

Many of the "patients" have filed suit against the "specialists" for recovery of amounts ranging from \$75 to \$190. Books of the firm show that cash collections between December 1

and 20 amounted to several thousand dollars. More than 100 "patients" have told the Akron police they paid large advance fees for treatment and never found the doctors in their office. Guertin contended that he was merely an employee of "Dr. James."

THE DECEMBER CROP.

Twenty-three applicants for license to practice medicine and surgery in Ohio passed the examination held by the state medical board, December 5, 6 and 7, and have been awarded certificates. The list follows:

Albany—Benjamin H. Biddle.  
 Bellefontaine—Malcome Lewis Pratt.  
 Bellaire—Orra Fernando Covert.  
 Cincinnati—Jacob Benjamin Falk, Robert Ray Sattler.  
 Cleveland—Lawrence N. Ossman, Albert H. Aland, Albert L. Jones, Cyrus Cathey Brown, Frances N. Pickett, George W. Pullen, Jr.  
 Columbus—Hugo N. Sarchet.  
 Chillicothe—William Scott McKell.  
 Malinta—Herman W. Honeck.  
 Massillon—Fusa Taro Nakaya.  
 McConnelsville—Lewis Brown Hill.  
 Milford Center—John Dean Boylan.  
 Toledo—Fred Levi Eyestone, Mihran B. Ajemian.  
 Xenia—Robert Kent Finley.  
 Youngstown—Roland Winfield Riggs, Thomas E. Brown, Anargyros Peppas.

NEW PRACTITIONERS FOR OHIO.

At the January meeting of the board reciprocity licenses were granted the following:

Charles C. Pinkerton, registered in Illinois; graduate of University of Illinois, 1915; intended residence, Akron; now serving internship in Akron City hospital.

Thomas H. Brown, registered in Michigan; graduate of Vanderbilt University, 1915; intended residence, Toledo; now serving internship in St. Vincents hospital, Toledo.

Anna H. Taylor, registered in New York; graduate of Women's Medical College, Philadelphia, 1915; intended residence, East Liverpool; practiced as resident physician of hospital of the Women's Medical College from September, 1915, to September, 1916.

Elias W. Woodruff, registered in West Virginia; graduate of Medical College of Virginia, 1906; residence, Moundsville, W. Va.; intended residence, Martins Ferry; practiced at Dallas, W. Va., since graduation.

Oliver A. Taylor, registered in Kansas; graduate of Meharry Medical College, 1894; residence, Topeka; intended residence, Cleveland; practiced at Macon, Mo., 1894 to 1898 and at Topeka since 1898.

THESE ARE ON FILE.

Applications for reciprocity licenses have been received by the board from the following:

Edwin C. Jones, registered in West Virginia; graduate of University of Louisville, 1907; intended residence, Akron; practiced from 1907 to 1916 at Cassaway, W. Va.

Henry T. Mairs, registered in Iowa; graduate of Missouri Medical College, 1888; residence, Osgood, Mo.; intended residence, Goshen, O.; prac-



ticed from 1888 to 1897 at Unionsville, Mo., from 1898 to 1915 at Marshalltown, Iowa, and from June, 1915, to present time at Osgood, Mo.

#### TWO HOSPITALS RECOGNIZED.

On recommendation of the nurse examining committee, the board extended state recognition to the training schools maintained by the Ashtabula General hospital and the Massillon City hospital. The period of recognition in both cases expires July 1, 1917. The board has decided that time and subject credits of student nurses in hospitals of a special character shall be subjected to valuation by the board. The decision does not apply to state institutions.

#### LAW VIOLATIONS.

Roland O. McFarren of Massillon, manufacturer of proprietary medicines, pleaded guilty December 16, to a charge of practicing medicine without a license and was fined \$25 and costs. Secretary Mafson of the state medical board preferred charges against McFarren, who claims to be a graduate of the medical department of Toronto University, Toronto, Canada.

Charges of unlawful practice of medicine preferred against Henry Borkman, of Alliance, a masseur, were dismissed December 16 after Borkman had promised to keep within the bounds prescribed in his massage license.

Nat Isreal, also known as "Dr. DeCowan," was recently fined \$100 and costs after he had pleaded guilty to a charge of practicing medicine without a license in Cincinnati. Mrs. Julia Rossiter swore to the warrant on which Isreal was arrested. She told the court that Isreal informed her that she was suffering from a cataract and that he offered to cure her for \$37.

#### PUBLIC HEALTH SECTION.

Dr. William H. Peters, secretary of the Section on Hygiene and Sanitary Science, announces the following tentative program and urges that others who wish to present papers in this section advise him immediately:

"Printers' Ink—Publicity and Public Health," J. R. McDowell, M. D., Columbus; "Terminal Fumigation—A Factor in the Control of Communicable Diseases," Roger O. Perkins, M. D., Cleveland; "Inflammation of the Eyes of the New Born. Observations under the New Law," Jas. R. Bauman, Columbus; "Conservation of Vision—A New Deal to Prevent Blindness and Dependency," Robt. H. Irwin, Cleveland; "Industrial Hygiene—The New Factor in Public Health Work," D. B. Lowe, M. D., Akron; Symposium: "Health Insurance," E. R. Hayhurst, M. D., Columbus; "Socialization of Medicine as a Necessary Preliminary Step for Social Insurance," Otto F. Geier, Cincinnati. Five-minute discussions in the symposium will be limited to those whose names appear upon the program.

## Greetings

To the officers and Members of the Ohio State Medical Association:

During the past few months, I have had the pleasure of attending several County and District Society Meetings and it may be gratifying for you to know that I have plenty of evidence showing that the profession is taking to scientific work with enthusiasm and is manifesting unusual interest in the activities of the state association, which have to do with the uplift of medical practice.

I know you will be pleased when you attend the annual meeting of the State Association at Springfield, May 14, 15 and 16. If any of you are trying to persuade yourselves that the Springfield physicians are asleep, you may, once for all, dispel all thoughts along that line. To those of us, who have had the pleasure of meeting with them and becoming acquainted with their plans and proceedings, the Springfield physicians have demonstrated that they are very much alive. The Committee on Arrangements has deviated from the old custom of arranging exhibits. It has the promise of some very interesting work along the line of scientific experimentation from several universities and medical colleges, in addition to the usual commercial exhibits. The program committee is engaged in preparing a program which we believe will eclipse all previous programs in entertainment and edification.

Do not fail to attend this meeting. Those in charge are laboring diligently for its success, hotel facilities are adequate to care for all and the auditorium in which the meeting will be held, is an ideal structure for such a gathering.

You will be sorry if you do not show up at Springfield.

Respectfully yours,

H. B. GIBBON, *President.*

#### WILL DISCUSS DRUG BILL.

The Ohio state industrial commission has set February 12 as the date for a conference with physicians and druggists on the recent ruling of the commission regarding the payment of drug bills in workmen's compensation cases. The conference was arranged after the commission received a communication from druggists of the state, protesting against the ruling. It will be held at 10 A. M. in the commission's hearing room in the Majestic building, Columbus. Anyone interested in the subject is invited to attend.

The Ashtabula council is considering the erection of a hospital for contagious diseases. A committee has been appointed to investigate the proposition.

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**NEWS NOTES OF OHIO**

*Sycamore*—Dr. W. H. Wickham has been re-appointed health officer.

*Toledo*—Nine-pound son, Dr. and Mrs. Earl R. Mollott, December 19.

*Woodsfield*—Dr. W. E. Thompson has been appointed Pension Surgeon.

*Bellaire*—Dr. Peter Kren, formerly of Bellaire, has located in Glencoe.

*Warren*—A daughter was born to Dr. and Mrs. Rupert Rogers, December 21.

*Eldorado*—The office of Dr. W. H. Tucker was entered and robbed last month.

*Delaware*—Dr. H. P. Feaster and family are spending the winter in Florida.

*Lima*—Mrs. Isabelle M. Kahle, mother of Dr. R. D. Kahle, died at her home in Lima December 6th.

*Ashtabula*—Dr. and Mrs. W. S. King have returned from Florida where they spent several weeks.

*Troy*—At a recent meeting of the board of health, Dr. C. A. Hartley was elected health officer.

*Sardinia*—Dr. M. R. Kittredge, formerly of Sardinia, has located at Evansport, Defiance county.

*Jefferson*—Dr. L. A. Connell was elected recently to fill a vacancy on the county board of education.

*Toledo*—The Mississippi Valley Medical Association holds its 1917 meeting in this city early in the fall.

*Kenton*—Dr. W. C. Snodgrass has been appointed to the city board of health, vice the late Dr. H. E. Heistand.

*Haydenville*—Dr. Harold H. Talbott has moved to Wheeling, W. Va., where he will continue the practice of medicine.

*Tiffin*—Dr. E. H. Porter and family left December 27 for Le Mesa, California, where they will spend six weeks.

*Akron*—Dr. and Mrs. C. F. Reed will leave early in February for southern California where they will spend the winter.

*Guysville*—Dr. E. D. Harper was seriously injured December 20, when a train struck an automobile which he was driving.

*Youngstown*—Dr. Henry C. Evans left January 13 for France where he will enter one of the first line hospitals in the war zone.

*Bucyrus*—Dr. W. G. Gates, on December 19, underwent an operation at the Crawford County hospital where he is the resident surgeon.

*Lancaster*—Dr. James M. Lantz is taking a post graduate course in New York.

*Tiffin*—Dr. and Mrs. Edwards H. Porter are spending the winter in California.

*South Charleston*—Dr. T. G. Farr has entered the Springfield Hospital for treatment.

*Urbana*—Dr. George W. Pickering has been appointed a member of the city board of health.

*Lorain*—Dr. A. T. Grills, who recently underwent an operation, is reported to be improving.

*Ashland*—Dr. G. W. Jacoby has moved his office from the Myers Block to the Sprengle Block.

*Ashtabula*—Dr. and Mrs. W. S. King returned recently from Florida where they spent several weeks.

*Tiffin*—Dr. George W. Williard has been appointed physician of the Seneca County Infirmary.

*Bowling Green*—Dr. G. A. Gorsuch has moved his office to the Wilcox Building, 126 W. Wooster Street.

*Cecil*—Dr. Fisher F. Demuth suffered severe injuries when he fell from the mow of his barn recently.

*London*—Dr. J. F. Kirkpatrick has been elected president of the Health and Welfare League of London.

*Rayland*—Dr. John R. Caldwell has been made district surgeon of The Wheeling and Lake Erie Railroad.

*Piqua*—Dr. C. R. Coffeen who has been in failing health for some time is reported to be in a critical condition.

*Mechanicsburg*—Dr. Charles S. Amidon has moved from Mechanicsburg to Cincinnati where he will open an office.

*Columbus*—Dr. C. C. Craig of Urbana recently underwent an operation for relief from asthma in a Columbus hospital.

*Montpelier*—Dr. John V. Lasnet recently underwent an operation for the removal of a cataract from the right eye.

*New Plymouth*—Dr. T. E. Cherry, a former resident of New Plymouth, died December 11, at his home in Norton, Virginia.

*Leipsic*—Dr. William L. Werner and family are spending the winter in Florida. Dr. Werner has been in poor health for some time.

*Caldwell*—Dr. W. S. Williams, who practiced in Caldwell for several years, has moved to Zanesville where he will continue his practice.

*Martinsburg*—Dr. and Mrs. J. F. Shrontz left January 1 for St. Petersburg, Florida, where they will spend the remainder of the winter.

*Columbus*—Dr. H. E. Boucher, Lieutenant Medical Corps, O. N. G., went to El Paso early in January for service with 2nd Ambulance Corps.

*Johnstown*—Dr. C. A. Burke, formerly of Johnstown, is now located at Whittier, California. Dr. John Mattingly is now located in Columbus.

*Logan*—Dr. J. Hyman, a brother-in-law of Dr. M. H. Cherrington, has located in Logan where he will be connected with the Cherrington Hospital.

*Upper Sandusky*—Dr. and Mrs. Frederick Kenan left recently for Chicago where the doctor will take graduate work at the University of Chicago.

*Mansfield*—Dr. and Mrs. J. A. Yoder left December 30 for New Orleans where the doctor is taking post-graduate work at the New Orleans Polyclinic.

*Lima*—The Northwestern Ohio Medical Association will hold its annual meeting in Lima early next October under the presidency of Dr. J. R. Tillotson of Delphos.

*Bellefontaine*—After 45 years of general practice, Dr. J. H. Wilson has decided to confine his practice to office work. He will specialize in stomach, intestinal and rectal diseases.

*Prairie Depot*—Dr. Lewis R. Carr, O. S. U. Med. Dept., 1916, has decided to begin the practice of medicine in Prairie Depot. He recently purchased the practice of Dr. Z. R. Chamberlain.

*Mt. Vernon*—Dr. E. V. Ackerman's left eye was permanently blinded by the shot, fired by a farmer October 30, when Dr. Ackerman was mistaken for a member of a party of youths celebrating Hallowe'en.

*Milford Center*—Dr. Byron E. Baker resigned as mayor January 1, when he began his duties as senator from the 13-31 District. Dr. and Mrs. Baker will reside in Columbus during the legislative session.

*Conneaut*—January 1 found Dr. Carl Dewey, acting health officer of Conneaut, quarantined in his home suffering from an attack of small pox contracted while establishing quarantine against the disease in another home in the city.

*Xenia*—Dr. Cummins V. Jones, a former resident of Xenia and at one time superintendent of the Ohio Soldiers' and "Sailors' Orphans home, died at his home in Los Angeles, Cal., December 24.

*Canal Dover*—Dr. D. W. Shumaker announces the association of Dr. E. C. Davis with his office and the installation of a complete X-Ray plant and pathological laboratory in charge of Dr. Davis. Dr. Shumaker devotes his time to general surgery and consultation.

*Columbus*—After serving with the troops on the border, Dr. E. A. Hamilton has resigned his commission as major in the Fourth Regiment, O. N. G., and has resumed his practice in Columbus. Prior to his Mexican service, Dr. Hamilton spent several months in Red Cross work abroad.

*New Waterford*—Dr. D. M. Bloom, a pioneer physician of New Waterford, who has been ill for several months, is reported to be recovering.

*Tiffin*—At a recent meeting of the city board of health, Dr. J. A. Gosling was re-elected clerk of the board and registrar of vital statistics.

*Chardon*—Dr. Fred Basquin of Hartsgrove, recently moved to Chardon where he formed a partnership with his brother-in-law, Dr. W. E. Allyn.

*Urbana*—Dr. C. C. Craig has entered a hospital in Columbus for treatment. He has been in poor health for some time and unable to look after his practice.

*Richwood*—Dr. T. F. Wurtsbaugh, Richwood's oldest physician, is suffering from a general breaking down in health. His condition is reported to be critical.

*Columbus*—Dr. Charles S. Means has removed his offices from 677 North High Street to 131 East State Street—second floor, front, of the new Physicians building.

*Cincinnati*—Under the reorganization, Dr. S. P. Kramer, senior surgeon, and Dr. Gilbert Mombach, junior gynecologist, retire from the staff of Cincinnati General Hospital.

*Columbus*—Dr. Emery R. Hayhurst, professor in the department of public health and sanitation, Ohio State University, received a Ph. D., degree at the 101st convocation of the University of Chicago last month.

*Cincinnati*—Dr. Joseph Ransohoff of Cincinnati was elected vice president of the Western Surgical Association at a meeting in St. Paul, December 16. Omaha was selected for the 1917 convention of the Association.

*Middletown*—Miss Louella Krauss, daughter of Dr. Leonard Krauss, and James E. Grube, son of Dr. R. H. Grube of Xenia, were married December 17 at the home of the bride. Mr. Grube is city editor of the *Middletown Journal*.

*Milford Center*—Dr. and Mrs. B. E. Baker will reside in Columbus while the legislature is in session. Dr. Baker represents the 13-31st District in the senate.—Dr. John D. Boylan, who was recently licensed to practice medicine in Ohio, left January 4 for Pittsburgh where he will enter Columbia Hospital. Dr. Boylan intends to locate somewhere in Pennsylvania after spending a year in the hospital.

*Cincinnati*—Dr. J. L. Tuechter announces the removal of his office from No. 124 to No. 5 Garfield Place, Cincinnati.—Three Cincinnati physicians left during January for the war zones of Europe. Dr. Ellis Bader, former receiving physician at the old City Hospital, and Dr. Benjamin Lamb, intern at the General Hospital, will serve with the Red Cross on the western war front. Dr. Edward Nippert, intern at the General Hospital, has entered the German Red Cross.

## Osteopaths, Who Formerly Capitalized Their Opposition to All Drugs, Brazenly Seek the Right to Use Same--Legally

Anesthetics, antiseptics, prophylactics, reciprocity, professional titles and the medical practice act were discussed at a conference of members of the Ohio State Medical Board and a committee of the Ohio State Osteopathic Association in Columbus, January 2. The osteopathic committeemen, through an attorney, presented three requests. Briefly, they asked:

(1) That the office of the board use the title "Osteopathic Physician" when referring to an osteopath in correspondence with insurance companies, the federal authorities, the state industrial commission and other firms, associations and governmental bodies.

(2) That a "broader interpretation" be given the section of the law relating to the use of drugs by osteopaths. (The committeemen admitted that osteopaths are using drugs in obstetrical and minor surgery cases.)

(3) That the board's rules regarding reciprocity be modified so that recognition may be given examining boards composed entirely of osteopaths as well as those made up of physicians and osteopaths.

After considerable argument and discussion in which many important points concerning the practice of medicine were raised, the board took the requests under advisement. Members of the committee representing the osteopathic association were E. R. Booth of Cincinnati, M. F. Hulett of Columbus and S. C. Smith of Marion. Their attorney was C. L. Corkwell of Columbus. All members of the medical board were present.

Most of the discussion hinged on the right of the osteopath to use drugs and what constitutes minor surgery. Section 1288 of the Ohio statutes relating to the practice of medicine and surgery reads as follows:

"The provisions of this chapter shall not apply to an osteopath who passes an examination before the state medical board in the subjects of anatomy, physiology, obstetrics and diagnosis in the manner required by the board, receives a certificate from such board, and deposits it with the probate judge as required by law in the case of other certificates. Such certificate shall authorize the holder thereof to practice osteopathy in the state, *but shall not permit him to prescribe or administer drugs, or to perform major surgery.* Such certificates may be refused, revoked or suspended as in the case of certificates to physicians and surgeons."

The osteopaths wanted the board to place on this section an interpretation which would give them the right to use anesthetics, prophylactics and antiseptics in obstetrics and minor surgery. Use of prophylactics, they pointed out, is required

by law in obstetrical cases. They admitted that they are at present using drugs in obstetrical and minor surgery cases but—as a lame excuse for their change of front—added that they do not care to use drugs as therapeutic agents. They contended that the osteopaths should have the same right to use anesthetics in practicing osteopathy that the dentists now have in practicing dentistry.

A specific statute, the osteopaths were told, gives the dentist the right to use anesthetics. Asked if they did not think legislative action would be necessary in their case, the osteopaths replied that they wanted to avoid going before the legislature. In the minds of the board members, the law relating to the use of drugs by osteopaths is in no great need of interpretation by the attorney general but the proposition of submitting the question to that official for an opinion was discussed. The futility of such procedure, however, was made clear when the committeemen announced that if the attorney general's ruling should be unfavorable to them, they would carry their case to the courts.

Dr. J. H. J. Upham then addressed the conference, voicing not only his own sentiments but also those of the other members. "The law relating to osteopaths," he said, "was passed to meet conditions existing at the time of its passage. This new school has found its limitations and now wants more room, a broader field to work in. At the time of the passage of the act, the osteopaths were emphatic in their assertions that they did not want to use drugs."

Prophylaxis, Dr. Upham said, was a discovery, a development of medical practice. He contended that if osteopaths desire to appropriate and use discoveries and developments of medical practice, if they desire to enter the medical field, they should submit to the same examinations that are prepared for regular physicians. "Practice osteopathic obstetrics if you will, but don't make use of that which is prohibited by law," was part of Dr. Upham's advice. "The legislature," he continued, "understood that osteopathy was some kind of practice in which drugs were not used and for that reason wrote into the law a specific prohibition of the use of drugs. The law is direct and emphatic on that point."

Many osteopaths have procured licenses under the Harrison anti-narcotic act. Asked what use they made of such licenses, the committeemen answered that since they were "licensed to practice obstetrics and minor surgery, conditions might arise in which a Harrison act license would be of use to them." They said some drugs named in the act were used by them in giving

local anesthetics. Cocaine was mentioned in this connection.

The committee told the board that the state osteopathic association has never defined "minor surgery," which is practiced by the profession because there is nothing in the law which says they shall not. They said they "depended on text books for such a definition."

It is the opinion of board members that there is nothing in the medical practice act which gives them authority to address osteopaths as "osteopathic physicians." They are not registered as physicians, they are not required to take a physician's examination and should not be permitted to masquerade under a physician's title, even if the title is qualified by the word "osteopathic."

HEALTH INSURANCE SYMPOSIUM.

Dr. William H. Peters of Cincinnati, secretary of the Section on Hygiene and Sanitary Science of the State Association, plans to devote the time of their session at the Springfield Annual Meeting to the subject of state health insurance. Arrangements are now being made for a symposium. It is planned to outline the proposed system in one or two papers and devote the major portion of the time to a general discussion. Each discussion will be limited to five minutes. Those who care to participate in this discussion should communicate at once with Dr. Peters, care of the Cincinnati Health Department.

MEDICAL PREPAREDNESS

Dr. Robert D. Maddox was elected president of the newly organized Cincinnati section of the Association of the Medical Corps, U. S. A., December 8. The formation of the corps is in line with preparedness plans being carried out by medical men throughout the country. Dr. Goodrich B. Rhodes was elected vice-president; Dr. Elmer Klein, secretary and treasurer; and Dr. Louis J. Ransohoff and Dr. H. L. Freudenberger, directors.

MEET IN COLUMBUS

The Middle Section of the American Laryngological, Rhinological and Otological Society will hold its annual mid-winter meeting in Columbus, February 26, 1917, under the chairmanship of Dr. John Edwin Brown. There will be morning and afternoon program sessions at Hotel Deshler. Members of the medical profession who are interested are invited to attend these sessions.

F. M. Casto, Cleveland, was elected president of the Ohio State Dental Society at its fifty-first annual meeting at Dayton in December. There were about one thousand dentists in attendance. Cleveland, 1917.

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 \* MEETINGS OF CINCINNATI \*  
 \* ACADEMY OF MEDICINE \*  
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(Report by Ivor G. Clark, M. D., the Secretary)

At a meeting of the Cincinnati Academy of Medicine January 8, Dr. J. H. Landis was elected president to succeed Charles T. Souther. Other officers are: Vice-presidents, Sidney Lange and M. B. Brady; secretary, W. R. Abbott (re-elected); treasurer, A. G. Drury (re-elected); censors, C. L. Rockhill and William Mithoefer; librarian, B. M. Ricketts; trustee; E. G. Zinke; delegates to state meeting, H. K. Dunham, C. T. Souther and Albert Faller.

MEETING OF DECEMBER 11.

B. M. Ricketts, in his paper, viewed thoroughly the literature on epilepsy. Many etiological factors have been given, but the cause of epilepsy is still unknown. Different operations and treatments were mentioned, some of which are perfectly valid, based upon the relief of complications. That any one treatment or operation can be assigned as a cure for epilepsy is disputed by the essayist. Dr. Ricketts quoted records of cases following operations, ranging from cecostomy to colectomy, performed in this city for the relief of convulsions attributed to stasis, malformation of intestines or auto-intoxication. The death records of these cases were commented upon, reference also being made to letters and affidavits of patients or relatives of patients. A motion to the effect that an investigation of these facts be instituted was made and lost.

S. P. Kramer opened the discussion. Epilepsy as a name is one of our great mistakes. It is used indiscriminately to describe convulsions which may arise from an inflammation of the brain or from intestinal intoxication in children. Any definite treatment as a cure is a mistake, but any individual who is trying to ameliorate these fearful conditions is doing a service. If any focal lesion exist in the intestine or any other place, we are justified in attempting to correct it. Dr. Kramer considers an investigating committee as unnecessary.

Martin Fischer's comment was upon the confusion of arguments, with which we have been contending for weeks, and expressed the need of quantitative minds to see "black and white." Long ago, when rheumatism for example, was proven to be of infectious origin, he made up his mind to be surprised at nothing new. We should build, he said, not demolish, by the light, however meager, that has been offered.

Geo. B. Orr presented a skull of a patient who died 25 years ago. In this case increasing epi-

leptic seizures followed a kick by a horse. This was Dr. Orr's mite to show that there is a cause for this affliction. Dr. Griess, in speaking of the causes of death as brought out by Dr. Ricketts, said epilepsy is merely a symptom and in signing death certificates it is not necessary to mention the operation, simply because it was performed.

Dr. Friedlander says that in infantile eclampsia we have an analogy, that by removing the intoxication by the use of castor oil the patient improves. Therefore why employ the knife so frequently in the case of adults? A series of post mortems at Craig Colony revealed in 60 per cent. gross post mortem changes in the brain.

Dr. Bettmann said that the articles by Dr. Reed have not accepted any from Cincinnati, and the fact that 100 per cent. deformity exists in the duodenum might indicate that this is a normal condition. He also wants to know why others have not found the bacillus. Dr. Bettmann says that Dr. Reed, in one of his early papers, reported a case treated serologically before the discovery of the bacilli.

Dr. L. Ransohoff wanted to know if there is an error in the anatomy of the duodenum, why the operator attaches the cecum to the sigmoid?

Dr. C. A. L. Reed declared that the statement as to the deformity of the anatomy of the duodenum has been misunderstood. He says, however, that he does find an enveloping exudate about the duodenum in all cases of epilepsy which he has operated. The pathological lesion in the brain mentioned by Dr. Friedlander exist in others than epileptics. Dr. Reed's theory and practice are being tried out at Craig Colony.

F. W. Bay reported two cases which were up before the Industrial Commission—(1) a subluxation of the sacro-iliac joint, diagnosed by an osteopath, in which the roentnographic findings were negative, and in which case the patient remained an invalid; (2) an actual luxation of the sacro-iliac joint, with positive findings of the roentnogram, in which complete convalescence occurred in three months. The regular program follows:

Functional Testing of the Kidney by the Phenol-Sulphone-Phthalein Method: The Underlying Physiological Principles, H. M. Brundage. Demonstration of Technique, B. R. Kirkendall. Clinical Application, C. W. McGavran. Discussion—Drs. Bratton, Baldwin, Brooks, Leist, Bigelow and Weaver.

The essayists agreed on the great value of Phenol-Sulphone-Phthalein test and indorsed its wider use by the profession as a collateral means of accuracy, particularly with reference to prognostication in kidney diseases. Dr. Brooks cited experimental evidence to show that the intravenous method perhaps would prove more accurate than the intramuscular injection of pigment.

Dr. Goodman, of the State Committee on Sociology, read a letter written him by a member of this Academy, urging the use of publicity by the Academy as a means of fostering our best interests. This letter was referred to the council.

Dr. Baldwin introduced a resolution urging the legislature to limit the giving of anesethics to properly trained physicians and dentists. It was moved and seconded that the resolution be adopted, and that copies be sent to members of the legislature from this district. The motion carried unanimously.

C. F. Clark urged the members of the Academy to scrutinize the medical preparations used by them, as he had noticed that atropin which he had used recently revealed varying therapeutic effects.

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\* MEETINGS OF COLUMBUS \*  
\* ACADEMY OF MEDICINE \*  
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(Report by Ivor G. Clark, M. D., the Secretary)

The first meeting of the year, January 8, 1917, was opened with a short address by the president, Ernest Scott, followed by the announcement of the committees for the coming year, which are as follows:

Medical Progress Committee—L. L. Bigelow, Chairman (Surgical); W. D. Inglis (Obstetrics); J. D. Dunham (Medicine); C. W. McGavran (Therapeutics).

Public Health Committee—F. G. Boudreau, Chairman; E. R. Hayhurst, J. A. Beer.

Legislature Committee—L. H. Matson, Chairman; I. B. Harris, C. V. Probst.

Library Committee—Jonathan Forman, Chairman; J. W. Sheetz, Frank Warner.

MEETING OF DECEMBER 11.

F. F. Lawrence made a further report on a patient operated upon and reported to the Academy several years ago, a resection of several inches of the sigmoid having been performed for partial obstruction of the gut from tuberculosis. An inqual colostomy was made at that time. At a second operation several weeks ago the continuity of the intestine was re-established by anastomosis, the patient having the first normal evacuation three days after the operation.

D. Todd Gilliam read a paper on "Cancer"—a resume of the present status of the theories as to the etiology and an emphasis on the import-

ance of prompt surgical treatment. Discussion by J. F. Baldwin.

Clyde F. Brooks, Professor of Physiology at the Ohio State University, made an address on "A Critical and Experimental Study of Clinical Blood Pressure Methods." Discussion by Drs. Bleile and Urban. Attendance, 130.

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 \*\* NEWS OF THE CLEVELAND \*\*  
 \*\* ACADEMY OF MEDICINE \*\*  
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(Report by J. E. Tuckerman, M. D., the Secretary)

The one hundred and thirty-fourth regular meeting of the Academy of Medicine was held Friday, December 15, 1916, at the Cleveland Medical Library, the President, Dr. William Evans Bruner, in the chair. Attendance, 70.

**OFFICERS FOR 1917**

New officers of the Cleveland Academy of Medicine for 1917 are:

- President, R. K. Updegraff.
- Vice President, C. H. Leuhart.
- Secretary-Treasurer, J. E. Tuckerman.
- Trustees, F. Bunts and R. H. Birge.

**STANDING COMMITTEE**

- Legislative: Geo. E. Follansbee, R. E. Skeel and R. B. Newcomb.
- Public Health: J. J. Thomas, G. W. Morehouse, A. F. Furrer and W. C. Stoner.
- Civic: H. L. Sanford.
- Membership: E. Klaus, E. O. Houck.
- Program: C. L. McDonald.
- Milk Commission: John Phillips, J. J. Thomas, H. J. Gerstenberger and S. W. Kelly.

**SECTION OFFICERS**

- Clinical and Pathological: Alfred S. Masshke, Chairman; Fred J. Wood, Secretary.
- Experimental Medicine: Howard T. Karsner, Chairman (re-elected); Arthur B. Eisenbrey, Secretary.
- Oph.-Oto.-Laryngological: Leo Wolfenstein, Chairman; W. H. Tuckerman, Secretary (re-elected).

Annual reports were presented by the Secretary-Treasurer, J. E. Tuckerman; the Committee on Public Health, Roger Perkins, Chairman; the Committee on Membership, G. W. Morehouse, Chairman; the Program Committee, Richard Dexter, Chairman.

An eleventh-hour telegram from Lieut. Col. Paige, U. S. A., stated that he was unable to come because of an order to report for special

duty, and that Dr. John Ridlon of Chicago, who had come to Cleveland to meet Col. Paige had consented to give a talk upon the subject announced.

Dr. Ridlon touched particularly upon his experience in the Medical Reserve corps while attending the summer training camp at Plattsburg. He said that very few, not 1% of the medical reserve corps attended the encampment. He described the daily routine, explaining the necessity for drill in paper work, map reading and the like. He outlined the duties of a regimental surgeon and stated that the army surgeon must first be a soldier, second a sanitarian, and last of all a surgeon, for the wounded and physician to the sick. He said an army of two million men required 20,000 surgeons, and that the necessity for medical men to become acquainted with the duties of army surgeons was to be seen in the fact that there are at present only 443 surgeons in the regular army. The experience of mobilization upon the Texas border had shown the inefficiency of the present medical reserve corps which is to be abolished by an act of congress in effect July 3, 1917, when officers of the medical reserve corps can apply for transfer to the officers' reserve corps which requires an enlistment for five years, and necessitates the following out of proper courses of study and the attendance upon summer encampments.

At the close of Dr. Ridlon's remarks, Dr. Bunts related certain of his experiences as a volunteer surgeon in 1898, showing the necessity of knowledge of the army routine methods.

The President then called for the report of the Civic Committee. Dr. Sanford stated that the committee had done little upon the subject of tuberculosis referred to it, feeling that the Anti-Tuberculosis League had that well in hand. He reviewed the work of the committee in particular upon the effect of the Harrison Narcotic Act upon the problem of handling drug habitues. He outlined the scope and purport of the questionnaire upon fees which is to be sent out in the fore part of the year. J. J. Thomas read the report of the Milk Commission.

**MEMBERSHIP CHANGES**

- Transferred to Associate Membership: E. A. Peterson; to non-active list: George P. Soyer.
- Reinstated: Myer Brody, J. S. Tierney.

Received in transfer: E. Herbert Harsh, from Stark county; J. A. Meek, from Lorain county; W. D. Hoyer, from Erie county.

The following were admitted: Josephine M. Danforth, Oscar E. Townsend and E. A. Wakefield.

Applications from these: I. M. Jarzynski, Frank J. Keeley, H. G. McCarty, R. J. May, Otis F. Simonds, J. N. Wychgel, E. K. Zaworski, Frank G. Leonard and S. W. Swolik.

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 \* MEETINGS OF THE TOLEDO \*  
 \* ACADEMY OF MEDICINE \*  
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(Report by E. M. Latham, M. D., Correspondent)

MEETING OF JANUARY 5.

The Toledo Academy of Medicine met Friday evening, January 5, at the Y. M. C. A. There was no program. The annual reports of officers and committees were received. W. W. Alderdyce, treasurer, reported that the lot on Sixteenth street had been paid for and that there is a snug balance on hand to apply toward the new medical building. The dream of a permanent home for the academy seems about to materialize. H. J. Morgan reported for the milk commission. B. J. Hein for the new workhouse commission. S. S. Hindman for the Section on Pathology and T. J. Murphy for the Section on Surgery. E. B. Barlow was elected a member of the academy.

The annual election of officers resulted as follows: H. J. Morgan, president; Charles Lukens, vice-president; C. W. Waggoner, secretary; F. W. Alter, trustee.

MEETING OF NOVEMBER 17.

The Medical Section was in session Friday evening, November 17, 1916. The first paper was offered by C. E. Price on cardiac murmurs. The writer would emphasize these important points, (a) the place of the murmur in the cardiac cycle; (b) the point of maximum intensity, (c) the area over which it can be heard, (d) the effect of exertion, respiration or position on the murmur.

Heart murmurs are systolic, diastolic and pre-systolic. A systolic murmur may be detected by placing a finger on the carotid and noting whether pulse and murmur occur together. The point of origin of a murmur is usually at the point of greatest intensity viz: mitral, tricuspid, pulmonic, aortic. If a murmur is heard at several valve areas, one must determine whether it is everywhere systolic or everywhere diastolic, and then find the point of maximum intensity. The so-called "hour glass" murmur usually means two lesions. Functional murmurs are systolic in 99 per cent. of cases; are heard best in the pulmonic area; are short, very soft and blowing in quality; and no enlargement of heart or accentuation of the pulmonic second sound are heard. Functional murmurs are loudest at end of inspiration and, with certain exceptions, are heard over a very limited area. Respiratory exercise and position produce great variations and are very often associated with anemia.

W. J. Stone followed with a study of angina pectoris. The death rate from this disease is

greater in the United States than in England. It is a disease of the better classes over 50 years of age. Angina pectoris may be divided into two great classes, (1) pectoral, occurring in chest alone in form of angina major and minor, and (2) extra-pectoral occurring as brachial, crural and abdominal, cerebral and pulmonary: The pain does not always start in the chest, but may start in the arm and go to the chest. It may start in the lower extremity or abdomen and simulate indigestion. Symptoms may be those of pulmonary edema or cardiac asthma. The patient may die and never have pain in the chest.

The factors predisposing to angina pectoris are over-exertion, over-walking, over-distension of stomach after a heavy meal, and going from warm to cold air. Death usually comes during a period of active exertion. The chief cause is degeneration of the arteries. Heredity plays a part in some families which have degenerate coronary arteries. Syphilis and alcohol are not predisposing causes. The pain is due to disturbance of coronary artery and that part of the aorta nearest the heart. At this point two hearts taken from men of 50 years, dead of angina pectoris, were shown. In both the posterior walls of the left ventricle were ruptured. The blood pressure may go as high as 340. The higher the pressure the better the prognosis. Treatment of angina pectoris—Nitro glycerin and sod. nitrate cure many cases. Use the alcoholic spirits of glonoin. First, give glonoin between attacks, and sod. Nit. and digitalis alternately. Protein intake should not be more than 50 to 100 grains daily. Smoking increases the trouble in some men. Exercise should depend on amount of pain.

C. F. Tenny closed the program with a paper on acute and chronic endocarditis. The simple, primary form of this disease is rare; the vast majority of cases occur as accidents in the various infective processes. Usually there are no symptoms pointing directly to the heart. There may be an increase in temperature already present, palpitation, increased frequency and irregularity of the pulse. Precordial pain and dyspnoea are rare. Unless there is dilatation, inspection, palpation and percussion will reveal nothing abnormal. Auscultation usually reveals a soft, blowing systolic murmur over the mitral area, sometimes over the aortic area. Given one of the causative diseases with the slow development of a soft, blowing systolic murmur over the mitral or aortic area, we may decide we have a case of endocarditis. If it is secondary to some other disease, there may be an increase of fever and chills followed by profuse sweating with delirium and great weakness. Stupor or coma may follow. Precordial oppres-



sion, dyspnoea jaundice and erythema may be present. Septic particles may be dislodged from the inflamed area and swept to all parts of the body, producing emboli in the spleen, liver, kidneys, cerebrum, retina, stomach and intestines. In right sided endocarditis there may be pulmonary infarcts with resulting pneumonia, pleurisy, abscess or gangrene of lung. Leucocytosis is always present.

Of malignant endocarditis we have two types, the septic and the typhoid. The septic type is secondary usually to some infectious foci in other parts of the body. The heart symptoms are marked by the general condition. The typhoid type is most common and has many characteristics of regular typhoid fever. In cases where cerebral embolism occurs, we may have the picture of typical cerebro-spinal-meningitis. Cases with recurring chills and fever may be mistaken for malaria. A blood examination and culture will rule out typhoid and malaria. There are no diagnostic points between endocarditis and pyemia.

Discussion: L. A. Levison stated that the exact cause of angina pectoris is not known. The rise in blood pressure is not caused by contraction of the arteries. The pain may cause the rise in blood pressure. Diuretin is the best treatment for relief of pain. H. J. Morgan attributed endocarditis in children to the same infection as rheumatism. The disease is rare under three years. The heart in a child is higher up and the apex beat is outside of mammary line. The heart is large. No murmur may be present. An aortic murmur is seldom found alone, but is always accompanied by a mitral murmur. A mitral systolic murmur is almost physiological in malnutrition and acute diseases.

Louis Miller maintained that syphilis may be a factor in angina pectoris. Sixty cases of that disease at Ann Arbor had syphilis.

FOR HOSPITAL POSITIONS.

The following physicians are eligible for appointment as assistant physicians in state institutions for the care of the insane, according to a recent announcement of the Ohio civil service commission: Parker G. Borden, Massillon State Hospital; A. E. Kiser, Longview; Arthur R. Timme, Cleveland State Hospital; William F. Jamison, Cleveland; Clarence E. Cobb, Dayton; Carlton H. Andrews, Athens; William C. Russell, Massillon; Thomas R. Evans, Eskdale, W. Va.

*Cincinnati*—The Medical Research Society has elected the following officers: President, Dr. Oscar Berghausen; vice-president, Dr. Walter Stix; secretary and treasurer, Dr. R. Isaacs; directors, Drs. Roger Morris and Henry Knower.

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**COUNTY SOCIETIES**

FIRST DISTRICT.

*Fayette County* Medical Society met in regular session January 2 in the Y. M. C. A. at Washington C. H., with six members present. Election of officers for 1917 resulted as follows: President, R. M. Hughey; vice-president, D. H. Rowe; secretary-treasurer, Lucy W. Pine; delegate, G. W. Blakely; alternate, W. E. Ireland. Lucy W. Pine, correspondent.

SECOND DISTRICT.

*Clark County* Medical Society held its annual banquet at the Bancroft Hotel, Springfield, January 10. Fifty physicians were present. Dr. R. L. Bell acted as toastmaster and called upon the following for addresses: C. S. Ramsey, retiring president of the society; C. L. Jones, incoming president; H. B. Gibbon of Tiffin, president of the State Association; E. O. Jones of Cincinnati, president-elect of the State Association; W. D. Gray and C. C. McLean of Dayton. Dr. McLean discussed the present status of the nurse anesthetists controversy. A colored glee club furnished music throughout the evening. After the banquet, the members discussed plans for the entertainment of delegates to the meeting of the State Association, to be held in Springfield, May 14, 15 and 16.

*Miami and Shelby County* Medical Societies held a joint meeting at Sidney, January 4, which was well attended by physicians of both counties. The program follows: "Some of the Common Diseases of the Face and Scalp," V. W. LeMaster of Sidney. "The Predisposing Causes of Cancer," G. E. McCollough, Troy. "Cystitis," G. G. Giffin of Dayton. The meeting was called to order at ten o'clock in the morning. At noon a dinner was served at the Business Girls' Association headquarters. Dr. Giffin's paper was read at the afternoon session and was followed by a general discussion in which many took part. The meeting was a success in every way.—O. O. LeMaster, Correspondent.

*Darke County* Medical Society met in regular session at Greenville, December 14, when the business of the year was closed up and officers were elected for the ensuing year. Cases were reported by Drs. Husted, Burnett and Metcalfe. Communications from Executive-Secretary Sheridan were read. The annual report of the president on work of the society and the report of the secretary-treasurer on finance and mem-

bership were read. The officers for 1917 are: President, S. W. Hawes, Greenville; vice-president, E. A. Hecker, New Madison; secretary-treasurer, A. F. Sarver, Greenville; censor, A. W. Rush, Greenville; public health commissioner, G. W. Burnett, Greenville; delegate, J. E. Monger, Greenville; alternate, E. G. Husted, Greenville.—J. E. Hunter, Correspondent.

*Champaign County* Medical Society held its regular meeting December 14 in the office of Mark Houston, at Urbana. The following officers were elected for 1917: E. W. Ludlow, president; V. G. Wolfe, vice-president; David H. Moore, secretary-treasurer; Richard Henderson, censor for 3 years; E. D. Buhner, censor for 2 years; C. A. Offenbacher, censor for 1 year; E. R. Earle, delegate; E. W. Ludlow, alternate. After the election a discussion of the program for 1917 was held. It was decided to meet in January with E. W. Ludlow, at which time Mark Houston will read a paper.—David E. Moore, Correspondent.

*Montgomery County* Medical Society listened to interesting reports by its various committees at a meeting held in the court house at Dayton, January 4. On January 19 the society was addressed by C. J. Broeman of Cincinnati, on the subject, "Diagnosis of Skin Conditions."—From news clipping.

*Preble County* Medical Society met December 21 and elected the following officers for the ensuing year: A. C. Hunter, president; D. W. McQueen, vice-president; James I. Nesbit, secretary and treasurer; J. B. Jones, censor, 3-year term. Dr. McQueen was appointed delegate to the state meeting. E. E. Bevington is the alternate. Committeemen were named as follows: Public Health, E. E. Bevington, W. I. Christian and G. W. Flora; Red Cross, W. H. Tucker, P. H. O'Hara and H. Z. Silver. James I. Nesbit of Eaton was admitted to membership. Drs. Hunter and Sarver of Greenville were guests at the meeting.—J. C. Ryder, Correspondent.

*Greene County* Medical Society met January 4 in the rooms of the Xenia Business Men's Association. Ten members were present. The following newly elected officers were installed: President, R. R. Richison; vice-president, D. E. Spahr; secretary and treasurer, H. C. Messenger. H. O. Whitaker reported an epidemic of measles in New Burlington, characterized by late eruption and, in one instance, marked delirium with hallucinations. W. A. Galloway explained the State Association's medical defense plan and W. H. Finley reported a recurrent subluxation of the shoulder. The board of censors was instructed

to write to those members who were delinquent in attending meetings during the past year and urge their support and attendance at the coming sessions. W. S. Riteneur, the retiring president, read a splendid paper on Raynaud's disease, reporting a case of same treated by him. An instructive discussion followed.—H. C. Messenger, Correspondent.

### THIRD DISTRICT.

*Hancock County* Medical Society was entertained at a six o'clock luncheon by Dr. and Mrs. J. V. Hartman of Findlay, January 4. President Gibbon of the State Association and Councilor Van Note of the Third District were among the guests. The luncheon was enjoyed by all.

At a business meeting, which followed the social session, a resolution was adopted protesting against the giving of anesthetics by persons not qualified by law. A motion to set aside our May meeting for a golden jubilee in honor of J. A. Kimmell, who at that time rounds out a half century as a practitioner in Hancock county, carried. Dr. Kimmell fathered the Kimmell bill which started the troubles of non-medical and quack healers in Ohio. He has always been a faithful worker in the medical profession. Remarks concerning organization work in the state and especially about our state meeting, next May, were made by Dr. Gibbon. Councilor Van Note, feeling pretty good over the 100 per cent. plus and finding nothing to scold about, told an obstetrical (?) story, which was the cause of an explosion of laughter.

Dr. MacLachlan reported a case which had been diagnosed as enlargement of spleen by a number of physicians and surgeons and which was found to be an abscess of kidney, from which a gallon of pus was drawn. Remarks on the case were made by Drs. Firmin and Baker. Dr. Thomas reported a case of diphtheria in a 26-day old infant. The discussion brought out the especial point that not only children, but adults, in a home where serum is given for prevention should be given the immunizing dose. The serum discussion brought out quite a number of alleged cures of disease for which the serum was not given. One case of lumbago of long standing received immunizing dose of anti-toxin. The lumbago disappeared with no return.

Dr. Baker gave a talk on the treatment of diabetes and explained the methods and effects he has obtained from the Allen treatment. General discussion by Drs. Williamson, Tritch, Linaweaver and MacLachlan. Dr. Firmin gave a report on 104 cases of hernia, inguinal, umbilical and ventral. Discussion by Drs. Hartman, Kimmell and others. G. H. Carpenter and E. W. Misamore were elected to membership and A. M.

Van Horn was reinstated.—Nelia B. Kennedy, Correspondent.

*Allen County* Medical Society held its last regular meeting of 1916 at the Lima Hospital, Lima, December 19. "Common Colds" was the subject presented in a comprehensive paper by O. S. Roebuck. He supported the theory that bacteria are the most important factors in the causation and warned against the peril of infection by one remaining in the breathing zone of an individual so affected, even for only a few seconds. While micro-organisms were held to be the primary infective agencies, persistence to bacterial invasion is lessened by too heavy clothing, not enough fresh air, and over-eating, causing acidosis. He laid stress on the statement that heat increases the size of the turbinates and congests the respiratory mucous membranes, thereby preparing the soil for the genesis of colds. Inordinate changes of temperature were shown to increase the susceptibility to colds. Symptoms were noted showing the sympathetic nerve connection between nasal mucous membrane and mucous membranes of other parts of the system, especially that of the large intestines. The period of incubation was stated to be from eight to forty hours.

The mercenary loss to this country on account of common colds was estimated to be \$100,000,000. It was held that physicians too often make light of common colds which always warrant scientific attention. Atropine to force the blood out of the mucous membranes and turbinates was advocated in treatment. Quinine, by stimulating the vaso-motor centers and contracting capillaries, is valuable. To relieve irritation of the upper air passages, calcium was considered to be beneficial. To relieve the bronchial affections, ipecac and muriate of ammonia are better, perhaps, than any other remedies. As an initial therapeutic measure, the bowels should be unloaded and kept open during the period of the affection. There is no specific cure but remedies for the specific manifestations. Germs being the fundamental cause, iodine was recommended as an immunizing agent. It was held that phagocytes are indicated in all infectious diseases. In many cases *veratrum viride* may be of value. In the discussion which followed, an interesting point was brought out by O. S. Steiner, who stated that as one attack of cold rendered no immunity from succeeding attacks, it may be accepted as corollary, that serum as an immunizing agent in this affection may be expected to bring no practical results. By courtesy of the retiring president, Dr. Roush, a smoker followed the meeting. The hospital nurses furnished a luncheon which was greatly enjoyed by the forty physicians who attended.

W. E. Hover delivered an address before the society on "Incipient Tuberculosis" on the evening of December 14.—Shelby Mumaugh, Correspondent.

*Mercer County* Medical Society held its annual meeting at Celina, January 9. Election of officers for 1917 resulted as follows: P. F. Weamer of Cold Water, president; W. C. Stubbs of Celina, vice-president; D. H. Richardson of Celina, secretary; F. E. Ayres of Celina, treasurer; M. B. Fishbaugh of Celina, censor for 3 years; J. E. Hattery of Celina, censor for 1 year. Committees will be appointed by the president.

We lost two members by removal to other counties last year. E. L. Storer, formerly of Rockford, moved to Middletown and C. R. Hagerman, formerly of Mendon, is now located in Kipton, Lorian county. As yet we have found no one to take their places in the society. We hope to bring the society up to the 100 per cent. mark soon.—D. H. Richardson, Correspondent.

*Erie County* Medical Society's annual meeting was held at the Sunyendeand Club, Sandusky, December 28. H. C. Schoepfle was re-elected president and P. F. Southwick, secretary-treasurer. M. J. Lichty, councilor of the Fifth district, addressed the society, pointing out ways and means of improving our organization. It is hoped that Dr. Lichty's suggestions will be followed and that Erie county will have one of the most active medical societies in the state.—H. B. Peterson, Correspondent.

*Seneca County* Medical Society's regular monthly meeting was held December 21 at the Shawhan Hotel, Tiffin. The following officers were elected for the ensuing year: George W. Williard, president; B. W. Mercer, vice-president; George L. Lambright, secretary-treasurer; E. H. Porter, correspondent.

Resolutions were adopted opposing any amendment to legalize nurse anesthetists. Case histories of cerebro spinal meningitis and bernicious anemia, illustrating the value of laboratory findings in the diagnosis, were read by Dr. Lambright. Differential diagnosis was discussed by all members present. A motion was made that the society have practical demonstrations of laboratory work for review in connection with future cases, in which laboratory findings are mentioned as diagnostic procedures.

We are contemplating a bigger and better year for 1917 and that will be "going some." We had some difficulty during the past year in getting essayists to present their papers according to program, but are planning to insure a

speaker for every meeting next year.—Geo. L. Lambright, Correspondent.

*Wyandot County* Medical Society held its last 1916 meeting in the Carnegie Library at Upper Sandusky, December 2. There was a good attendance and an intellectual feast. Andre Crotti of Columbus, read an interesting paper on "Cancer of the Uterus." In the discussion that followed, a plan was formulated to bring before some of the women's clubs information as to the insidious nature of cancer and its generally unrecognized presence. The general opinion was that if the subject was as well presented before intelligent women, as it had been before the society, the women might assist in the good work instructing women suffering any pelvic pathology to consult a competent diognostician immediately. H. B. Blakey of Columbus, read a paper on "Myocarditis," which was greatly appreciated. I. N. Bowman, Correspondent.

*Van Wert County* Medical Society, at a meeting held in Van Wert, December 11, elected the following officers for 1917: J. Ward Wilson, president; L. F. Jackson, vice-president; C. G. Church, secretary and treasurer; E. V. Hall, delegate; C. A. Turner, alternate.—From news clipping.

*Allen and Auglaize* Medical Societies met in joint session at Wapakoneta, December 12, the meeting having been arranged by the Auglaize society. The program:

"Incipient Tuberculosis," W. E. Hover of Lima. Discussion—C. C. Berlin of Wapakoneta, C. P. McKee of St. Marys, and C. L. Dine of Minster. "Gall Stones," T. R. Thomas. Discussion—H. S. Noble, W. E. Bloyer and C. E. Meckstroth of Wapakoneta.—From news clipping.

*Marion County* Medical Society held a special meeting December 19, when A. Rhu, D. O. Weeks and C. T. Wiant were appointed a committee to confer with the hospital committee of the chamber of commerce as to the advisability of launching a campaign for a city hospital. Five new members were received into the society. A regular meeting of the society was held January 2, at the public library. C. T. Wiant presided in the absence of N. F. Tilton. Routine business was transacted. The next meeting will be held the first Tuesday in February.—From news clipping.

#### FOURTH DISTRICT.

*Paulding County* Academy of Medicine met in the Commercial Club at Paulding, December 20.

The weather was extremely bad, but there was a good attendance. Election of officers for the year 1917 resulted as follows: President, Ernest Kohn of Grover Hill; vice-president, D. F. Russell of Paulding; secretary-treasurer, C. E. Huston of Paulding; delegate, W. L. McKinney of Payne; alternate, L. R. Fast of Paulding; board of censors, A. H. Mouser of Latty and T. P. Fast of Grover Hill.

L. R. Fast of Paulding, read a paper on "Indications and Contra-Indications for Uterine Curettage." The doctor covered the ground thoroughly and the paper was fully discussed. The secretary reported good progress in the collection of dues for the coming year. We hope to have every physician in the county on our 1917 membership list.—C. E. Husted, Correspondent.

*Putnam County* Medical Society met in regular session in the court house at Ottawa, December 7. A small representation of physicians of the county was present, but an interesting meeting was held. A paper was read by W. S. Yeager of Leipsic. C. E. Beardsley, the retiring president, gave a talk on the work and welfare of the society during the past years. This was followed by a report of cases. After a general discussion the officers were elected for the ensuing year, as follows: Wiley D. Hickey of Leipsic, president; Ernest P. Lemley of Vaughnsville, vice-president; C. F. Douglass of Kalida, secretary-treasurer. H. A. Neiswander, Correspondent.

*Defiance County* Medical Society met December 13 at the office of John B. Ury, at Defiance. Officers for 1917 were elected as follows: President, W. S. Powell of Defiance; vice-president, Park M. Lehman of Ney; secretary-treasurer, J. B. Ury of Defiance; committee on medical defense, G. W. Huffman of Defiance—John B. Ury, Correspondent.

*Sandusky County* Medical Society held a meeting in the city hall at Fremont, December 14. P. I. Tusing of Lima, read an interesting paper on "Trichinosis." The following officers were elected for 1917: Martin Stamm, president; O. C. Vermilya, vice-president; D. W. Philo, secretary; M. O. Phillips, treasurer; C. R. Pontius, J. M. Stewart and R. Hunter, board of censors. After the business session the members adjourned to the Leshner restaurant, where a fine spread was enjoyed.—From a news clipping.

*Fulton County* Medical met in regular session at Delta, December 12. Twenty-three members were present. Papers were read by Dr. Murbach

of Achbold, Dr. Rynolds of Fayette, and Dr. Heffron of Metamora. Drs. Moots and McKesson of Toledo, were present and talked on important topics. In the election of officers the following were selected: President, P. S. Bishop; vice-president, Clarence Murbach; secretary, A. A. Brindley. Following the business session the members were escorted to the home of P. S. Bishop, where local physicians joined in serving a fine three-course dinner.—From news clipping.

*William County* Medical Society held a "get-together" meeting in the probate judge's office at Bryan, January 11. There was a good attendance and much enthusiasm. The following officers were elected for 1917: D. C. McTaggart, president; Otis Critchfield, vice-president; M. V. Repogle, secretary-treasurer; J. A. Weitz, delegate. The society now has a membership of 26, one more than last year. Next meeting will be held at West Unity, February 8.—M. V. Repogle, Correspondent.

*Ashtabula County* Medical Society held its regular meeting at the Ashtabula Hospital, December 5. Communications were read from the Clark county society, boosting the Annual Meeting of the State Association at Springfield, May 14, 15 and 16, from Councilor Lichty, inquiring about a central meeting of the Fifth district, and from the office of the executive secretary, detailing the various activities of the state association.

The secretary was instructed to convey to the secretary of the State Association the society's disapproval of any legislative action which would license the practice of optometry. M. B. Todd was admitted to membership. Reports from the president, secretary and treasurer for the year 1916 showed the society to be in a flourishing condition. The following officers were elected: President, J. J. Hogan; vice-president, W. H. Leet; secretary-treasurer, A. W. Hopkins; censor 3 years, E. Crockett; censor 1 year, S. M. Lynn; delegate, S. H. Burroughs; alternate, S. M. Lynn.

A buffet luncheon was served by Miss Peck, of the hospital. The members of the society residing in Ashtabula then discussed the advisability of raising fees.—R. B. Wynkoop, Correspondent.

*Lorain County* Medical Society met in Lorain at the K. of P. Hall on Tuesday, January 9. Dinner was served by the Pythian Sisters Lodge, covers being laid for 20. H. W. Powers, president, opened the meeting with a speech, encouraging the members to a continuous and united co-operation for the success of the society in 1917, and predicting a splendid year's

work in the interests of a generous increase in membership and the society's value. One application for membership was received and E. J. Heinig of Vermillion was admitted to membership.

D. E. Stephen read a paper on "Does Disease Kill the Unfit?" This subject was timely and well presented. The paper showed earnest thought and contained much that was distinctly new to most of the members. It was statistical, even to references to ancient Greek and Egyptian times. Attendance, 12 members. The next session will be held at Elyria, February 13, when H. H. Drysdale of Cleveland, will speak on "Psycho-Neurosis Emotionalism as a Genetic Factor."—C. S. Jaster, Correspondent.

*Lake County* Medical Society held its annual banquet at the Parmly Hotel, Painesville, Monday evening, January 8. The wives of the physicians were guests and added much to the joy and dignity of the meeting. During the evening, Mr. W. E. Donaldson furnished wholesome music. At nine o'clock the doctors and their wives went to the Utopia Theater and enjoyed a real Indian show. The following were present: Dr. and Mrs. A. P. Brady, Dr. and Mrs. G. F. Barnett, Dr. and Mrs. E. S. Jones, Dr. and Mrs. James R. Davis, Dr. and Mrs. L. H. Tillottson, Dr. and Mrs. V. N. Marsh, Mr. and Mrs. M. H. Cannedy of Painesville, and Dr. and Mrs. Charles Quayle of Madison, Dr. and Mrs. C. W. Emmons of Fairport and Dr. and Mrs. J. N. Black of Perry. The next regular meeting will be held at the Painesville Hospital, Monday evening, February 5.—E. S. Jones, Correspondent.

#### SIXTH DISTRICT.

*Summit County* Medical Society met January 2, with an attendance of 46 from Akron, Cleveland, Doylestown and Wadsworth. New members admitted are S. J. Havre of Kenmore, and N. S. Everhard of Wadsworth. Five applications were presented. The retiring president, J. N. Weller, installed his successor, H. H. Jacobs. The program follows:

"Industrial Anilin Poisoning in the U. S. A.," R. V. Luce. Discussion by D. B. Lowe, H. S. Davidson. "The Cancer Problem, Past and Present," E. C. Hinman. Discussion by K. H. Harrington, T. D. Hollingsworth, J. G. Blower, J. D. Smith, H. H. Jacobs, S. S. and J. Wright, S. E. McAdos, J. F. Miller and J. N. Weller.

A resolution was adopted opposing the attempt to legalize the giving of anesthetics by nurses. When the secretary reported that the society still owed \$62 for furniture, the president appointed J. D. Smith, V. D. Seidel and L. E. Brown to raise the amount. In five minutes it

was raised and the money given to the secretary. *Does any other society in Ohio own its rooms and equipment?* The meeting lasted till midnight without a dull moment. O. P. Kimbell of Cleveland, gave a short address upon "The Prevention of Goitre in Children."—A. S. McCormick, Correspondent.

*Richland County* Medical Society held its annual meeting at Mansfield, December 21. Officers were elected as follows: C. G. Brown, president; K. C. Parker, vice-president; F. A. McCullough, secretary-treasurer; W. S. Mecklem, delegate; J. Y. Salzman, alternate; John Burns, auxiliary committeeman; John Nichols, defense committeeman; George W. Baughman, R. C. Wise and R. V. Myers, board of censors; John Maglott, W. E. Loughridge and A. H. McCullough, executive hospital board. John S. Hattery and C. R. Keller were admitted to membership. R. V. Myers read a paper in "Syphilis-Intravenous and Deep Muscular Injections," and Dr. Loughridge gave a talk on "Medical Defense."—F. A. McCullough, Correspondent.

*Mahoning County* Medical Society held its annual banquet at Youngstown, December 19. William O'Neill Sherman, chief surgeon of the Carnegie Steel Company, Pittsburgh, was the principal speaker. He discussed the Carrel method of wound sterilization. Dr. Sherman recently returned from a visit to hospitals in France.

*Ashland County* Medical Society met in regular session at Samaritan Hospital, Ashland, January 2. Members present: Drs. Roasberry, Dotterweich, Smery, Fuller, Sherick, Powell, Reibel, Meuser and McClellan. Dr. McClellan presented several cases, pointing out the importance of verifying diagnosis. Dr. Powell gave the history of two cases of puerperal eclampsia. The cases that were presented were discussed fully—From news clipping.

#### SEVENTH DISTRICT.

*Jefferson County* Medical Society's annual banquet was held at the Imperial Hotel, Steubenville, December 12. There were fifty present including the wives of the doctors and the visiting medical men from Weirton and Follansbee. Prior to serving the banquet, J. C. M. Floyd was elected president and J. R. Mossgrove, secretary and treasurer. The banquet was served at six-thirty o'clock. Dr. Johnson of Pittsburg, made the principal address of the evening, taking for his theme the X-Ray.

The next meeting of the society was held January 9 in the I. O. O. F. building, Steubenville.

The program follows: Symposium of Tuberculosis. Diagnosis of Tuberculosis Without Chest Examination, John A. Bradley. Tuberculosis of Bones, C. W. Maxson. Treatment of Tuberculosis by Light and X-Ray, J. C. M. Floyd.—J. R. Mossgrove, Correspondent.

*Coshocton County* Medical Society, at a meeting held in Coshocton, December 28, revised its fee schedule. Day calls will be \$1.50 and night calls will be \$2.00. Confinement cases will be \$15. The following officers were elected for 1917: President, E. C. Carr of Coshocton; vice-president, J. W. Dillon of New Castle; secretary-treasurer, J. D. Lower of Coshocton; delegate, E. M. Wright of Warsaw; alternate, F. M. Marshall of Coshocton. Edmund Cone read a paper on "Business Methods" and C. R. Kitzmiller discussed "Pneumonia."—J. D. Lower, Correspondent.

#### EIGHT DISTRICT.

*Muskingum County* Academy of Medicine met January 10 in the Chamber of Commerce rooms at Zanesville. The evening was devoted to the study of "The Diagnosis and Treatment of the More Common Heart Affections." F. H. Infield was the essayist. His paper was thoroughly and carefully prepared and was enjoyed by all present. The discussion was opened by J. C. Crossland, who was followed by C. P. Sellins, C. H. Higgins, D. T. Davis, W. A. Melick and S. A. Allen, Dr. Infield closing.

The academy expects to make this a banner year and has arranged a course of study for the year which will be followed closely. Interest in academy work was never better than at present and everybody is pulling to make the meeting of the Eighth district at Zanesville this year the best the district has ever had.—O. L. Dusthimer, Correspondent.

*Licking County* Medical Society held its annual banquet at the Warsaw Hotel, Newark, Thursday evening, December 28. J. P. Stedman presided at the after-dinner session, which was devoted to a burlesque medical society meeting, with W. C. Rank, D. J. Price, Harry E. Hunt and Clark E. Hatch taking leading parts. The address of the retiring president, J. P. Stedman, following. Officers elected for 1917 were: President, Homer J. Davis; vice-president, Williard C. Rank; secretary-treasurer, Harry E. Hunt; delegate, J. E. Shirer; alternate, C. B. Hatch. The time of meeting was changed from the last Friday of each month at 8 p. m. to the last Thursday at 6 p. m. A dinner will precede each program.—Harry E. Hunt, Correspondent.

*Fairfield County Medical Society*, at a meeting December 28, elected W. R. Coleman, president; G. O. Beery, vice-president; P. S. Bone, secretary-treasurer; J. J. Silbaugh, censor; C. M. Brown, delegate; J. H. Axline, alternate. R. W. Mondhank reported an interesting case of a gun shot wound of the head. Other clinical cases were reported by Drs. Silbaugh and Hazelton.—James M. Lantz, Correspondent.

*Perry County Medical Society* met in the office of N. T. McTeague at New Lexington, December 14. The following officers were elected for 1917: E. D. Allen of Crooksville, president; J. H. Wright of New Lexington, vice president; Robert Miller of Hemlock, secretary-treasurer; Dr. McTeague, legislative committeeman; Dr. Miller, delegate; Michael Clouse of Somerset, alternate. Papers were read by N. H. McNerney of Corning and, Dr. McTeague.—From news clipping.

#### NINTH DISTRICT

*Hempstead Academy of Medicine* held its annual banquet and election of officers at Portsmouth, December 11. Covers for 40 were laid at the banquet. Robert O. LeBaron acted as toastmaster. The program included talks by J. N. Ellison on "Cutting the Umbilical Cord;" W. E. Gault, "The Darning Bag;" J. W. Daehler, on "Preventive Medicine;" J. N. Hopkins on "Business Propositions to Doctors;" G. S. Mytinger "Some Legislative Problems of the State Association;" I. A. Berndt on "The High Cost of Living."

Officers elected are: Harry Raapp, president; J. N. Hopkins, vice-president; O. D. Tatje, secretary-treasurer; board of trustees, Drs. Keil, Smith, Hutchens, Berndt and Daehler.—From news clipping.

*Meigs County Medical Society* held a "get together meeting" in the office of Jane N. Gilliford at Pomeroy, December 26. Ten members of the society were present. C. M. Shephard of Grant Hospital, Columbus, gave an interesting talk on "Infantile Paralysis." J. S. Rardin, of Portsmouth, councilor of the Ninth District, talked on the benefits derived from membership in a medical society, and explained many things that the Ohio State Medical Association is doing to benefit physicians. The motion was made and duly carried that the Meigs County Medical Society hold its meetings in the evening, as the former hour of 2 P. M. was an inopportune time for the physicians to leave their offices. After the meeting, an oyster supper and social time was enjoyed at Vore's Cafe.—Jane N. Gilliford, Correspondent.

*Jackson County Medical Society* met in the mayor's office at Jackson, January 9. Those present were: Gahm, Harbarger, McClung, Ogier, Davis, Sylvester, Hunter, J. H. Ray, Caldwell, Evans, Fowler and A. G. Ray. After clinical report by Drs. McClung and Sylvester, the society voted to devote the entire time to a committee's report on revision of fees. The body of the fee bill finally adopted remains unchanged. The changes affecting the public most are day calls from 6 A. M. to 6 P. M., \$1.50; night calls from 6 P. M. to 6 A. M., \$2; primary telephone consultation, 50 cents. A. G. Ray was elected medical defense committeeman.

At a meeting December 12, the Society elected H. L. Gahm president, and A. G. Ray secretary.—A. G. Ray, Correspondent.

*Vinton County Medical Society* met at McArthur, December 5, and elected the following officers for the ensuing year: President, W. R. Moore, Orland; vice-president, W. R. L. Dwyer, New Plymouth; secretary-treasurer, W. H. Henry, Hamden; delegate, W. H. Henry, Hamden; alternate, A. A. Boal, Zaleski.—W. H. Henry, Correspondent.

*Lawrence County Medical Society* met in the office of the Ironton Chamber of Commerce, December 15. The following officers for 1917 were elected: President, Wilson Lynd; vice president, W. S. Eakman; secretary, E. E. Ellsworth; board of censors, Drs. Eakman, Allen and Marting; delegate, O. U. O'Neill; alternate, Dr. Remy.—From news clipping.

#### TENTH DISTRICT

*Pickaway County Medical Society* met in regular session at Circleville, December 1, with 12 present. The society was addressed by Prof. Trump, superintendent of schools, on "The Cooperation of the Doctors and the Schools." He dilated upon the fact that physical ills were not conducive to mental betterment and desired that some step toward medical inspection in the schools be taken. The talk was full of meat and gave rise to much discussion.

The secretary reported that the injunction case against the city hospital had been heard by the Court of Appeals and that a decision would be given at a later date. Several cases were reported. All members having paid dues for 1917, the society wound up the year in A-No. 1 shape.

At the regular meeting of the society, January 5, the rules were suspended and the following unanimously chosen as officers for the ensuing year: President, Howard Jones; vice president, O. H. Dunton; treasurer, George T. Row; sec-

retary, D. V. Courtright; delegate, George H. Colvill; alternate, George R. Gardner.

H. M. Platter of Columbus was introduced and by request spoke on "The Co-relation of Medicine and Poedagogy," dividing the subject as follows:—Contagious diseases, physical defects, children, disease carriers, ventilation, open air schools and medical inspection of schools.—D. V. Courtright, Correspondent.

*Union County* Medical Society, during December last, held three meetings in as many weeks. The main object accomplished was an increase in membership from 12 to 20. With one or two exceptions, all the physicians in the county, who are eligible, are members of the society.

The other gain was the adoption of a new fee bill to which the Marysville physicians unanimously subscribed. The bill follows: Office consultation, \$1.00 to \$5.00; venereal diseases (in advance), \$5.00 to \$50.00; town visit, day (6 A. M. to 6 P. M.), \$1.50; town visit, night (6 P. M. to 6 A. M.), \$2.50; county visit, day, first mile, \$2.00, and each additional mile, \$0.50; county visit, night, first mile, \$2.50, and each additional mile, \$1.00; consultation, mileage and \$5.00; ordinary confinement, \$15.00; confinement over four hours duration, \$1.00 for each additional hour.

Signed cards bearing this advance were printed and posted in each doctor's office. Richwood members adopted a similar schedule, signed by all physicians in Richwood. The penalty for persistent disregard of the schedules is to be expulsion from society. We don't expect to lose any one.—F. C. Callaway, Correspondent.

*Delaware County* Medical Society met in regular session in the court house at Delaware, December 1. W. E. Borden was admitted to membership. Election of officers for 1917 resulted as follows: V. B. Weller, president; H. M. Day, vice-president; A. H. Buck, secretary-treasurer (re-elected); C. W. Chidester, member of board of censors for five years (re-elected).

A round table discussion of subjects of interest to the members of the society followed. After the meeting, on an invitation from the retiring president, the members assembled at a restaurant where they had a chance to forget the every-day trials of practice and think of pleasures that go to make the inward man happy and contented.—A. H. Buck, Correspondent.

*Delaware County* Medical Society was addressed by Arthur G. Helmick of Columbus, on children diseases, at a meeting held in Delaware, January 5. Several case reports also were presented to the society. The paper and the cases were fully discussed.—From news clipping.

*Crawford County* Medical Society held its annual banquet and election of officers, December 28, at the Deal House, Bucyrus. Wells Teachnor of Columbus councilor of the Tenth District, gave the principal address. Officers for the coming year are: R. J. Caton, Bucyrus, president; H. Hartman, Galion, vice-president; W. G. Carlisle, Bucyrus, secretary; C. A. Lingenfelter, Bucyrus, delegate; Charles Trimble, Crestline, alternate; J. J. Martin, Bucyrus, W. W. Guis, Tiro, and L. H. Moille, Galion, censors.—From news clipping.

#### GENERAL PRACTITIONERS ELECT

At the annual banquet of the General Practitioners Society of Columbus, January 11, addresses were delivered by the following: Drs. W. J. Weaver, Earl W. Euans, J. H. J. Upham and J. F. Baldwin and Mr. J. H. Francis, superintendent of the Columbus public schools. The 1917 officers of the society are: Earl W. Euans, president; W. F. Whitten, vice president; George W. Keil, secretary-treasurer; C. C. Ross, John Rauschkolb and A. B. Davenport, trustees. Music at the banquet was furnished by students of the State School for the Blind.

#### ORTHOPEDISTS MEET

Central States Orthopedic Club, with an attendance of about 50, held successful meetings in Cleveland, Elyria and Cincinnati, December 27 and 28. Arrangements were under the direction of Dr. W. G. Stern, in Cleveland, and Dr. A. H. Freiberg, in Cincinnati. Clinics at Mt. Sinai, Lakeside, and St. Luke's, in Cleveland; Gates Hospital for Crippled Children, in Elyria; and at Cincinnati General Hospital, provided a most interesting program.

#### CITY TO PROVIDE MILK.

While milk producers and distributors of Cleveland were engaged in a controversy over milk prices recently, the Cleveland council took action which will insure a steady supply of inspected milk for Cleveland babies. An ordinance providing \$4,000 for the establishment of a municipal pasteurization and bottling plant, large enough to care for all babies in the city, was passed. The plant will be located at Warrensville where the city maintains a herd of 140 cows. Auto trucks will be purchased to deliver the milk.

*Cadiz*—Friends of Dr. Elizabeth Esther Anderson have received word of her death November 1, 1916. For nine years Dr. Anderson was in charge of Looker Memorial Hospital, Soo Chow, China. She was a graduate of the Ohio Medical College, Columbus. Memorial services were held recently at Cadiz under the auspices of the Harrison County Medical Society.



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## New Member of State Board of Health Named —Recess Appointments before Senate

Shortly after the present legislature convened, former Governor Willis appointed Dr. McKendree Smith of Marble Cliff, Columbus, a member of the state board of health to succeed Dr. Angus MacIvor of Marysville. The appointment is subject to senate confirmation. Dr. Smith's term would end December 23, 1923.

All appointments made by Governor Willis after the senate adjourned in May, 1915, are subject to confirmation by the senate which convened on January 2, 1917. As the present senate is Democratic, it is extremely doubtful if any will be confirmed. Governor Cox has requested that they be withdrawn, and he will submit a new list.

Included in the list of "recess appointees," are the following physicians:

W. W. Ryall of Youngstown, member of the state board of health for the term ending December 13, 1922.

Charles E. Sawyer of Marion, member of the state medical board for the term ending March 8, 1923.

Governor Cox will be called on to appoint a new member of the medical board March 17, 1917, as the term of Dr. Lee Humphrey of Malta, expires on that date.

### DR. SHEPARD REAPPOINTED.

After efficient service as a member of the State Board of Administration, which has control over our nineteen state hospitals, Dr. E. H. Rorick of Fulton County tendered his resignation to Governor Cox, to be effective February 1. He was succeeded by Dr. A. F. Shepherd who was a member of the original board, having been appointed in 1910 by Governor Harmon. Dr. Rorick succeeded Dr. Shepherd last February. Dr. Shepherd has devoted his life to state hospital work. He was made superintendent of Dayton State Hospital in 1902 and his efficient service in that capacity brought about his appointment to this most important board when it was established nine years later.

Dr. Morton Bland of Bellevue who has served for two years as state registrar of the Bureau of Vital Statistics will retire from office on March 1 and will be succeeded by Dr. John E. Monger of Greenville, the choice of Secretary of State Fulton. Dr. Fulton's selection of Dr. Monger will meet with universal satisfaction throughout Ohio as the new registrar has a wide circle of friends who know that he is splendidly fitted for this important work. Dr. Bland will take graduate work in the East for a time and plans to return to Columbus to enter special practice.

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President, A. G. LOHMANN, Cincinnati.  
 Secretary, HOWELL WRIGHT, Cleveland.

(The Journal is the official organ of the Ohio Hospital Association. This column will be a regular monthly feature in the future. Items relative to Ohio hospitals are solicited.)

At its January meeting the Cleveland Hospital Council adopted a program for this year. Some of the important features are:

1. The Council will analyze, consolidate, and publish in proper form, information contained in the uniform hospital report blank now used by the 20 hospitals in the organization.

2. With this information as a basis it will make further analysis of Cleveland's hospital facilities, including a statement of the present facilities and an estimate of what additional facilities are necessary to meet increased demands, either at the expense of private philanthropy or through municipal activity. Report will also be made relative to opportunities for medical and nursing education.

3. The Secretary was authorized, when requested by individual hospitals, to investigate their claims against the State Industrial Commission and to act as the agent of the individual hospitals when so requested in attempting to adjust differences between the medical department of the Commission and the hospital.

4. A study of the present systems of collecting hospital bills was authorized. A report is to be made to the Council regarding the same, with recommendations as to the advisability of establishing a central collection department and credit association in connection with the Hospital Council office.

5. A study of centralized purchasing will be made during the year.

6. Upon recommendation of the Legislative Committee the Council voted to actively support an amendment to the present Workmen's Compensation Law, giving the State Industrial Commission discretionary authority to make payments for hospital, medical and nursing service in excess of the present two hundred dollar limitation.

7. The Council voted to actively support the present state registration of nurses law, and make every effort within its power to prevent any change or modification of the same; also to support the proposed bill providing for the appointment of a State Commission to study and make recommendations relative to compulsory state sickness insurance.



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## RULING ON INTERNESHIP.

New rules governing the appointment and employment of interns are embodied in a resolution adopted by the Ohio State Medical Board at a meeting held in Columbus, January 2. The resolution follows:

"Whereas, The State Medical Board considers hospital internship as furthering the better medical education of prospective practitioners,

"Be It Resolved, That unsalaried interne service shall be considered as a part of the medical education course, and holders of such interne appointments shall not be required to be licensed in Ohio during their term of service, provided such internes at the time of their appointment file with the Secretary of this Board their respective preliminary and medical qualifications, the date and term of the service, and the name of the hospital—

"Be It Further Resolved That salaried interne service shall be considered as the practice of medicine and the holders of such interne appointments shall be required to secure licenses in Ohio, and,

"Be It Further Resolved, That all previous rulings of this Board in conflict with these resolutions be and are hereby rescinded."

The above action is regarded as a step toward the requirement of an interne year as a requisite for medical licensure in Ohio. It relieves a

situation that has proved embarrassing to internes who were graduates of states that require such an interne year. For example, Pennsylvania graduates who sought Ohio internships were in a curious situation. They couldn't be licensed in Pennsylvania until they had completed their hospital year, and they couldn't serve as internes in Ohio until they had been licensed in their home state.

Any step that will encourage internship is to be commended.

## WHAT CONSTITUTES "SALARY"?

The adoption of a resolution by the State Medical Board holding that "unsalaried" internes need not be licensed, is of great interest to the hospitals of the state. The Cleveland Hospital Council, through Secretary Howell Wright, on January 12 made the following inquiry of the Board:

"In its resolution the Board makes the distinction between un-salaried interne service and salaried interne service and requires that holders of un-salaried interne appointments shall not be required to be licensed but that holders of salaried interne appointments must be licensed. In general the question as raised by the resolution referred to and upon which the Council seeks further light is: How are we to interpret

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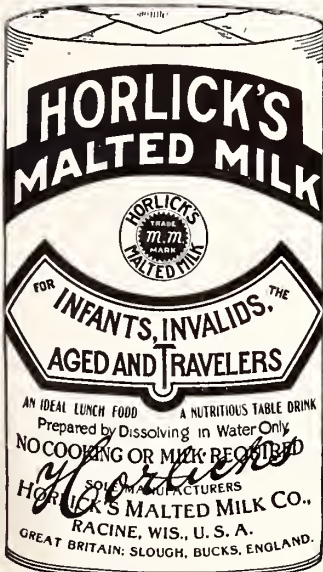
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"salaried" and un-salaried"? What shall be the basis of distinction between these two classifications of interne service?

"As you undoubtedly know, hospitals have different plans for compensating internes for service rendered. Practically all hospitals give board and lodging and laundry. In addition some provide a stipulated number of white uniforms each year. Some make cash allowances for incidental expenses, while certain others give in addition to board and lodging certain instruments such as a stethoscope, hammer, scissors, etc.

"The question of grave concern to the hospitals, as raised by your resolution, is this: Does the State Medical Board consider these items, individually and collectively, given by hospitals to internes in exchange or return for their services rendered in the hospitals as such, as salary, fee or compensation of any kind direct or indirect? It may be stated in another way: In what class of service—salaried interne service or un-salaried interne service— shall the hospital place an interne who receives board and lodging or board and lodging plus any one of the items enumerated above in exchange or return for his services rendered in the hospital as such? You will probably note at once that the resolution of the Board has raised a very important hospital question and will appreciate the necessity of an early reply. In addition may I say that the interpretation requested is likely to have important bearing upon proposed legislation now under consideration."

Alliance Hospital was thrown open to the public New Years Day.

Improvements and additions costing \$3,500 have been made at Monnette Memorial Hospital at Bucyrus. New rooms for operating and sterilizing purposes and for X-Ray equipment have been added to the institution.

The new Homeopathic Hospital erected by the state on the campus of the Ohio State University, Columbus, was dedicated January 12. It provides 100 beds.

Morgan Engineering Works at Alliance is preparing plans for a hospital for the benefit of employes of the company.

Ashtabula city officials and trustees of the General hospital in that city are considering plans for the erection of a hospital for the treatment of contagious diseases.

Youngstown city council has authorized a \$25,000 bond issue for the erection of a quarantine hospital.



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George D. Loomis of Tiffin celebrated his birthday anniversary by giving \$1,000 to a fund which the Tiffin chamber of commerce is raising to wipe out a debt of \$4,500 on Mercy hospital.

Mt. Vernon is to have a new hospital, the gift of Mrs. Judson Ball of that city. It will eventually be in charge of the Sisters of Charity of Nazareth, Ky.

Marion citizens are interested in a plan to provide a hospital for the city. A delegation from Marion recently visited Mansfield where details regarding the erection of the Mansfield General hospital were given by the trustees of the institution.

Dr. D. K. Gotwald resigned on January 1 as a member of the medical staff of the Springfield City Hospital, a position he had held for nearly 20 years.

Bids for the erection of an addition to the Charles S. Gray Deaconess hospital at Ironton were considered at a recent meeting of the board of control.

An emergency hospital, equipped to render first aid to injured employes, is to be established

at the Lorain shops of the B. & O. railroad. The company is forming first aid squads among its employes.

Trustees of Sandusky County Memorial hospital at Fremont have elected the following officers for 1917: President, J. M. Sherman; vice president, T. P. Dewey; secretary, J. B. Coonrod; treasurer, R. J. Christy; financial secretary, William A. Gabel.

Trustees of Mansfield General hospital recently authorized its building committee to have plans prepared for a \$15,000 nurses' home to be built on the hospital site.

A gift of \$10,000 to the Good Samaritan hospital at Sandusky, in memory of Mr. and Mrs. Watson Hubbard, was announced December 25 by their daughter, Mrs. Elizabeth H. Butler. A movement is under way to induce the hospital trustees to abandon plans for remodelling the hospital and to prepare plans for the erection of a new institution.

Dr. Charles A. L. Reed and Dr. Rufus B. Hall have tendered their resignations as members of the staff of the Cincinnati General hospital.



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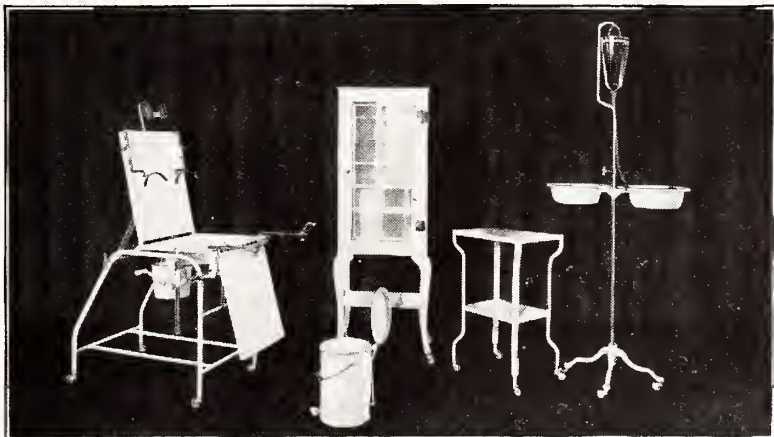
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**NEW BOOKS**

**CANCER OF THE STOMACH.** A Clinical Study of 921 operative and pathologically demonstrated cases, by Frank Smithies, M. D., Gastro-enterologist to Augustana Hospital, Chicago. With a Chapter on the Surgical Treatment of Gastric Cancer, by Albert J. Ochsner, M. D. Octavo of 522 pages with 106 illustrations. Philadelphia and London: W. B. Saunders Company, 1916. Cloth, \$5.50 net; Half Morocco, \$7.00 net.

*Editorial Review—*

An exhaustive consideration of the subject largely from the personal observations of the author, but with numerous references to the recent contributions of others.

The large number of cases which the author has been able to draw upon has enabled him to analyze the various manifestations from every view-point, to present many interesting tables for study and comparison, and to illustrate all of the main pathologic and clinical types by actual case-histories, so that it has the interest and value of a personal clinic.

The chapter on surgical treatment by Dr. A. J. Ochsner completes the subject so as to make the work one of equal value to the surgeon as well as the clinician.

The work is well illustrated by photographs of specimens, roentgenograms, drawings, etc., and diagnostic and operative technique are given in detail.—J. H. J. U.

**CONSTIPATION, OBSTIPATION and INTESTINAL STASIS,** by Samuel Goodwin Gant, M. D., LL. D., Professor of Diseases of the Colon, Sigmoid Flexure, Rectum and Anus in the New York Post-Graduate Medical School and Hospital. Second edition enlarged. Octavo of 584 pages, with 258 illustrations. Philadelphia and London: W. B. Saunders Company, 1916. Cloth \$6.00 net; Half Morocco \$7.50 net.

**BLOOD-PRESSURE.** From The Clinical Standpoint, by Francis Ashley Faught, M. D. Formerly Director of the Laboratory of Clinical Medicine at the Medico-Chirurgical College, Philadelphia. Second edition, thoroughly revised. Octavo of 478 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1916. Price \$3.25 net.

**THE CLINICS OF JOHN B. MURPHY,** at Mercy Hospital, Chicago. Volume V, Number 6 (December 1916). Octavo of 217 pages, 47 illustrations. Philadelphia and London: W. B. Saunders Company, 1916. Published Bi-monthly. Price per year: Paper, \$8.00; Cloth, \$12.00.

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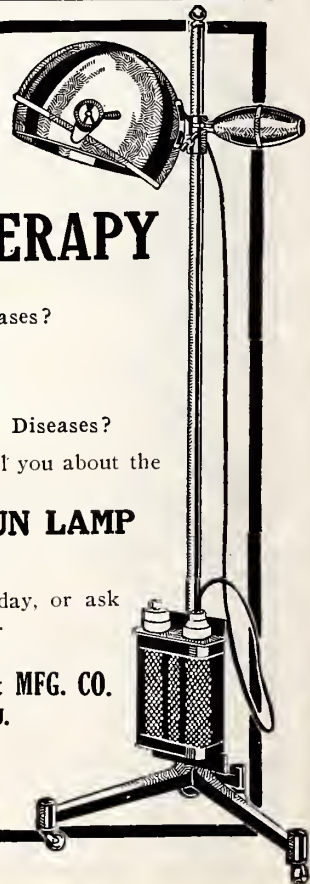
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 \* \* \* \* \*  
**DEATHS IN OHIO**  
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*Chauncey D. Palmer, M. D.*, Medical College of Ohio, Cincinnati, 1863; member of the Ohio State Medical Association; writer, inventor of obstetrical and gynecological instruments, and a Civil war veteran; aged 79; died at his residence in Avondale, Cincinnati, January 11, after a long illness. Dr. Palmer was born in Zanesville. After graduation, he became resident physician of Good Samaritan hospital, a position he resigned to enlist in the Union army as a lieutenant in the medical department. He acted for a time as professor of obstetrics in the Medical College of Ohio and served on the staffs of most of the Cincinnati hospitals. His contributions to medical literature were many. He is survived by his wife and one son, Dr. Dudley Palmer of Cincinnati.

*Frank S. Clark, M. D.*, Western Reserve Medical School, 1890; fellow of the American Medical Association; member of the faculty of the Western Reserve Medical School; aged 52; died at his residence in Cleveland, November 23, 1916. Dr. Clark was considered one of the leading obstetricians of Cleveland. At the time of his death he was chief of staff of St. Ann's Infant Asylum and Maternity hospital, an institution he had been connected with for 20 years. He was also a lecturer on obstetrics at Charity hospital. His wife and mother survive.

*George Stockton, M. D.*, Bellevue Hospital Medical College, New York City, 1875; a fellow of the American Medical Association; age 63; died at the Rodebaugh Sanitarium, Columbus, January 9, from uraemic poisoning. At the time of his death Dr. Stockton was a member of the staff of the sanitarium. For 30 years he was a member of the staff of the Columbus State Hospital, and during the last eight years of that period he was superintendent. He took up the practice of medicine in Chillicothe in 1877 but left there in 1880 when he took up institutional work. Dr. Stockton never married. He is survived by one sister.

*Frank M. Galer, M. D.*, Starling Medical College, Columbus, 1867; aged 73; died at his home in De Graff, January 1, after an illness which extended over a period of several months. He began his practice at Eden, Delaware county. Two years later he entered the office of Dr. J. W. Hamilton at Columbus. After spending several years in Columbus, Dr. Galer moved to De Graff where he remained until his death. He was a member of the Ohio State Medical As-

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sociation and interested in several business enterprises in De Graff. A daughter, two sisters and a brother survive.

*John W. Snider, M. D.*, University of Wooster, 1878; member of the Ohio State Medical Association; died at his home in New Castle after a two days' illness from pneumonia. Dr. Snider was 62 years old. During recent years he spent much of his time traveling in the South for his health. He was unmarried and is survived by his mother and one brother.

*J. W. Avery, M. D.*, Miami Medical College, Cincinnati, 1884; aged 59; died at his home in Delaware, December 31, 1916. He had been ill several months. Shortly after his graduation, Dr. Avery served for three years as assistant physician at the Dayton State Hospital. He then located in Pennsylvania but returned to Delaware and resumed practice in 1891. He retired from active practice several years ago owing to serious eye trouble. One sister and two brothers survive.

*Emil August Ballmer, M. D.*, Eclectic Medical College, Cincinnati, 1898; member of the Ohio State Medical Association; aged 58; died suddenly of heart disease at his home in Columbus

Grove, December 20. Dr. Ballmer had practiced medicine in Columbus Grove for six years. He formerly lived in Pandora.

*John H. Williams, M. D.*, Columbus Medical College, Columbus, 1885; aged 60; died at his home in Summerfield, Noble county, January 6, from a bullet wound, supposed to have been self-inflicted.

*Luther B. Shumaker, M. D.*, Starling Medical College, Columbus, 1898; member of the Ohio State Medical Association; aged 41; died of organic heart trouble at his home in Pharisburg, December 10. He had practiced medicine in Lancaster, Pomeroy, Galion, Pharisburg and Ostrander. A short time ago, Dr. Shumaker moved to Ostrander but returned to Pharisburg a few days before his death. He is survived by his wife.

*Thomas G. Rainey, M. D.*, University of Michigan, Medical Dept., 1872; aged 70; died at his home in Cleveland, December 20. His death is believed to have resulted from injuries received in an automobile accident last September. Dr. Rainey had practiced medicine in Cleveland for 17 years. He is survived by his wife and three daughters.

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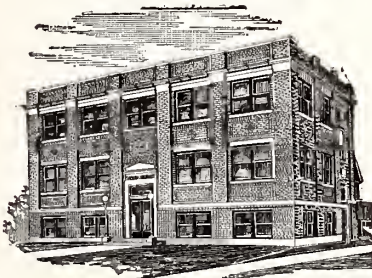
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*Herbert Hallet Marsh, M. D.*, Ohio Medical University, Columbus, 1896; aged 46; died December 23 at his home in Chillicothe after a prolonged illness from a complication of diseases.

*Charles T. Gerlach, M. D.*, Kentucky School of Medicine, Louisville, Ky., 1897; aged 41; died December 9 in a hospital at Huntington, W. Va., of an infection contracted while treating a patient at his home in Getaway, Lawrence county, Ohio. He is survived by his wife.

*Howard Edwin Heistand, M. D.*, Medical College of Ohio, Cincinnati, 1884; president of the Hardin County Medical society; aged 58; died on December 15 in a hospital at Columbus where he had gone for treatment. His home was in Kenton. Dr. Heistand for years had been an active worker in the county medical society. He is survived by his wife and daughter.

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### Industrial Commission Fixes Policy Regarding Payment of Drug Bills

The adoption recently by the Ohio industrial commission of a resolution relating to the payment of bills for medicines and supplies furnished in cases under the workmen's compensation law makes clear a point about which there has been considerable discussion among physicians ever since the compensation act became effective.

The commission decided that after January 1, 1917, only bills for drugs, appliances and medication as are shown to be "extraordinary in character" will be paid from the state insurance fund. However, all outstanding drug bills of any character, contracted before January 1, 1917, will be approved and paid by the commission. This applies to physicians as well as to druggists.

In industrial cases, physicians are expected to furnish all ordinary medicines and supplies as a part of the service for which the state allows their fees. The term "extraordinary medicines and supplies" is defined by the commission to include the following:

"Antitoxins, serums, vaccines, braces, trusses, elastic supports, crutches, large quantities of alcohol and special prescriptions for burns, or other similar appliances and medications which

are not usually carried or supplied by the attending physician or surgeon.

Many physicians are under the impression that only druggists and hospitals can be paid by the state for medicines and supplies used in industrial cases. This is not true. A bill rendered by a physician or surgeon for extraordinary drugs and supplies will be approved for payment at cost, providing the reports accompanying the bill describe fully the nature and extent of the injury and tell why extraordinary medication and appliances were necessary.

Physicians holding drug bills of any character contracted before January 1, 1917, should submit them to the commission immediately. Druggists of the state have been notified that after that date, they must look to the physician for payment of any supplies which are not considered "extraordinary."

Druggists have protested against the adoption of the resolution, and have demanded that the commission pay for drugs as in the past.

Mr. S. S. Robinson, a merchant at Ostrander, Delaware county—a town of five hundred in a good farming community—writes *The Journal* that there is good opening for a physician there.



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## Dr. Hayhurst Was Misquoted by "The Survey."— We Merely Reprinted the Article

Editor, The Journal:—The Journal in its December issue (pages 815-816) quotes about two pages, which, it states, are taken from a report by Dr. Alice Hamilton in The Survey for November 11th. This Survey article purports to cover certain papers and discussions concerning Health Insurance at one of the meetings of The American Public Health Association in Cincinnati late in October.

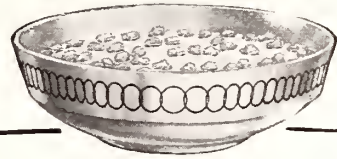
The last paragraph of the quoted article refers to what I was presumed to have said, but is, indeed, a considerable distortion and a surprise to me. The article was first called to my attention a week ago by a friendly physician who wished to know if those were my sentiments concerning the medical profession of today and whether I had really made such statements. In fact, I was asked to meet a committee of physicians and did so in regard thereto. As they were all local Columbus physicians and very kindly minded I had no trouble in putting them straight. The following statement occasioned the comment, the last sentence especially being obnoxious, and I quote it direct:

"Dr. E. R. Hayhurst of the Ohio State Board of Health was also in favor of placing the medical service connected with health insurance in the hands of salaried men who ought to work in close connection with the institutions now existing, the hospitals and dispensaries. If this was not done, we might end in providing the wage-earner with poorer medical service than he now obtains, for we should be taking him away from the modern dispensary with its specialists and its diagnostic laboratories and throwing him back into the hands of the mediocre practitioner."

I certainly never made any such statement as this. As I spoke before an audience of some thirty persons composed chiefly of physicians, a part of whom were Ohio physicians, such a statement would have aroused adverse comment on the instant. Instead, nothing of the sort occurred. I do not recall that my remarks were given more than passing notice, nor that my points or statements were referred to in the subsequent discussion. At a small dinner party two days later, Dr. Lee K. Frankel and I discussed the "dispensary unit system" (which is really the suggestion originated by Dr. Michael M. Davis of Boston) and Dr. Frankel expressed interest in the idea that such system might be made to appeal to physicians.

The crucial statement above could certainly gain nothing and is far from being a constructive or helpful one at a time when such unusual transition in our social status needs constructive suggestions. It would, indeed, be hard to imagine what occasion any speaker could have had for making it.

May I, therefore, be allowed to re-state in your columns, what, in essence, was the theme of my remarks at that time (unfortunately no stenographic notes were taken covering this discussion)? I was called upon by the Chair



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(Dr. Hamilton) to say something upon the subject under discussion and spoke about as follows:

"I do not wish to be taken as qualifying as an insurance expert and I have come to no definite conclusion concerning any phase of this question of health insurance, and wish to limit my remarks solely to the single feature of the proposed conduct of the medical service. I am of the opinion that one way to handle this would be through dispensaries and hospitals similar to the organization plan of free dispensaries and hospitals which now exist. The ambulatory case should go to the dispensary and the bed case should be taken care of in the hospital. A great increase in such dispensaries and hospitals would, of course, be necessary and groups for that purpose would have to be formed. In place of the free dispensary would be the pay dispensary since everything is to be paid for. Physicians might be employed by these dispensaries and hospitals upon a salaried basis. By such means adequate services could be gotten to the workers covered in the insurance plan but it must not be forgotten that a definite incentive must be given to the physician to do good work."

I may say, *apropos*, that I am very much more in favor of the panel system proposed than any salaried service, except for medical supervisors, and district physicians or those who work for dispensaries or hospitals units.

I regard the statement above, which seems to have first appeared in "The Survey" of November 11th, as due to the occasional mental trait of reporting incidents negatively instead of positively and without any ill intentions whatever, but since not all persons who are hit may so construe such instances, and the same therefore gives readers the wrong impression of me, I respectfully request that you give my communi-

cation space and perhaps comment in your columns in a very early issue.

Knowing that we all have the best interests of the sick, those who are to treat them, and the best means to accomplish this, at heart, I beg to remain,

Yours very sincerely,

EMERY R. HAYHURST, M. D.

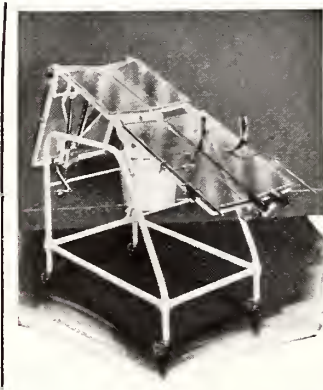
Columbus, Ohio, December 16, 1916.

### Still, These Inspectors Permit the "Big Fellows" to Continue in Business

F. M. Wormer, an itinerant medicine vender, who manufactures and sells a "rattle snake oil" liniment, was arrested and fined recently at Springfield, for violating the state drug and food laws.

State chemists, who analyzed the "rattle snake oil," reported that it was adulterated and of little therapeutic value, and that the carton, in which a two-ounce bottle of the "oil" was sold for fifty cents, was mislabeled. Inspectors of the state drug and food department, who had kept in touch with Wormer's activities in Ohio, then filed an affidavit against him.

Wormer pleaded guilty to the charges and was given the minimum fine of \$25 and costs on condition that he revise the labels on his cartons and bottles.



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Bechamp and Moro discovered that human milk contains diastase and that cow's milk does not contain it. In infant feeding many physicians have achieved brilliant results by the addition of diastatic Malt Extract to pure cow's milk, thereby supplying the vitalizing and energizing element (diastase) of which an artificially fed infant is otherwise deprived. Sixty-six per cent of the solids of human milk are carbohydrates, which the diastase of human milk seems to dispose of to the advantage of the growing child. Cow's milk solids consist of 36 per cent of carbohydrates, to which often more carbohydrates are added to make the quantity equal to human milk. Few realize the importance of adding normal diastase to assist the process of metabolism in the new born.

MALT SOUPS (Malzsuppen) have been largely used by Keller, Czerny, Gregor and Koplik. The latter says: "The Keller method of feeding with dextrinized gruels is one of the most useful methods of feeding marantic infants, and one in which, in a great number of cases of atrophy, has given me brilliant results. I have used this method of feeding in cases in which all other known methods have failed."

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## State Commission Asks Legislature to Provide Hospital for Crippled Children

Recommendations for the establishment of a hospital for crippled and deformed children in Ohio have been submitted to the Ohio legislature by the commission appointed two years ago to investigate the need of such an institution. In its formal report, the commission recommends that \$90,000 be appropriated for a site, hospital building and equipment and operating expenses for two years.

The commissioners have options on three sites—ten acres and a building, accommodating 50 children, at Worthington, \$25,000; 16 acres and a building accommodating 150 children, at Shepard, \$35,000, and eight acres and a building accommodating 75 children at Groveport, \$22,500. All sites are near Columbus.

Other plans, which probably will be given consideration, call for the building of the proposed hospital on the Ohio State University campus where the institution could be conducted in cooperation with the college of medicine of the university, and for the remodelling of the nursery of the Ohio Soldiers' and Sailors' Orphans' Home at Xenia.

The commission estimates that there are 750 crippled children in the state with parents too poor to furnish medical or surgical treatment. It recommends the passage of a law authorizing personal property assessors to take a census of crippled and deformed children. Governor Willis, in his message to the legislature January 1, said:

"I heartily recommend speedy action looking toward the consummation of the plans already made for the establishment of an Ohio State Home for Crippled Children. In a subsequent message I shall transmit to you the detailed report of the Commission appointed to investigate this subject. I content myself now by saying that humanitarian considerations render imperative the demand for immediate action by the General Assembly to the end that the lives of the little crippled children be brightened and cheered and they themselves so treated, trained and educated that they may become in large measure useful self-supporting citizens, instead of a burden on society. Even in the economic sense the state will receive more than full value for every dollar invested in a Home for Crippled Children."

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*Next Annual Meeting at Springfield, May 14, 15 and 16, 1917*

We ask that every member turn to page 170 and read carefully the review of the legislative proposals introduced at this session of the General Assembly.

Every year, with advancement of the requirements for medical education, the claims of those who seek to treat the sick without meeting these requirements, become more insistent.

This year they were before the legislature in force—the osteopaths, the chiropractors, the optometrists, the Christian Scientists and the naturopaths.

An analysis of their various demands is exceedingly interesting.

## 684 HAVE BEEN REGISTERED UNDER THE PLATT-ELLIS LAW.

For the enlightenment of those who are wondering what results have been obtained from the passage of the Platt-Ellis act in 1915, *The Journal* has analyzed the list of registered practitioners of limited branches of medicine and surgery—branches which do not involve the use of drugs and major surgery—on file in the office of the Ohio State Medical Board. Studied in connection with the provisions of the act, the list reveals many interesting facts.

From January 4, 1916, to October 3, 1916—a period within the first year the Platt-Ellis law was effective—684 limited practitioners were registered in Ohio. Of this number, 162 were chiropodists while more than one-third of the total were chiropractors. The remainder is distributed with no great variance of totals

among naprapathy, spondylotherapy, electrotherapy, hydro-therapy, mechano-therapy, neuropathy, which, with chiropractic, comprise Group One—the manual or mechanical group—in the rules and regulations governing limited practitioners; suggestive-therapy, psycho-therapy and magnetic healing, comprising Group Two; massage and Swedish movement, which make up Group Three, and cosmetic therapy (Group Six).

Many applications have been rejected by the board in its efforts to protect the public from the absurd and fraudulent practices of irresponsible, misleading or unscrupulous persons harbored within the various so-called healing cults. And in dealing with the applicants, the board members have frequently been confronted with the perplexing problem of weighing the value to suffering humanity of such treatment as laying on of hands, application of a "little rotten apple" to a cancer, the power of thought and the grace of God.

One of the questions asked by those interested in the activities of the limited practitioner is "Will 1917 or any succeeding year see as many limited practitioners licensed by the state as were licensed in 1916?"

This question is answered in the Platt-Ellis law itself and the answer will remain unchanged so long as the medical profession see to it that Ohio legislators thoroughly understand that educational standards of the highest type must be maintained for those who prescribe treatment for human ills. With the expiration of the exemption periods embodied in the act, the easy roads to registration were barred, and registration by the state of limited practitioners of the

type now operating in almost every city in Ohio came to an end. Under the present law, the number of certificates issued to limited practitioners of this class should soon dwindle almost to the vanishing point. Here is the explanation:

Under Section 1274-2 of the act, any person, who at the time of the passage of the law, had been engaged continuously in the practice of one or more of the limited branches in Ohio for a period of at least five years prior to October 1, 1915, was exempted from the examination provided for those particular branches. Only the payment of a fee was necessary for such a person to receive a license. He was not examined in any subject, in any manner, or by any agency. It is safe to say that all who were eligible have taken advantage of this provision.

The other registered limited practitioners did not find the road to registration a difficult one to travel. They read in Section 1274-2 a provision which stated that any applicant who had practiced any limited branch in Ohio for a period of at least one year prior to June 1, 1915, and who made application prior to October 1, 1915, should be examined *only in those subjects appropriate to the branch for which he sought a license to practice*. The examination was conducted by a person of "known ability" *in the field to which the applicant sought admission*. For example, a chiropractor who had "practiced" in Ohio for one year (and less than five) was examined *in chiropractic by a chiropractor!* This provision removed from the applicants' path such obstacles as the strict preliminary educational requirements and the regular examination prescribed by the Platt-Ellis act for future applicants, and few failed in their efforts to secure a license.

*In the future, the examination of applicants will be conducted by the state medical board under rules and regulations adopted by that body January 4, 1916.*

As stated above, more than one-third—243 to be exact—of the total number of individuals registered under the Platt-Ellis act during the first year of its operation, were chiropractors. Eighty-one of these had practiced in Ohio at least one year prior to June 1, 1915, and were licensed by so-called examinations conducted by one of their fellow-practitioners. The remainder—162—came in under the blanket exemption clause which gave certificates without further ado to all who had practiced in the state continuously for at least five years prior to October 1, 1915.

One hundred and twenty-nine registered chiropractors were licensed to practice other limited branches. Mechano-therapy is their favorite collateral branch, 50 of them being found in this class. Forty-three were licensed to practice spondylotherapy; 40 electro-therapy; 21 hydro-therapy and 10 neuropathy. These branches are found in Group One, the mechanical or

manual group. Only a few chiropractors are licensed in the second group, which includes suggestive-therapy, magnetic healing and the like. Several are in the massage group.

Only 215 limited practitioners, exclusive of chiropodists, were registered by examination as outlined in Section 1274-2. All others were given licenses under the five-year exemption clause.

During 1916, more certificates to practice limited branches of medicine and surgery were issued to residents of Cuyahoga county than to residents of any other three counties in Ohio. On January 1, 1917, Cuyahoga county had 134 limited practitioners, most of whom resided in Cleveland. Franklin county was second with 40 and Hamilton county third with 38. Lucas and Mahoning each had 26 and Montgomery got off easily with only 21.

Keeping the limited practitioner within the bounds prescribed by law is a problem which has given the state medical board considerable trouble. Many found it profitable occasionally to leave the field in which they were licensed to practice and to make use of treatment belonging to other branches. Some did not hesitate to accept medical cases and major surgery cases contrary to state law. A chiropodist recently submitted to the Ohio state industrial commission a bill for dressing a workman's injured foot. Judging from his description of the injury and the treatment given, the medical examiners of the commission decided the chiropodist in this case had entered the field of major surgery. His bill was disallowed. Other cases, equally as startling, are on record.

Optometry is one of the limited branches included in the Platt-Ellis law, but the optometrists, whom the medical board has placed in Group Five, objected to registration and regulation by the board and obtained a temporary injunction, restraining the board from registering optometrists under the act and from prosecuting them for violation of its provisions. Action on more than 100 applications for optometry licenses filed with the board has been withheld pending final disposition of the injunction proceedings. The optometrists want a licensing board of their own, composed entirely of members of their own branch, separate and distinct from the state medical board. A bill asking for this was introduced at this session of the legislature (Sen. Bill No. 62).

Many will be surprised that so many "healers" were admitted to registration under the exemption loop-holes of this act. All admit that it has been heroic treatment for a civic ill that was yearly growing more serious. Other states are watching with keen interest the results that are developing in Ohio. And it is not improbable that the next few years will find many other commonwealths taking measures similar to the Platt-Ellis Act.

### ON THE SENATE SIDE-LINES

On Thursday, February 8, at 2:30 P. M., when the Christian Science bill was under discussion by the Ohio Senate, the following gentlemen occupied the front bench just outside the lobby rail:

Mr. F. P. Barr, of Lancaster.  
 Mr. James Cassiday, of Marion.  
 Mr. W. V. Nicum, of Dayton.  
 Mr. L. L. Harney, of Columbus.  
 Mr. P. C. Harris, of Columbus.  
 Mr. Fred Nellis, of Cleveland.

This sounds rather uninteresting, but an explanatory statement as to the interests represented by these gentlemen—who were not merely loafing in the lobby of the Senate—is illuminating, as it throws some light upon the variety of interests which the medical and public health organizations are forced to fight at each session of the legislature. We will devote a paragraph to each:

Mr. Barr is a Lancaster optician, chairman of the legislative committee of the state optical association, who has temporarily given up his business to act as chief lobbyist for the optometry bill—Senate Bill No. 62.

Mr. Cassiday is a Marion attorney, prominent in Democratic circles, who has charge of a bill providing for special licensure for an osteopath.

Mr. Nicum is president of the state optical association, which throughout the session has lobbied persistently for the optometry measure.

Mr. Harney is a registered reader of the Christian Science Church who practices at 1767 Oak Street, Columbus, and who is in general charge of the legislative organization of this church in Ohio. He has acted as legislative agent in charge of the fight for the enactment of Senate Bill No. 66, which permits Christian Science healers to charge for their practice.

Mr. Harris, is former president of the state optical association, who was in general charge of the optometry fight two years ago.

Mr. Nellis is a former justice of the peace in Cleveland—a man influential in politics, who two years ago told a House committee on Public Health that he had been practically cured of locomotor ataxia by chiropractic treatments. He is in Columbus in the interests of Senate Bill No. 125, which provides a separate board of examiners for chiropractic, and their licensure under absurdly inadequate requirements.

We believe that our readers will agree with the writer that it was quite a seatful.

### ELECTRO-THERAPY.

We are glad to learn, from various sources, that the medical profession throughout Ohio is devoting increased attention to electro-therapy. In recent years physicians have come to realize

the important part electricity can play in the practice of medicine. We suggest that our members devote more attention to the investigation of the various uses of electro-therapeutics (galvanic current, sinusoidal current, high frequency current, light therapy, vibratory massage, passive ergotherapy, etc).

It would be interesting and valuable to have an exchange of ideas on this subject. We will be glad to report in the columns of *The Journal* results obtained in this field.

### ON THE JOB AGAIN.

The United Doctors have "come back."

After the Ohio licenses of two of these "specialists" had been revoked by the Ohio State Medical Board, after a federal judge had refused to protect the head of the United Doctors firm in court and had recommended that the members of the Ohio branch of the firm be subjected to criminal prosecution, after the search-light of publicity had been turned on their mode of operation, this small band of itinerant physicians planned a "coming back" move and is again making one-day stands in Ohio towns.

Theodore Jacobsen of Cleveland, and G. W. W. Walker of Roseville, were the United Doctor Specialists whose licenses were revoked by the State Medical Board October 3, 1916, after they had pleaded guilty to charges of having "professional connection with an illegal practitioner" (Dr. Burton E. Manchester of Milwaukee, head of the United Doctors' firm), of splitting fees and using illegal advertising.

On the register of a Marion hotel, under date of January 8, 1917, the writer found the following:

"United Doctors—  
 "Dr. R. B. Fee  
 "C. T. Jacobsen, Cleveland  
 "G. W. W. Walker"

The last two names were written in an almost illegible scrawl but the "United Doctors" and the "Dr. R. B. Fee" part of the registration was plain enough.

The reappearance of this band of itinerant physicians within a few weeks after an exposure of their methods, illustrates the difficulties which the State Medical Board meets in its efforts to rid the state of law violators. The elimination process is a tedious one and is not always carried to completion by the mere issuance of an order in accordance with law designed and enacted for that purpose.

Sometime between October, 1916, and January, 1917, the United Doctors planned the "coming back" move. Shortly after New Year's Day, their advertisements began to appear in newspapers of Central Ohio, announcing one-day stands in this or that town, usually the county seat. They began with the familiar heading—"Coming Back—United Doctor Specialists Will

Again Be At—etc.," and announced the giving of consultation, examination and advice free "to all who call on this trip."

On January 9 a representative of *The Journal* went to Marion, where according to advertisements, the United Doctors were scheduled to meet the sick public at a local hotel. He found the above registration—indicating that Jacobsen and Walker are up to their old tricks and that they have added Fee to their outfit.

Dr. Robert B. Fee is a licensed physician and a graduate of the Medical College of Ohio, 1883. The directory gives his home as Georgetown, Ohio, but he has not been in active practice there for the past ten years. Before becoming associated with the United Doctors, he worked with various men specialists and itinerants. It is said that a few years ago he was employed by "The Phenomenal Krause," whose exploits in and around Cincinnati are famous in the history of medical quackery.

Posing as a "patient," our representative visited the office and found Fee and Walker in charge. Walker spent most of the time explaining the "wonderful laboratories" maintained in Cleveland by the United Doctors.

The hotel clerk estimated that between 50 and 100 patients had called on the itinerants during the day. Most of them were "farmers and poor people," he said. The man registered as Jacobsen spent the night of January 8 at the hotel but checked out the next morning.

During February, this outfit managed to cover most of the smaller cities in central and southern Ohio.

We have several requests for help from communities in which these doctors are advertised for visits. This suggestion has worked: Take to the editor of the local paper that carries the advertisement of the "United Doctors" copies of our October and December numbers. In the October issue, on page 681, we gave a complete statement of the methods of these "fly by night" quacks as they were exposed recently in Federal Court at Toledo. In our December number, on page 818, we printed Federal Judge Killits' official opinion of their practices.

Ask the editor to look over these articles and inform himself as to the exact nature of the thing he is helping to foist upon his local public, through his advertising columns. Assure him that the "United Doctors" outfit now on the Ohio circuit is exactly the same as the gang described by Judge Killits.

Newspaper editors are usually decent citizens. The writer was formerly a news scribe, and admits it. Newspaper editors—the average doctor's opinion to the contrary notwithstanding—do not desire to perpetrate frauds on their readers. Therefore, if your county society will send a committee to the editor of the paper which carries this "United Doctors" advertising, the chances are that it will be eliminated; and if

these traveling quacks are prevented from advertising, their only avenue of reaching the public is cut off. You will be rendering your community a real service.

### CANCER PREVENTION WORK

The committee of the Ohio State Medical Association which has taken over the cancer prevention propaganda is ready to supply speakers for county society programs—on any phase of the cancer subject. If you need a man for your program drop a line to Dr. Andre Crotti, 151 E. Broad St., Columbus, or to the executive secretary. Dr. Crotti and Dr. Fred Lane of Cambridge, members of this committee, met with the executive secretary on January 31st and outlined plans for the development of this work during the summer.

### NEW COUNCILOR

Dr. Albert B. Headley (College of P. & S., Baltimore, 1902), is the new councilor for the State Association in the eighth district. He was selected at the Council meeting held in Columbus on January 8th, to fill the unexpired term of Dr. H. M. Hazelton, resigned. He will serve until the Springfield Meeting when councilors in the even-numbered districts come up for re-election.

### BUSINESS-LIKE METHODS

The committee on auditing and appropriations met in Toledo on January 14th with Dr. C. W. Moots, at the Toledo Club. The committee spent the entire day analyzing the financial needs of the Association and appropriating moneys from the Association funds for the various activities. Under this budget plan (which was first installed in 1916) the income of the Association is expended scientifically and with the minimum waste. The report of the auditing and appropriations committee which will be made to the House of Delegates will be a splendid example of the business efficiency that has been injected into the conduct of this Association.

*Dakin's Hypochlorite Solution.*—The following procedure is claimed to have superceded the previously published formulas: Stir 200 Gm. chlorinated lime into 5000 Cc. ordinary water and let stand over night. Dissolve 100 Gm. anhydrous sodium carbonate and 80 Gm. sodium bicarbonate in 5000 Cc. cold water and pour this into the chlorinated lime mixture, and shake for one minute. After one hour siphon off the clear liquid and filter it through paper. A portion of this must not become red if a little dry phenolphthalein is added to it.—(Jour. A. M. A., Dec. 2, 1916, p. 1687).



*Original Articles*

## The Need of Greater Appreciation of Foods\*

T. Herbert Infield, M. D., Zanesville, Ohio

**B**Y EXPERIMENTS on cats Voit has shown that during starvation all the tissues of the body suffer a loss in weight ranging from 14 to 75% with the exception of the heart and nervous tissues, which suffer practically no loss.<sup>1</sup> This wise provision on the part of Nature has saved countless lives, for it permits the carrying on of the most vital functions for a much longer time than would be possible were those tissues to suffer in proportion to the others. If it were not so arranged the effects of careless dieting would be frightfully fatal and long before this a wholesome appreciation of the value of foods would have been forced upon us.

It requires a given amount of food to maintain in normal condition a given weight, and this food must contain not only the necessary protein, fats and carbohydrates, but also various salts and mineral elements, all of which are so liberally distributed by Nature that most people will get what they need if not prevented by poverty or some active disease. But to a great extent the taking of food by many is largely governed by instinct rather than by knowledge, and to the physician belongs the duty of guiding them intelligently when from circumstances their nutrition has become faulty. The nutritive disorders of the child constitute the most important phase of child medicine, and either in whole or in part exist as a prominent factor in diseases of adults.

The average requirement of a healthy adult is from 2500 to 3000 calories and approximately the half of this amount is the least that will support one when confined to bed. When fed on a lesser amount the body must consume its own tissues to provide the necessary heat and energy, and starvation to a degree begins at this point. A reliable and fairly accurate method of determining food values, one which is practical from the point of the average physician, is I believe the chief stumbling block to a better appreciation and use of foods in treatment.

The experience of eight or nine years with the method of Irving Fisher<sup>2</sup> enables me to say that it is a practical method and easy for one to put its essentials into use, in so far as ordinary requirements are concerned. I cannot review this plan in detail for the lack of time, but the most important feature of it is the determination of food values in calories per cent. He makes use of the work done by Atwater and Bryant as described in Bulletin No. 28 of the U. S. Agricultural Department and so arranges the values

that they read in calories and not in weight. To have food values reduced to terms of calories and percentage greatly facilitates their rapid estimation, and it only remains for one to have some convenient unit from which to calculate. This brings us to the second important feature in Fisher's method. He provides as a food unit that amount which will yield 100 calories, and it is interesting to observe how frequently this amount corresponds to an ordinary serving. Thirty-eight grams of white bread, which is about an ordinary slice, will yield 100 calories, 13 of which are protein, 6 are fat and 81 carbohydrate. Twelve and one-half grams butter, which is an ordinary pat or ball, will yield 100 calories, practically all fat. One large hen's egg weighing 59 grams will contain 32 calories protein, 68 of fat and none of carbohydrate. Twenty-four grams of granulated sugar, which is three teaspoonfuls, will yield 100 calories all carbohydrates, and 140 grams of whole milk will average about 19 of protein, 52 of fat and 29 of carbohydrate.

Many other common foods show a unit quantity to be approximately an ordinary serving, while some would be a half serving and others two servings. It is not necessary for a physician striving to practice intelligent dietetics to study and memorize the character and value of every item of food any more than it is necessary for him to learn all about the entire list of medicines, but it is necessary to become thoroughly acquainted with and know the exact value of those foods which he is constantly prescribing, and especially in the most serious cases. He should know that three or four egg-whites and a few swallows of milk as a day's ration for an adult typhoid patient and kept up for three or four weeks or more is going to lead to a condition of starvation more threatening perhaps than the typhoid fever itself, and greatly prolong the course of the disease and the convalescence.

In familiarizing oneself with food values the use of a pair of scales for getting acquainted with the approximate quantities of a standard portion is very necessary. After a little practice the amounts become fixed in the mind and for ordinary rough work will serve very well. In cases requiring greater care the frequent use of the scales is necessary and will often show us that a patient is not getting what they require. A difference of two or three hundred calories in the daily ration may mean success instead of failure in a protracted illness, and by selecting foods of little bulk and high caloric value it is

\*Read before the Medical Section, Ohio State Medical Association, in annual session at Cleveland, May 17, 1916.

easy often to better nourish one and at the same time require them to eat no more.

Among the many advantages that result from making use of the scientific principles of dietetics is the discarding of nearly all of the proprietary foods, first because the need for them will not exist and second they are mostly wrongly rated or over-rated.

The total calories yielded by a diet is not all that should be considered. The proportion of protein, fats and carbohydrates should receive as much attention. This will vary according to the age of the patient and the nature of the illness. The ease with which a food is digested has much to do with its selection, since the energy expended in the digestion of some foods is so great as to render their use prohibitive, although they may be rich in nutrient elements.

The possibilities for good through the use of rational feeding loom up large for the future. The splendid and constantly increasing literature on nutrition opens to us interesting fields for profitable effort. In recent years many dark places have been illuminated in the intricate problems of digestion, absorption, assimilation and elimination and doubtless much more will be given us before long.

We have learned that the life sustaining properties of the protein molecule are dependent upon the amino-acids contained therein. The protein taken with the diet is converted in part by the gastric juice into albuminose and peptones, the trypsin of the pancreatic juice takes up the work where the stomach leaves off and splits the remaining protein with the albuminose and peptones into amino-acids. The ferment erepsin stands guard at the intestinal walls to ensure the cleavage of any protein, albuminose or peptones that may have escaped the other enzymes, after which absorption occurs. These amino-acids, 18 or 20 in number, being endowed with different functions, by synthetic changes enter into the building up of new protein characteristic of the body taking them.

Mendel<sup>3</sup> has shown that the amino-acid typtophan, in certain conditions at least, is necessary for the maintenance of body weight, and another amino-acid, lysin, is required for body growth. It is known that nine of the amino-acids when broken down in the body yield glucose, and at least two of them are wholly converted into glucose, thus serving as a source of fuel. Gelatin contains no tryptophan, tyrosin or cystin, the absence of these amino-acids furnishing an explanation of the well known fact that while gelatin will spare protein it will not support life as the sole nitrogenous food. The proteins yielded by milk and eggs are complete enough to fully satisfy the requirements of the body.

The average normal adult requires about 12% of his calories in protein. Deviations from the normal will at times call for a variation of this

amount, but if one presumes to order for an extended period a diet either rich or poor in protein he should give the matter careful thought lest he do harm instead of good. From a deficient allowance of protein may result nutritional disturbances of the body structures with inability to properly function. From a too liberal allowance we may get putrefactive changes with all the symptoms of intestinal intoxication, or create some acidemia or toxemia which plays such an important role in the production of nephritis and arterial disease with high blood pressures. Successful treatment of these allied conditions depends much more upon diet and hygiene than upon medicines, and fads and fancies in diet should have no place with these diseases. We should use reason and the knowledge that is available.

In health the fats should yield about 25% of the total calories. Fats are entirely fuel foods and when the furnace is working properly are completely oxydized into carbon dioxide and water, both of which are very easy of elimination. If however, the fat burning function of the tissues is faulty or over worked, either from disease or from being over fed, the fatty acids will fail of oxydation and the beta-oxybutyric acid which normally is burned will be converted into di-acetic acid and acetone, substances which are slow of elimination and toxic while being retained, acidosis thus being the result. Fats are especially adapted as a reserve fuel since one gram will yield nine calories of heat while one gram of protein or carbohydrate will yield but four.

The carbohydrates are fuel foods and made use of soon after being eaten. Less than one per cent of the body weight is made up of carbohydrates, so it is that they are not stored except for a very short time and in small amounts, rather being intended for immediate use.

If more is eaten than is needed for immediate use the excess is converted into fat and stored as a reserve. Carbohydrates, like the proteins, are all brought down to simple and usable forms before leaving the digestive tract. Starches and sugars in the form of poly- and di-saccharids are converted into the monosaccharids or simple sugars before being absorbed. The liver then transforms them into glycogen and later delivers this carbohydrate to the general blood stream in a gradual way but not until it has been recon-verted back into dextrose. If the body fails in its function to burn sugars, as is the case in diabetes, they are eliminated with the urine, and the heat and energy required must come from the metabolism of fats and proteins. The end-products of carbohydrate metabolism are the same as of the fats, i. e. carbon dioxide and water.

About five sixths of all the fats and carbohydrates eaten are used in maintaining the heat of the body, thus it is that the season of the year and the conditions which are surrounding us will

have much to do with the amount of fuel foods needed. The lethargy displayed by many during the first warm days of spring is the result of not cutting down the fuel food promptly when so much is not required. As to the proteins the question of variation depends upon the activity of the body tissues, and the demands must be met whether it be warm or cold, although many people exercise more vigorously in cold weather.

Cereals, meats and eggs yield an ash of acid reaction; milk, fruits and vegetables, including peas and beans, are base yielding; and sugars and fats, both animal and vegetable, are neutral. The practical application of this information may not be thoroughly developed but it does mean that the frequent assertion that fruits should not be eaten by certain patients because of the increase in the total acids in the blood and tissues

is erroneous. If you would limit the introduction of acid foods limit the intake of meats and cereals.

The appetite which normally regulates the quantity of nourishment ingested is no measure for the amount of food required by the sick, and only the knowledge of the potential energy of food with its metabolic characteristics and the ability of the patient to digest and absorb it should guide us in giving dietetic orders. More attention to the nutrient needs and perhaps less reliance upon medicines will certainly prove of the greatest value many times to the gratification of the patient, the patient's friends and the physician.

#### 230 Masonic Temple.

<sup>1</sup>Howell's Physiology, 4th Edition, Page 914.

<sup>2</sup>Fisher:—*Jour. A. M. A.*, April 20, 1907.

<sup>3</sup>Mendel:—*Jour. A. M. A.*, Sept. 5, 1914.

<sup>4</sup>Hutchison, Food and Dietetics, Revised Edition, Page 295.

## Maxillary Sinusitis, Diagnosis, Pathology, and Treatment\*

Wm. O. Bonser, M. D., Toledo, Ohio

THE subject of Maxillary Sinusitis should need no apology in its presentation before either a general medical meeting or an audience composed entirely of rhinologists. The interest that has been drawn to this subject of recent years has manifested itself in a vast amount of literature on the subject, and resulted in a keener appreciation of the etiology and pathology, and those fundamental facts governing essential treatment.

In presenting this paper, owing to the large field encompassed by the title, my aim will be simply to outline the principal salient features of Maxillary Sinusitis, with especial reference to the diagnosis, etiology and treatment.

The antrum by virtue of its situation and accessibility is the easiest of the sinuses to examine and the methods at hand give us a variety that should leave no possibility of failure in arriving at a proper diagnosis.

In an analysis of the cases which present themselves suffering from antrum trouble one sees those cases where all the symptoms taken together form a condition of Acute Maxillary Sinusitis. Here the characteristic objective symptoms of pain, tenderness and a sense of fulness over the cheek are familiar to all.

In those cases classified as chronic, the focal objective symptoms are less pronounced, frequently they are obscure and remote. I have had a case recently that well illustrates this feature:

The patient, a young lady, consulted me about her hearing. She informed me that for the past six months she has been a sufferer from muscular and articular rheumatism. Tonsils had been

completely and thoroughly enucleated some years before. Further questioning brought out the fact of her having an excessive discharge from the left nostril at times. Rhinoscopically there were no clinical evidences of involvement of any of the sinuses. Transillumination showed the left antrum dark, no pupillary reflex. Puncture and washing revealed about a drachm of offensive purulent material. X-ray pictures were taken which showed on careful study a slighter density of the media over the left antrum, as compared with that of the right.

The subsequent history of this patient was as follows: Local treatment was instituted until her general health was better and then a radical Luc-Caldwell operation was performed. The antrum was full of polypoid tissue, which I thoroughly curetted away. The patient made a gradual recovery from the operation and since then has been free from further rheumatic symptoms.

Patients suffering from antrum involvement frequently consult their dentist first for a possible dental abscess. It is in this field that the association between the Doctor of Medicine and the Doctor of Dentistry becomes an intimate one. The rhinologist in many instances avails himself of the services of the dentist to aid him in eliminating the teeth as a causal factor in antral infections, and conversely the dentist looks for aid from the rhinologist where dental conditions point to the possibility of involvement of the antrum.

An examination rhinoscopically of a case of Maxillary Sinusitis should show pus coming down over the inferior turbinate. The characteristic picture is that of a streak of pus under the anterior end of the middle turbinate; however,

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this alone is not sufficient ground for a diagnosis, nor is this symptom always present. We should bear in mind the work done by Cryer and Frazier who both found on the cadaver openings from the frontal sinus draining into the antrum. In certain cases it may be necessary to employ the postural tests to elicit the presence of pus. However, in some cases the pus may be so thick as to resist the postural tests and further the normal opening of the antrum may be small and congestion of the mucous membrane causes complete obstruction of the maxillary atrium. In both these cases the pus cannot get out.

It is my custom after the rhinoscopic examination and postural tests to employ transillumination and follow by the use of the trochar and irrigating canula. I think we are all agreed that the use of Sullivan's transilluminator is a step in the right direction towards cleanliness in nose and throat electrical appliances.

Possibly the best means at our disposal in the diagnosis is that of puncture under the inferior turbinate and irrigation. On account of the danger of the trochar entering the orbit, I always make it a practice to first gently blow air into the canula, to be sure I am in the antrum, then I follow with solution and finish by again blowing air. This removes any possibility of forcing solution into the orbit and finally dries the cavity.

From a rhinologist's standpoint, results obtained from radiography of the sinuses at present are generally speaking irregular and subject to revision. Many cases with beautiful clinical signs and symptoms when sent to be X-rayed return with plates which if relied upon would refute the possibility of antrum involvement. The clinical findings and symptoms are infinitely more reliable than the X-ray.

As Caldwell pointed out, it is in the interpretation of shadows seen in sinus radiography, that one encounters difficulty. He demonstrated clearly that specimens of pus and exudates taken from various sources show their opacity to the X-ray to be practically the same as that of normal salt solution.

He also showed marked differences in plates, one where the cavity had just been washed out and which contained a considerable amount of moisture; and the other where the cavity was dry. The moisture in the one cavity caused a marked opacity on the plate corresponding to the antrum. From these results we can realize that persistence of shadows in patients whose symptoms have subsided is of less grave significance than we once supposed. It may be due to a mere chronically thickened membrane or from a collection of thin mucous. Many cases show shadows both to transillumination and X-ray in long standing antrum infections, where there is good drainage and the case has apparently been regarded as cured.

In a consideration of the etiology there are

some elementary facts which are so well recognized that one need but state them.

(1) It is not the mere presence of organisms in the nasal passages that induces inflammation of the sinuses.

(2) Inflammation of the antrum does not occur unless the physiological activity is disturbed or destroyed.

(3) The same morphological organism varies so much in its virulence that smears and cultures in sinus work have benefitted us little. The unknown quantity is the balance of power between an invading organism and the bodily resistance. Any factor which upsets the equilibrium between these elements may manifest itself in an involvement of a sinus or may cause a relapse of a previously infected antrum.

Suppurating teeth, acute or chronic rhinitis, a congested or hypertrophied middle turbinate, deviated septum, ethmoiditis, polypi and general pansinusitis form the main causative factors of antrum infections.

Hajek states that about 8% of antral involvements are due to the teeth. Tille places this at 100%. Evidence to-day in this country shows that 8% is nearer right. In many cases it is debatable whether the teeth primarily caused the trouble or whether the teeth were secondarily involved in an osteites. Remembering the fact that the mucous membrane lining the antrum exerts a periosteal function, one can readily realize that when an antrum becomes inflamed the nutrition of the underlying bone may become so much impaired that periostitis with involvement of the teeth may consequently follow.

In considering the treatment of Maxillary Sinusitis, a brief reference to the development of the sinuses will possibly not be amiss. Comparative anatomy reveals to us that in man the sinuses are residual olfactory organs. In lower animals where an acute sense of smell is so necessary, the distribution is relatively much greater than in man where the nerve distribution is greatly reduced. This has been brought about by a walling off of the original nasal cavity by means of membranes and thin bony partitions until only small openings are left.

Now the lesson to be learned from a study of the comparative anatomy is that if the sinuses were more open to drainage and ventilation, they would be less the seat of pathological changes. This also gives us the key-note of the treatment of sinusitis. *When Inflammation Exists, The First Principal is to Establish Adequate Ventilation and Drainage.*

This may be accomplished in many cases by puncture under the inferior turbinate, irrigation and removal of the anterior end of the middle turbinate. If this treatment is persisted in the case may clear up and never have any further trouble. This is particularly so of the primary and acute forms of Maxillary Sinusitis.

A number of the so-called acute cases are not materially benefited by the above treatment and pass into a condition of chronic sinusitis, others are chronic from the time we first see them. When such a state of the antrum exists we are confronted by a number of important factors, as to when we shall operate and the form of operation we shall chose. These deserve careful consideration.

The rhinologist needs must be governed by the occupation, age, sex, general social condition of the patient and the condition of the antrum.

Patients whose social state is such that they are in daily association with their fellow workers should be urged to have the antrum taken care of at once. The offensive nature of their secretions and the continual hawking and spitting often makes their presence objectionable to their immediate associates. Such a condition existing in a laborer does not require the same deliberation. For the same reason it can be stated that females should be advised to submit to operative interference at an earlier period than males.

In children and the very aged sinus involvement is rare. It has been suggested that the reason for its rarity in the aged is due to the fact that the sinuses are very roomy, possibly the result of continued bone absorption. In both stages of life the question of shock has an important operative consideration.

If the antrum is full of polypoid degeneration which can be judged by the character of the secretions, irrigation is of little avail. Such a condition and those of dental origin should be dealt with by a radical operation at a very early date. Time is generally lost by temporizing.

Factors governing the procedure of attack on an antrum depend on conditions present. This may entail the correction of a deviated septum, the snaring off of the anterior end of the middle turbinate, or the removal of the middle turbinate and excenteration of the ethmoids by Ballanger's method or otherwise, for ethmoiditis, polypi, or general pansinusitis. Where a tooth is involved in the process it is not alone sufficient to extract it and irrigate through its socket. The opening must be enlarged preferably by a chisel and well reamed out. Frequently it is necessary in such a condition to combine this procedure with a radical Luc-Caldwell or Denker operation.

Where I deem operative interference necessary for a condition of chronic Maxillary Sinusitis, I employ an extra-nasal operation and use the Luc-Caldwell method. Some cases require a simpler operation. By simpler I mean one that is less severe on the patient and refer to one of the forms of intra-nasal operations such as those of Krause, Corwin or Vail, etc. The intra-nasal method is not sufficient in all cases of chronic suppuration of the maxillary sinus and a number of cases are not permanently improved. These

cases then require an external operation to clear them up.

The Luc-Caldwell operation is described as follows:

Applications of 5% Cocaine and 1-2,000 Adrenalin are applied to the entire nasal mucosa and gingival mucosa on the side to be operated. This is supplemented by a thorough application of 20% Cocaine to the Inferior Turbinate and lateral nasal walls.

The lateral nasal wall and the mucosa of the mouth over the canine fossa is now injected with 2% Novocain solution or recently I have been using Schleich's solution as a substitute.

There are many advantages of local over general anaesthesia. Patients as a rule dread a general anaesthetic. Local anaesthesia lessens the stay in bed, and one can see better and more readily handle the bleeding, and finally the work can be done at the office.

Waiting 15 minutes after the injection, the patient is ready for operation. Two assistants are necessary, one to hold the head and act as the unclean nurse, and the other to handle instruments and wipes. The patient is seated in the upright position and a horizontal incision about 1½ inches is made over the canine fossa at the junction of the muscosa of the lip and the gingival mucous membrane. The soft parts are then separated and the lower portion of the anterior wall of the superior maxilla is exposed and the periosteum reflected by an elevator.

With a fine chisel, the anterior wall of the antrum is entered and the opening enlarged by a rongeur. A 20% Cocaine solution is now applied to the interior of the cavity and after waiting a few minutes the operation is proceeded with.

This consists in thoroughly curetting away the mucous membrane from the entire antrum. Bleeding is controlled by wipes wrung dry in peroxide and 1-10,000 adrenalin. After removal of the anterior end of the inferior turbinate, a counter opening is made under the inferior turbinate, the important feature being to have the floor of the nose and that of the antrum as nearly even and level as possible.

The cavity is now packed with iodoform gauze, one portion through the nose and the other through the mouth. The mucous membrane of the mouth is partially closed by silk sutures, and the patient is kept at the office several hours for observation.

At the end of 24 hours the nasal gauze is removed and that which has been packed through the mouth is removed in 48 hours. Daily washings are continued until the discharge lessens and then twice a week until it completely ceases, which may be a matter of several months.

## Adenomas of the Mammary Gland\*

John W. Means, M. D., and Jonathan Forman, M. D., Columbus, Ohio

PRIOR to the year 1850 all neoplasms of the breast were considered as cancers. Cruveilhier drew a storm of opposition in the French Academy when he described a benign tumor of the breast arising from the connective tissue. Lebert in 1850 gave a report of the first microscopical study of these tumors but was unfortunate in his choice of terms. He appeared to understand their nature quite well but called them "partial hypertrophies of the breast." It is in dealing with such tumors that much of the confusion in the study of the mammary gland has arisen. This has been brought about by (1) a difference of opinion as to the origin of these tumors and (2) to the degree of proliferation on the part of the epithelium. The terms adenocele, fibroma, fibro-adenoma, fibro-cyst adenoma, adeno-fibroma, papillary cyst adenoma, cyst adenoma proliferum, intracanalicular papillary fibroma, cysto-sarcoma phylodes, periductal fibroma and periductal sarcoma have all been applied to certain types of the condition under consideration.

Warren called especial attention to the periductal connective tissues, that loose cellular fibrous tissue which surrounds and bears an intimate relationship to the epithelial elements of the mammary gland. Based upon the predominance of connective tissue or epithelial elements, he placed these tumors in one or the other of the subdivisions of the fibro-epithelial group, i. e., (1) the fibrous and (2) the epithelial. He then reserves the suffix, adenoma, for those tumors in which the epithelial elements play a more conspicuous part.

A careful study of neoplasms reveals a tendency for each organ to supply a characteristic amount of stroma. For instance, the adrenal gland exhibits normally but little stroma and adrenal tumors present a scant framework of connective tissue. In the normal mammary gland during the active period, the glandular element rests on a rather large amount of stroma (periductal tissue). In these comparatively slow growing tumors of the breast we find the presence of a large amount of connective tissue, forming a framework for the epithelial cells of the growth. It would seem logical to apply here what has already been learned concerning tumors in general, and ascribe this increase in connective tissue to the stimulating properties of the epithelial cells which have taken on a neoplastic tendency. Such growths are, therefore, considered as *Adenomas* with a more or less abundant stroma.

Since these tumors come to us in such clean

cut clinical stages, it appears necessary to have some terms whereby they may be classified. Further, it does not seem wise to introduce a new nomenclature for conditions already bearing so many names. The authors are, therefore, inclined to those selected by Warren. His classification may not be accurate in its terminology, nevertheless, the types described by him under his terms are distinct clinical entities, and therefore the classification does afford a common working ground for surgeon and histopathologist.

It is interesting to note that the number of specimens of abnormal involution and benign tumors of the breast, as compared with those of cancer in the Laboratory of Pathology of the Ohio State University, has risen decidedly in the last three years. Now about twenty per cent of the surgical specimens of the breast received are adenomas. This shows that apparently the women of central Ohio are becoming educated as to the proper treatment of tumors of the mammary gland.

This study is based upon thirty-two cases. Twenty-seven of these fell into the group of Periductal Fibromas; two into the group of Fibrocyst Adenomas; and three were Periductal Myxosarcomas.

### PERIDUCTAL FIBROMA.

The youngest patient with a periductal fibroma was a girl 14 years of age and the oldest female patient 43. All occurred in females with the exception of one case which presented itself in a male aged 56.

As a rule the tumor is painless, although pain may be a factor from the start or may come and go intermittently during its course. Two main types of pain are found—one of a sharp lancinating nature which is often referred to the arm and is described as neuralgic; and the other a dull ache which seems to develop within the tumor. The latter is probably due to tension and compression of the sensory nerve endings in the alveoli. Catamenial influence is often responsible for marked sensitiveness at the time of the periods. After pain becomes a predominant factor, it is rarely absent.

The tumor varies in size from a pea to that of a small coconut. Its discovery is not uncommonly an accident, and, on account of the lack of inconvenience to the patient, its presence is not reported to either family or physician. As time passes the tumor enlarges somewhat, although slowly, possibly increasing more at the menstrual periods and subsiding partially once this is passed. It may exist for years. In our series the longest duration was four years.

Examination will show a very firm, smooth growth, often situated superficially in the gland

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substance. It may be freely moved, and is only slightly tender as a rule. Upon section it presents a firm encapsulated tumor of a whitish, glistening appearance traversed by cleft-like cavities. Upon microscopical examination the tumor shows itself to be composed of newly formed glandular tissues surrounded by a new growth of connective tissue. It is an adenoma with an abundant stroma, or in the Warren classification, a Periductal Fibroma.

#### PERIDUCTAL MYXO-SARCOMA.

Occasionally one of these tumors, after exist-



Fig. I. Periductal fibroma.

ing for some time, suddenly begins to enlarge and tends to involve the whole breast, yet seemingly to remain encapsulated. This type exhibits a picture similar, of course, to that described under periductal fibroma from which it is derived. The difference lies in the amount and cellularity of the stroma. The periductal tissue has taken on such a rapid and atypical growth as to compel its classification among the sarcomata. This is by far the largest tumor of the breast. It is firm, irregular and nodular, and because of its interference with the nutritional supply of the over-lying skin, necrosis often results. Areas of edema are so marked in certain specimens as to have lead Warren to make a separate class (Periductal Myxoma). Greenough and Simmons have called attention to the presence of this edema and urge that this is only a complication of the sarcomatous picture. In these periductal myxo-sarcomata we are dealing then with adenomata whose connective tissue framework has taken on a neoplastic growth and appears as sarcoma. In the experimental field this has been reported several times. Ehrlich, Loeb and Haaland have each noted such a connective tissue proliferation attendant upon the transplantation of certain carcinomas in mice as to constitute at first a mixed tumor and later a sarcoma. The so-called periductal myxo-sarcomas are then only

an exaggeration of periductal fibromas. It follows that the usual history will be one of a slow growing tumor which has existed for some time, and the patient will be somewhat older. These tumors only occasionally produce metastasis.

#### FIBRO-CYST ADENOMA.

So far we have considered the behavior of the connective tissue framework of these tumors. Now let us give some attention to the behavior of the tumor cell—the epithelial cell in the so-called periductal fibroma.

If allowed to remain for some years, the tumor sometimes taken on slightly more rapid growth or tends to change in its outline and relation to the breast tissue. It becomes less easily distinguished from the glandular substance. It is considerably softer than the earlier types. In short, the greater the amount of epithelial elements, the softer the tumor.

This age incident is represented at between 25 to 35 years and the type of growth is the Fibro-cyst Adenoma. This still presents itself as a painless growth which is freely movable under the skin, but, owing to a decrease in firmness, it is not quite so distinctly moved about in the breast substance.

Histologically the epithelium lining the clefts and small cysts shows a marked degree of proliferation. The number of acini is increased. Although a periductal



Fig. II. Sectional appearance of the same tumor.

tissue forms the framework, the glandular elements predominate.

It is evident from the foregoing that we are now tracing the pathway from benignancy to malignancy. These growths show a much greater tendency to become cancers. Warren refers to this type as Fibro-cyst Adenomata on account of the predominance of the epithelial elements.

The diagnosis of adenomas of the mammary gland is not a matter of great difficulty. Occas-

ionally the smaller tumors may be situated in the breast in such a way that their outline may be obscured or confused with gland substance. However, their firm consistence and circumscribed character should eliminate this as a cause of error.

In a paper before this Association two years ago the authors called attention to the simple retention cysts of abnormal involution as sometimes reaching the size of a walnut or larger, and being under such tension as to give the impression of a solid tumor. Such a cyst may so closely simulate one of these tumors under discussion as to lead to a mistake in diagnosis. The involvement of the interlobular connective tissue in abnormal involution will aid in avoiding this mistake.

The proper treatment of such tumors can be summed up in one word — excision. The method employed varies somewhat with the size and location of the growth. For cosmetic purposes the operation of plastic resection described by



Fig. III. The microscopical appearance of the periductal fibroma.

Thomas and modified by Warren should be employed in all growths of any size and particularly those situated in the lower hemisphere. A general anesthetic is required. The incision is made in the thoraco-mammary fold, skirting the breast toward the axilla. The gland is raised from the chest wall and the tumor made prominent by pressure upon it in an outward direction. Incision in a line radiating from the nipple is made over the tumor down through the capsule. This is stripped back and the growth removed. If some difficulty is encountered in enucleation, a small block of breast tissue in immediate contact should be removed with the tumor for the sake of safety. Following removal, the space left is saturated with plain catgut and the gland replaced on the chest wall. A few catgut sutures may be required to fix it there. The skin edges are carefully approximated and sutured with horse hair and a compression dressing applied. In this method a minimum scar follows. Very small growths situated superficially may be re-

moved under local anesthesia by incision directly through the skin.



Fig. IV. The gross specimen of a periductal myxo-sarcoma. (Courtesy of Dr. Earl Gilliam).

#### CONCLUSIONS.

First: These tumors while benign may give rise to either the epithelial or connective tissue type of malignancy.

Second: Left to grow, they may by pressure atrophy cause permanent interference with the functional activity of the gland.

Third: Having a distinct capsule, they may be easily and successfully removed.

Fourth: The method of plastic resection is the accepted operation for their removal.

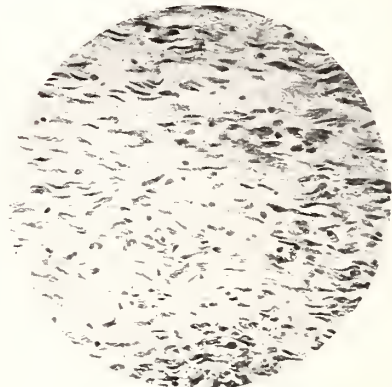


Fig. V. The cellular stroma in a periductal myxo-sarcoma.

Fifth: The assurance of the patient of the removal of just the tumor and a reconstructed breast without scar will make many women more willing to submit to operation.



Sixth: In order to give this assurance, it is necessary that the surgeon acquaint himself with a working classification of such tumors and then

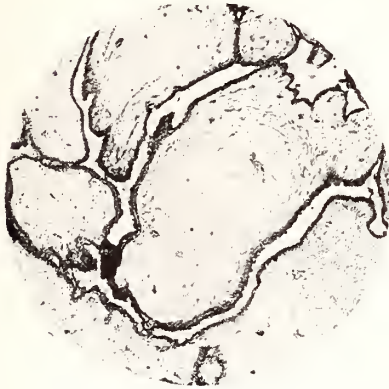


Fig. VI. A beginning hyperplasia of the epithelium in a periductal fibroma.

establish a close relationship between himself and the histopathologist.

The authors are indebted to their colleagues in the University Clinics and to Drs. Stafford and Blair for the use of material.

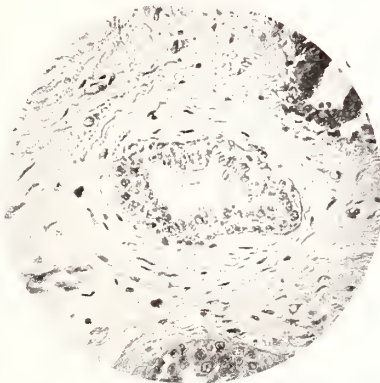


Fig. VII. A distinct hyperplasia of the epithelium in a fibro-cystadenoma (cancer).

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*Tanret's Pelletierine.*—The exact composition of Tanret's Pelletierine is not known, but is believed to be similar to the pelletierine tannate of the U. S. P. This is said to be a variable mixture of the tannates of four alkaloids of pomegranate. As only two of the alkaloids have tenifuge properties the activity of the different preparations varies with the proportion of these alkaloids which are present.—(*Jour. A. M. A.*, Dec. 30, 1916, p. 2030).

Burns: H. F. Biggar, M. D., Cleveland

MERIBAH FARMER ON BURNS, though not so classic in erudition and style as "Carlyle on Burns," has proved of greater value to suffering humanity in the method of treating burns, than have the classical writings of the Sage of Ecclefechan.

While dressing a patient's wounds from burns, some years ago at the Huron Road Hospital, Meribah Farmer, Mrs. James Farmer, a dear old Quakeress, then president of the board of trustees of the hospital, while inspecting the ward and noticing the discomfort of the patient, said, "Friend Biggar, what is the matter with thy patient, he seems to be suffering much pain!" I replied that he was severely burned. She then asked, "What are thee using?" I replied, the usual application of carron oil, i. e., linseed oil and limewater. "Then I have something better than that," said Meribah Farmer. "When my daughter had a severe burn on the neck just under the chin I painted it with Venice Turpentine and it healed without a scar or any unpleasant odor." At her suggestion I changed the treatment using her method and the healing of the burn was surprising. Since then I have used the same treatment many times and have not as yet found anything to equal it. Turner's ointment now called Calamina Cerate is composed of Ung. Zinci Carbonatis (Impuri) and Ung. Calaminare.

A report of one of a few cases: A banker in a neighboring town while giving his invalid wife an alcohol bath spilled some of the alcohol upon his nightgown, which ignited from the lamp, and burned his back and abdomen. The family physician was called and for three days, though opiates in different forms were used, they did not allay the pain. Intestinal hemorrhages indicated the extent and severity of the burns. I was called and with the approval of the family physician Venice Turpentine was applied and in an hour's time the patient was free from pain, after which the Calamina Cerate was daily applied until recovery. The method of applying is to paint the burn until the pain is allayed which takes usually an hour, then apply the Calamina Cerate.

I have found some of the remedies suggested by the old mothers and nurses of more value in certain lines of diseases than some of the newer remedies now in vogue. I asked an eminent lawyer to what he attributed his greatest success—his reply was: "I not only study the new laws but I study the old laws which are the foundation upon which the new laws are created." Let us keep in mind the reliable remedies which have proved efficacious—keep them in remembrance "lest we forget."

## The Treatment of Simple Proctitis, Sigmoiditis and Colitis\*

Wells Teachnor, M. D., Columbus, Ohio

**S**IMPLE inflammation and ulceration of the large bowel constitute a large percentage of the affections that the proctologists and enterologists are called upon to treat. I speak of it as simple because these conditions belong to a type of inflammation that cannot be attributed to any specific organism. They are characterized by a condition presented in general infections with diarrhoea, the stools containing blood and pus in large quantities. The quantity of pus present at times makes one think that an abscess in some adjacent organ or cavity has been discharged into the bowel. I recall one case which was referred to me some years ago with the diagnosis of "pus tubes" which had ruptured into the rectum. I merely mention this to call attention to the frequency of the stools and large amounts of pus, as it is an error in diagnosis that any one might very well make. Of course these cases must always be differentiated from cancer, amebic ulceration, and the inflammation that occasionally occurs in connection with the specific infectious diseases.

The symptoms and treatment of inflammation in these three segments of the large intestine are so uniform that they can very well be considered together. It is quite impossible to have an inflammatory infection in one segment of the bowel for any great length of time without more or less involvement of another. The segment or division of the intestine in which the disease first manifests itself can, however, usually be determined by the location of the symptoms at the onset of the infection which is usually the rectum or lower sigmoid flexure. The severity of the inflammation may vary from a mere hypersecretion of mucus to the formation of erosions involving the whole of the large intestine.

"Morning diarrhoea," occurring without apparent cause soon after rising constitutes the first symptom of inflammatory irritation in some portion of the large bowel. It is the earliest symptom noticed by the patient, long before the stools are composed of blood, mucus, and pus, and before they are accompanied by pain and tenesmus. The presence of this symptom always demands a thorough examination of the rectum and sigmoid. If the importance of these symptoms are not recognized and the condition properly treated at this time, they gradually increase in severity until the patient may have from ten to thirty small evacuations daily. Physicians do not seem to grasp the importance of an early local examination in these cases but continue to treat them by medication and diet,

neither of which give any results. If the proper local treatment is instituted at this time the patient can be more thoroughly relieved than at any other period of the disease.

The symptoms have a great tendency to recur, due no doubt to an incomplete healing of some of the erosions in the sacculations of the lumen of the bowel which may not have been healed at the time when treatment was discontinued. These become reinfected, spread and an exacerbation occurs. When the natural barriers to infection by absorption of toxins from the alimentary canal have once been broken down they are hard to restore, unless the fecal current is permanently diverted from the infected portion of the bowel.

A brief history of a typical case will serve to describe and amplify the chronic recurring type of the disease. A young man of good habits, aged 30 years, came to me some time ago with the following history: Six months previous to this time he developed a slight diarrhoea to which he gave little thought, until the symptoms became so severe that he was compelled to seek relief. He was given the usual medicinal remedies prescribed in such cases. The symptoms would apparently subside for a short period of time, only to recur with increased severity. The blood, stomach contents and the discharges from the bowel were repeatedly examined, and were found negative in every instance with the exception that the stools always contained blood, mucus, and pus. These three abnormal constituents of the stools always mean inflammation and ulceration of the bowel. At the time he came under my care he was in the fury of an acute exacerbation; emaciated, pale, anemic and having daily, 20 to 30 stools of the composition just stated, accompanied by intense distress. Examination, which was made under difficulty owing to ulceration in the area of the sphincter, showed the rectum and sigmoid, within the field of the sigmoidoscope, inflamed and ulcerated. Rectocolonic irrigations were begun and continued daily for four weeks with large quantities of solution. The acute symptoms subsided at this time sufficiently for him to leave the hospital and return to his home, there to carry out the treatment himself with a visit to me two or three times a week. While the activity of this case seems to have been arrested and at the present time there are no ulcers visible in the sigmoid or rectum, I feel quite sure that this case will again show activity and will eventually need surgical interference for diversion of the fecal current although local treatment may ward this off for quite a long while.

The splendid recovery from an acute attack, as in this case, shows the value of local treat-

\*Read before the Section on Dermatology, Proctology, and Genito-Urinary, Ohio State Medical Association, in annual session at Cleveland, May 17, 1916.

ment which should be thoroughly carried out for a reasonable length of time in every case unless it is so far advanced that the patient's life will be jeopardized by its continuance. I cite this case, also, to show the usual indifference to and neglect of the value of rectal and colonic examination. Every pathological phase of this case was scientifically investigated at intervals for six months with the exception of a rectal examination which should have been the guide to the initial investigation.

The presence of blood in any form with or following the stool when mixed with pus and mucus in the form of slime is in nearly every instance the first real symptom of ulceration of the bowel, especially if in connection with a diarrhoea. I think it can be safely stated that more than ninety percent of the instances of bleeding from the rectum, no matter in what quantity or in what form, is due to disease of the rectum or colon. Occasionally we see a large hemorrhage from the bowel due to gastric or duodenal disease, but this is quite infrequent in comparison to bleeding from the rectum and colon. However, these cases of bleeding with whom every physician is familiar, are often subjected to many needless and expensive diagnostic investigations, particularly for gastric or duodenal disease before the rectum and colon are examined.

The second case I wish to report is that of a young lady aged 23, of good German heritage, referred to me in June of 1911. Her chief complaint at that time was a diarrhoea that had begun three months earlier. She was having fifteen to twenty stools daily which had all the characteristics of ulceration of the upper rectum and sigmoid. On physical examination, the patient was found to be fairly nourished, without elevation of temperature but presenting the appearance of one having a chronic systemic infection. A recto-sigmoidal examination showed both of the segments in an acute stage of inflammation and ulceration with beginning contraction of the sigmoid flexure. The mucus membrane was discolored, swollen, and covered with gray patches of pus and epithelial debris. Cancer was excluded by this examination; amebic ulceration by the absence of the ameba *histolytica* after several examinations. The pathology of the blood and other organs was negative.

Our usual treatment, which will be given later in detail, was carried out under the best conditions for six weeks. Some improvement was shown at this time and the patient returned home attempting to continue this treatment herself but grew worse and returned in two months with the bowel intolerant to any substance. She wore a napkin all the time and was in an almost constant state of tenesmus. At this time I did an appendicostomy which was very satisfactory; giving her for one year and a half great com-

fort, by the additional advantage of proximal irrigations. However, she grew gradually worse again from the almost complete benign occlusion of the sigmoid and upper rectum. Under the greatest difficulties, for a colostomy, I was able to pull up a short loop of the transverse colon and made for her an artificial anus which has given her permanent comfort and little inconvenience since that time. I feel sure that the artificial opening in the colon is above the disease. Had I known then what I know now I would have made an ileostomy instead, early in the course of her treatment.

This case illustrates not only the profound nature of some of these cases but the structural changes that may occur from the fibrous deposits in the bowel wall. The inflammation is always more active in the upper rectum and sigmoid flexure, although it may involve the entire colon, and can be brought into plain view by the use of the sigmoidoscope. Therefore the treatment is essentially local through the rectum. Medication by the mouth is ineffectual. In fact I have never seen anything more than a temporary elevation of the distress with opiates from this method of medication. The irritability of the sphincter from fissures and piles from the frequent stools in the early stages of the disease, when the inflammation is most acute, is often an obstacle to the treatment. This feature often necessitates the divulsion of this muscle before the proctoscope or irrigator can be introduced unless great care is taken in the use of these instruments.

The prevailing idea that it requires a long colonic tube to irrigate the sigmoid and colon is erroneous. I do not believe a soft rubber tube 12 to 18 inches in length, the kind used for the purpose of giving the so-called "high enema," can be introduced into the colon except by accident. I hesitate to repeat this point since it has been disproven so many times during the last few years by Haines and others, but I find many physicians who still have this erroneous impression. All enemas when properly injected above the sphincter muscle in the ampulla of the rectum will traverse the entire course of the colon within a very short time with the patient in any position. This was proven by Haines some years ago. To corroborate this we have only to refer to a few modern every day diagnostic methods. The X-ray has taught us that if a fluid or foreign body, impervious to the ray, is injected into the rectum, it is carried through the entire course of the colon within a very few minutes by a "reverse peristalsis." This can be verified by a radiogram showing the exact position of the colon taken at the end of ten or twelve minutes after the solution has been deposited in the rectal ampulla.

I have frequently demonstrated in my appendicostomy cases made to facilitate the irrigation

of the colon, that the fluid will flow from the opening in the stump of the appendix in five or six minutes after beginning the irrigation through the rectum. On the other hand if the irrigation is made through the appendicostomy opening the cecum and ascending colon seem to contract and hold the fluid in that portion of the bowel so that it will not flow from the rectum, when used in this way, until these two segments are greatly distended with the solution. This distension excites a downward wave of peristalsis which continues during the time of irrigation. It has been stated, but not proven, that there is no downward peristalsis below the beginning of the descending colon except at the time of defecation but this hardly seems true since large amounts of gas will escape from the bowels at other times. It does prove however, that it requires a certain amount of distention of the bowel to excite peristalsis and induce defecation. A bismuth meal given by the mouth will appear normally in the cecum in approximately four and one half hours, but it requires from eighteen to twenty-four hours for it to traverse the colon and appear in the upper rectum. If the same substance is placed in the rectum it is immediately rushed through the entire course of the colon to the cecum, so that nature can dispose of it by absorption if it is possible. This prolonged retention in the cecum, ascending and transverse colon is a normal condition which is often mistaken for fecal stasis.

The value of a nutrient enema is not obtained from the absorption of its contents in the rectum as formerly believed. To have any nutrient value it must be carried to the right half of the large bowel by a "reverse peristalsis" where it may become mingled with the contents of the small intestine by being carried through a patulous ileo-cecal valve which we know sometimes exists. The amount of absorption that might occur in this remote way certainly could not be sufficient to have any nourishing value. The blood vessels of the rectum and sigmoid are capable of absorbing large quantities of water daily and substances freely soluble in it, but fats, and the proteins of egg-albumen and milk, the usual composition of a nutrient enema, must be split into other substances by the action of the enzymes of the small intestine before absorption can take place.

Feces are not carried backward after being deposited in the sigmoid flexure because they are not foreign bodies when in this portion of the gut. They are one of the end products of digestion from which all possible nutrient material has been taken and placed in that portion of the bowel whose function is to act as a fecal container and where they can be easily disposed of, when the proper stimulation is offered. The function of this portion of the bowel is under the control of

the cerebro-spinal system, and is independent of the plexuses in the bowel wall.

We know that the action of the various so-called "intestinal antiseptics," when administered by the mouth, is quite empirical but with this principle of "reverse peristalsis" in mind, we have attempted to apply them through the rectum. Suppositories containing iodine and sulphur were introduced several times daily into the rectum of an appendicostomy patient. The discharge from the stump of the appendix soon gave the characteristic reaction for both. Starch water was shown to be carried through the large bowel in the same way. The dressings on an appendicostomy opening will be saturated the following morning after fluid extract of *Krameria* and oil solution containing camphor, menthol and iodoform have been administered by the rectum. I am unable to state whether they were carried through the ileocecal valve into the small intestine or not as I had no means in these cases of differentiating the fluid of the cecum and ileum. I have been so impressed with this method of intestinal medication that I employ antiseptics in this way as a routine in all intestinal cases where this form of medication is indicated. The solutions found most useful in this condition are normal salt solution, fluid extract of *Krameria*, nitrate of silver in one-half percent solution, formaldehyde, 1-1000, permanganate of potash, 1-5000, ichthyol in five grain suppositories, iodine and boracic acid solutions, I think irrigation with normal saline solution should precede every medicated solution except, of course, the nitrate of silver. It cleanses the bowel by removing and dissolving the mucus and places it in a better condition to receive the medicated solution to follow. *Krameria* is a very soothing and mild astringent and is of great value. It should be used in from five to twenty-five percent solutions. After the disease begins to subside the proctoscope can be introduced and the chambers of the rectum and sigmoid can be more accurately medicated by sprays and topical applications with the above named remedies. The ulcers can be touched with a strong solution of nitrate of silver and the sigmoid insufflated with a powder such as the compound stearate of zinc with balsam of peru and ichthyol.

The most appropriate device for giving a colonic lavage is a recurrent metal irrigator, 3 or 4 inches in length, to which can be attached a tube, leading from a reservoir suspended two feet above the hips of the patient, who is in the inverted or left lateral position, and a tube attached to the outflow of the instrument leading to the waste reservoir below. The pressure used should never be greater than a two foot elevation. The colon can be alternately filled and emptied by the use of the cut-off attached to the tube, until the amount of the solution

to be used is exhausted. This should range in quantity from one to two gallons, according to the condition to be treated. By the additional use of a glass Y and a double reservoir, hot and cold solutions can be alternately applied. This is often of special benefit in restoring the lost functional activity of an atonic bowel.

My technique is to irrigate the bowel two or three times daily with two gallons or more of saline solution to which is added to the last quart four to six ounces of Aq. Fl. Extr. Krameria. Once a week the bowel is thoroughly irrigated with  $\frac{1}{2}\%$  solution of nitrate of silver, after it has been thoroughly lavaged with plain water. This is continued until the acute symptoms have subsided sufficiently for a proctoscope to be introduced. Then I use the sprays and topical applications, as before mentioned.

The surgical treatment which will eventually be necessary before there is an ultimate cure in many of these cases, consists of measures to facilitate irrigation and permanent diversion of the fecal current from the diseased bowel. They

are ileostomy, colostomy, appendicostomy, or cecostomy.

Local antiseptic measures should be thoroughly carried out by bowel irrigations, unless the case is a desperate one when first seen and has had repeated exacerbations, before surgical measures are instituted. I have seen a number of these cases so greatly improved that they have postponed operation indefinitely. I have come to the conclusion however, that the eventful day will come to all these cases, when it will be necessary to divert the feces from the diseased area. This is best accomplished by an ileostomy.

The real value of an appendicostomy or cecostomy is to facilitate irrigation. The bowel can be more completely emptied of its contents and there will be less distress following the treatment from retention of the fluid when irrigated by this through and through method.

But best of all it enables patients who do not care to submit to a more radical operation to treat themselves to better advantage.

## The Physiology of the Pituitary\*

Clayton McPeck, M. D., Columbus, Ohio

THE subject of Pituitary Physiology is reviewed at this time in order that attention may be directed to the economic value of the gland. It belongs to that rather restricted class of structures termed endocrine glands, whose actions are important and incompletely explored. The whole idea of the function of the endocrine glands was placed on an experimental basis by Berthold, in 1849, as a result of his work on the transplantation of the cock testis. Before this series of experiments our meager knowledge of the so-called blood glands was enlivened by the wildest conjectures. In 1855 Claude Bernard used the term "inner secretion" with reference to the discharge of glycogen from the liver. Since then, but mostly recently, the concerted action of experimentalists, pathologists and clinicians has served to throw light on the many heretofore obscure activities of the endocrine glands.

By an internal secretion is meant the preparation and setting free of a certain substance of physiologic utility by cells of a glandular type; their discharge being either into lymph, blood or cerebro-spinal fluid. To such substances Starling gave the name hormones, or chemical messengers. Some writers class all substances having such physiologic utility as autacoids, which in turn are divided into hormones or excito and chalones or inhibito substances.

Liegeois added the pituitary gland to the list of endocrine structures about fifty years ago. Progress with reference to the function of the

gland has been slow, the principal restricting element being its comparative inaccessibility.

Physiology deals with the normal functioning of the part, its mode of carrying out that function, its control, its modification and the various other organs or acts with which it is correlated. Its function depends upon its structure and its structure upon its origin. These factors will first be considered.

Origin. The pituitary is derived from two sources. The anterior part, described by Rathke and Mihalkowics, arises from a bucco-pharyngeal invagination. The posterior part arises as an evagination from the floor of the third ventricle, the anterior part enveloping the posterior a good bit like a catcher's glove. The posterior lobe, or pars nervosa, is connected to the tuber cinereum by a stalk containing the infundibular recess of the third ventricle. The whole hypophyseal mass is surrounded by dura and located in the sella turcica of the sphenoid. In the adult human the pituitary is an ovoid mass about 8 to 10 mm's in diameter and 12 to 15 mm's in length.

Histology. The anterior lobe is the pituitary gland proper. It is distinctly glandular in appearance, being made up of columns of cells surrounded by sinusoidal blood spaces. The cells composing the columns are divided into two classes according to their staining affinities—chromophiles and chromophobes. The chromophiles are either acidophile or basophile. The basophiles contain granules which are more abundant on the side next the sinus giving a clear

\*Read before the Columbus Academy of Medicine, May 1st, 1916.

picture of a secretory structure. It is believed by some that the cells of different staining characteristics represent differing stages in the activity of the same type of cell. The posterior lobe is the pars nervosa and the hypophysis cerebri proper. It is covered anteriorly by an epithelial investment, the pars intermedia derived from the pars anterior. The cells forming this mass occasionally multiply and form acini containing a small amount of colloid which stains with acid and probably discharges into the pars nervosa.

The pars nervosa is a network of loosely placed neuroglia cells and fibres invaded by some strands from the pars intermedia. A faintly staining colloid substance occurs in the intercellular spaces. This substance may be a metamorphosis of the migrating cells or a product of secretion of the cells of the pars intermedia. The neuroglia cells contain many greenish-yellow granules insoluble in alcohol, ether, xylol, etc. The cerebro-spinal fluid contains a substance similar in composition to the posterior lobe hence it is said that the posterior lobe discharges into the ventricle. The substances formed by the cells of the anterior lobe are probably discharged into the blood stream direct although Edinger claims that they enter the lymphatic circulation first.

Accessory structures. Erdheim, Dandy and Goetsch have located a small mass of chromophobe cells in the dura of the hypophyseal envelope. Other masses have been noticed in the pharynx back of the alae of the vomer and called by Habersfeld, Glandulae Pharyngae.

The blood supply of the pituitary is abundant.

The nerve supply as worked out by Dandy is from the upper sympathetic system.

The pituitary is found in all vertebrates and persists throughout life. From an automic, developmental and comparative standpoint the hypophysis appears to be an organ of vital importance. The physiology of the pituitary has been a subject of much controversy and this paper simply presents the ideas advanced.

Historical. Galen and Vesalius believed that the gland secreted a substance, mucus in character, called pituita, which had as its function the lubrication of the nose.

Viessens believed that it formed, or helped to form, the cerebro-spinal fluid. It probably adds something to it.

Magendie regarded the pituitary as a lymph gland which collected the cerebral lymph and passed it into the circulation. This idea was reached by reason of the presence of the inter-neuroglial spaces.

Others regarded it as a vestigial relic of no particular importance.

Marie in 1888-9 stated that the anomalies of growth characterized by irregularities in size of the extremities and the acral parts was associated with pituitary tumor or hypertrophy. From this series of papers systematic efforts by the experimental method were undertaken. They

manifested themselves in a number of ways which will be discussed in detail.

1. Injection experiments. Injection of extracts of the whole gland give a long rise in blood pressure, preceded by a slight initial fall, indicating probably the presence of both pressor and depressor substances. The renal arteries dilate and after a short period diuresis occurs. It was also noticed that in addition to the vaso-constriction vesical, intestinal and uterine contractions were increased.

Injection of extracts of the posterior lobe give increased intestinal activity, probably due to an excitation of the plexus of Auerbach, and vigorous contractions of the uterine muscle and the bladder. There is a prominent vasoconstriction also which acts independently of the adrenals. A galactagogue action more powerful than that from corpus luteum extract is produced. Diuresis is produced probably by direct stimulation of the cells of the uriniferous tubules.

Injection of extracts of the anterior lobe are relatively inactive for short periods, but according to some authorities changes are produced by the long continued injection.

Prolonged injections of the extract of the posterior lobe leads to emaciation, asthenia and cachexia. The assimilation limit for sugars is lowered, hyperglycogenolysis, hyperglycemia and occasional glycosuria are noticed.

2. Ingestion of the extracts. Feeding the glands to animals is a tedious and laborious process. The results of the different workers have not been consistent. Schafer reports that when four out of eight rats in a litter, fed with bread, milk and anterior lobe extract, were compared with the other four serving as a control, they showed a marked and rapid skeletal growth. Wulzen, after perseverance, succeeded in obtaining increase in growth of fowls. Robertson, also, has had positive results.

3. Transplantation. Transplants of the glands are made to imitate a hyperfunctioning. Results from this method are not very encouraging. Halstead states that there is little tendency for a transplant to grow unless there is an existent physiologic deficit. If the hypophysis is transplanted into an animal with a normal hypophysis the graft does not grow and the effects produced are comparable to the feeding of an equal quantity of the gland. The life of an hypophysectomized animal may be prolonged by an immediate transplant. Results not conclusive.

4. Extirpation. The first to perform experimental extirpation of the pituitary was Horsley in 1886. The early investigations yielded contradictory results, in some cases the animal dying soon and in others living a long time. With a strict technique complete removal of the gland leads to a train of symptoms termed cachexia hypophyseopriva. The onset is tremors, fibrillary twitching, oposthotonus, gradual insensitiveness, slow pulse and respiration, abrupt

fall of body temperature, apathy passing into coma and death. Young animals survive a total hypophysectomy longer than adults, the range being from five to thirty days. If a viable part of the anterior lobe is left death does not ensue. Injection of the extract of the anterior lobe prolongs the fatal issue. Posterior lobe extract does not suffice if given alone. Immediate transplants also aided.

Partial removal of the gland does not result fatally, but in a short time brings on a train of constitutional disturbances chief of which are widespread fatty deposits, disturbances of carbohydrate metabolism, growth, renal secretion, sexual inactivity and genital atrophy. There is also a dryness of the skin, bristly hair with a tendency to fall out and a subnormal temperature. If anterior lobe extract is injected the temperature may be raised. The pulse and respirations are subnormal and ossification is retarded. The mental condition as determined on dogs is below the average while there is a tendency toward epileptic fits. There is an increased sugar tolerance and a tendency to lay on fat. The urinary flow is increased almost to a diabetes insipidus. The females that have had a partial removal of the gland never come in heat and the males show marked anaphrodisiac tendencies. Partially hypophysectomized puppies are sexually infantile. The Graafian follicles are few in number and the interstitial cells of Leydig in the male appear to have undergone a lipid metamorphosis.

5. Direct stimulation of the gland. Cyon attempted this first with the rabbit as the experimental animal. His results show a slow heart with increased amplitude. The effect is said to be due to the increased discharge of pituitary substance into the circulation and that the pituitary represents the point of departure of reflexes which regulate blood pressure. Results from this method indefinite.

Chemical study of the pituitary. The active principle as obtained from the posterior lobe is not affected by boiling. It is soluble in water and salt solution. The depressor substance is also soluble in ether and alcohol. It will dialyze through parchment paper, will withstand 24 hours' immersion in gastric juice and 18 hours of tryptic digestion. It is, therefore, not protein, is not like adrenalin and is not like thyroiodin because it contains no iodine. Its exact pre-secretory origin is not known definitely. The dosages of this substance have not been worked out but we know a tolerance is reached just previous to the establishment of an alimentary glycosuria.

In March of this year Robertson made announcement of the isolation of a definite chemical substance from the anterior lobe. According to Robertson this substance, tethelin, is the active principle since its administration produces all the growth changes occurring when the anterior

lobe is administered entire. Animals fed with this substance are heavier for their size than the controls. Tethelin contains 1.4% phosphorus. Nitrogen occurs in the proportion of four atoms to one of phosphorus. The nitrogen occurs in both the amino and the imino grouping. One of the products of hydrolysis is dl-inosite.

Administration of the whole gland extract causes increased output of calcium, nitrogen, urea and phosphorus. Oxygen consumption and carbon dioxide elimination are diminished in a hypopituitarism.

The pituitary is active probably at all times of life. Adolescence, pregnancy and the climacteric represent periods of life at which time physiologic alterations are striking. Hibernation is a seasonal state which occurs in some animals and may rightfully be placed in this category.

Puberty. There are no accurate histologic studies indicating pituitary change at this time, but at this age demonstrable changes take place which, when in association with a primarily unstable gland may so upset the biochemical equilibrium that it passes from a purely physiologic into a pathologic state. The rapid increase in stature is probably due to an hypophyseal factor. Tandler asserts that individuals in whom adolescence has occurred at an early age remain as a rule short limbed whereas those with a tardy adolescence are long-limbed.

The seasonal state of hibernation entered into by some animals is characterized by lower tissue metabolism, somnolence, lowered temperature, pulse and sensitivity to outside stimuli. Gemelli found that after hibernation in the marmot the cells of the hypophysis showed an apparent cellular hyperplasia with mitotic figures. This has an analogue in that several of Cushing's cases were characterized by much the same thing.

Pregnancy. Hypertrophic changes in the gland with a cellular hyperplasia have been noted since the time of Compté in 1898. Neighborhood symptoms, such as a fleeting bitemporal hemianopsia in multipara, were first reported by von Reuss. Freund and Zacharias have shown that in the later stages of pregnancy hypertrophy of the turbinates, thickening of the tissues of the hands and feet have suggested actual acromegalic changes. Pointing also to an hypophyseal involvement are the occasional glycosurias and increased stature occurring in young married women. Erdheim and Stumme have examined 150 glands from pregnant women and find there is a change in color from greyish red to white and an increased weight. The average weight of the gland from nullipara was 61.8 cg; of primipara, 88 cg; of multipara, 165 cg. There is a subsidence in the size of the gland at the end of lactation. Ott and Schafer demonstrated the presence of a powerful galactogogue substance in the posterior lobe. This also excites uterine muscle to action and when given to a pregnant

female tends to produce abortion hence it is but reasonable to assume that there is some relation between pituitary hyperplasia and parturition. In many women following the plurigravid states there is a condition of adiposity, falling out of the hair, subnormal temperature, laying on of fat, etc., while in some others outspoken acromegalic changes are shown.

Knowledge of pituitary functioning as determined by clinical manifestations. Careful observations of patients coupled with the clinic, laboratory and autopsy findings have added a great deal to the store of knowledge that we possess. Dyspituitarism is a term used to refer to any perverted function of the gland. Marie and Minkowski were the first to demonstrate a causal relationship between enlarged pituitary and supposed hyperpituitarism and acromegaly. The manifest clinical conditions involving this gland may be either pre- or post-pubertic and such combinations as the following may occur. Over action of the anterior lobe alone. Over action of the posterior lobe alone. Under action of either the anterior or the posterior lobe. Over activity of the anterior and under activity of the posterior, and the reverse. Over or under activity of both in combination. As it is most usually considered a hyperpituitarism involving the anterior lobe results in increased general size if it occurs before puberty and more or less local enlargement, particularly of the acral parts, if it occurs after puberty. One gives us the well marked giantism, the other acromegaly. Bartels has shown that the condition of *adiposodolorosa* and *dystrophy adiposo-genitalis* are conditions of hypopituitarism.

The morbid anatomy of the acromegalic condition shows that there is a true hypertrophy in the majority of cases. In the long bones the epiphyses are affected as well as the diaphysis. The pathologic condition has been said by many to be an adenoma. The concepts of acromegaly are about as follows:

1. Marie believed it to be due to a condition of hypophyseal insufficiency. The followers of Marie think the gland supplies an autacoid to the circulation which regulates the growth and in its absence growth goes on unhindered.

2. Massolongo, Fisher and others believe the condition to be due to a hyperfunctioning and particularly to an eosinophilic hyperplasia even though there be no pressure symptoms due to glandular enlargement. In this idea we see that the secretion stimulates skeletal and connective tissue growth. Some maintain that at autopsy the place occupied by the pituitary normally was filled by a tumor mass and that the hyperfunction theory, therefore, could not hold. This is hardly a fair statement since at its inception the tumor mass could not fill the whole space and again the first effect of a new growth is an irritant one.

3. Strumpell, Vassale and others regard hypo-

physeal involvement as a consequence and not a cause.

4. Silverstein and others say that acromegaly bears only an accidental relation to pituitary lesions.

5. Parisot considers it an upsetting of the thyro-genito-hypophyseal triad.

Erdheim has found a case of giantism in which the only discoverable lesion was an eosinophilic hyperplasia in an accessory glandule.

In hypophyseal derangement with an increased secretion certain temperamental changes are apparent such as lack of concentration, wakefulness and indecisiveness.

With a diminished secretion there is a tendency to somnolence, inability to concentrate, impairment of memory and even epilepsy. The occurrence of epilepsy in glandular deficiency has been frequently noticed. It is said that an undue excitability of the cerebral cortex may be the result of the removal of the secretion in normal quantity. In some of the cases where there was a demonstrable growth with pressure symptoms and a lessened secretion epileptic seizures were noticed. In some of the patients subjective gustatory and olfactory impressions with dreamy and unreal sensations, with or without convulsions, were noted. Thirteen out of 14 hypopituitarities in Cushing's series showed epileptiform seizures. In many of his cases opotherapeutic measures caused a diminution and a cessation. While no conclusion can safely be drawn from a recital of these cases it seems to be more than a mere coincidence and suggests a cortical instability as a result of hypophyseal insufficiency.

A low arterial tension is one of the common manifestations of a hypopituitarism. Asthenia with a pressure of 70 or below is common. It must be remarked in passing that this combination of low blood pressure, asthenia, pigmentation, etc., while unquestionably hypophyseal in origin suggests a secondary change in adrenal activity namely toward deficiency. This would indicate that the pituitary is an excitor of normal adrenal action.

Interrelationship of the Pituitary. It is not easy to give a brief review of the correlated actions of this gland for a great amount of work remains to be done both in suggesting new relationships and in confirming old ones.

Gonads. In its relation to the testis two elements, the interstitial cells of Leydig and the tubular epithelium, must be considered. The interstitial cells have been shown to be responsible for the development of the secondary sex characters; the tubular epithelium for sex elements. Hatai has shown the weight of the pituitary to be increased after castration. One would imagine from this that the interstitial cells, or the testis as a whole, exerts an inhibiting action on the pituitary, or else after a castration the pituitary is functioning semi-vicariously for



the interstitial cells. Again since with a hypo-secretion of the posterior lobe we have genital atrophy, loss of libido and a tendency to infantilism, it has been suggested that the pituitary is the exciting link in the chain. In the ovary as in the testis the relationship is not simple. Secondary sex characteristics may not be developed while the reproductive function is unimpaired, such failure being referable to the interstitial cells. The hypophyseal hyperplasia in pregnancy is said to be due to the exciting action of the hormone from the corpus luteum. The hypertrophy of the pituitary to two or three times the normal size in pregnancy is capable of several explanations. In the first place the secretion of the anterior lobe may be essential to the growth of the infant. Since it produces an increased tone of the uterine muscle it may be responsible for the regular rhythmic movements in that organ during the pregnant state. It may also take part in the parturition efforts. It is for this effect that solutions of the gland are used in obstetrics. The exciting cause for the hypertrophy of the pituitary during pregnancy may be the stimulus of a physiologic deficit. Menstrual disturbances of amenorrhea are prominent features in both hyper and hypo action of the hypophysis.

To the mammary gland. A milky secretion can be squeezed from the gland during pregnancy. It may be that the increased pituitary tissue and secretion in the pregnant female is a cause for the activity of the mammary gland in some infants. Ott, Schafer and Cow have shown the galctogogue action of pituitrin although it has not been definitely shown that it stimulates the development of acini.

The thyroids. After a partial hypophysectomy there is a thyroid hyperplasia, and the reverse, indicating that there may be an existent vicarious synergic action. Unquestionably the two glands have a somewhat similar influence upon skeletal growth. Cushing states that there may be a thyroid enlargement as an evidence of a previous hyperpituitaristic tendency.

The parathyroids. Cushing in his report found no pathologic alterations in these glands in his fatal cases. However, the studies of Macallum tend to link the hypophysis and the parathyroids in calcium metabolism.

The adrenals. Several cases have shown symptoms similar to Addison's disease. In one case of hypopituitarism the adrenals had a medullary hyperplasia. In the acromegalics the indications point to a hypo-action of the adrenals, which would seem to indicate that the pituitary exerts normally an inhibition on the suprarenals.

The pineal. There is little definitely known concerning the action of this structure. The accumulated evidence points to a reciprocal antagonism between the two structures.

The thymus. In hypo action of the hypophysis

there is a persistent and enlarged thymus, if occurring in the pre-adolescent period and a hyperplasia of the involuting gland if in the post pubertic. If there is considerable hypersecretion of the hypophysis there is a complete involution of the thymus.

The pancreas. There is not an established relationship between these two structures. In eight of Cushing's cases of hypopituitarism no definite change was noticed except the larger number of islets, which might speak for a high rather than a low tolerance for sugars.

Complete case histories illustrating all phases of pituitary disturbance and associated conditions may be found in Cushing's work, "The Pituitary Body and Its Disorders," from which much of the body of this paper was obtained.

In review then the pituitary is a gland of three parts with an internal discharging secretion essential to life. The anterior lobe furnishes a secretion to the circulation which promotes growth particularly of the bony and the connective tissues of the body. Acromegaly and giantism, in short, "are the expression of a functionally unstable pars anterior brought about by some underlying biochemical disturbance which leads to the elaboration of a perverted or exaggerated secretion containing a hormone that accelerates skeletal growth or that of the acral parts." The posterior lobe and its epithelial investment furnishes a substance to the circulation which is a general excitant to the unstriated muscle of the body and is also a diuretic agent. The absence of this secretion leads to a high carbohydrate tolerance and a resulting adiposity, loss of potentia sexualis, libido and genital atrophy. The pluriglandular relationships of the pituitary are intricate and incompletely investigated.

#### References:

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*Arsenobenzol* (Philadelphia Polyclinic).—Dr. Schamberg explains that the Dermatologic Laboratory of the Philadelphia Polyclinic availed itself of the opportunity to supply their product when salvarsan was not obtainable. Having so served this purpose in the interest of humanity and the public health, the marketing of their product was discontinued when the German product became again available. The laboratory is not established for commercial purposes and could not afford to become embroiled in patent litigation which would no doubt be instituted by the owners of the salvarsan patent.—(Jour. A. M. A., Dec. 9, 1916. p. 1776).

## The Milk Supply as it Concerns the Practicing Physician

By Frank G. Boudreau, M. D., C. M.,

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THE practicing physician, and particularly the general practitioner, is still the oracle to whom men come for advice on health matters. Problems of this nature which are presented to him for solution frequently deal with food. Milk is a universal food, and is used particularly in disease, consequently a working knowledge of the milk problem is desirable. It is a frequent habit of physicians to have their patients secure milk from some particular dairyman. Considering the potentialities of milk for good or for evil it would be natural to suppose that such advice was based upon actual knowledge of the purity of the milk. In a large number of instances I have found that physicians who advised a particular milk depended upon the slimmest hearsay evidence for their knowledge of its purity, and on many occasions I have discovered that such milk was collected from unhealthy cows and under conditions so filthy that only impure milk could be produced. My plea in this paper is that physicians will give some thought to the milk problem, and that they will never recommend a particular milk without first-hand knowledge of the methods of its collection and distribution.

### MILK AS A SOURCE OF DISEASE.

I take it that every physician knows that milk is a particularly favorable medium for the transmission of disease. Milk is used in the laboratory as a culture medium, and many of the most common pathogenic organisms grow readily in this fluid, when only slightly modified. In addition, ever since outbreaks of typhoid fever, diphtheria and scarlet fever have been reported as tracable to milk. John W. Trask has compiled 179 typhoid fever milk-borne epidemics occurring in the United States and Great Britain. An enormous number have been described since this compilation. Eighteen well-authenticated outbreaks were recorded in the Annual Reports of the Ohio State Board of Health, to 1915, the majority of these in recent years. The average number of cases per outbreak was fifty-five. During the past summer ten such outbreaks have occurred in Ohio, and there are several other reports of instances in which the evidence, although convincing, is not as yet complete. There are still health officers in Ohio who do not realize that no milk should be sold from a farm where typhoid fever prevails, and during a recent investigation I found milk being sold from three dairies, where the mother acted as nurse and assisted in the collection of the milk in each instance. Typhoid fever carriers are responsible frequently for milk-borne outbreaks, but the problem at the present time in Ohio must first be to prevent the actual case from

coming in contact, direct or indirect, with the milk supply.

### MILK-BORNE DIPHThERIA.

Like the typhoid fever bacillus, the exciting cause of diphtheria grows readily in milk. John W. Trask compiled twenty-three milk-borne diphtheria epidemics, reported between the years 1895-1908. As with typhoid fever, a large number of diphtheria outbreaks have been reported since 1908. I have investigated two such outbreaks in Ohio, and the reason more were not found, is that investigations for diphtheria are made relatively seldom, owing to the small force available for this work.

### SEPTIC SORE THROAT.

This disease has only attained prominence recently. Milk has played the leading role in the causation of nearly all the outbreaks. Some of these outbreaks have comprised an enormous number of victims, as in the epidemic in Greater Boston in 1911, in which over two thousand persons were attacked.

### SCARLET FEVER.

Scarlet fever has also been described as being transmitted by milk, and fifty-one epidemics were described prior to 1908. No instance of scarlet fever spread by milk, has come to my attention in Ohio.

### TUBERCULOSIS.

The relationship between the spread of tuberculosis and the milk supply has been a subject of controversy ever since Koch announced his belief that the tubercle bacilli found in man and animals were distinct organisms, and that the bovine tubercle was not pathogenic to man. It is conceded at the present time that a considerable percentage of cases of non-pulmonary tuberculosis are caused by the bovine tubercle bacilli, and that this organism gains entrance into the human body through the ingestion of milk. Tuberculosis is rife among our dairy cattle, and the bovine bacillus is a frequent finding in the milk supply. Tubercle bacilli get into the milk through the manure, although in one or two percent of cases the udder itself, being tuberculous, may be the source. Rosenau makes the following statement: "Practically all market milk contains cow feces." Tenney found tubercle bacilli in milk in sufficient quantities to cause tuberculosis in guinea pigs, in 10.5% of the samples of Chicago milk he examined. Hess found that 16% of New York market milks contained this organism. Anderson, Goler, the Bureau of Animal Industry, and many other investigators report like results. The tubercle bacillus has been found in nearly sixteen percent of the samples of butter examined. In conjunction with these findings we must place the

very reliable estimate that at least seven percent of the tuberculosis in man is of bovine origin. Of 1,040 cases of tuberculosis examined, 49.1% of those under five years of age showed bovine organisms, while only 1.3% of those over sixteen years of age were of bovine origin. Of 132 cases between the ages of five and sixteen, 25% showed organisms of the bovine type. Pulmonary tuberculosis is practically never of bovine origin. It is not necessary for me to dwell upon the significance of these facts, or to enter into a discussion of the danger resulting from these infections, usually in early infancy, with the bovine tubercle bacillus. No one would desire to prescribe milk containing tubercle bacilli to children, and before the physician advises a certain milk he should make sure it is collected from cows tuberculin tested frequently enough to obviate the presence of tuberculosis. A number of uncommon diseases are also spread by milk but it is not necessary to discuss them here. The non-specific condition known as infant mortality, and responsible for such a large proportion of the total deaths in the United States every year, cannot be dismissed so easily.

INFANT MORTALITY.

During the period 1909-1913, 52,730 infants under one year of age perished in Ohio. This is practically one-sixth of all deaths which occurred during that time. Of this number, 14,658 resulted from diseases of the digestive system, and of these, 13,036 deaths were ascribed to diarrhoea and enteritis. Now I am aware that diarrhoea and enteritis is not always caused by a polluted milk supply. I am familiar with the work which has been done in Germany and elsewhere tending to show that heat itself is directly responsible for a large proportion of these cases. On the other hand no one can review the literature of this subject without coming to the conclusion that impure milk is an important, if not *the* important cause. The most striking results have followed systematic campaigns to improve the milk supply, and I can cite you to no better example than that of Cincinnati. The following appears in the Annual Report of the Cincinnati Department of Health for 1915:

“The effect of an improved milk supply on infant mortality, due to diarrhoea and enteritis under two, is shown in the following table which covers two five-year periods; the first before, the second, after efficient milk inspection had been inaugurated.

Year.	Deaths due to diarrhoea and enteritis in infants under two years of age.
1906 .....	547
1907 .....	368
1908 .....	354
1909 .....	318
1910 .....	378
For first 5-year period.....	1,965

BEGINNING OF EFFICIENT MILK INSPECTION.

Year.	Deaths due to diarrhoea and enteritis in infants under two years of age.
1911 .....	272
1912 .....	272
1913 .....	246
1914 .....	231
1915 .....	175

For second 5-year period.....1,196

“The remarkable reduction becomes still more striking when it is known that Cincinnati’s population increased from 345,230 in 1906, to 406,706 in 1915.”

It is needless to comment further upon this subject.

If conditions are as I have described them, thousands of persons dying every year and thousands of others wasting upon beds of sickness as a result of the impure milk supply, what is the remedy? Before going into details concerning this, let us examine into the machinery already available for dealing with this problem. The State Dairy and Food Department of the Agricultural Commission of Ohio maintains a force of inspectors for the purpose of securing improved milk supplies. These inspectors are assigned certain territories, and as a rule assist the local health department in making periodic inspections of the sources of milk supply. Authority for these inspections is given under the General Code of Ohio, and unfortunately the sections of the statutes which refer to this work direct attention rather to the adulteration of milk and its chemical content than to its disease producing properties. The inspectors themselves do not limit their work altogether to this phase of the subject, and the results of the inspections are extremely beneficial in every way. The milk business is an enormous one, however, and it is at once obvious to every thinking person that a very large force of state inspectors must be provided to make systematic and frequent inspections of all local sources. Local health departments have authority to inaugurate a system of milk inspection, covering all territory from which milk is secured for the districts under their supervision. It would seem likely to everyone familiar with the milk industry, that all health departments would avail themselves of the authority granted them to have milk inspections. Such is by no means the case. The greatest handicap is the expense involved. We have not yet learned that public health is a commodity which must be purchased, and that a dollar invested will not return as much as ten dollars. Of the twenty largest cities of Ohio, there are two which have no local system of milk inspection. In other words, the local health department of these two cities do not know whether the people in their district are securing pure clean milk, or a filthy manure polluted, germ laden product.

Only fourteen of the twenty cities report that all dairies are regularly inspected. Three of the twenty cities require pasteurization. In nine of the twenty cities the local health officer states that milk inspection is now efficient. If the milk inspection of the twenty largest cities in the state is so unsatisfactory, what must be the condition in the smaller cities, in the villages, and in the townships, where no supervision is practiced?

#### THE REMEDY.

Several years ago I suggested a remedy for these conditions, which was by no means original. A bill providing for competent well-paid district health officers was up before a legislative committee for consideration, and at my request a section was inserted making milk inspection by such health officers compulsory in every health district in the state. Of course the bill failed to receive favorable consideration. A great deal can be done without the help of this bill. Every city should have an efficient system of milk inspection. This inspection should be aimed at the following ideal:

1. *Milk collected from disease-free tuberculin tested cows.*
2. *Milk collected under sanitary conditions. Good pasture for cows; clean, light, airy cow stables, sterilized utensils, efficient and immediate cooling.*
3. *Milk collected and handled by clean individuals, free from disease.*
4. *Milk transmitted to the consumer as rapidly as possible and at a temperature under 65° F.*

The detail of milk inspection can be studied by a reference to the Federal score card, and the pamphlets of state and Federal agricultural departments.

The most careful inspection will sometimes fail. Thorough investigation will sometimes fail to reveal the tuberculous cow, or the typhoid carrier. For this reason pasteurization should be used as an additional safeguard. The terms pasteurization or heated milk cause many physicians to bristle up immediately. Nevertheless, I must emphasize that pasteurization of all milk by the holding method would reduce appreciably the inroads of infant mortality, tuberculosis and diphtheria and all the other milk-borne diseases, without at the same time causing any bad results at all. Devalitalization, and all the other bugbears long associated with heated milk have disappeared before the advances of scientific experimentation. Scurvy may be found in children who are fed with heated milk, but may be obviated by the use of a little orange juice. It is certainly not so serious a problem, and indeed should not be mentioned in the same breath, as infant mortality, tuberculosis, typhoid fever, et al. To those who insist that boiled or heated milk is not a proper food for children, I would refer to all the sickly children being built up by its use in

summer camps, and hospitals and to the scientific experiments of Dr. Joseph Brennamen, which have taken away the basis of all the arguments put up against heated milk. It is true that occasional outbreaks of disease have been traced to pasteurized milk, but here the process itself was not at fault, but the method of its operation. In this state a health officer reports an outbreak of typhoid fever due to the failure of the distributor to pasteurize for only one day. Pasteurization should be thoroughly supervised, and recording machinery used which cannot be tampered with except by the inspector. Constant care and watchfulness is the keynote of success in this as in so many other things in life.

While laying great stress upon the value of heating milk, I must not neglect the product known as certified milk. This, when properly supervised, does not need pasteurization, but it is the only grade of milk I would allow upon the market without this treatment.

A point which is often overlooked by the health officers and physician is that disease-producing properties of milk are derived almost altogether from man, except in the case of tuberculosis. Milk drawn from the cow is almost sterile if the proper precautions are taken. Cows do not transmit typhoid fever. The human element is responsible.

As I see it, the physician's obligation to his patient requires that he shall exercise ordinary care and judgment in his treatment. This care and judgment should extend to the particular milk supply he recommends. The practitioner would be a most invaluable aid in the campaign of education if his interest in the pure milk campaign could be aroused. I am not forgetting that we owe the physician a large debt of gratitude for his successful operation of the certified milk system.

In 1915, the lowest typhoid fever death rate ever experienced in Ohio was recorded. This was largely due to the progress made in recent years in the installation of water purification plants and pure water supplies. When a pure water supply supplants a contaminated supply, the Mills-Reinke phenomenon takes place; that is, there is a reduction in the general death rate greater than would be caused by the reduction in the typhoid fever deaths alone. Dr. Landis, in his annual report for 1915, has predicted the following hypothesis: "The reduction in the general death rate of a municipality brought about by the purification of its milk supply, is practically the same as that caused by its change from a polluted to a pure water supply." He further states, "If this hypothesis is borne out by additional observation in other cities, the Cincinnati Board of Health can claim a saving of 2,268 lives during a period of five years because of the improvements brought about in the purity of the municipality's milk supply."

My belief is that at the present time the efficient supervision of the milk supply in all Ohio municipalities would give more immediate results in deaths and sickness prevented, than any other measure that could be attempted. Before this improvement can be brought about the expensive lesson must be learned over and over until it is a proverb in the state, that public health, like any other commodity, is purchaseable, and that something of value cannot be bought for nothing.

### Post Mortem Caesarean Section — Report of Case

O. T. SPROULL, M. D., West Union, Ohio.

I was under the impression that the unborn child could not live much longer after the death of the mother than it would take to drown, but on looking up the records in some of the textbooks I was surprised to find some of the authors giving credence to reports of very long intervals; also by the small number of reports of cases of post mortem Caesarean section, and the small number of children saved thereby. Playfair says: "There is no doubt that prompt extraction of the child under these circumstances has frequently been the means of saving its life, but by no means so often as generally supposed." He quotes Schwartz: "Out of 107 cases not one living child was extracted," and Duer, "Fifty-five cases, 40 living: one to five minutes, 21 cases; five to ten minutes, none; ten to fifteen minutes, 13 cases; fifteen to twenty-three minutes, two cases; after one hour, two cases; after two hours, two cases."

Playfair himself says that we can scarcely expect a living child after more than a quarter of an hour or at the outside half an hour after death of the mother. He gives credence, however, to much longer times in a few instances.

Cazeaux and Tarnier say: "Numerous instances are recorded where living children have been extracted ten or fifteen minutes or even half an hour after the woman died." Recommend forceps be used if low down, and that about same care be taken as when the mother is alive for fear she be not really dead.

Williams says: "The number of children rescued by this procedure, however, has always been small," and "In view of this fact and the abhorrence in which it is more or less justly held by the laity, I do not consider that it should be recommended." He recommends forceps but gives no statistics.

On Thursday, July 24, 1913, I was called to attend Mrs. S., 41 years, in her ninth labor. I had attended her in three previous labors at term, October 11, 1905, ten hours; September 24, 1907, six hours; and November 13, 1909, seven hours, all L. O. A. position. The last child was born dead because of antepartum hemorrhage. There was nothing unusual in the

progress of any of these cases, the second stage would be rather hard, and the last half hour or so would worry her pretty badly. She was a very large woman, weighing over 250 pounds, active and strong; had done the usual housework of a farmer's wife.

Rough notes written soon after the termination of the case are as follows:

July 24, 1913, 7:00 P. M. Called about 6 P. M., arrived 7 P. M. Labor since late yesterday but has gone about and pains not close. Was not certain of labor until an hour ago. \* \* Lower extremities considerably swollen, but has been well. Menstruated October 9-12, 1912. On examining her I could not reach the os but think it L. O. A. Cannot hear heart but there is movement. Abdomen is very large.

10:45. Her pains have come on pretty hard; find bag of waters present and is pretty well dilated. Head presenting but is not in the pelvis. Nothing unusual about her condition unless pulse and respiration too fast.

11:30 P. M. She grew a little worse. I ruptured membranes about 11:00 P. M. but only a little water passed and head came very little lower.

About 11:20 respiration became suddenly difficult, wheezy, and in great distress; got up in a chair then walked to the hallway and sat in a chair. Condition alarming; could not get enough air; said she believed she was going to die. I made an incision left elbow but got no blood, and respiration failed before heart. Dead about 11:30 P. M.

As soon as it was certain she was dead, the rocking chair in which she sat was dragged back to the bedside, the body lifted on the bed, and the question of Caesarian section discussed with the husband, and his sanction obtained.

With the small knife used in the attempt to bleed her, the abdomen was opened in the median line, the incision going on through the uterus hurriedly as possible. The child was found in the first position, alive and strong, weighing when dressed 11½ pounds. It had a slight cut on front of right hip which required a stitch. The child is now living and has always been strong and healthy.

The time elapsing after the mother's death before the delivery of the child in this case would be somewhere between five and ten minutes. The mother was perfectly rational until the last.

Dr. Richard S. Moynan (Starling, 1914), who after two years in New York Polyclinic has been serving as ship surgeon on the Steamer Noordam, New York to Rotterdam, was compelled to give up his work following the declaration of submarine warfare and is now at his home, 22 Alhambra Court, Columbus. Owing to the probable continuance of the ocean embargo Dr. Moynan is open to engagement.

## They're Making Plans for a Splendid Meeting in Springfield Next May-- Better Make Your Plans Now

They are planning great things in Springfield, where the seventy-second annual meeting of the State Association convenes on May 14.

The following is a recent letter from Dr. W. B. Patton, chairman of the Committee on Arrangements:

Editor, The Journal: We take pleasure in announcing that the plans for the annual meeting of the State Association in Springfield are well in hand. Most of the committees have been appointed and all whose duties require it have been on the job—some of them for more than six months.

The members of the Clark County Medical Society have pledged \$1400; Springfield Chamber of Commerce, \$1000; exhibitors (contracts signed to date), \$2200; banquet tickets (estimated), \$800; total \$5400, or \$1300 more than was expended at last year's meeting. We'll just remark in passing that if we don't put on a program worth while, it will be because we don't know how to spend our money.

We are not dreaming dreams when we say this will be the greatest state meeting ever held. In fact it ought to be the greatest. Here are a few reasons for the faith that's in us:

1. The natural growth of the State Association.
2. Our easily accessible location.
3. Some unusual publicity stunts.
4. An unusually attractive program—both scientific and entertainment.
5. An association with 4500 members ought to have 1500 at an annual meeting.

We will have a man of national reputation deliver a public health address before a great mass meeting on the opening night. This will be followed by the smoker—of which all we wish to say at the present time is that it will be novel and different. When we announce the speaker, whom we hope to have for the banquet, you will at once see the necessity of ordering your ticket in advance if you wish to secure a place. Then there will be moving pictures—medical films—that have never been shown in Ohio, and some of them you'll never have an opportunity to see except upon such an occasion as this.

The entire meeting will be held under one roof—the beautiful new Memorial Hall, which is admirably adapted for this purpose. The main floor was constructed especially for exhibition purposes. Then there are five rooms seating 200 to 250; four rooms seating from 50 to 75. The exhibit hall will be made unusually attractive both for members and exhibitors. Eighty-six booths have been planned—sixteen of which, together with the stage, will be used for scientific and educational exhibits. The remaining seventy will be for commercial exhibits, and by the way, con-

tracts have already been signed for forty-four of these, and there'll be contracts signed for several more before the middle of May. Dr. Will Ultes is chairman of the committee on exhibits.

Our hotel facilities will be ample for an ordinary state meeting. If we have the attendance we are beginning to feel assured of having, our hotels will be crowded. If you wish to be on the safe side, make your reservations early. Our leading hotels are the Shawnee, Bancroft, Arcade and Bookwalter. The Shawnee and Bancroft are new, both having been opened the first of the year. Dr. Chas. L. Minor is chairman of the committee on hotels and meeting places.

We are trying to secure team work in the promotion of this meeting through the secretaries of the county societies—by writing to them once a month—keeping them (and through them their societies) fully informed as to our plans. We have received splendid responses from so many, that we do not hesitate to say there will be something doing among the county secretaries between now and May 14, 15 and 16.

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### MILK BOTTLES ARE FOR MILK.

Health Commissioner Robert H. Bishop, Jr., of Cleveland, again calls attention to an abuse to which health officers throughout the state should give local publicity—the lack of care given empty milk bottles.

Dr. Bishop, in recent press statements, declares that housewives who use milk bottles for other purposes and who permit their children to dispose of the bottles to junk dealers are thoughtlessly endangering the health of the entire community. Incidentally they are adding to the cost of milk production.

One million milk bottles are recovered from city dumps each year. They find their way there after having been used as receptacles for gasoline, stove polish, and even poisonous liquids, and the abuse is by no means confined to the cities, either.

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Steps have been taken in Toledo for the organization of a Toledo Hospital Council similar to the Cleveland Hospital Council recently formed in Cleveland. At the first meeting of the organization, Dr. W. S. Stone of Flower Hospital, was elected chairman, and Mr. Behrens of Toledo Hospital, secretary. All the hospitals in Toledo have been asked to appoint representatives on the council. Three hospitals, St. Vincent's, Toledo and Flower, were represented at the first meeting. The objects of the council are to establish more efficient business methods and improve the hospitals' organization and relations with the public.

# LEGISLATIVE



Committee on Public Policy and Legislation  
Ohio State Medical Association

J. H. J. UPHAM, M. D., Chairman.....	Columbus
A. H. FREIBERG, M. D.,.....	Cincinnati
J. B. ALCORN, M. D.,.....	Columbus
H. B. GIBBON, M. D.,.....	Tiffin
E. O. SMITH, M. D.,.....	Cincinnati
C. D. SELBY, M. D.,.....	Toledo

For additional information relative to any legislative proposal, write

G. V. SHERIDAN,

Executive Secretary of the Association

131 East State Street  
Columbus, Ohio

**Bulletin (Feb. 27).** The Senate defeated the optometry bill 16 to 13 this afternoon, and again, by a close vote, defeated the chiropractice bill. The big fight now centers on the Christian Science bill, in the House.

Never in the history of the state of Ohio have there been so many organized attempts during a single session of the legislature to emasculate the provisions of our Medical Practice Act. The following brief summary outlines the status of legislation pending before the General Assembly at Columbus on February 26, when these pages were printed:

1. The chiropractors who are now licensed by the Platt-Ellis law have introduced bills in both the House and Senate in an effort to have established a separate board of licensure by which chiropractors may be licensed after educational requirements that are ridiculously low. The lobby urging the passage of these bills is headed by Former Attorney General T. S. Hogan. We were able to defeat the Senate bill on February 21 and will probably be able to defeat the similar bill now pending before the House.

2. The osteopaths, working through a lobby that included prominent politicians, caused the introduction of the Miller bill in the Senate, which was designed to give them the right to practice major surgery, to use drugs without restriction, and to give them legal standing on a par with physicians and surgeons. We have been able to remove all of the "sleepers" from their bill and to amend it so as to adequately protect the public from these dangers. In its amended form—a form entirely satisfactory to your committee—the bill has passed the Senate and is now before the House.

3. The so-called "Christian Scientists," represented at Columbus by a lobby that includes prominent bankers, leading business men, and club women who are affiliated with this church, have presented the most dangerous proposition—a bill modifying the Medical Practice Act so as to exempt Christian Science "healers" from its provisions. This measure would render farcial our Medical Practice Act. The bill, introduced by Senator Virgil Terrell of Cleveland, was passed in the Senate on February 8 by exactly the number of votes needed, and is now pending before the House.

4. The naturopaths, which seems to be a generic term including all "drugless healers," have introduced the Neiswonger bill (H. B. No. 133), which provides for a separate board for the licensure of all who practice drugless therapy. This bill is under consideration by the House Committee on Public Health, and it is highly probable that it will never be reported, as it is too radical for serious consideration.

5. The optometrists, always well organized, are before this legislature stronger than ever before. They are demanding passage of the Gilmore bill (see February *Journal*, page 94), which would provide for the licensing of optometrists by an examining board of opticians. The fate of this measure is still in doubt. It comes before the Senate for a vote this week, and the result admittedly will be close.

\* \* \*

After considering the above proposals (considering the additional fact that each special interest is represented at Columbus by a group of lobbyists, and that these groups work together against their common enemy, the medical profession), you may readily understand that your Legislative Committee and the Executive Secretary's office at Columbus have been kept exceedingly busy since the Legislature convened early in January.

The Legislative Committee has met at frequent intervals, and the Executive Secretary has sent out literally thousands of letters in an effort to keep members of the profession throughout the state thoroughly advised as to the status of these measures.

In addition, your committee has worked hard for the passage of several measures designed

to protect public health. We have kept in close touch with the movement to reorganize the State Department of Health, and to create the position of State Health Commissioner. We have lent our aid wherever possible to the numerous bills designed to improve public health administration.

\* \* \*

Your committee is delighted to report that although the session is rapidly drawing to a close—the present plan being to adjourn on March 20—we will be able to secure the passage of the Wright bill, which modifies the \$200.00 limitation in our Workmen's Compensation Act. This bill has passed the Senate and is now before the House for final action.

At this time the outcome of the nurse registration contest is in doubt. The Senate Committee on Public Health has under consideration the Hoy bill which passed the House, and the bill by Senator Wright, which is intended as a compromise between the Hoy bill and the present nurse registration law. It is probable that one of these measures—the Wright bill—will be reported by the Senate committee this week.

\* \* \*

In another column we are reporting the incidents that led up to the passage of the Christian Science bill in the Senate. Since that time your committee has worked incessantly to bring about the defeat of this bill in the House.

On Tuesday evening, opponents of this measure are to be given a public hearing in the House. Your committee has delegated to Dr. F. F. Lawrence of Columbus, the supervision of arrangements for this hearing. Prominent churchmen and sanitarians will discuss all phases of the Christian Science question.

Few of our members realize the tremendous pressure that has been brought to bear by the Christian Science church upon members of the House. They receive telegrams and personal letters by the dozen. Leading bankers—for example, Mr. J. R. Nutt, vice president of the Citizens Savings and Trust Company of Cleveland—and men high in political circles—for example, Former Lieutenant Governor Greenlund, of Cleveland—are taking an active interest in this measure in behalf of the Christian Scientists. Probably by the time this *Journal* reaches you, the issue will have been decided.

For many sessions the optometry fight has been very bitter. This year the optometrists have left no stone unturned. The chairman of their legislative committee, Mr. Barr, of Lancaster, has given up his position to devote his entire time to this legislative fight.

Their bill was given a hearing before the Senate Committee on Public Health on February 15. Dr. William King Rogers, of Columbus, and Dr. L. E. Siemon, of Cleveland, represented the medical profession, and pointed out to the committee the fallacy of providing a separate board of licensure for the optometrists. The question as to whether they are included in the Platt-Ellis bill is now pending in the courts, and it seems foolish to provide for a separate board until their status under the Platt-Ellis law is clearly determined. Dr. Rogers, discussing the practice of optometry from a scientific standpoint, urged the committee to establish a form of licensure that would provide a high educational standard. The optometrists at this hearing were represented by Mr. Barr, and by Mr. Smith Bennett, former Assistant Attorney General—and at one time official legal advisor of the State Medical Board.

The committee reported this bill without recommendation. It was up for passage in the Senate on February 15, but after a hurried poll, the author of the measure, Senator Gilmore, asked to have it "informally passed" for the day. His poll showed, evidently, that he lacked a sufficient number of votes to pass the measure at that time. This bill will probably be acted upon finally in the Senate before this *Journal* reaches our readers. If it is passed by the Senate it must go before the House.

\* \* \*

The above in brief summarizes the legislative situation at Columbus. The next two weeks will be the most important of the session. In the closing days the special interests are able to take advantage of the confusion to secure those things which would be denied them if submitted to careful consideration.

Your committee is keeping the legislative committeeman in your county in close touch with the progress of legislation at Columbus. We urge you, as a member of the Association, to keep in touch with your committeeman, and to render him every possible assistance. By united action we can repel these sinister forces and for another two years at least protect the state from ambitious healers whose daring is only exceeded by their ignorance.



## Christian Science Bill Passed Senate By the Exact Number of Votes Needed; Now Pending Before the House

The passage of the Christian Science bill in the Senate on February 8 by a vote of 19 to 13 was not unexpected. Attaches of the legislature who have been in touch with affairs at the Capitol for years report that seldom if ever has a special interest brought more pressure to bear on the members of the Senate than was brought by the membership of the Christian Science Church, working through its every ramification.

The bill was introduced by Senator Virgil Terrill, of Cleveland, on January 25. Immediately the powerful influence of this church was made evident. Instead of referring the bill to the Senate Committee on Public Health, which considers all public health matters, its proponents had it sent to the Judiciary Committee which has a majority representation from the large cities.

On February 1 the Judiciary Committee announced a public hearing. Feeling that it would be useless to oppose a favorable report on this bill, by a prejudiced committee, little effort was made to develop a state-wide demonstration against this bill at this hearing. Dr. J. H. J. Upham, chairman of our Legislative Committee, and Dr. F. F. Lawrence, who directed the fight against this bill two years ago, spoke briefly, pointing out that the enactment of such a measure would be a direct blow to medical education. Dr. Frank G. Boudreau, epidemiologist of the state board of health, and Dr. W. L. Dick, city epidemiologist in Columbus, briefly outlined the public health dangers of such a law, citing the possibility of a spread of contagion if Christian Science healers—with their complete lack of diagnostic ability—are permitted to treat contagious diseases.

The Christian Science arguments—so-called—were presented by Judge Clifford B. Kennedy, of Boston, the chief lobbyist for the Christian Science church in America, Mr. Paul Harsh, secretary of the Close Realty Company of Toledo, and former Senator Philo G. Burnham, a Dayton lawyer. State Treasurer Chester E. Bryan, and Former Attorney General T. S. Hogan also "rendered testimony" in favor of the bill.

On February 6 at a meeting of the Judiciary Committee, after consideration of only a few moments, it was voted to report the bill with a recommendation for passage.

During all of this time Christian Scientists throughout Ohio were centering their energies on this bill. Every agency that could be bent to their need was used. Senators received telegrams by the hundreds and personal letters by the basketful. Prominent bankers and leading politicians of their home communities—men who

were not directly affiliated with the Christian Science Church—made personal trips to Columbus to urge the passage of this bill. These were accompanied by active members of the church. One of the most active proponents was J. R. Nutt, a Cleveland banker.

It is very easy to understand how this apparent evidence of a state-wide demand is brought about. To cite a specific instance: A Columbus woman, active in one of the local Christian Science churches, visited her grocer, her butcher, the managers of two or three down-town department stores, her dentist, and others to whom her patronage is profitable, and directed them to urge the two Columbus senators to vote for this measure. How could they refuse?

Despite this tremendous state-wide movement, the Christian Scientists were able to secure only the exact number of votes necessary to force the passage of this bill in the Senate. When the bill was under consideration on February 8, several eloquent speeches were made on the floor in opposition. With the exception of Senators Terrill and Agnew, of Cleveland, and Senator Tremper of Portsmouth, who spoke briefly in its favor, no approval of the measure was voiced on the floor of the Senate. Those who voted for it voted apologetically, and after the vote had been recorded at least five expressed the opinion that it was the bitterest pill they ever had been forced to swallow.

Senator George D. Jones, a Columbus lawyer, made a powerful assault on the measure. He prefaced his remarks by explaining that if he were the only man affected by the bill, he would vote for it, as he had a high regard for individual members of the Christian Science Church, but, he explained, the bill is far-reaching in its effects and dangerous for many reasons.

"I cannot understand this intense desire on the part of apparently educated people to thus commercialize their religion. I cannot understand how a great church is willing to commercialize prayer. I cannot understand how a church is willing to descend from its religious pedestal in a mad scramble of competition with quacks and charlatans, so that a few of its members may be permitted to gather in a few dollars."

Senator Jones explained that he subscribes to no religion but that he is a great admirer of Jesus Christ, and cannot favor the commercializing of His teachings. He then explained in a most impressive manner, his sad personal experience: "Three years ago I believed, as Christian Scientists believe, that scarlet fever is not a contagious disease. They hold that there is no such thing as disease. I believed that the medical profession was wrong in its constant

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### NEWS OF THE MONTH.

In addition to the introduction of many bills directly affecting public health, attempted raids have been made on the Medical Practice act by the so-called Christian Scientist "healers," the osteopaths, the chiropractors, the optometrists and the naturopaths in the Ohio Legislature—Every physician will be interested in the review of legislative happenings which begins on.....	170
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warnings in regard to the spread of contagion. I then had a little son. Firm in my belief, I took that boy into a home where there had been scarlet fever. In exactly 96 hours my little son was dead. Today I hold a greatly decreased opinion of myself, but I know much more.

"Are we to abandon our support of the medical sciences? Are we to turn our backs upon its admirable methods in development in its constant searching for the truth? Are we to abandon the system of regulation which attempts at least to demand that those who treat the sick must be able to make an intelligent diagnosis? What do the Christian Science healers know of diagnosis? How can they fail to spread contagion when they neither know how to recognize disease, nor admit its existence? I might take chances on Christian Science treatment for myself, but am I justified in thrusting this danger upon innocent children?"

Senator Jones gave specific instances of how Christian Science had been responsible for contagion among school children, and declared in conclusion that in his opinion the proposed law might be construed to conflict with the section of the Ohio constitution which provides that no church shall be given any special preference under our laws.

Senator Robert O'Brien, of Cincinnati, made the second attack on the bill. He declared the measure to be decidedly un-American and inquired if the Senators had ever known of any other church appearing before a legislature to request the right to charge for prayer.

"I have a most devout belief in the power of prayer, but I have absolutely no faith in prayer that I can buy," he said.

Senator Agnew, of Cleveland, spoke half-heartedly in favor of the bill. Senator Tremper, of Portsmouth, who, by the way, is a dentist, and had been counted on to oppose the bill—surprised his colleagues by a half-hearted, apologetic speech which wound up with a statement favoring the measure.

Basing his stand upon his experience as a physician covering 21 years, Senator Murrell, of Wilmington, made a powerful plea to his colleagues in opposition to the measure. "If this bill passes, we might as well repeal the Medical Practice Act, for it will be unfair to require the young men to take a long and expensive medical course when anyone can open an office and treat the sick for compensation by merely claiming that he is connected with the Christian Science Church."

Dr. Murrell referred to cases of diphtheria and similar contagious diseases, and inquired pointedly as to how the Christian Science Church might treat these patients.

The closing argument by Senator C. A. White, of Lisbon, was one of the most powerful speeches of opposition to the bill. Senator White held aloft a handful of telegrams and announced that they represented commands and entreaties from 52 important citizens of the counties in his district. "But," he added, "it happens that my district includes 237,496 people. I am here to represent all of these people and not any particular group. I therefore find that the Christian Scientists are 237,444 in minority, and in the interests of public health, I am compelled to disregard the pleadings of this minority.

He recited a case that had come to his attention two years ago where a patient was treated

## THIS SHOWS THE DANGEROUS POSSIBILITIES OF THE CHRISTIAN SCIENCE BILL

SENATE BILL NO. 66, by Mr. Terrell of Cleveland. It is an innocent appearing proposal of exactly three lines, which amends the most important section of our Ohio Medical Practice Act—Section 1286. The PRESENT LAW reads as follows:

Sec. 1286. A person shall be regarded as practicing medicine, surgery or midwifery, within the meaning of this chapter who uses the words or letters, "Dr.," "Doctor," "Professor," "M. D.," "M. B.," or any other title in connection with his name which in any way represents him as engaged in the practice of medicine, surgery, or midwifery, in any of its branches, or who examines or diagnoses for a fee or compensation of any kind, or prescribes, advises, recommends, administers or dispenses for a fee or compensation of any kind, direct or indirect, a drug or medicine, appliance, application, operation or treatment of whatever nature for the cure or relief of a wound, fracture or bodily injury, infirmity or disease. The use of any such words, letters or titles in such connection or under such circumstances as to induce the belief that the person who uses them is engaged in the practice of medicine, surgery, or midwifery, shall be prima facie evidence of the intent of such person to represent himself as engaged in the practice of medicine, surgery, or midwifery."

The Christian Scientists through Senate Bill No. 66 propose to emasculate this by adding the following sub-section:

Sec. 1286-1. Nothing in this chapter shall be construed to apply to or interfere in any way with the practice of those who endeavor to prevent or cure disease or suffering by spiritual means or prayer."

Study this carefully. It shows amazing effrontery on the part of Mary Baker Eddy's followers.

If it passes the House any person by calling himself a "Christian Scientist" can also call himself a doctor, or an "M. D.;" can meet and treat the sick, and collect his fee—can do, in fact, anything a registered physician does.

by a Christian Science practitioner who at the time was four hundred miles removed—under the "absent treatment." When the patient finally became worse a physician was called, shortly before death, and diagnosed the disease as malignant diphtheria. In the meantime an entire community had been subject to the dangers of contagion.

When the vote was taken it was found that only 18 Senators had expressed approval of the measure. Nineteen are necessary to secure passage. Christian Science lobbyists became busy and Senator Frank Miller, of Crestline, who had not voted on the first roll call, was induced to vote, and the bill was carried.

The following Senators voted for the bill: Agnew, Apple, Benedict, Berry, Busbey, Cunningham, Davis, Galbreath, Gilmore, Kennedy, Miller, of Crawford, Miller, of Licking, Mooney, Oberlin, Terrell, Timby, Tremper, Vollenweider, White, of Sandusky—19.

The following voted against the bill: Baker, Brown, Crawford, Harding, Holden, Jones, Murrell, O'Brien, Shohl, Snyder, Thomas, White, of Columbiana, Wright—13.

The following were absent when the vote was taken: Holl, Horn, Lloyd, Palmer. On their re-

turn two days later, Horn and Palmer asked to have their votes recorded in favor of the bill.

### AIMED AT DENTAL QUACKS.

The Lloyd bill (Senate Bill No. 141), which amends that part of the Dental Practice Act which requires dentists to operate under their own names—and is designed to eliminate offices that are operated under a high-sounding term, was reported out February 21, with a recommendation for passage by the Senate Committee on Public Health. A number of advertising dentists appeared before the committee to defeat the bill. Prominent dentists of the state are urging its enactment, as a method of reaching the irresponsible quacks who cloak their dangerous work behind these firm names, and who thus avoid individual responsibility.

S. B. 119, by Mr. Holl of Auglaize. Amends the law relating to county infirmaries and poor relief, one of the proposed amendments providing that the county shall not furnish medical relief to persons in their own homes, who have not been residents of the state or county for one year or residents of a township or city for three months. Judiciary Committee.

## Chiropractic Bill Defeated in the Senate; Similar Bill is Pending in the House

The chiropractors, it seems, are not satisfied with the provisions of the Platt-Ellis law under which they were licensed two years ago. They want a board of their own and have introduced two bills providing for the same—House Bill No. 356 by Mr. Powell of Gallia, and Senate Bill No. 125 by Mr. Snyder of Toledo.

Despite the fact that Former Attorney General Timothy S. Hogan was placed in charge of their lobby and appeared before the Senate committee in behalf of their bill, the measure was defeated on the floor of the Senate on Wednesday, February 21.

However, the chiropractors are now working to force the passage of their bill in the House. They won a strategic advantage, after this bill was introduced, by having it referred for consideration to the Committee on Military Affairs instead of the Public Health Committee. This was done because Representative Culbertson Smith of Butler county is chairman of the Military Affairs Committee, and Mr. Smith loses no opportunity to favor medical quacks and those healers who seek to lower standards of medical education.

Mr. Smith had the chiropractic bill reported to the House with a recommendation for passage. Therefore, despite the fact that the Senate has already defeated this bill it is not unlikely that the members of the House will be forced to vote on the same issue before the session ends. In the meantime the 400 or 500 chiropractors in Ohio are deluging the members of the House with petitions and letters.

The surprising thing about the vote in the Senate is that it came within three votes of passage. The Snyder bill provides for the creation of a state board of chiropractors of three members "to regulate the practice of chiropractic," which is defined as "the art and science of the analysis and adjustment of the spine and tissues related thereto for the removal of the cause of disease." A president, vice-president and secretary would be elected from the board's membership. Each member would receive \$10 for each day engaged in official duties.

Under the Snyder bill, all persons now holding licenses under the Platt-Ellis law to practice chiropractic would receive a license to practice without examination, and all persons engaged in the practice of chiropractic in the state prior to January 1, 1917, would be required to pass only an oral examination in "the theory and practice of chiropractic" and would be exempt from preliminary educational requirements. Other applicants must show that they are graduates of "a chartered school or college of chiropractic," and have taken a course of at least three years of six

months each or its equivalent, in order to be eligible to take an examination for license.

Examinations—before an examining board of chiropractors—would embrace the following subjects: Anatomy, physiology, symptomatology, nerve tracing, chiropractic orthopedy and principles of chiropractic and adjusting.

Your committee felt that a bill of this sort would have absolutely no chance before a body of intelligent men; therefore no state-wide fight was waged against the measure.

However, when it was learned that Mr. Hogan and other influential politicians had been engaged to work in behalf of the measure, the defense was hurriedly built up. Dr. Ben R. McClellan, of Xenia, who for many years was chairman of the Legislative Committee, and who is thoroughly familiar with the history of cult practice in Ohio, appeared before the Senate Committee on Medical Colleges and Societies and answered the rather weak argument made by Mr. Hogan. Dr. Upham and Dr. Matson also spoke, explaining in detail the system of licensure for chiropractors now provided under the Platt-Ellis law. A number of chiropractors from various sections of Ohio appeared to urge the passage of the measure.

Dr. Byron Baker of Milford Center, chairman of the Senate Committee, accorded both sides a fair hearing. It was decided to report this bill to the Senate without recommendation.

When the bill came up in the Senate for final vote, Senator Snyder, of Toledo, who introduced the measure, arose in his seat and read an argument in its favor that had been drafted and handed him by the chiropractic lobby. He was unable to explain the bill or to answer any questions concerning it. Senator Virgil Terrell, of Cleveland, took advantage of the opportunity to again criticize the medical profession. Neither Terrell nor Snyder indicated the slightest knowledge of the provisions of the bill. The provisions of the measure were never discussed at any time. It is exceedingly doubtful if any of the senators who voted for the proposal had even read it.

Senator Charles F. Harding, of Cincinnati, who is a druggist and a leader in the national movement for improvement of the pharmaceutical profession, delivered a splendid address in defense of the medical profession. He sharply criticized Senator Terrell and the few others who take every opportunity to attack physicians, and reviewed briefly the achievements of the medical profession. He explained the provisions of the Platt-Ellis law which he helped to formulate and pass as a member of the House two years ago, and declared most emphatically that it should be given a fair trial.

Senator Howell Wright, of Cleveland, who has

been a leader in our fight to maintain an educational standard, explained how the passage of such a measure would be the abandonment of the sound public policy which the state adopted in 1896, when the Medical Practice Act was passed. He explained to the Senate how the maintenance of such a standard is designed to protect the public, and how it would be unsafe to depart from this standard to meet the demands of any special clique or group.

Senator Tremper, of Portsmouth, declared that he had received many petitions asking him to support the chiropractic bill and that he had not had time to investigate the merit of the question. He

therefore asked to be excused from voting.

Dr. U. G. Murrell, senator from the Fifth-Sixth district, explained the dangers that would develop should the regulation of chiropractic be turned over to the chiropractors. He made a convincing argument which, together with the talk by Senator Harding and Senator Wright's argument, was sufficient to turn the tide against the bill.

The following senators voted for this measure: Benedict, Berry, Cunningham, Gilmore, Holl, Horn, Jones, Oberlin, Palmer, Snyder, Terrell, Thomas, Timby, Vollenweider and White of Sandusky county.

## Attempts of Osteopaths to Pass Bill with Concealed "Sleepers" is Blocked After Series of Senate Hearings

The raid on the Medical Practice Act attempted by the osteopaths, seemingly prompted by a desire on their part to abandon the field of drugless therapy, has been completely blocked.

After a series of hearings before the Senate Committee on Public Health, the numerous "sleepers" that had been inserted into the Miller bill were detected and removed, and the measure finally passed the Senate in a form that was entirely satisfactory to your committee. In fact, it is generally believed that the measure in its present form will materially strengthen the Medical Practice Act if it passes the House.

Senate Bill No. 78, in its original form as introduced by Senator Miller of Newark, was a proposal to amend Section 1298 in the General Code—which is the osteopathic licensing section of the Medical Practice Act. Here is the way the osteopaths sought to have this section read:

"Sec. 1298. The provisions of this chapter (referring to the prohibitions in the Medical Practice Act) shall not apply to an osteopath who passes an examination before the state medical board in the subjects of anatomy, physiology, obstetrics, *surgery* and diagnosis in the manner required by the board, receives a certificate from such board, and deposits it with the probate judge as required by law in the case of other certificates. Such certificate shall authorize the holder thereof to practice osteopathy *and surgery* in the state. \* \* \* Such certificate may be refused, revoked or suspended as in the case of certificates to *other* physicians and surgeons."

Sounds harmless, doesn't it? But here are the words that are omitted from the present law, where the stars are indicated: "*But shall not permit him to prescribe or administer drugs or perform major surgery.*" And—the italicized words in the above quoted section were inserted by the osteopaths. In other words, the osteopaths of Ohio who were licensed as drugless healers sought

by this bill to be admitted to the complete and unrestricted use of drugs of every variety, and sought permission to do major as well as minor surgery. Had this bill passed in its original form a large number of the osteopaths now practicing in Ohio soon would be opening abdomens and wielding hypodermics with an enthusiasm that would only be equaled by their ignorance.

\* \* \*

It required three extended hearings to place this dangerous bill before the Senate in its true light.

The osteopathic lobbyists contended that the bill was intended merely "to correct conflicts in the present law." They pointed out that the osteopathic section of the Medical Practice Act, under which they operate, prohibits them from using drugs. They claimed the fact that they are permitted to do obstetrics makes necessary the use of anesthetics and the use of antiseptics. They talked incessantly regarding anesthetics and antiseptics.

However, at the public hearings on this bill during the week of February 12, your committee was able to convince the Senate committee relative to the following "sleepers" in their proposal:

(1) The modification of the law relative to drugs which they suggested would have given them the unrestricted right to use every form of drug therapy. In other words, our osteopathic friends, frightened by the competition of the chiropractors in the so-called drugless field, were preparing to abandon their drugless therapy and practice medicine.

(2) They had inserted a clause which by trick reading would have given them a legal status on a par with physicians and surgeons. Under the present law they are licensed as osteopaths and not as physicians. This causes them considerable inconvenience in dealing with insurance companies. Had this point been overlooked, osteopaths, legally, would have been physicians.

(3) The most dangerous "sleepers," however,

was the insertion of a phrase that would have permitted the osteopath, with his low-grade training, to enter the unrestricted field of major surgery. It was not until the close of the third hearing that we forced them to admit that this was the real motive behind their bill. Think of it! Osteopaths, with no training in pharmacology, and with only slight training in minor forms of surgery, were seeking the legal right to enter the most dangerous and most important of the specialties.

Before the committee, the osteopaths made an attempt to prove that the curriculum in the present day osteopathic colleges is comparable to the curriculum in our best medical schools. They brought to Columbus a member of the faculty of the American College of Osteopathy who is a graduate of Harvard Medical College. They had lawyers, and politicians, and all the osteopaths they could scrape together.

Dr. E. F. McCampbell, dean of the College of Medicine of Ohio State University, and Dr. William Smith, a third year medical student who is a licensed osteopath, appeared before the committee and completely controverted their claims of equal education. Chairman Upham of your committee, Dr. George H. Matson of the State Medical Board, and the Executive Secretary of the Association presented other points.

Even the lay members of the Senate committee recognized the danger, and the impudence of the above "sleepers." Therefore, they amended the bill to eliminate these dangers, and reported it to the Senate with a recommendation for passage when so amended.

\* \* \*

In its amended form the bill passed the Senate on February 21, without a dissenting vote.

The osteopaths bitterly fought the amendments, until a poll of the Senate demonstrated to them that their bill could not pass in its original form. On Sunday, February 18, at a hurriedly called state conference, they finally decided to abandon their fight for the "sleepers."

\* \* \*

The important feature of this bill as it passed the Senate in its amended form is that it writes into the statute a definition of the term "major surgery"—a point insisted on by your Legislative Committee. Under the present osteopathic law, licensed osteopaths are permitted to do minor surgery, but this term has always been vague, and many osteopaths have taken advantage of the indefinite phrasing to encroach upon major surgery. This bill, as amended, will stop these practices, as it specifically prohibits osteopaths from performing major surgery, which is declared to be "all operative procedures requiring the use of a knife or other surgical instrument, for the opening of any natural cavity of the body or the amputation of any member or part of the body." With this definition in the law, the amendment will greatly strengthen the osteopathic act.

Inasmuch as osteopaths are permitted to do obstetrics under the old law, the new act permits them to use anesthetics and antiseptics in these cases. It is, of course, evident that if they are to do obstetrics they must have this right to properly safeguard the public.

So, instead of being a dangerous proposal, the bill as passed has been converted into a meritorious one. At the same time, it is fair to the osteopaths and eliminates conflict in the present law. The bill now goes to the House for final passage.

## The Most Ridiculous Legislative Proposition of Recent Years

House Bill No. 33, by Mr. J. W. Neiswonger, of Beallsville, representing Monroe County, seems to merit the above title. In justice to Mr. Neiswonger it should be specifically stated that he introduced the bill by request. He told the writer that he had not even decided to vote for it himself. It was drafted by attorneys representing a number of healers who could not qualify with even the flimsy requirements of the Platt-Ellis law.

The bill first writes into the statutes of Ohio a legal definition of the term "naturopathy," as follows:

"Naturopathy is the art and science of aiding nature with natural, vital and purifactive agencies, to throw off disease and restore the normal state; education in the art of rational living is the basis of all naturopathic therapy."

Section 1 provides for the creation of a state board of Naturopathic Examiners composed of

"graduates of chartered schools or colleges of naturopathy who have practiced their profession continually in this state for one year. To any one who is familiar with these so-called "chartered schools" this is a bit of grim humor.

Section 3 provides that certificates to practice naturopathy—which under the above legal definition would permit them to practice any branch of the healing art—shall be issued to any one who applies. If he is a graduate of one of these "chartered schools or colleges" he must file his diploma. If not, "he shall state further at length his educational advantages, the length and character of experience in the care of the sick, how long he has studied naturopathy, under what teachers, collateral studies, if any, the length of time he has engaged in clinical practice of naturopathy, under what instructors." (The preceding is an exact quotation from the bill.)

If these above named "qualifications" meet with the approval of this board he shall be examined in writing in the following subjects: "Naturopathy-anatomy, physiology symptomatology, chemistry, hygiene, naturopathic principles and diagnosis"—and *nothing else*. If he passes this extremely difficult (?) text he shall be examined by the board "in the art of naturopathic adjusting in such a manner and by such methods as shall reveal the applicant's qualifications." If he manages to get by this rigid test he shall be then licensed to practice on the sick public of Ohio on the payment of a twenty-five dollar fee.

Not satisfied by even this ridiculously flimsy travesty of an examination, the promoters of this measure have provided still another "sleeper," by which all those who have been in continual practice in naturopathy in this state for twelve

months next preceding the enactment of this bill, shall be granted a license without examination.

Section 5 goes still further and provides that healers so licensed shall be authorized to sign death certificates "and all other certificates pertaining to public health with like effect as medical practitioners."

But the crowning kick is injected in the last five lines which read: "It is further provided that all laws and parts of laws in conflict herewith, are hereby repealed; provided, that if any section of this part of this Act shall be construed to be unconstitutional, that fact shall not effect the validity of other parts of this Act."

Comment on this bill is superfluous. Even the Judiciary Committee—composed of lawyers—refused to consider it and had it re-committed to the Committee on Public Health—where it has been sleeping the sleep of the unjust.

## Removal of \$200 Limit in Workmen's Compensation Act, by Legislature Seems Probable

After three years of unfair treatment, the medical profession of the state, and incidentally the hospitals, are to receive relief from one of the more serious defects of our state workmen's compensation act.

The Senate on February 8, by a unanimous vote—and only a few minutes after it had passed the Christian Science bill—passed Senate Bill No. 69 by Mr. Howell Wright, of Cleveland, which provides for a modification of the two hundred dollar limit which has proved so objectionable in the law.

Section 1465-89 of the law authorizes the Commission to pay from the state insurance fund "such amounts for medical, nurse, and hospital services, and medicine, as it may deem proper, not, however, in any instance, to exceed the sum of two hundred dollars."

With this definite limitation in the law, the Commission has been forced in a number of instances, to be grossly unjust. For example: There have been several cases of broken backs in the mining regions. These have required careful hospital attention covering a period of several months. Under the law it was not possible for the Commission to pay an amount sufficient for even the bare hospital cost, and it was entirely out of the question to pay the attending surgeon, the nurse, or any of the other special expenses.

Senator Wright, who is secretary of the Ohio Hospital Association, introduced a bill which provides that the amount be limited to two hundred dollars, "*unless in unusual cases, wherein it is clearly shown that the actually necessary medical, nurse and hospital services and medicines exceed the amount of two hundred dollars, such commission shall have authority to pay such additional amounts upon a satisfactory finding of facts being made and upon unanimous approval*

*by such commission, such finding of facts to be set forth upon the minutes;*".

This rather involved wording was followed after several conferences between representatives of our Association, the Ohio Hospital Association, the Ohio Manufacturers Association, the State Federation of Labor, and the Industrial Commission.

There was serious objection to completely removing the two hundred dollar limitation, as it was felt by the manufacturers and labor leaders that this might open the fund to exploitation. However, all agreed that some modification was necessary, and the above wording was finally adopted.

When the measure was before the Senate Committee on Public Health, Mr. Malcolm Jennings, secretary of the Ohio Manufacturers Association, appeared before the Committee and requested that the proposal be passed. Inasmuch as the manufacturers "foot the bills" the Senate readily acquiesced.

The final passage of Senator Wright's bill will afford almost complete relief from this injustice, and will give Ohio the most liberal medical compensation limitation of any state in the Union. It will cover the great majority of cases because it has been found that the total compensation is either considerably under \$200 or is far in excess of that amount. Where the amount is in excess, the facts are usually so clear that the Commission will readily agree upon an additional allowance.

A building to be known as the Hannah E. Mullin's Nurses' Home has been given to the Salem City Hospital, by W. H. Mullins, of Salem.

## Bitter Legislative Fight Waged on Nurse Educational Standards by Executives of Small Hospitals

Because of action taken by the State Medical Board in requiring that a daily average of fifteen patients is necessary before a hospital can be recognized as a school for the training of registered nurses, a number of executives representing smaller hospitals organized some months ago for the purpose of amending the nurse registration law.

On January 16 Dr. W. S. Hoy, representative from Jackson county, introduced House Bill No. 38, which covers the following points:

It amends the nurse registration law to provide that pupil nurses may be admitted to hospital training schools after an education equivalent to the eighth grade. The present law provides that pupil nurses must have had at least one year of high school.

The secondary provision is the establishment of the principle that a hospital having a daily average of at least five patients may operate a recognized nurse training school. The law at present does not fix a definite minimum but delegates that authority to the State Medical Board. The Board has fixed a minimum of fifteen patients, to which the small hospitals object.

This bill immediately drew fire from the State Association of Graduate Nurses, and all persons interested in maintaining a fairly high standard for nurse education. They held that it would so emasculate the nurse registration act as to render it a farce, and worse than nothing.

Proponents of the measure charge that the opposition came chiefly from executives of the large hospitals. The charge was freely made both before the House Committee, and on the floor of the House that these large hospitals were seeking through an enforcement of the 15-patient requirement to crush the smaller institutions by depriving them of their nurse training schools. This charge was vigorously denied by representatives of the larger hospitals of the state who maintained that their only interest in the matter lies in their desire "to make nurse education something more than an empty phrase."

The bill was given a hearing before the House Committee on Public Health on January 30. The small hospitals were represented by Dr. F. F. Lawrence, of Columbus, M. S. Cherrington, of Logan, R. M. Hughey, of Washington C. H., D. W. Shumaker, of Canal Dover, and Dr. Henderson, of Cleveland.

A number of leaders in the nursing profession appeared in opposition to the bill. They presented letters of opposition from a number of men prominent in the medical profession.

The Ohio Public Health Federation on January 20 recorded its opposition to the bill, charg-

ing that its enactment would completely disrupt our system of nurse registration, and urging that nurse registration be given a fair trial under the present standards.

The House Committee on Public Health, following the hearing, reported the bill with a recommendation for passage, and on February 6, after one of the liveliest debates of the session, it passed the House by a vote of 66 to 46.

The author of the bill, Dr. Hoy, and two medical members of the House, Dr. Ellis and Dr. Cain, presented the chief arguments in favor of its enactment. Several lay members, including Representatives Hunter of Columbus and Fleming of Youngstown, took up the cudgel for the nurses. It is interesting to note that the final vote was a division between representatives from the cities and those from the country, the latter fearing that failure to adopt the measure might seriously endanger hospitals in the smaller cities.

When the bill was messaged to the Senate on February 7, it was referred to the Senate Committee on Public Health. In the meantime, however, Senator Howell Wright, of Cleveland, had introduced a somewhat similar measure that restores to the present law the present requirement of one year of high school for the pupil nurse, and raised the bed limitation from five to ten—a compromise between the Hoy bill and the present law. It contained an additional provision which is designed to relieve the State Medical Board of its present power to supervise the hospital as well as the nurse training school.

At this writing (February 26) both bills are under consideration by the Senate Public Health Committee. They were given a public hearing on February 14, when Dr. Charles F. Hoover, Dr. L. E. Siemon of Cleveland, Dr. J. F. Baldwin of Columbus, and a number of nurse leaders appeared in opposition to them. Advocates of the Hoy bill before the committee were Dr. W. C. Gates of Bucyrus, Dr. M. H. Cherrington of Logan, Dr. F. F. Lawrence of Columbus, and the author, Dr. Hoy.

### PUBLIC HEALTH NURSES

House Bill No. 130 by Mr. Hughes, of Lorain, gives the smaller cities of the state the right to employ public health nurses, in the city health department. Home rule cities in Ohio now have that privilege. R. G. Paterson, secretary of the Ohio Anti-Tuberculosis League, appeared before the House Committee on Public Health on February 1 and urged the enactment of the bill. The Committee reported it out with recommendation for passage.



## Wright Bill Substitutes Council and Commissioner for State Board of Health

Dissatisfaction with the present system of state health administration which has been in evidence for several months, has found expression in Senate Bill No. 101 which was introduced on February 5 by Senator Howell Wright, of Cleveland—and is understood to have the approval of Governor Cox. The bill abolishes the present state board of health and substitutes a state health council. It abolishes the position of secretary and executive officer and provides a state health commissioner.

The present state board of health has seven members. The attorney general is an ex-officio member. The proposed state health council would have four members in addition to the state health commissioner, who would be a member ex-officio. The attorney general would have no direct connection with the council. The proposed bill provides that the state health commissioner shall be a physician with sanitary training, and at least two other members of the council shall be physicians.

The chief feature of the bill is that it delegates to the state health commissioner powers greatly in excess of those now exercised by the secretary of the board. Further, it eliminates a serious objection to the present law—which limits to \$3500 the salary that may be paid to the executive officer of the state board of health. The proposed law places no limit upon this salary, and would make it possible for Ohio to pay a sum sufficient to secure the services of a first-class man.

If the present board is abolished, the state health council and the commissioner would take over all of its duties. All code sections affecting public health regulations would be changed to make this possible. The present elaborate organization of the department would be maintained intact and would be under the complete control of the commissioner. He would have the power to select all subordinates, subject only to civil service regulations. The new law closely follows the New York plan, which is considered the most progressive of the state systems, and

which was developed after a survey covering a period of two years.

At the initial hearing before the Senate Committee on Public Health on February 8, Dr. E. F. McCampbell, former secretary of the board, spoke in favor of the proposed measure. Dr. Homer C. Brown, Columbus, dental member of the present board, who spoke as an individual, likewise expressed an approval of the general plan, although he advocated several amendments to the pending bill. Acting Secretary James E. Bauman likewise expressed approval of the measure.

Dr. McCampbell, who is accredited with developing our state health department to its present high state of efficiency, told the committee that the proposal is in line with the more advanced ideas in public health administration, and that the commissioner-council plan would place Ohio in the foremost rank of progressive states.

It is probable that some general plan similar to that proposed by Mr. Wright's bill will be adopted by the present legislature. The failure of the state board of health to select an executive officer since the resignation of Dr. McCampbell, last April, has caused general criticism. It is freely admitted that Acting Secretary Bauman has managed the department during this interim in an admirable manner, but the fact that he is not a physician has prevented his appointment as secretary. This rather unsettled state of affairs has, of necessity, had some effect on the work of the departments.

The Legislative Committee of the State Society, and the Executive Council of the Ohio Public Health Federation, is keeping in close touch with this situation, as a change in the health administration plan may prove to be beneficial or the contrary. Senator Wright, however, is in thorough sympathy with the plan to develop a first-class health department, as is Governor Cox. Those interested in public health may rest assured, therefore, that Ohio will not take a step backward in this important matter.

## Proposed Legislation Affecting the Sale of Narcotics and Poisons

Three bills, supported by the Ohio State Pharmaceutical Association and opposed by dealers in "package" or patent and proprietary medicines and nostrums, who are not licensed pharmacists, and by manufacturers of these products, have been introduced in the House by Dr. Edward D. Helfrich of Galion, representative from Crawford county.

H. B. 180 adds to Section 12665 of the poison laws of the state, three supplemental sections which define the terms "poison" and "potent drugs" and authorize the state board of pharmacy to classify as poisons or potent drugs all

substances which are not specifically named as such in the bill.

The second measure—H. B. 203—was drafted to strengthen weak points in the Duffy act, (the state anti-narcotic law,) and to bridge the gap between the Duffy act and the Harrison anti-narcotic law. This proposal repeals sections 12672, 12672-1 and 12673 of the General Code, and provides new regulations for physicians who prescribe narcotics.

The third measure—H. B. 326—provides for the appointment by the state board of pharmacy of a state drug inspector, who shall be a reg-

istered pharmacist selected from a list of five submitted by the association, act as the executive officer of the board of pharmacy and assume all duties and powers now held by the state agricultural department pertaining to the enforcement of drug laws. The bill also provides for the registration with the board of pharmacy of every drug store or other establishment where drugs, chemicals, poisons or medicines are sold at retail or where medicines are manufactured or compounded. The registration fee is fixed at three dollars.

Enumerated in the proposal are many substances which retail dealers, who are not physicians or pharmacists and whose places of business are located within a radius of three miles from a registered drug store or pharmacy, would not be permitted to sell.

A fine of not less than \$20 and not more than \$100 is provided for those who violate the act's provisions. One section states that nothing in the act shall apply to a physician while engaged in the actual and necessary practice of his profession.

The bills are still under consideration by the Public Health Committee of the House, and it seems probable that they will remain there.

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 OTHER MEASURES  
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When this issue of *The Journal* went to press on February 26, nearly 200 separate bills had been introduced into the Senate and nearly 500 in the House. Of course, in this large number, there are many that deal directly or indirectly with questions affecting the public health or the regulation of medical practice.

Many, of course, will receive no consideration even by the committees to which they have been referred. Others will be approved by the committees, and will "die" because of the crowded condition of the calendar.

In this column we are reporting briefly some of the measures under consideration. In each instance is given the name of the committee having the bill under consideration:

FOR HEALTH INSURANCE.

After conferences extending over several weeks the bill asking for the establishment of a state commission to study health insurance has been prepared and introduced. It is House Bill No. 461, by Mr. Chapman of Montgomery county.

It directs the governor to appoint a non-salaried commission of seven members, and specifies their duties in these words:

"It shall be the duty of such commission to make an inquiry into the subject of sickness, and the causes thereof; the loss to individuals and to

the public thereby; the adequacy of the present methods of treatment and care of such sickness and of meeting the losses caused by such sickness by existing insurance companies or associations, or otherwise; and the influence of working conditions upon the health of employed persons and methods for the prevention of such sickness.

"It shall also be the duty of such commission to make an inquiry into the subject of old age in its relation to industry and of the adequacy of existing methods of caring for aged workers."

The commission is to be given \$25,000 for investigative work and is directed to report in 1919 to the General Assembly.

The bill has been approved by the Ohio Manufacturers' Association, the Ohio Federation of Labor, the Ohio State Medical Association, the Ohio Institute for Public Efficiency, the Ohio Society for the Prevention of Tuberculosis and other organizations.

It is a substitute for House Bill No. 151, by Mr. Chapman, which is the "model bill" prepared by the American Association for Labor Legislation, and which will not be seriously urged at this session.

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INFIRMARY PHYSICIANS.

H. B. No. 341, by Mr. Wiest of Tuscarawas. Requires physicians who are employed by county commissioners to furnish medical relief and medicines for inmates of infirmaries, to keep medical statistics, showing the nature and extent of the services rendered, to whom, and the character of the disease treated at the infirmaries. Such statistics are to be reported to the county commissioners quarterly. Committee on County Affairs.

\* \* \*

TO LICENSE BARBERS.

H. B. No. 294, by Mr. Smith of Butler. Creates a state board of examiners, composed of three experienced barbers appointed by the governor, to regulate the occupation of barbering. The bill provides for the licensing of barbers and rules and regulations for the proper sanitation of barber shops, barber schools and colleges and means of preventing the spreading of contagious and infectious diseases. Labor Committee.

\* \* \*

TUBERCULOUS MINORS.

S. B. 117, by Dr. Baker of Union. Amends law relating to the maintenance of minors so as to include persons afflicted with tuberculosis. Under its terms, a parent who neglects or refuses to provide a proper home, care, food and clothing for a son or daughter, the maintenance of whom is charged against him by law, can be imprisoned in a jail or workhouse not less than six months nor more than one year, or in the penitentiary not less than one year nor more than three years. Judiciary Committee.

## Total Paid-Up Membership for 1917 has Now Reached 4159---Only 200 Less Than Complete Total for Last Year

The revised membership standing in the One Hundred Per Cent. Club (of February 17) shows that Hardin, Erie, Wood, Ashtabula and Summit have jumped to the 100 per cent. class since last month. The showing of Summit is truly remarkable. It has increased its January standing by 54—and is now the largest in its history. The One Hundred Per Cent. counties are:

County.	Date.	Membership to Date		County.	Date.	Membership to Date	
		1916	2/17			1916	2/17
1. Geauga.....	Nov. 27, 1916	10	10	26. Vinton.....	Dec. 30, 1916	7	7
2. Portage.....	Dec. 14, 1916	22	26	27. Athens.....	Dec. 31, 1916	54	57
3. Wayne.....	Dec. 14, 1916	27	30	28. Fulton.....	Dec. 31, 1916	25	26
4. Morgan.....	Dec. 15, 1916	11	12	29. Henry.....	Dec. 31, 1916	23	25
5. Holmes.....	Dec. 20, 1916	11	12	30. Jackson.....	Dec. 31, 1916	19	19
6. Highland.....	Dec. 26, 1916	25	27	31. Lake.....	Dec. 31, 1916	19	21
7. Marion.....	Dec. 26, 1916	38	43	32. Ross.....	Dec. 31, 1916	31	32
8. Ottawa.....	Dec. 26, 1916	15	15	33. Scioto.....	Dec. 31, 1916	48	51
9. Trumbull.....	Dec. 26, 1916	32	39	34. Shelby.....	Dec. 31, 1916	19	19
10. Union.....	Dec. 27, 1916	12	20	35. VanWert.....	Dec. 31, 1916	26	30
11. Auglaize.....	Dec. 28, 1916	26	35	36. Williams.....	Dec. 31, 1916	25	25
12. Belmont.....	Dec. 28, 1916	58	63	37. Stark.....	Jan. 1, 1917	130	133
13. Clark.....	Dec. 29, 1916	64	64	38. Ashland.....	Jan. 1, 1917	19	20
14. Lorain.....	Dec. 29, 1916	63	64	39. Mahoning.....	Jan. 1, 1917	109	116
15. Medina.....	Dec. 29, 1916	21	22	40. Tuscarawas.....	Jan. 3, 1917	47	49
16. Muskingum.....	Dec. 29, 1916	49	51	41. Monroe.....	Jan. 5, 1917	6	9
17. Warren.....	Dec. 29, 1916	29	29	42. Perry.....	Jan. 6, 1917	24	24
18. Delaware.....	Dec. 30, 1916	28	30	43. Fayette.....	Jan. 16, 1917	10	14
19. Greene.....	Dec. 30, 1916	33	33	44. Clinton.....	Jan. 20, 1917	23	24
20. Hancock.....	Dec. 30, 1916	36	39	45. Richland.....	Jan. 20, 1917	51	52
21. Huron.....	Dec. 30, 1916	18	19	46. Hardin.....	Jan. 29, 1917	26	26
22. Licking.....	Dec. 30, 1916	30	35	47. Erie.....	Feb. 2, 1917	24	24
23. Logan.....	Dec. 30, 1916	29	31	48. Wood.....	Feb. 10, 1917	42	42
24. Montgomery.....	Dec. 30, 1916	161	166	49. Ashtabula.....	Feb. 16, 1917	38	38
25. Putnam.....	Dec. 30, 1916	31	31	50. Summit.....	Feb. 17, 1917	144	166

## Here are the Counties Which Have Not Yet Qualified as 100 Per Cent

Membership to date, February 15, of counties not in 100 per cent. club and their 1916 membership follows:

County.	1916 Membership	Membership To Date, 2/17	County.	1916 Membership	Membership To Date, 2/17
Adams .....	23	17	Harrison .....	22	15
Allen .....	83	76	Hocking .....	13	11
Brown .....	9	6	Jefferson .....	49	46
Butler .....	50	47	Knox .....	30	27
Champaign .....	24	17	Lawrence .....	23	20
Clermont .....	9	5	Lucas .....	206	190
Columbiana .....	45	41	Madison .....	21	19
Coshotocon .....	24	20	Meigs .....	15	13
Crawford .....	32	28	Mercer .....	26	24
Cuyahoga .....	512	450	Miami .....	49	45
Darke .....	56	49	Morrow .....	15	14
Defiance .....	16	11	Noble .....	10	7
Fairfield .....	39	38	Paulding .....	21	20
Franklin .....	332	309	Pickaway .....	26	25
Gallia .....	31	29	Pike .....	13	10
Guernsey .....	32	24	Preble .....	18	16
Hamilton .....	468	391	Sandusky .....	30	27
			Seneca .....	40	35
			Washington .....	53	34
			Wyandot .....	16	11

## Annual Statement Shows Journal Deficit for 1916 Was Small

The following is a condensed statement of the accounts of the Journal for the year ending December 31, 1916, submitted to the Council of the State Association by Mr. H. A. Keller, Certified Public Accountant, Hayden Building, Columbus, Ohio.

ASSETS		
Cash in Bank.....	\$270.63	
Petty Cash .....	25.00	
		\$295.63
Accounts Receivable .....	\$421.00	
Less Reserve for Cash Discounts.....	10.50	
		410.50
Suspense Account (Expense paid in advance).....	\$19.70	
Miscellaneous Postage (Postage paid in advance).....	88.96	
		108.66
Furniture and Fixtures.....		\$814.79
		560.67
Total Assets .....		\$1,375.46
LIABILITIES		
Miscellaneous Subscriptions Paid in advance.....	\$17.51	
Reserve for Commission on Advertising.....	42.05	
		\$59.56
Accounts Payable .....		380.00
Total Liabilities .....		\$439.56
SURPLUS		
Balance to credit of Surplus December 31, 1915.....	\$1,221.28	
Net Deficit for year ended December 31, 1916.....	285.38	
		\$935.90
		\$1,375.46
REVENUE		
Advertising .....	\$5,071.27	
Circulation .....	4,772.20	
Amount received in excess of Account from Dr. C. D. Selby, Treas. ....	455.10	
		\$10,298.57
Less Cash Discount and Allowances.....	\$123.65	
		\$10,174.92
EXPENSES		
Journal Printing .....	\$5,082.74	
Journal Postage .....	256.04	
		\$5,338.78
Administration—		
Salary of Officers and Clerks.....	\$3,063.70	
Commission .....	393.19	
Rent, Telephone and Telegraph.....	399.73	
Stationery, Postage, Office Supplies and Expense.....	629.78	
Miscellaneous Expense .....	565.03	
		\$5,051.43
Total Expense .....		\$10,390.21
Deficit from Operation.....		\$215.29
Depreciation Office Furniture and Fixtures.....		70.09
Net Deficit for year ended December 31, 1916.....		\$285.38

I have audited the books and accounts of the Ohio State Medical Journal for the year ended December 31, 1916, and hereby certify that the statement as shown above correctly states the financial condition at December 31, 1916, and the resultant Profit and Loss for the year ended that date.

H. A. KELLER,  
Certified Public Accountant.

## Association Committee Will Collect Information Relative to Ohio Hospital's Facilities for Teaching Internes

Members of the State Association's Committee on Hospitals and Hospital Training, at a meeting held in Columbus, February 9, 1917, decided to collect information on which it could base a classification and standardization of hospitals according to facilities and equipment for the teaching of internes. A questionnaire will soon be sent to all superintendents of Ohio hospitals regarding the organization of fundamental departments and staffs. The tentative questionnaire follows:

To the Superintendent:

The Committee on Hospitals of the Ohio State Medical Association is desirous of making certain recommendations to the Association at its meeting in May, looking toward the classification and standardization of hospitals. It is for that reason the following questionnaire is submitted. Will you answer promptly and return to the Executive Secretary, George V. Sheridan, 131 East State Street, Columbus.

Number of beds

The number of staff members and organization.

Number of internes licensed.

Number of internes not licensed.

Resident or non-resident pathologist and bacteriologist (yes or no)

Is pathological laboratory in hospital?

Is chemical laboratory in hospital?

Is roentgenology laboratory in the building?

Resident or non-resident anesthetist.

Nurse school? (yes or no)

If no interne service, would such be desirable? (yes or no)

Are records kept in conformity with the recommendations of the American Hospital Association?

Is it the rule of the hospital that all pathological specimens are submitted to the laboratory for examination, and are complete records of such kept?

What is the source of the funds for the Hospital?

Is there a dietetic department in charge of a graduate dietitian?

What are the library facilities?

Those who attended the meeting were Drs. Frank Fee of Cincinnati, S. D. Foster of Toledo, H. E. Patrick of Youngstown, J. C. M. Floyd of Steubenville, Dan Gray of Ironton, C. W. Childester of Delaware, and George H. Matson of Columbus, members of the committee, and H. B. Gibbons of Tiffin, president of the State association. Dr. Fee was elected chairman of the committee.

The committeemen agreed that adoption of the fifth-year training course by medical schools would make it exceedingly difficult for Ohio hospitals to obtain internes, unless the hospitals were equipped to meet the requirements demanded under the five-year plan. In bringing up this subject, Dr. Patrick suggested that graduates of Ohio colleges might experience difficulty in securing places in the larger hospitals of the state as these institutions probably would pick their internes from schools maintaining the five-year training course outside of the state.

"The first thing an interne usually asks is 'What are your pathological facilities?', Dr. Patrick said. "If you have no modern facilities, you don't get internes."

After giving the committee a history of nurse registration in Ohio, Dr. Matson took up the subject of hospital inspection and classification. Classification, he thought, could be based on the organization of the hospitals' staffs and fundamental departments—pathological, X-Ray, anes-

thetist, and nurses' school. He suggested that there should be at least three grades, comprising:

(1) Hospitals thoroughly equipped to teach internes.

(2) Hospitals able to teach internes and making advancement in the way of improving facilities and installing equipment necessary for the teaching of internes.

(3) Hospitals unable to teach internes.

In order to regulate the distribution of approximately \$4,000,000, which Pennsylvania appropriates annually for the use of hospitals caring for charity patients, that state, Dr. Matson said, had adopted standards which hospitals must maintain before they are eligible to share in the appropriation. It was a very small hospital, he added, that could not draw \$10,000 each year from the state. Fixing standards in Pennsylvania is in the hands of the state board of medical registration.

Urging hospitals to maintain higher standards and teaching physicians to make use of the various departments of a modern hospital should be made a part of the work of the committee. Dr. Matson declared. The committee instructed Dr. Matson, Dr. J. H. J. Upham and Executive Secretary Sheridan to draft a tentative questionnaire to be used in gathering data for the classification work. The tentative draft has been submitted to each member of the committee for approval.

From information gathered in this manner, the committee will make recommendations regarding classification of hospitals to the house of delegates at the Springfield meeting. The co-operation of all hospital superintendents is asked by the committee.

### DR. FISCHER DISCUSSES CHEMISTRY

Dr. Martin H. Fischer of Cincinnati, discussed "The Medical Importance of Emulsion Chemistry" at the regular meeting of the General Practitioners' Medical Society of Columbus, January 25. Discussion was opened by Dr. R. J. Seymour of Columbus. Harry C. Arnold, secretary of the Physicians' and Dentists' Credit Association spoke on "Collections as Applied to Physicians' Accounts" at a meeting of the society, February 8.

### MASSILLON SOCIETY MEETING

Dr. J. J. South read a paper on "Accessory Sinuses of the Nose" at the regular meeting of the Massillon Medical Society, February 6. Several Canton physicians attended the meeting.

The Northwestern Ohio Electric Medical Association held its regular monthly meeting at Findlay January 18. Dr. W. M. Mundy of Forest, was in charge of the gathering.

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 \* STATE MEDICAL BOARD \*  
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MORE "HEALERS" LICENSED

Thirteen applications for certificates to practice limited branches of medicine and surgery under the Platt-Ellis law were granted by the board January 2, 1917. In the following list of successful applicants, the number or numbers following the applicant's name indicate the branch or branches for which the license was issued, and may be translated in this table:

1 Chiropractic	7 Suggestive-therapy
2 Spondylotherapy	8 Psycho-therapy
3 Electro-therapy	9 Magnetic healing
4 Hydro-therapy	10 Massage
5 Mechano-therapy	11 Swedish Movement
6 Neurotherapy	12 Chiropody
	13 Cosmetic-Therapy

*Cleveland*—Mary A. Beach, 13; Lucy A. Seeley, 10; Myrta P. Swingle, 4, 5, 10 and 11; Marie Bell, 12.

*Cincinnati*—Anna Fritze, 12.

*Columbus*—Ralph E. Simpson, 3, 4, and 10.

*Canton*—Anna M. Viethmeyer, 3 and 10.

*Dayton*—Amelia Oaks, 7; Lola Oaks, 7.

*Youngstown*—Fanny Larson, 3.

*Springfield*—Henry Riebold, 5.

*Wauseon*—Samuel B. Yoder, 1 and 2.

This list brings the total number of limited practitioners registered in the state up to 697.

HERE IS A SAMPLE.

The following is a letter recently received by the Ohio State Medical Board from a "magnetic healer" holding a limited practitioner's license under the exemption clause of the Platt-Ellis law:

State Medical Board, Columbus, Ohio. Dear Sirs Your Letter of 10. insts Duly Reseved and Will say in Reply as to my Licens not Being Probeted When I Reseved my Licens the Judge Did not Have eney forms and I have Bin very Buissey and Did neglect to attend to it But will see to it at once and as to my Sine it is my fault in not Reading up the Law and Will Comply With it and as to treating Obstetrical cases ther Was a Case of Adheisons But it was not nowen at the time and just as son as We Discoerd it We gave it upe adn I can tell you that in the Last Thirtene Months ther has not bin a case to Prove Faitel I Have Had the Best of sucksess one thing the Law Bars me from treating Pneumonia and typhoid Fever as we Have always Bin Suckseffull in treatin thoes complants and the Law Has Bared us out We ar trying to Live up to the Law But the Law should Be changed meney Peopel suffer With Desess that I Could Releve if the Law Wer not so strict Hoping my Expelenations as Setefactory to you

Very Respectfull

PROVIDES FOR "RUBBERS"

At the January meeting of the state medical board, a Dayton man stated that he was seeking employment as a "medical trainer" in a Y. M. C. A. and had been offered such a position in Dayton. He had some knowledge of hydro-therapy and massage but he was not a physician and did not hold a license under the Platt-Ellis law. Furthermore, he was not eligible to take a limited practitioner's examination. He wanted to know whether the performance of his duties as medical trainer or advisor would be considered a violation of the law.

Secretary Matson informed the board that several Y. M. C. A. officials had expressed a desire to employ for massage and physical training work, men of a higher type than are found in the average bath house. The board decided that such men could be employed as "physical trainers" or "rubbers" with no other reference to titles and that treatment of a medical nature could be given only under the direction of a physician. This decision was transmitted to the Dayton man.

New and Non-Official Remedies

Formin Tablets, 5 grains and 7½ grains.—Each tablet contains the stipulated number of grains of formin (see New and Non-official Remedies, 1916, p. 138). Merck and Co., New York.

Veronal Tablets, 5 grains.—Each tablet contains 5 grains of veronal (see New and Non-official Remedies, 1916, p. 92). Merck and Co., New York (Jour. A. M. A., Jan. 6, 1917, p. 35).

Urease.—An enzyme found in certain beans, fungi and micro-organisms which, in the presence of water, converts urea into ammonium carbonate. It is used in the determination of urea in the urine, blood and other body fluids, either by determining the increase in alkalinity of the fluid to which it is added, or else the ammonia produced by it in the fluid is removed and estimated.

Acetylsalicylic Acid.—Acidum acetylsalicylicum. Aspirin. The acetyl derivative of salicylic acid. Dosage: 0.3 to 1.0 Gm., repeated once in 3 hours until symptoms of salicylism are noted. It may be dispensed as powders (in wax paper), wafers or capsules.

TRI-STATE ACADEMY MEETS

Thirty-six physicians attended the banquet of the Tri-State Academy of Medicine at East Liverpool, January 25. Dr. W. R. Clark, president of the organization, acted as toastmaster. The principal speakers were Dr. Schulbecker of Allegheny county, Penn., and Dr. Freedman of Pittsburg. Drs. C. H. Bailey and Clyde Larkins of East Liverpool, and Leon Colby of Wellsville, were in charge of the arrangements for the meeting.

## Some Practical Points for Consideration in Dealing With the Medical Department of the Ohio Industrial Commission

C. E. Gillette, Columbus

*The Association's Workmen's Compensation Bureau is endeavoring to place before members articles similar to the following, designed to eliminate misunderstandings between the Industrial Commission and the profession, and to make it easier for attending physicians in state cases to receive just remuneration for services.*

Humanitarian principles involved in Ohio's workmen's compensation act have been accepted by most members of the medical profession of the state with a complacency and spirit of fairness equal to that of the act's most ardent supporters outside of the profession, but the administration of certain provisions of the law has developed within many physicians antipathy against the state industrial commission which can only be wiped out by changes in the law or a clear understanding of its operation. Bitter criticism has been heaped on the heads of state officials charged with the administration of the law for promulgating decisions and rulings in strict accordance with the act's provisions.

Several cases handled by the Workmen's Compensation Bureau of the State Association indicate that many physicians are experiencing considerable difficulty in adapting themselves to new conditions brought about in their practice by almost revolutionary changes in industrial methods. Complaints are frequently based on the provisions of the act which limits to \$200 the expenditures for medical and hospital services in any one case, and on a second statutory proviso which forces the commission to disallow all bills incurred in cases in which it is proved conclusively that injury did not contribute in any way to death of the claimant; that injury was not received in the course of employment and that injury was wilfully self-inflicted or due to disregard of the employer's safety rules and regulations.

These provisions occasionally curtail the physician's income in amounts well worth serious consideration, but through no fault of the commission. The Ohio Supreme Court, in a recent decision, held that "the provisions in the statutes with reference to an injury received in the course of employment refer only to an injury which is the result of or arises out of the employment. Such provisions do not cover any injury which has its cause outside of and disconnected with the employment, although the employe may at the time have been engaged in the work of his employer in the usual way." So, in awarding compensation and paying medical bills, the commission can only follow the provisions of the act.

The following case reported by Dr. W. F. Bay, special examiner in the medical department of the commission, will illustrate this point: A slight traumatism occurred to the chest of an employe whose employer was a contributor to the state insurance fund. There was no disablement for a period of two weeks; then, suddenly, the claimant began suffering from hemorrhage of the lungs (haemoptysis). A careful diagnosis revealed tuberculosis of the lungs of a moderately advanced type which was not influenced by the trauma and which in all probability existed before the trauma. The attending physician presented a fee bill for services in the case, but the commission decided the claimant was not entitled to compensation and the physician's bill was disallowed.

Such action, in effect, forces the physician to handle the case in the same manner that he would have handled it before workmen's compensation laws existed. Unless he has evidence that would disprove the report on which the commission disallowed the claim, he must regard the case as a private matter between him and his patient and he must look to the patient, or in case of death, to his estate or relatives, for payment of his fee bill.

A similar case in which the commission's ruling brought vigorous protests—which availed nothing—is one in which the claimant in the course of his employment was kicked in the chest by a horse and died a few days after injury. His dependents applied for compensation and the attending physician submitted his fee bill, but both claims were disallowed on the ground that "evidence shows that the injury received did not in any way contribute to the death of the deceased." An investigation conducted by the commission brought to light the fact that the claimant died of dilatation of the heart, and, therefore, was not entitled to compensation.

There is a tendency on the part of the injured or their dependents to cling to the contention that the attending physician should be paid by the state in such cases. This makes collection difficult but the physician, instead of wasting time in complaining to the commission, should confine his efforts either to securing payment from the patient or his estate or to furnishing evidence that would disprove the results of the commission's investigation. Several physicians have spent considerable time treating occupational diseases, with the expectation that they would be paid by the state for such services. Occupational diseases are *not* covered by the workmen's compensation act. Physicians should regard these cases in the same light that

they regard any other case in which they are engaged in private practice.

Commenting on cases disallowed by the commission, Dr. Bay says: "Compensation should not be expected in cases of osteo-myelitis where the symptoms are not an immediate sequence of trauma. It is fair to assume that the disease came from an infection uninfluenced by trauma.

"Hysterias giving rise to a partial anesthesia or motor paralysis, or spasticity of the fingers, or ankylosis of the joints are exceedingly common and result in much loss of valuable time and sometimes failure on the part of the claimant to receive compensation. This item is one which should always be borne in mind in matters relating to industrial accidents. No medical fees are paid in disallowed cases.

"All physicians should become familiar with the main provisions of the workmen's compensation act because of the extensive application of the law. Sooner or later, each one in active practice will find himself in a position to expect remuneration from the industrial commission instead of the patient."

Please urge members of your society to use especial care during the next few weeks in making out reports required by the medical department of the Industrial Commission, in cases coming under the Workmen's Compensation Act. Careful reporting will reduce the number of errors. This is particularly necessary now because of two factors: (1) Owing to the industrial prosperity, the number of employes covered by the act has increased enormously—thus materially increasing the work of the commission, and, (2) the administration funds available to the commission have almost disappeared, making it impossible to employ additional clerical help until more money is appropriated by the legislature.

These conditions make it necessary for the clerks throughout the various departments to handle claims with extreme rapidity. If these claims are carefully prepared, in conformity with the rules, they will be paid as promptly as possible. If they are carelessly prepared, they are tossed aside "for future consideration." From the present prospect, this will be a very distant future.

When more than one physician is called in an industrial case, it is wise for all to submit reports and fee bills promptly and to state clearly the nature of the services rendered. It should be borne in mind that one physician will be regarded as an "attending physician," and the others as consultants or assistants, and that fee bills will be adjusted on that basis. Prompt reporting and co-operation would eliminate much friction growing out of cases similar to the following one:

Dr. A brought a patient to a hospital where he called in Dr. B for consultation. Shortly after the patient had been dismissed from the hospital, Dr. B submitted to the commission a

fee bill and a report, which mentioned Dr. A as an assistant and informed the commission that the patient remained at the hospital three weeks, after which Dr. A assumed charge of the case. Two weeks later, Dr. B's fee bill amounting to \$45.00 was approved and paid.

About a month and a half later, after the patient returned to work, Dr. A sent in his fee bill and report, which mentioned Dr. B as having rendered some services in the case. The fee bill, which amounted to \$40, contained no reference to house calls, which, it later developed, were made by Dr. A after the patient left the hospital. The medical examiners decided that Dr. A had acted merely as an assistant and reduced his bill to \$5, the basic fee for such service. Of course, the doctor complained but the total of the two bills as originally submitted, was far in excess of the scheduled fee for services such as the two physicians rendered, and Dr. B had already been paid.

Six months after the injured man returned to work, an adjustment of Dr. A's differences with the commission was finally reached by allowing him \$5 for his services as an assistant, and the schedule fee for ten house calls. Prompt reporting and co-operation on the part of the physicians would have saved time and money in this case.

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### Welcome, Toledo Bulletin

Number 1, Volume 1 of *The Bulletin*, official publication of the Toledo and Lucas County Academy of Medicine, is out under date of February, 1917. It's a monthly similar to the Bulletins published by the Cincinnati Academy, and will be devoted to news, announcements and "all things in which legitimate medicine is interested." The spirit of *The Bulletin's* supporters is reflected in the following excerpts:

"It is a privilege and not a task to appear on the program of any Medical Society. The benefit is infinitely more to the speaker than to the auditors. Be willing and anxious to grow."

"There is no reason why every legal, clean practitioner in the county should not be in the Academy."

"Let us take an application blank, see some one who is not affiliated, get his application, and present it at a general meeting."

"The old saying that the Medical Society meetings are the post graduate schools for the doctors is true in more ways than one."

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*Columbus*—Dr. Charles L. Harrod was elected president of the Franklin County Democratic Club at the annual meeting of that organization January 4.—Dr. Walter A. Noble, diagnostician of the State Bureau of Juvenile Research, is on a four months' leave of absence, during which time he will take special work in eye, ear, nose and throat in New York City.



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 DEATHS IN OHIO  
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*Lewis Postle Lisle, M. D.*, Miami Medical College, Cincinnati; aged 66; died of heart disease at his home in Columbus, February 6. He was the last of three brothers belonging to the medical profession. His brothers were, Dr. William S. Lisle, who died in 1915, and Dr. J. M. Lisle, who died last year. Both lived in Columbus. Dr. Lisle practiced medicine in Celina 10 years before moving to Columbus. He is survived by his wife and one son.

*Isaac Cole Miller, M. D.*, Miami Medical College, Cincinnati, 1874; member of the Ohio State Medical Association; aged 65; died at his residence, 2544 Auburn avenue, Cincinnati, January 28.

*Ebenezer W. Schooley, M. D.*, Eclectic Medical College, Cincinnati, 1872; aged 67; died of pneumonia at his home in Toledo, January 18. Dr. Schooley formerly practiced medicine in Milton Center and Weston. He is survived by his wife, a daughter and a son.

*Charles S. Ames, M. D.*, Hahnemann Medical College and Hospital of Chicago, 1884; aged 57; died in Ft. Wayne hospital, Ft. Wayne, Ind., February 1, from injuries sustained in an automobile accident near his home in Ada, January 6. The car overturned, injuring Dr. Ames about the neck and head, breaking his collar bone and bruising him about the body. He was taken to Ft. Wayne January 8 for an X-Ray examination. Dr. Ames located in Ada soon after his graduation. He is survived by his wife and two daughters.

*Clinton G. Gray, M. D.*, Miami Medical College, Cincinnati, 1871; aged 62; died in a hospital at Dayton, January 4, after an illness that extended over the past ten months. Dr. Gray's home was in Ironton where he began the practice of medicine. He served through the Civil War and studied in Europe after he was mustered out of service. He is survived by his wife, two daughters and three sons. Two of his sons, Dr. Dan Gray of Ironton, and Dr. B. M. Gray of San Antonio, Texas, are physicians.

*David Joel Merriman, M. D.*, Detroit Medical College, 1871; aged 82; died in the German hospital at Cleveland, January 14. Dr. Merriman's home was in Painesville where he located in 1881 and practiced medicine until 1905 when he retired. He was a veteran of the Civil War and

an active member of the Lake County Medical Society until his retirement.

*U. O. Jones, M. D.*, Cincinnati College of Medicine and Surgery, 1898; aged 49; died at his home in Rushsylvania, January 23. Death was due to aneurysm of the arch aorta. Dr. Jones began practicing at Big Springs, Ohio. Two years later he moved to West Jefferson, where he practiced for eight years. He spent two years in Texas previous to locating in Rushsylvania. He is survived by his wife, two daughters and a son.

Marriages in Ohio

Dr. Paul M. Bethards, city medical inspector, Toledo, and Miss Florence Freeman, also of Toledo, January 17, at Brockton, Mass.

Dr. Elmer S. Bolton and Miss Mary Salmen of Cleveland, at the home of the bride, January 4.

Dr. Francis Dowling of Cincinnati, and Miss Margaret Phillips of Ft. Thomas, Ky., at the Good Samaritan hospital, Cincinnati, January 19.

Dr. A. T. Grills and Miss Gertrude Chapman of Lorain, at the bride's home, January 25.

Mt. Vernon Physicians Organize

Sixteen physicians of Mt. Vernon organized the Mt. Vernon Academy of Medicine at a meeting held February 6. Dr. N. R. Eastman was elected president of the new organization and the following were appointed members of a committee to draft rules and regulations which will be submitted to the academy for approval: Drs. C. K. Conard, chairman; I. S. Workman, F. L. Singrey, James F. Lee and H. W. Blair. The academy plans to hold monthly luncheons and discuss medical problems.

CANTON SOCIETY ELECTS

Dr. A. B. Walker was elected president of the Canton Medical Society at the annual meeting of the organization January 26. Other new officers are Dr. C. A. LaMont, vice president; Dr. I. H. Fuhs, secretary-treasurer; Dr. L. E. Levenworth, corresponding secretary; Dr. L. A. Buchman, Dr. J. F. Marchand and Dr. T. H. Shorb, members of board of censors. Dr. C. E. Schilling, the retiring president, delivered an address. Pneumonia and bronchitis were discussed at the February meeting of the society.

The Canton board of health is considering the erection of a new detention hospital.

At a recent meeting of the Public Health Nurse Association of Mansfield, Dr. Charles Brown was elected president and Dr. Ada Ford, treasurer.

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**NEWS NOTES OF OHIO**  
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*Neffs*—Dr. L. B. Parks, formerly of Senecaville, has opened an office here.

*Sidney*—Dr. A. B. Gudenkauf is recovering from an operation for appendicitis.

*Trenton*—Mrs. Kate Schoenfeld, wife of Dr. Henry Schoenfeld, died February 7.

*Newark*—Dr. and Mrs. J. P. Stedem celebrated their 25th wedding anniversary January 12.

*Upper Sandusky*—Dr. J. Craig Bowman is recovering from an attack of typhoid fever.

*Cuyahoga Falls*—Dr. Floyd Smith is president of the new Citizens Bank, recently opened here.

*Tiffin*—Dr. and Mrs. B. R. Miller are at home after spending five weeks on a trip through the South.

*Canal Fulton*—Dr. and Mrs. C. W. Irish announce the birth of a son, Cullen Hartley, January 30.

*Glencoe*—Dr. Peter E. Kern has moved from Glencoe to Gibsonville, where he will continue to practice.

*Akron*—Slipping on the ice on the steps of his home, Dr. J. F. Miller fell and broke an ankle, February 5.

*Urbana*—Dr. and Mrs. C. C. Craig left February 6 for Miami, Florida, where they will spend the winter.

*Celina*—Dr. G. J. C. Wintermute is spending the winter at Phoenix, Arizona. His address is 339 Latham street.

*Salem*—Dr. Thomas J. Lyle is suffering from a fractured wrist as a result of a fall on an icy sidewalk, January 25.

*Rudolph*—Dr. Byron S. Cranston, who practiced medicine in Rudolph for 23 years, is now located in New London.

*Findlay*—Dr. A. W. Balsey was assaulted by robbers near his home February 2 and robbed of a small amount of money.

*Springfield*—On January 12, the Springfield Chamber of Commerce re-elected Dr. C. L. Minor president without opposition.

*Akron*—Dr. and Mrs. J. H. Seiler left for Florida February 20, where they will spend three weeks. The doctor is recovering from an operation he underwent last January.

*Delaware*—Dr. and Mrs. Feaster and family left for Felesmore, Florida, January 15, where they will spend part of the winter.

*Cleveland*—Members of the Polish Doctor's Association of Cleveland held a banquet January 23 at the Hollenden hotel. Dr. Frank Kuta is president.

*Monroeville*—Dr. Cyrus L. Kreider, father of Dr. E. R. Kreider, is in a serious condition as a result of a paralytic stroke.

*Piqua*—Dr. J. Robert Caywood returned February 2 from Chicago, where he attended surgical clinics at Augustine Hospital.

*Fremont*—On account of illness, Dr. M. Stamm was forced to cancel reservations for his proposed trip through South America.

*Canal Dover*—Dr. G. I. Goodrich recently completed a course in post graduate work at the Ohio State University Medical College.

*Columbus*—Dr. Andre Crotti addressed the Ohio County Medical Society (West Virginia) on "Goitre" at a banquet in Wheeling, January 18.

*Columbus*—Dr. Clarence B. Tanner has entered the Harvard Post Graduate School where he will spend several months studying the eye and ear.

*Bucyrus*—Dr. W. Lewis Yeomans has resumed his practice after an absence of two months which he spent in a Cleveland hospital following an attack of neuritis.

*St. Clairsville*—Dr. Park Mitchell has entered the United States navy service as a surgeon.—Dr. C. V. Porterfield, formerly of Neffs, has located in St. Clairsville.

*Springfield*—Dr. Charles Augustus of Cass-town, has been appointed assistant to Dr. E. B. Starr, health director of Springfield. Dr. Augustus took up his new duties January 29.

*Circleville*—Dr. R. A. Brown of Commercial Point, who recently underwent an operation at Mercy Hospital, is reported convalescent.—Dr. M. Hammel of Circleville, is critically ill.

*Ashland*—Dr. C. C. Patton, who practiced medicine for some time in Vermillion, South Dakota, has opened an office in this city. He will pay special attention to bacteriology and microscopy.

*Barberton*—Dr. and Mrs. F. B. Livermore left January 10 for New York, where the doctor will take a post graduate course in surgery and gynecology at the New York Polytechnic Hospital.

*Canton*—Dr. Karl von Arx Schneider, first assistant superintendent of the New York State Hospital at Gowanda, N. Y., and a former resident of Canton, died of typhoid fever, January 28.

*Bloomington*—Dr. F. E. Hyer, who formerly practiced medicine here, has moved to Milledgeville, where he has opened an office. Dr. Hyer has lived on a farm near Selden for several years.

*Woodville*—An automobile in which Dr. and Mrs. H. N. Trumbull were riding near Lemoyne, January 28, left the road, ran into a creek and overturned. Both escaped injury but their car was badly damaged.

*London*—Dr. J. W. Parker, of the U. S. army ambulance corps on duty at El Paso, Texas, has

been made a member of the base hospital medical board at El Paso. He has charge of two wards containing 80 patients.

*Newark*—Drs. J. G. Shirer and W. H. Lewis have dissolved partnership. The former retained the office in the Avolon, corner Fifth and West Main streets, while Dr. Lewis has opened offices at 409-410 Newark Trust Building.

*Zanesville*—Dr. F. A. Smith, who formerly practiced medicine in this city, died suddenly of heart disease at his home in Rock Island, Ill., January 21. Dr. Smith was supreme director of the Modern Woodmen of America.

*Cincinnati*—Announcement has been made of the marriage of Dr. Charles J. McDevitt, former receiving physician at the old City hospital, to Miss Katherine O'Neil of Seattle, Wash., February 7. Dr. McDevitt is connected with the United States Public Health Service.

*Hamilton*—In an address delivered January 28, Dr. J. R. McDowell, director of the division of public health education and tuberculosis, state department of health, urged the city to appropriate at least \$20,000 annually for its health department.

*Zanesville*—At the annual meeting of the Zanesville board of health, Dr. Edmund R. Brush was re-elected city bacteriologist, and Dr. William Klemm, registrar of vital statistics. Drs. O. M. Wiseman, O. I. Dustheimer, W. S. McFarland, W. C. Bateman, E. G. Logsdon, J. C. Heaton were appointed ward physicians. Dr. G. W. McCormick is the health officer.—Dr. A. E. Walters is recovering from an attack of pneumonia.

*Cincinnati*—On February 1, Dr. Frank M. Solar completed his 25th year as a member of the medical staff of St. Francis hospital. A dinner, attended by many of his associates, was served in his honor at the hospital. He is now president of the staff.—Captain Norman McDirmid has been assigned by the United States Public Health Service to lecture before the seniors of the Medical College of the University of Cincinnati on "Medical Preparedness and the Steps Necessary to Effective Medical Organization."

*Columbus*—Mrs. Helen Hughes Chapin, mother of Dr. E. H. Chapin of Columbus, died of pneumonia, January 29, while visiting at the home of her son.—Dr. Joseph M. Kells left January 28 for Rochester, Minn., to be treated at the Mayo institute.—Dr. George T. Harding, Jr., who has been critically ill with rheumatism, complicated by cardiac infection, is improving.—Dr. M. C. Hunter, formerly of Columbus, son of Dr. J. E. Hunter of Greenville, councilor of the Second District, has opened an office at Lewisburg.—Dr. C. D. Hoy suffered an attack of pneumonia late in January.

### Union Medical Association Holds Annual Meeting at Akron

The 171st session of the Union Medical Association of the Sixth Councilor District was held in Akron, February 13. The forenoon was devoted entirely to clinics at the Akron City, People's and County hospitals by the staff members of the institutions. The clinics were well attended and greatly appreciated. At noon the visitors were the guests of the Summit County Medical Society at luncheon at The City Club.

The afternoon session was held at the People's hospital, President W. G. Smith in the chair. The secretary's annual report showed that three meetings were held during the year. In addition to the regular program, at Akron in February, Dr. F. F. Lawrence of Columbus, gave an address on "A Surgical Retrospect," and Dr. Ernest E. Irons of Chicago, a lecture on "Practical Therapeutic Applications Based on Recent Knowledge of Infectious Diseases." At the August meeting at Lake Brady, Dr. Charles E. Briggs of Cleveland, was given the whole time for his lecture on "Fractures and Dislocations." The November meeting was held in Ashland. The weather was very inclement on these meetings days, but there was not a single failure on the program. Every man responded with his paper. The report emphasized the point that the Society is not getting its share of new men who have located in the district. He urged that the local secretaries bear this matter in mind. As treasurer he also called attention to the fact that in the past few years the Society has been falling behind. The fine balance has been gradually reduced till now it is \$153. It is strange, but nevertheless true, that "money talks." The dues are only 50 cents a year, but it is that little amount that tells whether a man is a live member or "a deader."

Dr. George F. Zinninger of Canton, was elected president, and Dr. J. H. Seiler of Akron, was re-elected secretary-treasurer. The Society has honored Dr. Seiler with this position since 1897.

The discussion between Dr. John P. Sawyer of Cleveland, and Dr. J. A. Sherbondy of Youngstown, on "Ulcer of the Duodenum" had to be postponed on account of Dr. Sawyer's train time being three hours late. More time was then given to Dr. E. O. Smith of Cincinnati, on "Some Practical Points in the Diagnosis and Surgical Treatment of Kidney Lesions." He illustrated the lecture with a number of fine slides. It was greatly appreciated, and the surgeons especially will profit by it.

Youngstown and Cleveland put in bids for the August meeting, but Cleveland won out, inasmuch as the meeting had not been held there for many years.

Dr. J. H. Seiler, Secretary.

Mrs. Mary E. Weems has been appointed public health nurse by the Bellaire Public Health League.

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 \* PUBLIC HEALTH NOTES \*  
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Wilbur Phillips, secretary of the National Social Unit Organization, told members of the Woman's City Club of Cincinnati recently that a "baby clinic" which is to be established in connection with the National Social Unit laboratory in Cincinnati, will turn the attention of social workers the world over toward that city. He said that \$140,000 is to be expended on the Social Unit laboratory during the next three years. This amount has been pledged by eastern people interested in the investigation. A district within the city, containing not more than 20,000 persons, will be selected as the scene of the work. The district will be sub-divided into blocks and a woman organizer will be placed at the head of each block.

Those back of the plan aim to organize the people of the district so they can get a clear idea of their common needs; to organize the specialists of the city so that the highest skill and experience can be applied to meeting the needs disclosed; and to bind the people and the groups of specialists together in such a way that definite results will be accomplished. Work of expert sociologists who will participate in the activities under the social unit plan, will extend much farther than a mere study of children.

The board of education of Athens recently employed Dr. A. G. Farmer as medical inspector of the public schools for five months, beginning February 1. The public health nurse employed by the City Federation of Athens, will assist in the work under the direction of Dr. Farmer.

Statistics compiled by Health Officer Kahn show that the death rate per 100,000 population in Columbus in 1916 was 15.5 per cent. Last year 393 children under one year died in the city according to Dr. Kahn's report. One hundred and ninety-four of these were under one month.

During 1916, the seventeen nurses of the Dayton Visiting Nurses' Association made 57,841 visits to 18,597 patients and supplied 22,652 quarts of milk for 166 babies.

Cleveland city officials are making an effort to secure for Cleveland the proposed federal government laboratory for the study of tuberculosis. The city offers the government a laboratory site near the Cleveland Tuberculosis Sanatorium. The proposal to build such a laboratory is contained in a bill introduced in congress by Congressman Emerson of Ohio.

"Live a little longer" will be the slogan of a "Brighter Portsmouth" campaign soon to be launched by the health committee of the Bureau

of Community Service of Portsmouth. Through educational pamphlets, window cards, bulletin boards and public meetings, the Portsmouth citizens will be interested in public health matters. Ten prizes are to be given for the best essays by children on "Tuberculosis" and "How To Keep Well."

Miss Charlotte Ludwig has been appointed superintendent of public health nurses in a reorganization plan of the Cleveland city nursing system announced recently by Health Commissioner Bishop. She will supervise the work of 70 nurses.

Dr. Carroll Fox of the United States Public Health Service is conducting a public health survey of Piqua. Health Director E. B. Starr of Springfield has been notified that Dr. Fox will begin a survey of Springfield as soon as he completes his work at Piqua.

Dr. F. G. Boudreau, director of the division of communicable diseases, state department of health, in an address delivered during Farmers' Week at the Ohio State University, told an audience of farmers that country children have more physical defects than those who live in the city. He attributed this fact to better health supervision enjoyed by city school children.

Galion dentists have agreed to inspect the teeth of all public school children without charge. Reports on each pupil will be sent to the parents.

Six cities—Washington C. H., Greenfield, Circleville, Athens, Lancaster and Portsmouth—were represented at a conference of public health nurses held at Washington C. H., January 18. The conference was one of a series arranged by Helen R. Stewart, supervising public nurse of the state board of health. Public health problems in each district represented at the meeting were discussed.

On a charge of distributing birth control literature, Ben L. Reitman, birth control advocate and manager for Emma Goldman, was recently fined \$1,000 and sentenced to six months in the workhouse by Municipal Court Judge Dan B. Cull of Cleveland. Reitman has been released on bail and has appealed his case.

During 1916, the Dayton Tuberculosis Society employed two nurses who made 1266 instructive calls and 753 investigations. The nurses attended 1310 patients, 42 of whom were sent to hospitals while 106 were dismissed to return to their regular employment. Milk, eggs, cots, tents and bedding were furnished patients who were in need. Tuberculosis was the cause of 157 deaths in Dayton during the year.

More than 1,000 patients were cared for by Lima visiting nurses during 1916. The nurses made 5,862 calls and collected \$58.25 from patients who wished to pay for their services.

During 1916, nurses of the Youngstown Visiting Nurse Association cared for 2,422 cases in which 22,666 visits were made. The average number of visits per month was 1,888 and the average visits per day 61. The number of cases closed was 2,276, leaving 146 to be carried in 1917. The association's receipts amounted to \$11,441 and its disbursements, \$9,091.

Toledo Health Department is conducting an investigation of the sale of diseased meats in the city. "There is not a penalty too severe for dealers who sell diseased meat," Health Commissioner Selby says. "It is simply murder on the installment plan." The health department has decided to introduce an ordinance in the city council placing more stringent regulations on the sale of milk. The ordinance would affect dealers who live outside the city and sell adulterated milk in the city.

Under terms of an ordinance presented to the Toledo city council January 30, the Health Department would be divided into the following bureaus: Instruction, statistics, communicable diseases, infant hygiene, child welfare, sanitation, food and drugs, laboratories, industrial hygiene, mental hygiene, and medical relief. The ordinance also provides for a schedule of the various officers' duties and compensation.

A young man in Cleveland, employed by a manufacturing company, has sued it for \$100,000 for injury to his lungs. He claims the company did not furnish sufficient ventilation in the shop where he demonstrated a welding process with dangerous gases. He claims that the gas leaked from the tanks where it was kept under high pressure and that the ventilation was so poor that the gas was not carried away. He declares it improbable that he will ever be able to work again.

The Children's Aid Society of Canton has added another nurse to its staff. This society now has three full time and one half-time nurses at work.

A clinic for the treatment of social diseases was opened January 1 at Mt. Sinai Hospital, Cleveland.

Dr. A. C. Bachmeyer, superintendent of the Cincinnati General Hospital, of which the Tuberculosis Sanatorium is a part, reports that the equipment of the children's building at the sanatorium is being installed.

Franklin County Commissioners authorized the issuance of bonds to the amount of \$15,000 for

the construction of a children's pavilion at the Franklin County Tuberculosis Sanatorium.

Dr. Robert H. Bishop, Jr., Commissioner of health, Cleveland, has proposed to the directors of the Anti-Tuberculosis League that they build a private sanatorium near the city to be open to those tuberculosis victims who are able to pay the cost of their maintenance.

Cincinnati Tuberculosis Sanatorium benefits through two gifts; one of \$10,000, from Mrs. Helen B. Shields, to be used in equipping a pathological and bacteriological laboratory; another of \$1,500, from Mrs. Anna L. Schram, to be used in equipping a dental department.

Miss Helena R. Stewart, supervising nurse of the state department of health, held a conference in Sandusky, January 9, with public health nurses in the northern part of the state. Public health problems of common interest were discussed.

Trustees of the District Tuberculosis Hospital under construction in Ross county report that the institution will be ready for use May 1.

During 1916, the Ohio State Tuberculosis Sanatorium at Mt. Vernon had a daily average of 166 patients. This is an increase of 11 patients per day over 1915.

The Lucas county commissioners and the Toledo board of education are cooperating in the establishment and maintenance of an open air school on the county tuberculosis hospital grounds.

Dr. E. G. Emerick of Columbus, delivered an address on the feeble-minded in the public library at Mt. Vernon January 5. He advocated more careful segregation of the feeble-minded.

"Infant Welfare Work in Winter" is the subject of a bulletin just issued by Health Commissioner Bishop of Cleveland, in which the writer points out that 25 per cent of the deaths from pneumonia in winter occur among infants under two years of age.

A free dental clinic where work will be done for pupils in the Akron public schools will soon be established by the Akron board of health. A dentist will be employed by the health board who will spend his entire time taking care of children's teeth and lecturing in the school rooms.

Medical inspection in the public schools is properly a function of the city board of health, according to municipal experts who have concluded a municipal survey of Columbus. They recommend that this work be taken care of by district nurses under the direction of the health officer.

## Value of Terminal Disinfection and Other Problems Discussed at State Board of Health's Conference

(Report by C. E. Gillette, of the Journal staff.)

Delegates to the annual conference of the Ohio State Board of Health with representatives of municipal boards of health, held in Columbus, January 18 and 19, participated in a well-balanced program, in which fumigation and disinfection, milk inspection, industrial sanitation, public efficiency, prevention of blindness and legislation, occupied important places. Many other subjects were touched upon briefly.

"Shall Terminal Disinfection Be Discontinued?" was the subject of a round table discussion during which divergent views, seemingly irreconcilable, were expressed. Several speakers urged the abandonment of terminal disinfection (as is now required by state law) but others were disinclined to accept this recommendation until further investigation and research have proved absolutely that fumigation is a waste of money and wholly inefficient.

Dr. J. H. Landis, health officer of Cincinnati, precipitated a general argument by questioning the efficacy of fumigation and recommending as a substitute continuous disinfection during the period that the patient is capable of transmitting disease, either by direct or indirect contact. Pointing out the difference between fumigation and disinfection, Dr. Landis held that the former indicates the destruction of pathogenic organism while the latter is a method of accomplishing this end. Other points brought out by the speaker follow:

"The efficacy of fumigation has been under fire for a number of years, Dr. Chapin being the leader of the forces arrayed against it. The health commissioner of Buffalo, N. Y., illustrating the efficacy of disinfection, reports that after 3029 cases of scarlet fever, where terminal fumigation was practiced and tested, there were 117 recurrences, or 3.8 percent. This percentage of recurrence is over 100 per cent higher than in Providence, R. I., where no terminal disinfection by fumigation is done.

"The employment of fumigation appears to be not only a waste of money but an actual aid in the methods of distributing communicable diseases because it encourages people to neglect the things that are worth while through the creation of a false sense of security.

"When distributed through an infected food supply, fumigation of rooms occupied by the patient could do no possible good and fumigation of patients is out of range of possibilities.

"The logical method of disinfection is a continuous process during the period that a patient is capable of transmitting the disease, either by direct or indirect contact. It includes sterilization of discharges containing the infectious element and the sterilization of all articles coming in contact with the patient.

"Facts developed by Dr. Chapin have been verified by Dr. Goler of Rochester and Drs. Goldwater and Emerson of New York City. From 1902 to 1905, Dr. Chapin found that in 1457 families, in which diphtheria occurred and in which fumigation was employed, 25 recurrences—1.71 per cent—developed within 60 days after disinfection. From 1905 to 1911 in 3000 infected families without terminal fumigation, there were 54 recurrences, or 1.8 per cent.

"With these facts as a basis, it is recommended that the health officers of Ohio go on record as favoring changes in the laws governing disinfection in this state, which will place this important branch of preventative medicine on a plane harmonizing with our knowledge of the methods of distribution of communicable disease."

Dr. Landis called attention to the fact that in a number of hospitals, cases of scarlet fever, diphtheria and measles are treated in one ward and that during the entire course of the disease, concurrent disinfection is carried out.

"When we know that a disease is transmitted in a certain way and then neglect to block that way, and salve our consciences by doing a little fumigating, I do not know of anything that comes nearer establishing our eligibility for residence in a home for the feeble minded," was his closing remark.

No action was taken by the conference as a body on the subject under discussion. Various opinions were expressed and several recommended that the state board of health or some official body investigate the subject and instruct the health officers in accordance with the results obtained. Among the statements included in the arguments for or against terminal fumigation were the following:

Dr. Frank G. Boudreau, Director of the Division of Communicable Diseases, State Board of Health—Terminal fumigation, as generally carried out in Ohio, is absolutely useless. I would strongly favor doing away entirely with the present system of terminal fumigation and would substitute concurrent fumigation. I do not know of any disease in which terminal fumigation is of any value.

Dr. Henry J. Lower, Marion—Why is it that in cities the size of Marion, after we thoroughly fumigate a house in which there has been a contagious disease, we do not have a recurrence of that disease. By thorough fumigation, we are able to eradicate every case of contagious disease in less than two months. Disinfection, if thoroughly done, will prevent reinfection. We get results and that I believe is what every gentleman in this room wants.

Dr. Louis Kahn, health officer of Columbus—I believe this question should be thoroughly studied before any radical step is taken. If there is any value in fumigation, then it should be up to those in authority to see that it is properly done. Some one in authority should investigate the matter and give us the findings.

Dr. A. L. Light, health commissioner of Dayton—We tested a number of commercial fumigators and found that only one in five proved effectual. Four-fifths of the money spent for fumigation is wasted. I think we might as well discontinue it. Thorough use of soap and water and a little disinfectant from top to bottom of a house would do more good than fumigation.

Mr. Shae, official fumigator, Columbus board of health, strongly defended terminal fumigation, pointing out the necessity of fumigating thoroughly and giving figures based on Columbus experience to support his contention.

### DR. SUTTON'S RECOMMENDATIONS

Many important subjects were discussed by Dr. H. T. Sutton of Zanesville, vice president of the board, who acted as chairman of the meeting. He urged the adoption of an amendment to the present law which would give the state board authority to take the initiative in matters relating to the pollution of streams and water supply; pointed out results to be obtained from prompt reporting of deaths and communicable diseases, and suggested that the state bureau of vital statistics be placed in the state department of health.

The board, the chairman said, was planning to give more publicity to public health questions. He hoped the legislature would legalize the employment of public health nurses by local boards of health and expressed the belief that all health officers should be physicians. Health insurance, as well as accident insurance, was given his endorsement but he characterized birth control as the "worst kind of rot."

Dr. C. D. Selby, health commissioner of Toledo, discussed the relation of industry to the health

department and urged the establishment of industrial hygiene departments in all cities. Health departments, he said, should give more attention to the workingman and the conditions under which he labors. Dr. Selby's paper was discussed by Dr. R. P. Albaugh, director of the division of industrial hygiene, state department of health, who suggested a "health first" movement conducted along the lines of the "safety first" campaign.

Dr. Boudreau opened a discussion of milk supervision in Ohio cities, basing his remarks on answers to a questionnaire which he had sent to municipal health officers. A later report on this subject will be made after all have answered the questionnaire.

OTHER PAPERS

Miss Sara Kerr, statistician of the state board, described the state's campaign against blindness. Dr. W. E. Obetz, assistant epidemiologist, state health department, discussed Miss Kerr's paper. Other speakers and their subjects were:

"Some of the Problems of the Smaller Cities," Dr. A. J. McCracken, health officer of Bellefontaine. "The Sanitary Aspects of Bathing Beaches," W. H. Ditto, engineer, state health department. "The Sanitary Aspects of Swimming Pools," L. H. VanBuskirk, director of laboratories, state department of health. "The Ohio Institute of Public Efficiency—Its Relation to Health Departments," Fred C. Croxton of Columbus, director of the institute's social service department. Discussion opened by Dr. J. R. McDowell, director of the division of public health education and tuberculosis, state department of health. "Three Deaths and a Number of Prostrations Due to Industrial Housing Conditions," Dr. Albaugh. Discussion opened by Dr. G. D. Lummis, health officer of Middletown. In addition to those mentioned above, the following physicians registered at the conference: C. W. Dewey, Conneaut; Chas. C. Butt, Nelsonville; J. E. Heap, St. Marys; A. L. Smedley, Hamilton; E. B. Starr, Springfield; G. W. Wire, Wilmington; Mart L. Helfrich, Galion; Ira H. Hawes, Arcanum; J. D. Westrick, Defiance; C. W. Chidester, Delaware; A. C. Messenger, Xenia; J. H. Landis, Cincinnati; J. A. Mercer, Greenfield; S. F. Paul, Steubenville; W. H. Knauss, Newark; Geo. E. French, Elyria; Valloyd Adair, Lorain; J. H. Howe, Piqua; Chas. T. Hunt, Miamisburg; M. B. Floyd, Miamisburg; Guy T. Goodman, Mansfield; J. M. Hanley, Chillicothe; W. W. Smith, Portsmouth; J. J. Mc-A. Werner, Niles; D. R. Williams, Girard; W. D. Cunningham, Girard; F. S. McGee, Marietta.

London—Dr. Henry P. Sparling is recovering from injuries sustained February 9 when his automobile was struck by a freight train. His jaw was broken and he was severely bruised.

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\* STATE BOARD OF HEALTH \*  
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On recommendation of Acting Secretary Bauman, the Ohio State Board of Health, at a meeting held in Columbus, January 19, adopted the following resolution relating to health insurance:

"Resolved, That the state board of health endorse the principles of health insurance and sickness prevention and that we ask the general assembly to provide a law for the appointment of a commission to study this subject and its applications to Ohio conditions; to make appropriations to meet the expense of such a commission and to direct the commission to report to the 83rd general assembly."

In another resolution the board asks the Ohio legislature to adopt a memorial, addressed to the United States congress, urging that body to extend the franking privilege to reports and public health literature issued by boards of health and health departments.

The memorial points out the importance of education by means of printed matter distributed through the mails, and of prompt and accurate reporting of births, deaths and communicable diseases. These things, the memorial says, are of sufficient importance to warrant an extension of the franking privilege.

BOARD WINS CONTROVERSY

Referee engineers, appointed to settle the controversy between the state board and the city of Greenville over an order of the board directing the city to construct a sewage purification plant to prevent pollution of Greenville Creek, upheld the position of the board and declared the order necessary and reasonable. Their report was received at the January meeting, and was the first to be presented in accordance with provisions of a law enacted in 1908. Greenville officials questioned the the constitutionality of the law, which provided for the appointment of referee engineers, but lost their case through a decision rendered by the Ohio supreme court. The city must now proceed with the erection of the purification plant.

Action of the board in revoking the license of Mrs. Joanna Ortlieb to conduct a maternity boarding house and lying-in hospital at 933 East 78th Street, Cleveland, was reconsidered and a new license granted Mrs. Ortlieb on recommendation of Dr. Miller, who investigated the case.

Springfield—Dr. W. A. M. Hadley returned home January 31 from Baltimore, Maryland, where he attended clinics at the Johns Hopkins University.

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 \* MEETINGS OF THE TOLEDO \*  
 \* ACADEMY OF MEDICINE \*  
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(Report by E. M. Latham, M. D., Correspondent)

The regular monthly meeting of the Toledo Academy of Medicine was held at the Y. M. C. A., February 2. The chair was held by Charles Lukens who, following the resignation of H. J. Morgan, became president by virtue of his position as vice-president. Dr. Morgan found it necessary to resign owing to other pressing demands on his time. The president announced the following section officers: Pathology, Louis A. Levison, chairman, H. G. Pamment, secretary, Medicine—Willard J. Stone, chairman. Surgery—E. W. Doherty, chairman, H. L. Green, secretary. Ear, Eye, Nose and Throat—W. O. Bonser, chairman, C. R. King, secretary.

Other officers of the Academy are: Delegates to state meeting—Willard J. Stone, J. G. Keller and J. L. Watson; alternates—C. W. Waggoner, H. J. Morgan and H. W. H. Nelles; board of censors—John L. Murray, W. G. Gardiner, W. G. Dice and Paul Hohly; committee on public health and legislation—W. H. Snyder, C. D. Selby and B. J. Hein; milk commission—H. J. Morgan, F. B. McNierny, H. E. Smead, C. D. Selby and C. S. Mundy; Ohio State Medical Journal correspondent—E. M. Latham; correspondent to lay press—J. L. Murray.

President Lukens announced that he would present a fine silk hat to the chairman of the section showing the largest average attendance during the coming year. Hereafter a bulletin of the academy will be issued a few days before each general meeting.

The main address was made by Prof. A. W. Trettien on "The Practical Application of Psychology in Treatment of Psychopathias and Neuro-pathologies." After the meeting luncheon was served in the dining room. Former presidents of the academy and veteran members were called upon for toasts and reminiscient speeches. J. H. Jacobson spoke on the plans and prospects for the academy's new home.

#### PATHOLOGICAL SECTION

The Pathological Section of the Academy met February 9. L. A. Levison presided. There was a large attendance and much enthusiasm. The subject for the evening was "Pneumonia." W. H. Snyder lead with a paper on "The Pneumococcus in Eye Diseases." He stated that this infection of the eye was first recognized by Gifford in 1894. The disease is rare. It terminates by crisis, and is very rarely chronic. Children are more often affected than adults. It occurs frequently after accidents and attacks the cornea most frequently with marked abrasions. A specific for this infection is ethyl hydrocuprate hydrochloride, I to

2% solution. Follow this with nova form ointment.

I. E. McKesson discussed "Post-Operative Pneumonia." In 4200 cases of gas oxygen anesthesia he had no cases of pneumonia following. In 3000 cases of ordinary anesthesia he had 3 attacks of pneumonia with one death following operation. Statistics show about 3 cases of pneumonia after each 100 operations. Many have a pre-existing infection. Infected teeth and tonsils are also a cause. The disease occurs most frequently after operations of the upper abdomen. Thin garments during operation, drafty corridors and temperature of operating room less than 80 degrees are causes of post-operative pneumonia. Pneumonia often follows local as well as general anesthesia.

J. S. Teter took up "The Treatment of Pneumonia in Children." He would keep the child in a quiet cold room and not use oiled silk jacket or poultices. Nursing children should have food cut down one-third to one-half. Caffeine and digitalis should be used for the heart. Pituitary extract is a failure. If temperature goes above 104½ degrees, give sponge bath of alcohol and water. The mustard plaster may also be used.

C. S. Mundy presented "The Bacteriology and Pathology of Pneumonia." He finds the disease in all climates and everywhere on the increase. It is due to a specific infection and may affect one or all lobes of the lungs. The lung tissue is red, swollen, and heavy and sinks when placed in water. The four stages of congestion, red hepatization, gray hepatization, and resolution are not regularly found. The infection may be general. Pneumonia may be due also to other bacilli as Freidlander's and streptococcus. The pneumococcus is easily killed by heat, but is difficult to kill by freezing.

R. P. Daniels gave the latest ideas on treatment. Ethyl hydrocuprin hydrochloride in 20 to 25 gr. doses cuts the disease short 3 to 5 days. The bactericidal property of the blood is increased by this remedy. Dr. Cole of Rockefeller Institute, has isolated four types of pneumococci. Types 1 and 2 are very contagious. Type 4 is not virulent. The type affecting the patient is learned by taking cultures and the serum corresponding to the type is injected in the vein. A small amount is first injected and this is followed up until crisis occurs. Mortality has been reduced in this way from 30% to 8%.

Discussion: H. J. Morgan stated that in children, type No. 4 is found in 80% of all cases. The infection is mixed, and since no antitoxin has been elaborated for Type No. 4, antitoxin treatment is of no value. Vaccines and leucocytic extracts are also worthless. Ethyl hydrocuprine hydrochloride does not give results in children. Care should be taken in children not to overdo the treatment. John North maintained that pneumonia is a disease located in the air



cells which are loaded up with red and white corpuscles. It is not an inflammation because it has a crisis. When the air cells become filled, there is no more chance for culture and a crisis occurs. Extreme old air and cold packs are no longer considered the best treatment. Drs. Lukens, Denman, Fisher, Jacobson, Wagner, Salzman and Pamment also took part in the discussion.

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\* MEETINGS OF COLUMBUS \*  
\* ACADEMY OF MEDICINE \*  
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(Report by Ivor G. Clark, M. D., the Secretary)

The regular meeting of the Academy on January 15 was opened by Frank Warner's paper, during the presentation of which he showed on the screen a number of sections representing the metamorphosis of a leiomyoma of the uterus in its early stages into sarcoma production. The change in the character of the cells was illustrated step by step, to show that the sarcoma cells manifest characteristics in common with the cell structure of the parent involuntary muscular fibres. The sections were made personally by Dr. Warner, and represented a great deal of labor in the laboratories. The degeneration of so-called fibroid into sarcoma, and its frequent occurrence with carcinoma was emphasized. Yeatman Wardlow, J. F. Baldwin, Carl Hoy and F. F. Lawrence discussed the paper.

Hugh Beatty presented a paper on "Mental Retardation by Speech Defect." The expression, mental retardation, as considered by the speaker, had no reference to feeble-mindedness, but considered the retardation in the normal development of cerebration, due to different types of speech defects. Dr. Beatty presented a classification of speech defects and analyzed the types of cases that are amenable to treatment. He advocated special classes in the public schools to promote the maximum development possible to these children. E. J. Emerick and W. K. Rogers discussed this paper.

W. S. Hoy read a bill which he proposed to introduce into the legislature, relating to increase of benefits from the State Insurance fund and advocating an extension of fees allowable to the surgeon under special circumstances. Allowances also were proposed for extraordinary appliances and special medicines. The wording of the bill was discussed by Dr. Baldwin. The by-laws made it impossible to indorse Dr. Hoy's bill on the occasion of its reading.

President Scott complimented Dr. Warner on his success in having the direct current provided for the use of the proctoscope.

MEETING OF JANUARY 22

George H. Matson opened the regular meeting of the Columbus Academy of Medicine on January

22, by reading a paper dealing with new legislation which has been, or will be, introduced into the Ohio State Legislature, and reviewing the history of the formation of various associations concerned with health legislation. He briefly reviewed the excellent, systematic work accomplished by these organizations. Dr. Matson pointed out the advantages to be derived from the introduction of new legislative proposals through the legislative committee of the Association.

Most of the proposed legislation mentioned by Dr. Matson is discussed in other pages of *The Journal*. Members of the Academy also listened to interesting talks on this subject by Drs. Ellis and Baker, members of the legislature, and J. F. Baldwin.

E. A. Hamilton presented a paper entitled, "A Preliminary Report on Closure of the Pylorus by a Metallic Device." Since the present trend of opinion favors closure of the pylorus in the presence of duodenal ulcer, Dr. Hamilton, after reviewing the literature briefly, and referring to the various means which have been used for this purpose, suggested the use of a metal band. He presented a specimen of a dog's stomach, in which a flattened band of solder had been made to encircle the duodenum, about two centimeters distant to the pylorus, the two surfaces being closely opposed. The band remained in place six months, at the end of which period the dog was in good condition. This procedure preceded by six months the ablation of the stomach, together with the duodenum and a portion of the jejunum. The specimen showed satisfactory occlusion of the pylorus. A new film of exudate covered the constrictive band, and no damage to the pylorus from pressure resulted.

The paper was discussed by Wm. J. Means, James Rector, and J. F. Baldwin.

MEETING OF JANUARY 29

The members of the Academy were the guests of E. J. Emerick and staff at the state institution for feeble-minded on January 29. Dr. Kaiser demonstrated different types of feeble-minded and read a paper laying stress on differential points in diagnosis. Dr. Emerick gave a lantern demonstration, illustrating the influence of heredity in the production of feeble-minded, and emphasized the danger to the community of the moron type.

At the meeting of the Academy, February 5, R. R. Kahle reported a case of ruptured uterus, in the course of a pregnancy. A Caesarian section had been performed some time previously. A historectomy was done, and the specimen was presented to the Academy. The remainder of the evening was devoted to a study of the problem of Health Insurance. Different aspects of the subject were considered by C. H. Wells, Mr. S. P. Bush, and Prof. M. B. Hammond. Others who

discussed the subject were E. R. Hayhurst, J. B. Alcorn, S. J. Goodman, W. F. Bay, C. M. Shepard and J. F. Baldwin. The discussion of the subject was animated, but there seemed to be a lack of unanimity of opinion among the members. At present there would seem to be a strong current of opposition to any health insurance movement, in spite of the fact that health insurance legislation has received considerable support. The opinion was freely expressed that a measure might easily be drawn up which would work a great hardship for the medical profession. It was therefore urged that means be taken to secure as thorough representation for the profession as possible in any system proposed for health insurance.

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 \*\* NEWS OF THE CLEVELAND \*\*  
 \*\* ACADEMY OF MEDICINE \*\*  
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(Report by J. E. Tuckerman, M. D., the Secretary)

The 135th regular meeting of the Academy of Medicine was held January 19 at the Cleveland Medical Library, the president, R. K. Updegraff, in the chair. Attendance, 151. Roger I. Lee of Boston, Mass., gave an interesting and complete discussion of his subject, "The Significance of Blood Platelets in Clinical Medicine."

A discussion of the question "Shall the Giving of Anesthetics by the Trained Nurse be Legalized?" followed. W. E. Lower opened the discussion with an argument for the nurse anesthetist. E. Klaus presented arguments against and citations showing that such anesthetists were not recognized in foreign countries, and that in several of the states there were adverse court decisions. R. E. Skeel discussed the problem from both view points. He said he preferred to have a physician give his anesthetics and did not believe that the giving of anesthetics by nurses should be legalized. Dr. Gernhard spoke against the proposal. Other physicians who participated in the discussions were: M. J. Lichty, W. H. Tuckerman, F. E. Bunts, C. K. Teter, M. Blahd, W. A. Medlin and N. Rosewater.

At the request of the chair, G. V. Sheridan, executive secretary of the state association, spoke upon the legislative bearing of the matter. He hoped that nothing would be urged along this line as it was liable to open up the medical practice act to all sorts of amendments.

PRESENTATION OF CASES

Dr. Wolfenstein presented a young woman with almost complete congenital absence of the lachrymal puncta and the greater portion of the canaliculi. On one lid he had succeeded in relieving the lachrymation by slitting the remains of the lower canaliculi, and intends doing the

same with the other but brought the patient in beforehand in order that the members might see the condition.

W. H. Tuckerman presented a man, aged 48, with a growth in the nasal pharynx. Wassermann negative. An examination of specimen removed was reported by the pathologist as inflammatory tissue, but the history and progress of the case gives strong evidence of probable malignancy.

OPHTHALMOLOGICAL SECTION

The 89th regular meeting of the Ophthalmological and Oto-Laryngological Section of the Academy on January 26, was called to order by Leo Wolfenstein, who occupied the chair.

PROGRAM

L. E. Brown of Akron, reviewed the literature of pneumoliths and reported two interesting cases coming under his observation. He had several of the pneumoliths of one of these patients to exhibit. None of the members present had observed patients with this condition or if they had, had failed to recognize the condition. The symptoms of one of these patients was very similar to that of severe bronchitis with violent attacks of coughing, and raises the question if there are not cases of this sort overlooked by mistaken diagnosis.

W. B. Chamberlin reported several interesting cases of foreign body in the oesophagus and trachea, and also one case of extensive diverticulum of the oesophagus. He showed the X-ray plates of the cases reported. S. S. Quittner's paper was a plea for a more extensive and careful examination of school children in order to detect the defective hearing and correct the causes therefore if possible. In discussion Dr. Chamberlin suggested this would be a paper suitable for a general meeting of the Academy.

EXPERIMENTAL MEDICINE

The 93rd regular meeting of the Experimental Medicine Section was held February 9, at the Cleveland Medical Library. Program: "The Mechanism of Enzyme Action," C. H. Fiske; "The Renal Functional and Morphological Changes in Animals Following the Administration of Salicylate," T. J. Hanzlik and H. T. Karsner.

CLINICAL AND PATHOLOGICAL

The 122nd regular meeting of the Clinical and Pathological Section was held February 2, at the Cleveland Medical Library. Program: 1—(a) Eclampsia: Report of two cases; (b) Undescended Testicle: Report of two cases; E. O. Houck. 2—Subphrenic Abscess: Report of three cases; (a) Diagnosis, S. S. Berger; (b) Surgical Treatment, M. E. Blahd. 3—Aortic Aneurysm: Report of unusual case, E. Klaus. Discussion by R. K.

Updegraff. 4—Pathological Fracture of Rib: Report of case, W. J. Manning. 5—Demonstration of Interesting X-Ray Plates, J. E. Olizenbaum, B. S.

MEETINGS OF CINCINNATI ACADEMY OF MEDICINE

(Report by W. R. Abbott, M. D., the Secretary)

The meeting of the Academy of Medicine of Cincinnati on January 21, 1916, was devoted to case reports. C. E. Shinkle, assistant attending neurologist, Medical College of the University of Cincinnati, presented a case of brachial plexus trauma. (Vol. VII., No. 18, Weekly Bulletin of Cincinnati Academy.) Dr. Shinkle's paper was discussed by Robert Ingram. Gilbert Mombach gave the history of a case of foreign body found in the bladder. (Vol. VII., No. 18, Weekly Bulletin of Cincinnati Academy.) The paper was discussed by B. M. Ricketts. A specimen of angio-enchondroma was presented by W. D. Haines. (Vol. VII., No. 18, Weekly Bulletin of Cincinnati Academy.) Dr. Haines' subject was discussed by Drs. Ricketts and Souther. Dr. Pierrung presented a case of abscess of the thyroid, developing 14 days after delivery.

The secretary's report for 1916 showed that Eighteen new members were added to the Academy roll, while death removed seven: W. Campbell, M. Hillkowitz, Clark Davis, H. J. Cook, Dr. Heady, Dr. McKee and Dr. Julius Eichberg.

Thirty-nine patients and eighteen specimens were presented; also fifty-eight case reports, including X-ray plates and lantern slide demonstrations.

During the year the Academy took part—financially and morally—in the prosecution of R. Von Walden, in Portsmouth.

Instruments shown: A lead glass shield for the eye-lid, by Dr. Goosman, to be used in treating epithemia of the eye. Also red and green glasses to use in examining colored stereoptic plates.

On Nov. 6, the enlargement of The Bulletin was proposed, and on Nov. 20 finally decided upon, in order that the papers read at the Academy may be published in full. To meet the added expense the stenographers' services were dispensed with. The secretary takes this opportunity to urge the members to submit all their papers in writing.

MEETING OF JANUARY 29

Sidney Lange spoke on the "Pathology of the Teeth as Shown by the X-Ray." His talk was illustrated by lantern slides. Generally speaking the infections about the teeth come under three classifications. First, those occurring at the end of the roots, in which the cause may be found or may be hidden, foreign bodies in the root canal which are not shown by the X-ray have been proven to be the causes in some cases. Second, those in which the infection follows the entire pericemental membrane. Third, those in

MEETINGS OF THE DAYTON ACADEMY OF MEDICINE

(Report of Edgar L. Braunlin, M. D., the Secretary)

The annual meeting and banquet of the Dayton Academy of Medicine was held at the Phillips House in Dayton, January 12. Officers elected for the ensuing year are: President, H. H. Hatcher; vice president, H. V. Dutrow; secretary, E. L. Braunlin; treasurer, J. D. Fouts; program committee—W. B. Bryant, R. A. Bunn and H. Bonner; board of trustees—H. F. Patten, P. W. Tappan and J. W. Millette.

The secretary's report showed an average attendance of 33.22 per cent. for 1916, this being the highest for the last four years. According to the treasurer's report, the Academy is in better financial state than it has been for four years.

MEETING OF JANUARY 26

The regular meeting of the Academy was held at the Dayton City Club and was preceeded by a dinner. Twenty-four members were present. Program: E. R. Arn gave an interesting talk on "The Physiology and Pathology of Gall Bladder Conditions." L. G. Bowers read a thorough paper on "The Anatomy and Physiology of Various Incisions in Surgery of the Gall Bladder and Its Ducts." Papers were discussed by Drs. Bunn, Chrisman, Huston, Goodhue, Conklin, Hatcher.

MEETING OF FEBRUARY 9

The regular meeting of the Academy was held at the Dayton City Club and was preceeded by a dinner at which 21 members were present. Program: E. S. Breese gave an interesting talk on "The Anatomy and Physiology of Hernia," the same being illustrated with lantern slides. In his paper he classfied hernia and gave the etiology and coverings of the diferent forms. H. H. Hatcher covered the subject, "Treatment of Hernia," very thoroughly. He especially emphasized the advantages of local and spinal anaesthesia in herniotomy. R. A. Bunn also discussed the subject in detail.

The discussion was opened by Dr. Bowers, who mentioned the dangers of reduction, and who was followed by Drs. Chrisman and Huston.

which the infection begins at the exposed edges of the alveolar processes. This is the condition generally known as pyorrhea alveolaris.

Dr. Raugh and Dr. Germann spoke of the dentists' viewpoint. A diagnosis must not be made upon the X-ray findings alone. Dentists require our help as much as we theirs, and every effort should be made to save teeth and not jump at conclusions. Dr. Goosman reported cases bearing upon the subject of these discussions. A negative X-ray as a negative Wasserman, or a negative Widal, should not be accepted as conclusive. Erie Fennel spoke of the relation of mouth and systemic conditions; also of the bacteriology of mouth infections.

The following were elected to membership: N. H. Keller, Elmer W. Schlemmer and Frank E. Snider. The Academy, in executive session, went on record as in opposition to the proposed changes of the Hoy bill. The Hamilton County delegation in the Legislature has been so informed. J. H. Landis presented a report on the "Optometry Bill," senate Bill No. 62.

Resolutions on the death of C. D. Palmer, a member of the Academy, were adopted.

#### MEETING OF FEBRUARY 5

Edwin Shields addressed the Section on Specialties on "The Causes of the Social Evil and the Results That May Follow the Present Method of Attempted Suppression." Dr. Shields gives as the causes: (1) The desire for amusement. (2) The desire for dress. (3) Ignorance of natural laws and the sudden development of passion, dependent on Causes 1 and 2. (4) The dire necessities of life.

Dr. Shields' conclusions are: (1) That in spite of education, civilization and the decreasing number of inmates of the segregated district, the social evil is increasing. (2) Social evil will continue to increase until our standard of living changes and women realize that all commodities, whether it be pleasure, amusement, food or clothes, have a value and must be paid for, either in money, labor or body and soul, provided we do not steal; and as women do not pay with money or labor, they pay with their only remaining asset—Virtue. (3) The smallest percentage of vice is found in the segregated districts. The largest percentage is found among the working class, even though they have a home. This result is an economic one, pure and simple. (4) Advice to fallen women is productive of negative results. (5) Lectures, showing the result of the social evil, fail to reach the women who would be really concerned and benefitted. Pure women and pure-minded girls require no admonition, and if advice is given it should *only* be given by the mother and not by men, whether they be physicians, actors or what not. (6) Advice to young men has a temporary restraining influence. I admit that certain advice has ac-

complished one thing—avoidance of disease. This advice, if carried out, makes another guilty of a penal offense. (7) The greatest factor in the social evil is the parent; they are too blind to observe the actions of their daughter and never think that their child would do any wrong.

Judge Chas. Hoffman, of the Court of Domestic Relations, opened the discussion, giving his observations of the social evil as portrayed in his courtroom. Other discussants: Drs. Heidingerfeld, Ravine, Shinkle and Scholtz.

#### MEETING OF FEBRUARY 12

"Some Observations Upon Congenital Hyperplastic Pyloric Stenosis With Report of Cases," was the subject discussed by Dudley Palmer. (Vol. VII., No. 21, Weekly Bulletin of Cincinnati Academy.) His paper was discussed by Drs. Greenebaum, Doughty, Haines, Mitchell, H. Caldwell, Ricketts, Shriver, Shinkle, Perrung and Souther.

A. H. Freiberg spoke on "Loose Bodies in the Hip Joint—Congenital Luxation With Chronic Osteo-Arthritis." (Vol. VII., No. 21, Weekly Bulletin of Cincinnati Academy.)

Resolutions were adopted, commending the devotion to public interests by state Senators O'Brien, Harding and Shohl in their earnest opposition to the passage of Bill No. 66. It was resolved that the Academy appoint a committee for the study of all matters pertaining to Sex Hygiene; this committee to become a nucleus for the formation of a branch of The American Social Hygiene Association. Dr. Ricketts presented a specimen of a prostate gland, showing how small a tumor can cause urine obstruction. Dr. Ricketts also reported a case of gangrene of the foot, which was removed under local anathesia. However, the gangrene continued to spread.

Clay Crawford was elected to membership and two applications for membership were received.

Eight cottages are to be built at the Warrensville (Cleveland) Tuberculosis Sanitarium as a result of a \$100,000 bond issue which was recently authorized by the Cleveland city council.

Health Officer Landis of Cincinnati, and his assistants are conducting a campaign in behalf of fresh air for living and sleeping rooms.

Drawings, photographs and models, designed to present the question of mouth hygiene, make up an interesting exhibit which is being shown in the larger cities of the state by the Ohio State Dental Society.

Dr. Frances M. Hollingshead, director of the division of child hygiene, state department of health, addressed the Child's Welfare League at Lima, December 15.

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 \*\* COUNTY SOCIETIES \*\*  
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FIRST DISTRICT

*Clinton County* Medical Society has adopted the Post Graduate Study Course recommended by the A. M. A. in the Bulletin of Sept. 15, 1916, as the basis for the work of the present year. Each member has been furnished with a copy of the Bulletin with the suggestion that the outline of reading be followed. Papers submitted at the monthly meetings are to be along the general lines of subject mentioned in the Bulletin. At the January meeting, William Yoakley presented a paper on "The Causes of Heart Disease," and Robert Conrad a paper on "Cardiac Lesions."

At the February meeting, held on the evening of Feb. 8, at the Commercial Club, Wilmington, C. A. Tribbet of Westboro read a paper on "Serum Diagnosis of Infectious Disease." The technique and the clinical application of blood cultures, agglutination tests, complement fixation and the Abderhalden tests were treated in detail in a most interesting manner.

Elizabeth Shrieves supplemented her paper on "Treatment of Infections by Vaccines" by extracts from a paper on the same subject by Dr. Davis of Chicago, in a recent number of the Journal A. M. A. The discussion of the papers was opened by G. W. Wire, who summarized his experiences with serum therapy and vaccines. He recalled the first instance in which diphtheria antitoxin was used in the county. The case occurred in 1899, and 50,000 units were used with recovery. No deaths have occurred in his practice from diphtheria, since the use of antitoxin, while previous to that time the mortality in "membranous croup" had been 80-85% and in the several tonsillar types at least 50%. The former cruel methods of local treatment of the throat by swabbing, he remarked, were no longer required. In the use of tuberculin, he had seen no good results. In the use of anti-tetanus serum in treatment, he had seen no reliable results in the control of the disease.

E. Briggs pointed out the many unsolved problems in the subject of immunity, and condemned the indiscriminate use of vaccines, especially in the treatment of acute diseases, where in his opinion, they are contraindicated. C. E. Kinzel mentioned experiences in the use of diphtheria and tetanus serums and gonococcus vaccine. In the use of the last mentioned, he had had good results in late complications, but not in the acute conditions. Kelley Hale described a visit to a large commercial laboratory and gave a detailed description of the method of preparation of small-pox vaccine, diphtheria vaccine, rabies virus, material for the Noguchi reaction, anti-tetanus serum. H. E. Gibson reported a series of tests

of vaccine therapy made during his hospital service. Results in pertussis vaccine were negative. In acute articular rheumatism the results were satisfactory, especially if a local focus of infection were sought and autogenous vaccines made. The intravenous injection of a preparation of guaiacol glycerin and sodium salicylate had given very remarkable results. Striking results had been obtained in pneumococcus conjunctivitis, by the use of autogenous vaccines.

The next meeting will be held at Wilmington, Thursday evening, March 8. The general subject will be "Diseases Due to Animal Parasites," papers as follows: "The Diagnosis of Malarial Fevers," G. M. Austin; "The Role of Insects in the Spread of Disease," T. E. Craig; "The Diagnosis and Treatment of Amoebic Dysentery," W. T. Scott.—Robert Conrad, correspondent.

SECOND DISTRICT

*Darke County* Medical Society held its regular monthly meeting at the St. Clair Memorial Hall, Greenville, January 11. The society will retain its slogan, "The Best County Society in the State," for at least the coming year. The attendance also proved that the majority of the members started the new year right. The paper of M. E. Bland of Cleveland, on "Surgical Diseases of the Gall Bladder and the Biliary Tracts," was one of the best ever given the society. It was practical as well as scientific, dealing with the phases of these diseases as met by the practitioner. The interest taken was manifested in the free discussion by all present. G. G. Griffin of Dayton, gave an interesting paper on "Cystitis," emphasizing that cystitis is a symptom and not a disease.—Z. T. Penhorwood, correspondent.

*Montgomery County* Medical Society, at its regular meeting January 20, heard C. J. Broeman of Cincinnati discuss the cancer problem. He told physicians that heredity as a factor in cancer is again receiving attention from medical authorities. He declared that nothing new has been discovered in regard to cancer during the last two years. The theory that a diet in protein products has a bearing on the disease, he said could not be put down as a fact.

Diagnosis and treatment of tuberculosis were discussed in two interesting papers read at the meeting of the society, February 2. B. C. West, read a paper on "Diagnosis of Incipient Pulmonary Tuberculosis," and Gilbert T. Brown discussed the "Specific Treatment of Pulmonary Tuberculosis."

George H. Matson, of Columbus, secretary of the state medical board, addressed the society at its meeting, February 16, speaking on "Medical Legislation." He discussed the measures before the present session of the legislature affecting the medical profession.

*Champaign County* Medical Society, meeting at the home of E. W. Ludlow in Urbana January 11, named a committee composed of Drs. Ludlow, Houston and Houser to investigate the methods of itinerant "specialists" who visit Urbana and vicinity. The physicians may ask council to increase the license fee of so-called "street fakirs," who sell patent medicine. Mark Houston was the essayist of the evening. (From a news clipping).

*Green County* Medical Society met in regular session at the Business Men's Club, Xenia, February 1. A paper was read by B. R. McClellan on "The Relation of Fibromata to Cardio Vascular Changes." Dr. McClellan showed a number of X-ray plates to illustrate his paper, the discussion of which was led by Drs. Finley and Espey. W. H. Hewitt of the O. S. and S. O. home, reported a case of ankylosis of the hip joint. J. E. Hunter of Greenville, councilor of the Second District, and L. G. Bower of Dayton, president of the Second Councilor District Association, were guests of the society. Both gave short talks. (From news clipping).

*Miami County* Medical Society met in the City Building, Troy, February 1. A Bulletin from Executive Secretary Sheridan was read and discussed. F. I. Shroyer read an interesting paper on "Eclampsia." Interesting discussion followed during which Warren Coleman reported a recent case of eclampsia in which he performed Caesarian section. This case also had placenta praevia.—R. D. Spencer, correspondent.

*Preble County* Medical Society, at its regular meeting at the Commercial Club, Eaton, was addressed by Edward B. Markey of Dayton on "Goiter." The subject was thoroughly discussed. (From news clipping).

### THIRD DISTRICT

*Allen County* Medical Society met January 2, at Lima Hospital. Dr. Beauchamp discussed the usual mild form of anemia found in many cases of syphilis. He also discussed a more severe form, usually or at least frequently mistaken for pernicious anemia. The close similarity of the two conditions were spoken of and it was shown that the Wassermann was the best method of differentiation. He followed with a talk on the value of the Wassermann, and then took the subject of "Laboratory Methods in Diagnosis and Treatment," using eight case histories, in which such methods were necessary to arrive at satisfactory diagnosis.

Case 1. Bladder trouble of long standing in which the history and physical examination showed some lesion above the bladder. Catheterized specimen showed by smear and culture, bacilli coli infection, undoubtedly of the kidney

pelvis. Case 2. Patient had been operated on for appendicitis. Catheterization of right ureter obtained pus. No casts in the urine. Diagnosed as right kidney pelvis infection. Case 3. Patient had been ailing some years. Treated as a case of neuritis, auto-intoxication, etc. Blood examination revealed malarial parasites. Symptoms promptly relieved with proper treatment. Case 4. Patient, treated with injection of soda cocodilate for syphilis. Blood count gave the findings of Hodgkin's disease. Case 5. Diagnosed and treated for last four years for anemia. Blood findings negative. No trouble to cause anemia could be found until stomach contents and stools were analyzed, when occult blood was found in both. Gastric ulcer diagnosed. Treatment has proven satisfactory. Case 6. Case treated as gastric ulcer with loss of 34 pounds of flesh. Chemical analysis of stomach contents showed very high acid percentages, with no blood (occult) in same or in stools. Diagnosed hyperchlorhydria. Has gained 46 pounds and feels well. Case 7. Treated as tubercular infection of cervical glands. Dullness in right lung opposite middle of sternum. Injections of old tuberculin and the Wassermann both negative. Diagnosed from blood picture, Hodgkin's Disease. Case 8. Case treated as atrophic rhinitis for many years. Nasal and pharyngeal membranes atrophic. Line of inflammation at line of junction of cartilage with the vomer, some sinking in of both sides of nose over nasal bones. X-ray pictures show absorption areas in both right and left nasal bones. Venereal infection denied. Wassermann strongly positive. Antisyphilitic treatment has brought about very marked improvement of atrophic membranes and healing of vomer-cartilaginous inflammation. Note—Both cases diagnosed as Hodgkin's have recently died.—Shelby Mumaugh, correspondent.

*Auglaize County* Medical Society held its first 1917 meeting on January 25 and elected the following officers: President, W. S. Stuckey of Wapakoneta; vice president, F. F. Fledderjohann of New Bremen; secretary-treasurer, C. L. Mueller of Wapakoneta; censor, R. A. Rulmann of Minster; medical defense committeeman, G. E. Noble of St. Marys; delegate to state convention, H. S. Noble of St. Marys; alternate, C. P. McKee of St. Marys. C. P. McKee and F. A. Shuffleton were appointed to revise the present county fee bill and report at the next meeting. Resolutions were adopted strongly opposing the propaganda for authorizing trained nurses to administer anesthetics.

T. D. Sinks of Lima, read a paper on "Failures and Near-Failures," in which he decried the prevailing custom of most surgeons to publish their favorable results, but to ignore cases which terminated in disappointments. He related with

pleasing frankness his cases in which disappointments, which probably could have been avoided, had happened. This paper was a refreshing innovation from the usual soi-disant reports of favorable results and was extremely well received by the attending physicians.

The society now has 35 members in good standing against 26 during 1916 and the prospects for the coming year are very encouraging.—C. L. Mueller, correspondent.

*Marion County* Medical Society, at a meeting in Marion February 6, discussed pending medical and public health legislation. No papers were presented.—(From news clipping).

*Van Wert County* Medical Society held its first meeting under its new meeting schedule, January 22, at the Van Wert County hospital. The society has decided to hold bi-monthly instead of monthly meetings. A. C. Bartholomew and R. J. Good were appointed to outline a program for the year. Next October the society will entertain the physicians of Paulding and Mercer counties. Dr. Good read a paper on "Ascites" at the January meeting.—(From news clipping).

*Hardin County* Medical Society was addressed by Charles Hoover of Cleveland, at its regular meeting at Kenton, January 26.

#### FIFTH DISTRICT

*Lake County* Medical Society met in regular monthly session at the Parmly Hotel, Painesville, February 2. Secretary E. S. Jones read resolutions of respect for D. J. Merriman, who died in St. Luke's hospital, Cleveland, last month. Harold Feil of Cleveland, then gave a technical address on "The Clinical Value of the Duodenal Tube in Diagnosis and Treatment." The following are some of the uses of the tube: (1) To determine quantity of acid in the stomach; (2) To diagnose gastric or duodenal ulcer; (3) To diagnose cholecystitis; (4) To stop vomiting in pregnancy by carrying food through the stomach to the duodenum; (5) To check vomiting from any unknown cause by feeding the duodenum; (6) and to determine the absence of acid in the stomach. The following were present: A. P. Brady, E. S. Jones, V. M. Marsh, C. W. Emmons, M. H. Carmedy, V. N. Winans and Charles Quayle. The next meeting will be held at the Painesville hospital, Monday evening, March 5.—E. S. Jones, correspondent.

*Ashtabula County* Medical Society held its regular monthly meeting at the Ashtabula General Hospital, Tuesday evening, January 9. A letter was read from Executive Secretary Sheridan, acknowledging the receipt of the society's letter opposing optometry legislation. The monthly bulletin of the State Association also

was read. A committee consisting of Drs. Dickson and Crockett was appointed to confer with local state legislators concerning bills affecting the practice of medicine. Dr. Collander read an interesting and instructive paper on "The Allen Treatment of Diabetes," and demonstrated a case which he treated with excellent results. There was a general discussion of the paper. Dr. Batters reported a case of neuralgia cured by extraction of abscessed teeth and showed the X-ray pictures of the case. She also spoke of the new school which is being started here for children with defective vision.—R. B. Wynkoop, correspondent.

*Erie County* Medical Society met at the Sunyendeand Club, Sandusky, January 25. President Shoepfle introduced M. J. Lichty of Cleveland, councilor of the Fifth District, who, after a few remarks on state legislation, presented a paper on "Public Opinion, Weal and Woe of the Doctor," which was enjoyed by all present. A general discussion followed. There was a large attendance. As he was leaving the Club House, Wm. Storey of Castalia, slipped and fell on the icy walk and fractured his hip. He was placed in a room in the Club and is getting along as well as can be expected. Dr. Storey is one of the oldest and best known members of the profession in Erie County. He has the sympathy of all the physicians of the society.—H. W. Peterson, correspondent.

*Lorain County* Medical Society met in Elyria, February 13, at the Audwur Hotel. Covers were laid for 24 and a pleasing course dinner was thoroughly enjoyed. One applicant, S. C. Ward of Lorain, was received into the membership, making a total membership of 62. H. H. Drysdale of Cleveland, read an interesting paper on "Psycho Neurosis; Emotionalism as Genetic Factor," which was generously discussed with much benefit to all present. The meeting, as all our sessions are, was marked by harmony of feeling and mutual regard for the pleasing association we all enjoy here. We have but one regret—that is that more members do not get to meetings.—C. O. Jaster, correspondent.

*Trumbull County* Medical Society was addressed by Carl W. Sawyer of the Sawyer Sanatorium, Marion, at a supper held in the Allison Hotel, Niles, January 25. After the supper, the following officers were elected: President, R. Williams of Girard; vice president, W. M. Kay of Warren; secretary and treasurer, F. K. Smith of Warren; delegate to state medical convention, Manley of Warren, and censor, Dan Simpson of Warren.—(From news clipping).

## SIXTH DISTRICT

*Portage County Medical Society* held its annual meeting at Dr. F. A. Russell's residence, Kent, January 18, at which twelve members and their wives were present. A fine social evening was enjoyed and the following officers were elected for the ensuing year: President, B. H. Nichols, Ravenna; vice president, J. H. Krape, Kent; secretary, W. B. Andrews, Kent; treasurer, E. J. Widdecombe, Kent. The treasurer's report showed a paid membership for 1917 of 26, an increase of three members over 1916.

Members of the society were the guests of W. W. White at a meeting held in the Elks' Club at Ravenna, February 8. Although it was a stormy evening, one-third of the membership was present and a program of unusual merit was carried out. John D. Osmond of Cleveland, read a paper on "The Early Diagnosis of Oesophageal Diseases," with lantern slide demonstration. The doctor thoroughly demonstrated the value of early diagnosis. Bernard H. Nichols of Ravenna, read a paper on "Weak Arches," with radiographic demonstration. This was a very practical paper, presented in a practical manner. The next meeting of the society will be held in Kent at the home of William B. Andrews, March 8.—William B. Andrews, correspondent.

*Summit County Medical Society* met Tuesday evening, February 6, at Akron, with an attendance of 41 from Canton, Akron and Kenmore. New members admitted are R. S. Postle, W. A. Hoyt, J. T. Crowdon, Margaret H. Bynon, J. G. Lemmon of Akron. Four applications were presented. A. S. McCormick presented to the library the 1916 volumes of the Canadian and Ohio State Medical Journals. The picture of the late John Benjamin Murphy (Chicago, 1857-1916) has been placed in the society rooms. The auditors, S. E. McAdoo and D. H. Morgan, presented the 1915 (one year late) auditors' report. Program follows:

1. Specimen—(a) "Fetus in Sac," W. E. Kneale; (b) "Goitre" (2 lb. 9 oz.), J. G. Blower.
2. Case Reports—(a) "Pus Tubes," H. H. Jacobs; (b) "Eviscerated Fetus," S. J. Havre.
3. "Nasal Catarrh," D. W. Stevenson. The paper described the causes, not the symptoms. Discussion by L. E. Brown, S. St. J. Wright, U. D. Seidel, T. K. Moore.
4. "Spinal Tumors," C. R. Steinke, including summary of cases. Discussion by J. G. Blower and D. H. Morgan, the former discussing the surgical side, the latter the nervous.—A. S. McCormick, Correspondent.

*Stark County Medical Society* elected the following officers at a meeting held in Canton, January 16: President, J. A. Rheil of Malvern; corresponding secretary, F. G. King of Canton; secretary and treasurer, L. A. Buchman of Can-

ton; executive committee, B. C. Barnard, of Alliance, A. J. Hill, G. S. Zinninger, A. B. Walker, H. M. Schuffel of Canton, and T. A. Portz of Massillon. The program follows: "Prevailing Diseases," H. A. Rheil; "The Year's Advance in Obstetrics," C. A. Portz; "The Year's Advance in Women's Diseases," B. C. Barnard; "Ethics and Legislation," J. P. DeWitt. A general discussion followed the reading of the papers.—(From news clipping).

*Richland County Medical Society* held its annual banquet at the Vonhof Hotel, in Mansfield, January 26. Thirty-two physicians were present. Charles G. Brown, president of the society, acted as toastmaster and Guy T. Goodman, A. H. McCollough, John Maglott, D. W. Peppard and S. E. Findlay were the speakers.—(From news clipping).

## SEVENTH DISTRICT

*Tuscarawas County Medical Society* held a "live" meeting with good attendance in the City Hall at Uhrichsville, February 6. Following a report of cases by E. C. Davis of Dover, the members participated in a round table discussion of obstetrics, which was led by K. E. Shaweker of New Philadelphia.—Tracy Haverfield, correspondent.

*Jefferson County Medical Society*, at its regular meeting in Steubenville, February 13, was addressed by Frank L. Hupp of Wheeling, W. Va., on "Chronic Intestinal Stasis—Some of Its History and Treatment." A general discussion followed the address.—J. R. Mossgrrove, correspondent.

## EIGHTH DISTRICT

*Muskingum County Academy of Medicine* held its regular meeting in the Chamber of Commerce rooms, Zanesville, February 14. Robert Barnes of Columbus, read a paper on "The Differential" which showed careful preparation and was well received. Dr. Barnes also discussed some of the new phases of serum therapy. The discussion was opened by R. B. Bainter and A. H. Gorrell. The president reported that he had written our state senator in regard to the optometry bill and our representative about the Christian Science bill.—O. I. Dusthimer, correspondent.

*Washington County Medical Society* met December 13 and elected the following officers for 1917: President, C. A. Gallagher; vice president, R. B. Hart; secretary, F. E. McKim; treasurer, E. W. Hill.—F. E. McKim, correspondent.

*Athens County Medical Society* met at the home of Dr. Douthitt in Athens, February 6, and listened to the doctor talk on "Some Things I Have Learned During the Past Year or Two



**Remember Annual Meeting of  
State Association at Springfield,  
May 14, 15 and 16.**

in the Treatment of Common Disorders.”—(From news clipping).

*Licking County* Medical Society held its regular meeting and dinner at the Warden Hotel, Newark, January 25, at 6 o'clock with 21 members and 2 non-members present. After an elaborate eight-course dinner, three excellent and instructive papers were read. Louis A. Mitchell and Victor Turner discussed “Modern Methods in Diagnosis,” and H. J. Davis, “Some Interesting Surgical Cases with Specimens.”—Harry E. Hunt, Correspondent.

#### TENTH DISTRICT.

*Ross County* Academy of Medicine, at its regular session held in Chillicothe, January 23, was addressed by J. F. Baldwin of Columbus, on “The Eternal Why.” Constructive reasoning, the doctor said, will mean the ultimate improvement of the medical profession. He referred to the teachings of Socrates, saying that the Socratic “why” should be applied to present-day methods in the practice of medicine. In the doctor’s case, the doctor must ask himself “why” he gives certain remedies for certain ailments, “why” certain ailments exist, and “why” some patients demand different treatment than others. The query “why” must be made to assure one the reason for doing a thing.

“For a doctor to make a wrong diagnosis of a case after a thorough examination and study of the case,” asserted Dr. Baldwin, “is a misfortune; but for a doctor to make a wrong diagnosis without making any examination of the case, is a sin.” Dr. Baldwin quoted Professor Eucken, Germany’s greatest present-day philosopher, who stated that only one person in 25,000 does any individual constructive thinking. The rest of the people accept the thoughts of these constructive thinkers as final and do all their so-called thinking in a second-hand manner. Discussion on the paper was opened by Dudley Courtright, of Circleville, followed by Dr. May, of New Holland, Dr. Barton, of Adelphi and Dr. Hanley.

The meeting was one of the most interesting, best attended and most enthusiastic that has been held in the last 10 years. The R. C. A. M. is continually growing in strength as an organization. There were about 30 present. At the next meeting, Frank Langdon, of Cincinnati, professor of nervous diseases at the Miami University, will deliver a lecture. G. E. Robbins, Correspondent.

*Delaware County* Medical Society met in regular session at Delaware, January 5, with our new president, V. B. Weller, presiding. C. W. Chidester was re-elected medical defense committeeman. The president appointed the following committees: Committee of public health, F. V. Miller; executive committee, A. J. Pounds, O. W. Bowner, and A. H. Beck; legislative committee, G. W. Moorehouse. The society listened to an able address on “Infant Feeding,” by A. G. Helmick, of Columbus. Many practical questions were asked and answered. The speaker showed by his well chosen remarks that he is master of his subject. A vote of thanks was extended to Dr. Helmick for helping to make this session a very interesting and instructive one.

The society met in regular session at Delaware February 2, with a fair attendance. C. W. Chidester was appointed public health committeeman. Frank Winders of Columbus, read an interesting and instructive paper on “Gall Bladder Infection.” A lengthy discussion followed, which brought out many interesting thoughts. After the meeting the members were invited to a restaurant where they were entertained at a banquet by the president of the society, V. B. Weller. A program of toasts was given which lasted until a late hour.—A. H. Buck, Correspondent.

*Knox County* Medical Society, at a banquet held at Hotel Curtis, Mt. Vernon, January 17, was addressed by E. A. Hamilton, of Columbus, who related some of his experiences in European war zones and on the Mexican border. He described medical work in European armies and compared it with that of the United States, and urged the adoption of universal military service in this country. Twenty-five members attended the banquet. (From news clipping.)

*Madison County* Medical Society held its January meeting at the Lincoln Hotel, London, Thursday, January 11. After a three-course dinner, officers for the current year were elected as follows: President, H. V. Christopher, London; vice president, A. J. Strain, London; secretary-treasurer, F. E. Rosnagle, London; delegate to state convention, W. F. Smeltzer, London; legislative committeemen, M. J. Jenkins, Plain City; medical defense committeeman, C. T. Gallagher, Mt. Sterling.—F. E. Rosnagle, correspondent.

*Pickaway County* Medical Society met in regular session at Circleville, February 2. President Howard Jones suggested that a definite plan of work be undertaken for the ensuing year and that the society take a more active part in public welfare, especially hygienic conditions of local interest. J. B. May proposed the society take up the study of acidosis, the vitamins and the ductless glands.—D. V. Courtright, Correspondent.

## Cleveland Hospitals Are Collecting Data on the Exact Cost of Treating Patients, Figured on Scientific Basis

A uniform hospital report blank has been adopted by twenty Cleveland Hospitals which are represented in the Cleveland Hospital Council. No such information based upon uniform hospital accounting has as yet been available from such a large group of hospitals in Cleveland, and probably not from any group of hospitals in the country.

Mr. Howell Wright, secretary of the Council, is responsible for the success of the plan. Its development is being watched with interest throughout the country.

The blank is divided into two parts: First, "Work Done;" and second, "Cost of Work Done." Most important under "Work Done" is the grouping of hospital patients under the headings "Pay Patients," "Part-pay Patients," and "Free Patients," and the reporting of the number of patients under each group, the number of days of treatment given each, and the amount received by the hospital for the care of "pay" and "part-pay" patients. This grouping is simple and easily adaptable to the accounting system of any hospital. The total number of days of treatment given is an absolutely essential unit in obtaining the average daily per capita cost.

Important in the "Financial Report" is the

separation of earnings or receipts under the headings "operating earnings," "contributions," and "capital income," as well as the classification of expenditures under "operating expenditures" and "capital expenditures." Such information reported on this uniform basis by such a group of hospitals will be of great value to the hospitals themselves for comparative purposes, to contributors to hospitals, and to the public at large.

The principles of modern hospital accounting as illustrated in this report may well be considered by the hospital world at large. In Ohio, objection has been made by hospitals to the schedule of fees fixed by the State Industrial Commission for hospital service. Complaint is made that the rates are too low and that hospitals are frequently of necessity compelled to do "charity work" for the State. On the other hand it has been suggested that the hospitals do not report their work done or figure its cost on a reasonably satisfactory uniform basis, and that consequently it is at present impossible to fix rates for such service commensurate with the average cost. If these facts are true, the report blank now in use by the Cleveland hospitals may contain helpful suggestions.

We are printing the questionnaire because the

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collection of similar information relative to all hospitals in the state would be valuable. Seventy-nine questions are asked, as follows:

**WORK DONE**—(1) Pay patients. (2) Part-pay. (3) Free patients. (4) Public charges—county city or townships. (5) totals. Pay patients are those for whom at least the cost of their care is paid. (y) Part-Pay Patients are those for whom only part of the cost of their care is paid. (z) Free Patients are those for whose care nothing is paid. Uncollectible bills for hospital service should not be included here as free patients or free days of treatment. Dispensary Patients and Emergency or Accident Patients remaining in the hospital less than 24 hours should be reported separately and not included in the above.

**DISPENSARY PATIENTS:** New Patients; Re-visits; Total Visits or Treatments. New Patients are those who have not applied before during fiscal year at least.

**ACCIDENT AND EMERGENCY PATIENTS:** Patients remaining in hospital less than twenty-four hours.

**HOSPITAL BEDS:** (a) In Private Rooms; (b) In Semi-Private Rooms or Wards; (c) In General Wards; (d) "Admitting" or (e) "Isolation."

Average Number of Days' Treatment Given Each Patient.

Average Number of Patients Treated Per Day.

**WORKING FORCE:** Number Paid Resident Physicians and Surgeons (including Pathologists and other special Residents); Number of Internes.

**HOSPITAL NURSES:** Average on Daily Duty: (a) Graduate (b) Special (c) Pupil (d) Probationers. Number of Male Attendants (Orderlies) Female Attendants.

**SOCIAL SERVICE:** Volunteer Workers; Number Paid Workers.

**GENERAL EMPLOYES:** (excluding Physicians, Nurses, Attendants, Orderlies and Probationers, listed above, but including all others).

**NUMBER AMBULANCES:** For Private Use of Hospital; For Emergency Service and for Public Use.

#### EXPENSES

**HOSPITAL OPERATING EXPENSES:** (a) Administration (General Officers, Clerks, Stationery, Printing, Postage, Annual Report, Telephone, etc.). (b) Professional Care of Patients (Including Wages of Special Nurses if paid by the Hospital). Salary and Wages, Nurses, Orderlies, Attendants, Employes, Medical and Surgical Supplies.) (c) General House, Department and Property (Fuel and Light, Ice, Ordinary Repairs, Rent, Insurance, Ambulance, Laundry, Provisions, Housekeeping, etc.) (d) Uncollectable Pledges, Dues, etc., Charged Off. (e) Social Ser-

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vice. (f) Dispensary (Include deductions made from hospital figures for proper proportion of common overhead and department expenses. Make this figure, as accurately as possible, the total expenses of the Dispensary.) (g) Miscellaneous: Travel and Transportation, etc.

CORPORATION EXPENSES: (a) Salaries (Secretary or Treasurer and Clerks), and Incidental Operating Expenses of the Corporation (b) Expenses for Raising Funds for Income, Plant or Deficits, for Education, Advertising and Publicity: (c) Interest on Mortgages and Loans (d) Uncollectable Bills for Hospital Service Charged Off (e) Taxes, Legal or Other Corporation Expenses.

With these figures it is possible to show (1) the average daily cost per capita of patients, and (2) the average cost of each dispensary visit.

#### INCOME

EARNINGS OR RECEIPTS FROM OPERATING THE HOSPITAL:—From Patients: Pay Patients; Part-Pay Patients; From County, City or Township Patients. Miscellaneous, Sales, etc., Emergency and Accident Room Receipts, Dispensary Receipts—Total Earnings from Operation of Hospital and Dispensary.

CONTRIBUTIONS FOR CURRENT EXPENSES:—(a) Designated Gifts; ((b) Discretionary Gifts; From Entertainments, Fairs, etc. (Net Receipts). From Dues, Memberships, etc. From Individuals Not Included in (a) or (b) From Miscellaneous Sources.

INCOME FROM CAPITAL OR ENDOWMENTS:—From Income of Endowment Funds (Special and General) From Rentals, Interest on Current Funds, etc. From Receipts from Sales or Other Capital Funds Used for Current Purposes.

ADDITIONS OR EXTENSIONS TO HOSPITAL PROPERTY:—(a) New Machinery, Apparatus, etc. (b) Alterations and Extraordinary Repairs. (c) New Buildings and Land. (d) Miscellaneous.

In conclusion the questionnaire asks for a summary of the finances, including the hospital, statement of its assets and a list of its liabilities.

#### APPOINTMENT CONFIRMED

By unanimous vote, the senate on February 2 confirmed the appointment of Dr. A. F. Shepherd of Columbus, as a member of the Ohio state board of administration to succeed Dr. E. H. Rorick. Dr. Shepherd was appointed by Governor Cox.

Canton—The names of three physicians have been certified to the city civil service commission as eligible for appointment as city health officer. They are: Drs. W. F. Gavin, I. H. Fuhs and J. C. S. Hutton.

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furnishes accident insurance at actual cost. *Statistics prove that we have paid more for claims, and less for expense, per capita, than any other accident company.*

More than \$4.00 paid for claims to each dollar used for expense. Most other concerns pay \$1.00 for claims to each dollar of expense.

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 \*\*\*\*\*

President, A. G. LOHMANN, Cincinnati.  
 Secretary, HOWELL WRIGHT, Cleveland.

(The Journal is the official organ of the Ohio Hospital Association. This column will be a regular monthly feature. Items relative to Ohio hospitals are solicited.)

Arrangements are about complete for the addition of 14 rooms to Mercy Hospital, Columbus, and the opening of a nurses' home for the institution. The new rooms will accommodate 25 patients.

A new hospital, operated by Dr. A. H. Stall, has been opened at Barberton. Miss Ada Middleton is head nurse.

Plans for a campaign to raise \$30,000 for an addition to the Union Hospital at New Philadelphia were announced recently by the hospital board of trustees. An architect has been retained to draw plans and specifications.

A hospital can pay its own way and need not

be a charge of the community, Dr. W. S. Chase, president and chief of staff of the Peoples' Hospital at Akron, declared at the annual meeting of the hospital authorities January 17. The institution started 1917, free of debt. Expenditures for the year were in excess of \$72,000. The hospital has paid its own way two years in succession.

Plans are being made for a municipal hospital at Galion. A proposal to have the city appropriate \$1,500 annually for the maintenance of the Good Samaritan Hospital will be submitted to the voters.

Trustees of Mt. Carmel Hospital, Columbus, announced January 24 that the nurses of the institution are to have a new home housing 75 and costing about \$100,000.

Establishment of a municipal hospital is being urged by the West Side Improvement Club at Youngstown. It was claimed that the city now pays about \$65,000 annually for hospital services and that this sum would go a long way toward meeting the expenses of a municipal institution.

Completion of the Cincinnati Tuberculosis Hos-



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pital was assured January 26 when the park commissioners acceded to a request to waive \$40,000 of the proposed \$250,000 bond issue for park improvements in favor of the hospital. The \$40,000 will be placed at the disposal of the hospital commissioners.

Tentative plans are being prepared for an addition to the nurses' home at the Miami Valley Hospital at Dayton. A maternity and children's building also will be built with funds recently raised by popular subscription.

Architects have been instructed by Coshocton city officials to revise plans for the proposed addition to the City hospital in order that bids may be re-advertised within the next thirty days.

A campaign to raise at least \$5,000 for improvements at Monnett Memorial Hospital, Bucyrus, is in progress.

Bids for part of the improvements at the Bi-county Tuberculosis Hospital, north of Dayton, estimated to cost between \$60,000 and \$70,000, were awarded by county commissioners and hospital trustees January 24. Bids for the water supply, heating and refrigerating equipment were rejected and steps taken to re-advertise. The hospital will be built by Montgomery and Preble counties.

When the campaign to raise \$250,000 for a maternity hospital in Toledo closed officially February 1, \$171,666.00 had been subscribed. The managers of the campaign will continue for some time to receive contributions. Despite the fact that the \$250,000 mark was not reached, a sufficient number of donations have been made to assure the building of a hospital.

A campaign to raise \$200,000 for a new hospital was started in Lima February 28 under the direction of St. Rose Catholic Church. Plans for the new building, which will be in charge of the Sisters of Charity, call for a six-story structure with accommodations for 100 patients.

Grouping of Toledo's hospitals in some central part of the city was suggested at a recent meeting of those interested in the campaign to raise \$250,000 for the Maternity and Children's hospital. The proposed maternity and children's hospital building may be the first in the group.

Health Officer Landis of Cincinnati recently received a request from Dr. Allen Daley of Bootle, England, for copies of the Cincinnati health department's weekly bulletin. The English doctor stated that he is desirous of starting a similar publication and that he understands

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Cincinnati is reputed to have one of the most successful health bulletins known.

The homeopathic staff of Miami Valley Hospital, Dayton, reorganized for 1917 by electing Dr. George W. Miller, chief of staff, and Dr. R. M. Webster, secretary.

Tentative plans for the establishment of a municipal mental clinic are being worked out by a committee on feeble mindedness appointed recently by the volunteer workers branch of the Associated Charities of Cleveland. The committee has arranged a psychopathic registry, which will serve as a basis for arousing public interest in such a clinic.

The District Nurse Association of Toledo has started a campaign by which it hopes to give after care relief to victims of the recent infantile paralysis epidemic.

Dr. John E. Brown, Columbus, was elected second vice president and chairman of the Middle Section of the American Laryngological, Rhinological and Otological Society at the annual meeting of that organization. Dr. Thomas J. Harris of New York was elected president.

Miss Nell P. Isaminger has been appointed new superintendent of the General Hospital Training School at Cincinnati to take the place of Miss Maude M. Corsa, who resigned several days ago.

The William McKinley residence at Canton, now the property of the St. Peter's Catholic church, will soon be converted into an annex to the Mercy Hospital.

#### Small Advertisements of Interest

*For Sale*—Library, surgical instruments and one 40 H. P., 5 passenger Haynes automobile. Property of the late Dr. N. W. Culbertson. If interested send for lists. Geo. H. McCall, Executor, Massillon, Ohio.

*Quick Sale*—On account of hospital work in the city, must close out my general practice of \$4,000 in a County Seat town of 1600 in Northeastern Ohio. Horses, buggies, sleighs, harness and barn equipment, office furniture, X-Ray, Bacteriological incubator, Rochester sterilizer and many other articles. Office best in town, a paying business from start. \$750.00 closes this opportunity. This is gilt edge. Come and see. Address G. B., c/o Ohio State Medical Journal.

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Laymen Serve as Coroners in 28 Ohio Counties—  
New Terms Started January 1

Of the 88 coroners elected in Ohio last fall, 60 are licensed physicians. Their term of office began January 1. *Physicians* elected to this office and the counties in which they reside follow:

Allen—V. H. Hay.....	Lima
Ashland—G. W. Jackson.....	Ashland
Ashtabula—R. B. Wynkoop.....	Ashtabula
Auglaize—S. H. Sibert.....	Wapakoneta
Butler—Edward Cook .....	Hamilton
Carroll—R. T. Shipley.....	Carrollton
Champaign—David H. Moore.....	Urbana
Clark—H. H. Austin.....	Springfield
Clermont—John V. Mott.....	Amelia
Clinton—C. E. Kinzel.....	Wilmington
Columbiana—J. M. Van Fossen.....	East Palestine
Coshocton—J. G. Smailes.....	Coshocton
Crawford—C. E. Kimerline.....	New Washington
Cuyahoga—Patrick J. Byrne.....	Cleveland
Darke—J. W. Van Lue.....	Gettysburg
Defiance—E. E. K. Chapman.....	Defiance
Delaware—M. W. Davis.....	Delaware
Erie—Fred S. Schoepfle.....	Sandusky
Fayette—C. A. Teeters.....	Washington C. H.
Franklin—Louis M. Herskowitz.....	Columbus
Fulton—Park Bishop.....	Delta
Gallia—J. S. Biddle.....	Gallipolis
Geauga—F. S. Pomeroy.....	Chardon
Greene—R. L. Haines.....	Paintersville
Guernsey—Wm. M. Lawyer.....	Cambridge
Hamilton—Arthur C. Bauer.....	Cincinnati
Holmes—J. E. Elder.....	Nashville
Huron—C. L. Bell.....	Fitchville
Jackson—W. R. Evans.....	Jackson
Lake—J. N. Black.....	Painesville
Lawrence—W. Wilson Lynd.....	Ironton
Licking—W. L. Wilson.....	Licking
Logan—F. R. Makemson.....	Lewistown
Lorain—Chas. V. Garver.....	Lorain
Lucas—Walter H. Hartung.....	Toledo
Mahoning—E. Henry Jones.....	Youngstown
Marion—F. E. Mahla.....	Marion
Medina—R. A. Brintnall.....	Seville
Miami—G. C. Ullery.....	West Milton
Montgomery—Chas. J. Otto.....	Dayton
Morrow—T. P. Johnson.....	Mt. Gilead
Muskingum—Wm. S. McFarland.....	Zanesville
Noble—G. G. Mallett.....	Caldwell
Ottawa—M. J. Skiff.....	Oak Harbor
Paulding—D. F. Russell.....	Paulding
Perry—F. A. Axline.....	Saltville
Pickaway—O. H. Dunton.....	Circleville
Portage—Leslie A. Woolf.....	Ravenna
Putnam—A. F. Scheibley.....	Ottawa
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 Van Wert—Chas. R. Keyser.....Van Wert  
 Wayne—J. K. King.....Apple Creek  
 Wood—Danl. B. Spittler.....Hoytville  
 Wyandot—Otto C. Stutz.....Upper Sandusky

Holmes, Logan, Morgan, Lake, Noble, Paulding, and Vinton counties. The total number of inquests made in accident cases in the 83 counties was 1616.

Fifty-eight deaths were super-induced by intemperance, according to the reports. The number of inquests in each county ranges from one in Ashland and Ashtabula to 609 in Lucas.

**Work of Coroners in Ohio**

Coroners and justices of the peace held 3,961 inquests, 423 of which were suicide cases, during the year ending June 30, 1916, according to reports from 83 of the 88 counties of Ohio on file in the secretary of state's office. No reports were received from Cuyahoga, Hamilton, Auglaize, Licking and Pike counties.

Homicide cases, in which inquests were held, numbered 146. The greatest number of inquests was held in Lucas county where the cases were divided as follows: 52 homicides, 24 suicides and 201 accidents. In the homicide column, Mahoning county is second with 16 while Franklin county, with 46, is second in the suicide column. Franklin is also second in the accident column with 138. No inquests in either suicide or homicide cases were held in Adams, Carroll, Hancock,

**STATE CORONERS ORGANIZE**

For the purpose of modernizing laws affecting coroners, the Coroners' Association of Ohio was formed at a meeting held in Columbus January 30. Many physicians from various parts of the state attended. Dr. Louis Herskowitz, Franklin County coroner, was elected president, Dr. A. C. Bauer of Hamilton County, secretary, and Dr. Charles J. Otto of Montgomery County, treasurer. A committee was appointed to draw up several amendments for presentation to the legislature.

**APPOINTMENT MADE PERMANENT**

Dr. H. H. Emerson of Columbus, has been given a permanent appointment as first assistant medical examiner of the Ohio state industrial commission. Dr. Emerson has filled the position for the past three years under a provisional appointment.



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Chicago

(1512)

## Operation of Blindness Prevention Law Causes Arrests of Several Physicians, But it is Securing Excellent Results

Nurses employed by the Ohio Commission for the Blind have caused the arrest of several physicians in different sections of the state for failing to report cases of inflammation in the eyes of the new-born, according to the statutes which read as follows:

*Section 1248-1. Any inflammation, swelling or redness in either one or both eyes of any infant, either apart from or together with any unnatural discharge from the eye or eyes of such infant, independent of the nature of the infection, if any, occurring any time within two weeks after the birth of such infant, shall be known as "inflammation of the eyes of the new born."*

*Section 1248-2. It shall be the duty of any physician, surgeon, obstetrician, midwife, nurse, maternity home or hospital of any nature; parent relative and any persons attendant on or assisting in any way whatsoever, any infant or the mother of an infant at childbirth or any time, within two weeks after childbirth, knowing the condition, hereinabove defined, to exist, within six hours thereafter, to report such fact, as the state board of health shall direct, to the local health officer of the city, town, village or whatever other political division there may be, within which the infant or mother of any such infant may reside.*

While in some instances, these arrests have been without sufficient warrant, the administrators of the law (which was enacted in 1915) say they have found it necessary to resort to "heroic measures" to secure for it a proper recognition. That it has been a powerful factor in reducing unnecessary blindness in this state is indicated by statistics compiled during its operation over 14 months.

Out of a total of 1,327 cases of inflammation of the eyes of the new-born reported to the Ohio state department of health from August 20, 1915, to November 1, 1916, there were only 35 cases of impairment or probable impairment. These cases were divided as follows:

Total loss of vision, both eyes, 2; probable total loss of vision, both eyes, 1; total loss of vision, one eye with partial loss of other eye, 7; total loss of vision, one eye, 13; partial loss of vision, both eyes, 1; probable partial loss of vision, both eyes, 1; partial loss of vision one eye, 5; probable partial loss of vision, one eye, 5.

This record shows the value of the "follow-up" work. Of the total number of cases reported, more than 1,000 were given immediate attention by the local public health nurse. The others were given special attention by headquarters nurses of the state health department.



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Monday, April 2, 1917

Monday, May 7, 1917

and will continue three weeks at each institution. These courses which have given such satisfaction for so many years have for their purpose the presentation in a condensed form of the advances which have been made during the year previous in the following branches: Surgery, Orthopedics, Gynecology, Obstetrics, Genito-Urinary, Stomach and Rectal Diseases and in border-line medical subjects. Fee for each of the above courses \$25.00.

Special Operative Work on the Cadaver and Dogs, and General and Special Laboratory Courses. All regular clinics continue as usual. For further information address:

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Stanolind Liquid Paraffin is an ideal laxative for surgical practice.

When used in the proper dose, it thoroughly empties the alimentary canal, without producing irritation or other undesirable effects.

It is particularly valuable in intestinal surgery, because it leaves the stomach and bowels in a quiet state, and because its use is not followed by an increased tendency to constipation.

After an abdominal operation, one or two ounces of Stanolind Liquid Paraffin may be given through a tube while the patient is still under the anaesthetic, or as an emulsion, an hour or two later.

Stanolind Liquid Paraffin is essentially *bland* in its action, causing a minimum amount of irritation while in stomach or intestine. It may also in most cases be gradually reduced without apparently affecting the frequency of the evacuations.

A trial quantity with informative booklet will be sent on request.

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Strenuous efforts are being made by the state department of health, the state commission for the blind and local authorities to make the work effective.

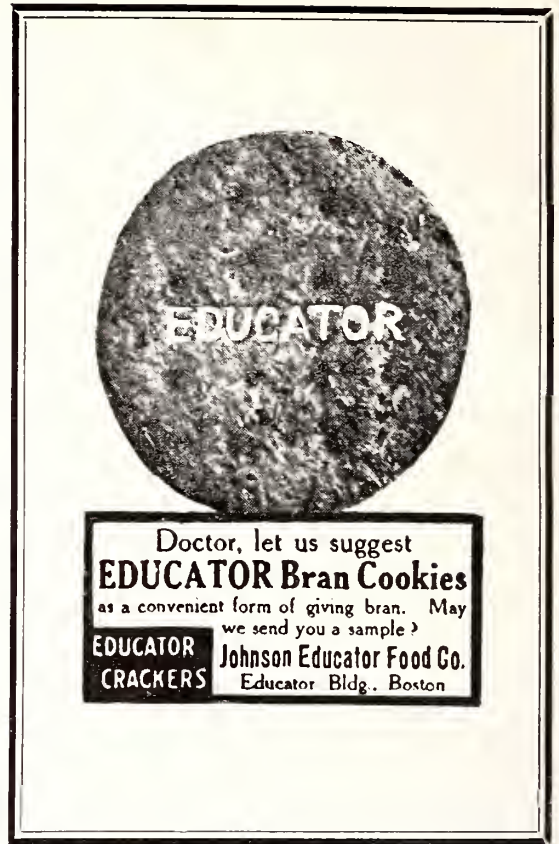
Health Commissioner Bishop of Cleveland, recently called 125 midwives to the city council chamber and told them they will be deprived of their right to practice unless they are more careful about reporting births and cases of eye infections in the new-born.

Ohio has taken an advanced position in this work. The Ohio law is regarded as a model statute, and will be copied throughout the country.

Its successful operation in this state is made possible by the large number of public health nurses employed locally. This makes necessary the employment of only a small headquarters staff of state nurses, and insures all cases of inflammation the immediate attention that is so necessary.

President Harmon B. Gibbon is taking a brief respite from his strenuous duties as executive head of the Association and is enjoying the fishing near Lakeland, Florida. He expects to return to Tiffin late in March.

Miss Gertrude E. Williams of Cleveland, graduate of the Huron Road Hospital, has been employed as community nurse at Sidney.



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LIEBIG was the first physiological chemist to call attention to Malt Extract and advocate its use as a food medicine. That his views were correctly based is evidenced by the wide use of Malt Extract in America and Europe and the popularity of many infant foods in which maltose is the principal constituent.

Leibig's process for making Malt Extract destroyed the diastase and it remained for Prof. Trommer to develop the fact that while maltose as prepared by Leibig was an excellent nourishment for the sick, that diastase as preserved in a properly prepared Malt Extract such as **TROMMER'S** is the element which effects transformation of the carbohydrates into an assimilable form of food.

"Diastase normally exists in constant proportion all the tissues, organs and fluids of the human body where its action has been demonstrated to be intracellular, as for example, converting the glycogen of the liver that its product may be utilized for structural growth and repair of wastes."

Bechamp and Moro discovered that human milk contains diastase and that cow's milk does not contain it. In infant feeding many physicians have achieved brilliant results by the addition of diastatic Malt Extract to pure cow's milk, thereby supplying the vitalizing and energizing element (diastase) of which an artificially fed infant is otherwise deprived. Sixty-six per cent of the solids of human milk are carbohydrates, which the diastase of human milk seems to dispose of to the advantage of the growing child. Cow's milk solids consist of 36 per cent of carbohydrates, to which often more carbohydrates are added to make the quantity equal to human milk. Few realize the importance of adding normal diastase to assist the process of metabolism in the new born.

MALT SOUPS (Malzsuppen) have been largely used by Keller, Czerny, Gregor and Koplik. The latter says: "The Keller method of feeding with dextrinized gruels is one of the most useful methods of feeding marantic infants, and one in which, in a great number of cases of atrophy, has given me brilliant results. I have used this method of feeding in cases in which all other known methods have failed."

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**Allen County Arranges Program for 1917 With Wide Range of Subjects**

Members of the Allen County Medical Society have prepared an excellent program for 1917, published in pamphlet form. Speakers and subjects have been assigned for meetings which will be held in the assembly room of the Lima hospital at 8:15 P. M., on the first and third Tuesdays of each month except July and August. A note in the pamphlet reads as follows: "The success of the Society depends upon your co-operation. Should you find it impossible to be present on date mentioned please mail your paper to the Secretary and it will be read and discussed by the Society." Dr. A. W. Bice is president of the society and Dr. E. D. Sinks, secretary. The program follows:

March 6—"Causes of Puerperal Eclampsia," Klor Parent, M. D.—Discussion, C. L. Steer, M. D., and T. T. Sidener, M. D. March 20—"Eye Conditions Resulting from Syphilis," G. R. Clayton, M. D.—Discussion, F. G. Steuber, M. D. and Alan F. Knisely, M. D. April 3—"Hysteria," J. C. George, M. D., Orchard Springs San., Dayton.—Discussion, W. H. Vorbau, M. D., and Shelby Mumough, M. D. April 17—"Infantile Paralysis," A. F. Basinger, M. D.—Discussion, F. L. Bates, M. D., and E. C. Yingling, M. D. May 1—"Immunization in Acute Infection," T. R. Terwilliger, M. D.—Discussion, DeWitt McGriff, M. D., and V. H. Hay, M. D. May 15—"Clinic, Lima State Hospital," Drs. Clark, Berry, Vorbau. June 5—"Diabetes Melitus," E. G. Burton, M. D.—Discussion, J. B. Vail, M. D., and James B. Poling, M. D. June 19—"Diseases of Childhood," M. D. Murphy, M. D.—Discussion, M. A. Wagner, M. D., and J. B. Haines, M. D. September 4—"Headache and Its Causes," W. B. Van Note, M. D.—Discussion, Chas. Smith, M. D., and W. L. Neville, M. D. September 18—"Pneumonia," J. R. Parry, M. D.—Discussion, W. E. Hover, M. D., and I. F. Steiner, M. D. October 2—"Physiology of Pregnancy," John R. Tillotson, M. D.—Discussion, J. C. Bradford, M. D., and Edgar J. Curtiss, M. D. October 16—"G. W. McCaskey, M. D., Ft. Wayne, Ind. November 6—"Clinic, Lima State Hospital," Drs. Clark, Berry, Vorbau. November 20—"Election of Officers—"The Influence of Ductless Glands upon Physical Economy," J. R. Johnson, M. D.—Discussion, F. P. Stafford, M. D., Burt Hibbard, M. D., and Herbert A. Thomas, M. D. December 4—"Medical and Surgical Consideration of Drainage," Wm. Roush, M. D.—Discussion, J. H. Huntley, M. D., and O. S. Steiner, M. D. December 18—"Diseases of the Vascular System," J. D. Baxter, M. D.—Discussion, A. C. Adams, M. D., B. F. Thut, M. D., and C. E. Stadler, M. D.

**DR. CRILE RECEIVES GOLD MEDAL**

In recognition of his work in relieving shock in surgery and in the field of blood transfusion, the National Institute of Social Science recently awarded Dr. George Crile of Cleveland a gold medal. The institute also awarded medals to Surgeon General William C. Gorgas, U. S. A., for his work in the Spanish war and in the Philippines and Panama; Mayor John P. Mitchell of New York, for services in behalf of dependent children, and Prof. M. I. Pupin of Columbia University, for electrical inventions.

**UNIVERSITY SOCIETY ELECTS**

Members of the University Medical Society of Cincinnati, at a meeting January 24, elected the following officers for the coming year: President, Dr. Louis Feid; vice president, Dr. John D. Spelman; secretary, Dr. Harry R. Carroll; treasurer, Dr. William J. Topmoeller.

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Subscription Price, \$2.00 per year. Single copies, 20 cents.

## If You Miss the State Meeting to be Held in Springfield Next Month You Will Regret It—Always!

Go to Springfield, May 14, 15 and 16. This advice is based on first hand information, thoroughly investigated.

The 72nd annual convention of the Ohio State Medical Association—your convention—will be in session in Springfield on those dates. Turn to your calendar and mark them.

Elaborate preparations are being made for your entertainment. In arranging an excellent scientific program, those in charge have not neglected the social side of the meeting. There will be many surprises.

Springfield is an ideal city for state convention purposes. Its physicians and commercial club admit this, enthusiastically, just as citizens and commercial clubs of other cities admit it, but Springfield people, when approached in a "show me" attitude, can produce the "goods."

#### IT'S NOT A COUNTRY TOWN

For the benefit of the city man, accustomed to city ways and accommodations, it should be said that Springfield is not a country town. It has a population of 63,000—all of whom are wide awake—and possesses all the essentials of city life. You leave the town with the impression that you have visited a city twice the size of Springfield.

Accessibility is always one of the most important points considered in the selection of a convention city and one in which the delegates and visitors are vitally interested. Inquiry regarding this point brings to light the fact that Springfield is 183 miles from Cleveland, 80 miles from Cincinnati and 45 miles from Columbus. Four railroads—the Big Four, the Pennsylvania, the Erie and the Detroit, Toledo and Ironton—and five interurban traction lines enter the city. From Columbus, Springfield can be reached on steam or electric lines any hour in the day.

There are 35 passenger trains in and out of the city each day, and 83 traction trains.

You will not be crowded at the sessions of the convention, which will be held in the magnificent Clark County Memorial Hall, a new structure, corner Main street and Lory avenue. The first floor of the auditorium of this beautiful building will seat 1600 comfortably, and the galleries will accommodate 1200. Three side rooms, each with a capacity of 250, a banquet room with ample space for 400 persons and a spacious entrance and memorial room, all connected with the main auditorium, make it possible for the State Association to hold its convention under one roof. It is an ideal structure for such a gathering.

#### HOTEL ACCOMMODATIONS

Of course, you want to know what hotel accommodations you will find in Springfield. Two new hotels, modern in every detail, were added to the city during the summer of 1916, and a



## Just to Prove Springfield Isn't a Country Town, Here's Fountain Square

third, now under construction, will be completed before May 14. The principal hotels, recommended to convention visitors, are the Shawnee, Bancroft, Arcade, Bookwalter, Heaume and Roger. The Shawnee and Bancroft are new ones. The Heaume is under construction. Rates are as follows:

Shawnee—Single, \$1.50, \$2.00, \$2.50, \$3.00 and \$3.50; double, \$2.50, \$3.00, \$3.50, \$4.50 and \$5.00.

Bancroft—Single, \$1.50, \$2.00, \$2.50; double, \$3.00, \$3.50 and \$4.00.

Arcade—Single, \$1.00, \$1.50, \$2.00 and \$2.50; double, \$2.00, \$2.50, \$3.00 and \$4.00.

Bookwalter—Single, 75c, \$1.00 and \$1.50, and the Roger, single, 50c, 75c and \$1.00.

In addition to the hotels, many desirable rooms are to be found in the down-town residence section. In October, 1916, Springfield entertained 3000 visitors, who came to the city to attend the annual state meeting of the Order of Eastern Star. This year, in addition to the State Medical Association, the city has four other large state meetings on its convention list. They are the Grand Lodge of Masons, the Knights Templar, the State Teachers Association and the Women's Christian Temperance Union. The city has comfortable lodging quarters for all.

### WHY NOT DRIVE THROUGH?

Special attention will be given the motorist. He will be provided with appropriate stickers for

his machine and parking space which will be under the watchful eyes of a corps of policemen day and night. For the parking space, the city has turned over to the physicians Cliff park in North Fountain Street, a central location only three squares from the convention hall and the leading hotels.

The local physicians, who have been religiously on the job ever since Dr. C. L. Minor, a member of the local committee, wired from Cleveland last year that Springfield had been voted the 1917 convention, expect 1500 delegates and visitors. They want that number and are bending every effort to get it. As an added inducement for co-operation on the part of county secretaries, three prizes of \$50 each are offered. One prize will go to the secretary of the county society of 35 or fewer members who can show the highest total number of miles traveled by his members in making their way to Springfield either by direct railroad or auto route. On the same basis, the second prize will be offered to secretaries of societies with memberships ranging from 36 to 99 inclusive, and the third prize to secretaries of societies with memberships of 100 or more. Other new and novel ways of drawing visitors to Springfield are to be used.

Springfield is an attractive and progressive city. You will find a spirit of co-operation among its inhabitants. The Commercial Club—of which



## Clark County Memorial Hall, Springfield, Where the Convention will be Held

Dr. C. L. Minor is president—is interested in the coming of the physicians and is working in harmony with the local committee on arrangements to make the meeting a success. You will have an opportunity to study city affairs conducted under the commission-manager form of government, for Springfield was one of the first cities in the United States to adopt this plan.

In Springfield's City Hospital, 1023 patients were treated last year. A contagious hospital and a nurses home are maintained in connection with the institution. A district tuberculosis hospital also is situated near the city. Other points of interest to the visitor are Wittenberg College—a Lutheran institution, the Ohio Masonic Home, the Ohio K. of P. Home, the Ohio I. O. O. F. Home and the plants where several national publications, including the *American Magazine* and the *Woman's Home Companion*, are published. There is also the Springfield Country Club for the golf enthusiast and club houses for members of the principal fraternal organizations.

\* \* \*

A splendid scientific program that we feel will appeal to every member of the Association has been prepared for the Springfield Meeting and the local committee on arrangements has provided for collateral entertainment and educational features that will make this meeting stand out in the history of the Association. The detailed program is not yet ready for publication, as it was not finally approved by the Council of the State Association until the meeting of March 26. However, on March 15, the Program Committee of Council—Dr. Wells Teachnor of Columbus, Dr. Robert Carothers of Cincinnati, and

Dr. J. E. Hunter of Greenville—together with President H. B. Gibbon of Tiffin, Secretary-Treasurer C. D. Selby of Toledo and Executive Secretary Sheridan of Columbus, met with the local committee in Springfield and approved the features of the general program.

### STARTS MONDAY MORNING

There is to be a real three-day session. It will be called to order at ten o'clock on the morning of Monday, May 14, and will close Wednesday afternoon. In recent years our State Meeting has become practically a two-day session, but this year Council has decided to return to the old order. At the Monday morning session President Gibbon will deliver his annual address and the usual welcoming formalities will be carried out. Immediately following this will be held the first meeting of the House of Delegates.

Monday afternoon at two o'clock, all sections will meet at their various headquarters in Memorial Hall. Monday evening the Association will be the guests of the Clark County Medical Society at the annual smoker and reception, which will be held in the High School auditorium. At 8 p. m. there will be an address by Assistant Surgeon General William C. Rucker of the United States Public Health Service. Immediately following this, a buffet luncheon will be served in an adjoining room and a vaudeville program presented.

Tuesday morning will be devoted to section meetings by all sections. At noon on Tuesday the One Hundred Per Cent. Club will hold its annual luncheon and on Tuesday afternoon there will be section meetings in the Medical, Surgical and Eye, Ear, Nose and Throat sections. On

Tuesday evening at 7:30 o'clock the annual banquet will be served at the Hotel Shawnee. Following the plan of last year, there will be no after-dinner speeches of the usual sort. The local committee has arranged with Former Congressman J. Adam Bede of Pine City, Minnesota, a humorist of national reputation, to deliver his famous after-dinner talk on "The Pursuit of Happiness."

#### ORATIONS ON WEDNESDAY

On the morning of Wednesday, May 16, chief interest will be centered in a joint meeting of the Medical and Surgical sections. The papers for this session will be of general interest and it is believed that this will be the largest single meeting of the convention. Immediately after luncheon on Wednesday, the Springfield local committee will present prizes to the winners in the Secretaries' contest. This will be followed by the annual orations. The Oration in Medicine will be delivered by Dr. Victor C. Vaughan of Ann Arbor, former president of the American Medical Association, and the Oration in Obstetrics by Dr. Edward Parker Davis, professor of obstetrics, Jefferson Medical College. As an added inducement to insure a large attendance at this session, there will be shown following the orations the wonderful moving pictures taken in the European war hospitals and at the front. These pictures, which have been secured by the local committee at a considerable expense, clearly illustrate various types of battle-field surgery. This session will be brought to a close in time for members to leave the city on late afternoon trains, making it possible to reach almost every section of the state Wednesday night.

#### NEW CLINICAL FILMS

On Monday and Tuesday afternoons at 5 o'clock, as an added attraction to the general program, the local committee on arrangements will have shown in Memorial Hall the wonderful new clinical moving picture films that are destined to become an invaluable aid in the teaching of surgery. These films will show in detail various interesting surgical procedures as carried out by Albee, Erdmann, Howard Kelley, J. Bentley Squire, Parker Syms, Alexis Carrel and others. Members of the Association will receive complimentary tickets to these exhibitions.

And right here, permit us to say that the committee on arrangements selected by the Clark County Medical Society has certainly been "on the job." W. B. Patton is general chairman; Will Ultes has charge of exhibits; C. L. Minor will look after convention halls and hotels; H. B. Martin will have charge of the banquet and smoker; F. P. Anzinger is attending to the important financial details; D. W. Hogue will attend to badges, and C. W. Russell the transportation facilities, while E. B. Starr will have charge of the public health meeting. The Clark County

Medical Society, individually and collectively, is preparing to make your visit to Springfield distinctly worth while.

**GLYCEROPHOSPHATE COMP. AMPULS, 1 Cc., SQUIBB.**—The Council on Pharmacy and Chemistry refused recognition to Glycerophosphate Comp. Ampuls, 1 Cc., Squibb, each said to contain sodium glycerophosphate 0.1 gm., strychnin cacodylate 0.0005 gm., and iron cacodylate 0.01 gm., because the name did not indicate the potent ingredients and because the administration of a mixture of sodium glycerophosphate, strychnin, cacodylate and iron cacodylate is irrational. In recognition of the Council's conclusion, Squibb and Sons state that the sale of the ampules has been discontinued. This co-operation in the work of the Council on Pharmacy and Chemistry is gratifying (*Jour. A.M.A.*, Feb. 3, 1917, p. 388).

**EMETINE IN DYSENTERY AND PYORRHEA.**—Emetine is accepted to-day as an almost ideal specific against amebic dysentery. Experience indicates that by its use abscess of the liver can be prevented and even cured. When a differential diagnosis between amebic and bacillary dysentery cannot be made, emetine may be of diagnostic value because improvement follows from its use if the case is amebic. In neglected cases and some other forms of the disease the emetine treatment may fail of complete success. As a direct cure for pyorrhoea emetine seems to have failed, not because it does not act on the ameba which are found in the pyorrhoeal pockets but because pyorrhoea is not caused by ameba (*Jour. A. M. A.*, Feb. 3, 1917, p. 374).

**THE PHENOLSULPHONEPHTHALEIN TEST.**—It has been assumed that excretion of less than 60 to 80 per cent. of phenolsulphonephthalein in 2 hours is an indication of renal insufficiency. It has been found, however, that in certain experimental conditions, phenolsulphonephthalein may be destroyed in the body and therefore not appear in the urine although the kidneys function normally. If this condition is found to occur in clinical cases the interpretation of the tests may have to be limited to this: an excretion of 60 to 80 per cent., i. e., a positive result, within two hours after the injection of the phenolsulphonephthalein is evidence of satisfactory renal activity (*Jour. A. M. A.*, Feb. 5, 1917, p. 379).

**FIRWEIN.**—The Council on Pharmacy and Chemistry, reports that Firwein (The Tilden Co.) is sold under the claim that when swallowed it has a "predilection" both for the bronchial mucosa and also for the genito-urinary organs. The Council finds that little information is given in regard to the composition of Firwein. As the composition of Firwein is secret, the therapeutic claims unwarranted and its use irrational, the Council declared it inadmissible to New and Non-official Remedies (*Jour. A. M. A.*, Feb. 17, 1917, p. 564).

### *Original Articles*

## The Early Diagnosis of Pulmonary Tuberculosis\*

J. Harris, M. D., Ohio State Sanatorium, Mt. Vernon, O.

**S**UCCESSFUL treatment of pulmonary tuberculosis depends upon early diagnosis. The necessity of directing the attention of the medical profession again and again to the subject of early diagnosis is appreciated when we call to mind the toll annually taken by this disease. In spite of the enormous literature on the subject, there is still a great deal to be learned by the general practitioner, as is shown by the fact that the majority of patients who enter the sanatorium have advanced beyond the incipient stage.

Many patients come to the sanatorium who present little hope for more than a temporary stay of the tuberculous process, because the attending physician has failed to recognize the condition early enough. Only one hundred and fifty of the last six hundred cases admitted to the Ohio State Sanatorium—an institution designed primarily for early favorable cases—were classified as incipient cases on admission. Many patients sent in as incipient cases prove to be moderately advanced, and many are advanced cases.

The patient's chances for a restoration of working capacity are materially lessened by the failure of his attending physician to make an early diagnosis, and at the same time his family and associates are needlessly exposed to the dangers of infection; an exposure that recruits countless new members for the army of the tuberculous.

Incipient pulmonary tuberculosis is classified according to the National Association for the Study and Prevention of Tuberculosis as "slight initial lesion in the form of infiltration limited to the apices of the lungs or a small part of one lobe. No tuberculous complications. Slight or no constitutional symptoms (particularly including gastric or intestinal disturbances or rapid loss of weight.) Slight or no elevation of temperature or acceleration of pulse at any time during the twenty-four hours, especially after rest. Expectoration usually small in amount or absent. Tubercle bacilli may be present or absent."

Turban's scheme, which is used as an adjunct to the classification, to indicate the amount of diseased tissue, is a "slight lesion extending at most to the volume of one lobe or two half lobes. By 'slight lesion' we understand disseminated centres of disease which manifest themselves physically by slight dullness, by harsh, feeble, or broncho-vesicular breathing, and by rales."

Without special experience, the average prac-

titioner is unable to make a positive diagnosis in the early case from physical findings alone. He should attach more weight to the history of the case and to a study of the symptoms presented. Lawrason Brown says that in early pulmonary tuberculosis "symptoms are a better and more accurate guide than physical signs." The physical signs reveal very little until actual destruction of the tissues of the lung has taken place.

Tuberculosis is a prevalent disease; the onset is usually insidious; and the physician should keep the possibility of tuberculosis constantly in mind when making his diagnoses.

The symptoms usually presented, which should arouse suspicion and lead to a careful study of the case, are slight cough, usually in the morning, with or without expectoration; loss of weight; more or less marked fatigue on slight exertion; dyspeptic symptoms; slight fever, usually in the afternoon; and occasionally chilly sensations and sweating. Unless a definite cause is found, all blood-spitting should be taken as positive evidence of pulmonary disease.

In the history of the case direct and intimate association with an "open" case can often be brought out. Twenty-one per cent. of our cases gave a history of definite adult exposure, and 24% of definite exposure to tuberculosis during childhood. Eighty-one per cent. of our incipient cases gave a history of progressive loss of weight, the average loss being ten-and-a-half pounds. Cough was present in 79% of our cases, and expectoration in 73%. In more than half of these cases the cough and expectoration were slight.

Seventy-five per cent. of our cases gave a history of loss of strength and increasing weakness. In 69% of the cases fever was present at some time in the day. One-third to one-half of the patients numbered loss of appetite and indigestion among their symptoms.

Pain in the chest, usually of a pleuritic nature, that is, a sharp, stabbing pain, was present in half our cases. 11% of the cases gave a history of pleurisy with effusion. Hoarseness, ranging from a transitory affair of one or more days' duration to a permanent impairment of phonation, was noted in 50% of our cases. Nervousness was a symptom in 48% of the cases. It was noted most frequently among the female patients.

In 36% of the cases there was a definite history of chills or of a chilly sensation. Many of these also complained of cold night-sweats. About 25% of our cases gave a history of haemoptysis, ranging from blood-streaked sputum to a haemorrhage of one pint. Dyspnoea was noted as a

\*Read at the 27th Annual Meeting of the Association of Physicians of Ohio State Hospitals, held at Mt. Vernon, October 12, 1916.

symptom in 21% of the cases. In 3% of our early cases insomnia was a prominent factor.

The foregoing symptoms are those most commonly presented in early pulmonary tuberculosis. A careful study of the patient's history and an analysis of the symptoms presented will enable the practitioner to make at least a provisional diagnosis, very often before he can detect changes in the lungs. The positive diagnosis should be made through the correlation of the history, symptoms, and physical signs.

In our physical examinations we should make use of inspection, palpation, percussion, and auscultation.

**Inspection:** The patient must be seen in a good light. The chest to be examined should be bared. Partial exposure does not permit of a complete examination, and is unsatisfactory to the examiner, and sooner or later to the patient. In most cases of early pulmonary tuberculosis the thorax is of normal shape and size. The shoulder may droop slightly on the affected side, and there may be slight retardation of movement, one side filling sooner than the other. Slight retractions are often seen in the supra- and infra-clavicular regions. Muscular atrophy may be present in the region of the shoulder. Litten's sign is a phenomenon that is due to the limited motion of an inflamed base. It may be reflex in origin, or due to adhesions.

During inspection it is well to note the pupils. We occasionally find a slight dilatation of the pupil on the affected side. This is due to the stimulation of sympathetic fibres, caused by pressure exerted by enlarged bronchial glands.

Palpation reveals lagging or delay in movement, which often occurs in early cases. The limited excursion is usually noted at the apices. Tactile fremitus is rather difficult to obtain in the early case. Palpation of the neck may show enlarged cervical glands on the affected side.

Many investigators claim that percussion will reveal earlier evidence of disease than auscultation. Percussion when properly performed will reveal tuberculous deposits in the lungs by changes in the resonance, varying from a high pitched note to an undoubted dullness. The various degrees of impairment are better demonstrated by gentle percussion than by percussion with force. In auscultation, changes in the breath-sounds, the voice sounds, and the presence of adventitious sounds are noted. The character, quality, intensity and duration of inspiration and expiration are important. The early case often shows roughened or cog-wheel respiration and often a prolonged expiration. An increased whispered voice is heard quite early.

The most important auscultatory sign is the deep breath following a short, hacking cough. This will bring out any rales that may be present.

Our records show that the lesion was located at the right apex in 52% of the cases, at the left

apex in 25%, at both apices in 22%, at the right base in four cases, and at the left base in one case.

To assist us in our diagnosis we are able to call in the aid of the laboratory. The examination of the sputum should be a routine procedure. The practitioner should not be guided by the patient who says he has no expectoration, but should obtain a 24-hour specimen for examination. The physician will not infrequently be surprised to find tubercle bacilli in cases he has considered only suspicious. However, we should not wait for tubercle bacilli to appear before making a positive diagnosis, as their absence from the sputum proves nothing. The sputum of 70% of our early cases did not show the presence of tubercle bacilli. When bacilli have appeared in the sputum, most of the cases are already moderately advanced.

Other laboratory aids are the X-ray and the fluoroscope. The X-ray is of value chiefly in confirming a diagnosis of pulmonary tuberculosis that has already been made from the patient's history, symptoms, and physical signs. The interpretation of the findings of a chest plate is a fine art, and demands an operator of unusual ability and experience. We should be very conservative in making diagnoses or basing conclusions on X-ray findings alone.

The presence of urochromogen in the urine has been put forth as a factor of diagnostic significance. Extensive research work during the past few years has shown that the presence or absence of urochromogen has slight if any diagnostic value in early pulmonary tuberculosis.

Of the various tuberculin tests, the subcutaneous test is the only one of proven worth in the diagnosis of active tuberculosis. This test is best carried out at the sanatorium.

In conclusion; the diagnosis of incipient pulmonary tuberculosis can be made by means of a proper appreciation of the value of the patient's history and a study of his symptoms, together with a physical examination and laboratory assistance.

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TOXICITY OF SALVARSAN AND NEOSALVARSAN.—Claude L. Shields, M. D., Salt Lake City, reports that out of the last twenty-three injections of neosalvarsan four cases exhibited severe poisoning and one resulted in death. He reports the experience of other physicians of severe toxic symptoms from the use of recent shipments of salvarsan and neosalvarsan. *Jour. A. M. A.*, Jan. 6, 1917, p. 53).



# The Significance of the Diazo and the Urochromogen Reactions in Pulmonary Tuberculosis\*

(A Review of the Literature with Conclusions)

Stephen A. Douglass, M. D., Ohio State Sanatorium, Mt. Vernon

THE work of Moriz Weisz\* describing a urine test, the urochromogen reaction, applied as an aid in the prognosis of pulmonary tuberculosis is a matter of interest, and has been the source of considerable recent investigation. A striking feature in the conclusions of various investigators is the wide difference of opinion as to the relative value of the diazo and the urochromogen reactions.\*

While most observers view the reactions simply from the standpoint of prognosis, it occurred to us some time ago, that the urochromogen reaction in certain cases may have therapeutic significance. Aside from careful clinical considerations, should the presence of the reaction modify the selection of cases otherwise deemed suitable for tuberculin administration, or contraindicate the institution of graduated exercise, it would prove of considerable value in the treatment, for in the words of Weisz,\* "There are some cases whose condition of the lungs is not such that you would be persuaded to give a bad prognosis, and who through the presence of urochromogen in the urine reveal the serious nature of their illness. Parallel with the development of the disease you find an apparent increase in the excretion of urochromogen," and he concludes that, "the value of such a reaction which, so to speak, decides between life and death cannot be too highly appreciated, as it would also give us a graduated measure for our therapeutic procedures."

In the routine urinary analyses of cases of pulmonary tuberculosis, the diazo reaction, in the progressive type, frequently occurs. Koch, as well as Ehrlich\* recognized and emphasized that a persistent "Ehrlich's diazo" reaction was of unfavorable prognostic significance. This reaction, however, lacks uniformity in its appearance; its presence alone is not invariably of evil import and in a good many cases obviously progressive, the reaction is absent and its frequent disappearance prior to death renders the test unreliable. (Wood,\* Brown,\* Gullbring,\* Blad and Videbeck,\* Giesler\*). Gwerder\* discusses the diversity of opinion held by different observers as to the prognostic value of the reaction, and Cornet\* says, "It is evident in view of the contradictory reports that have been given, that the procedure is of no real practical value. In advanced cases of pulmonary tuberculosis there are many other clinical phenomena which will give a clearer view to the outlook. The reaction is

indeed present in a large number of fatal cases of phthisis, especially during a considerable period previous to death. It is not invariably however of evil import, and it may be lacking in spite of very severe exacerbations of the disease."

Corper and Callahan,\* however, place considerable reliance on the test, and in their conclusions hold that the diazo should be given preference over the urochromogen reaction, and Pottenger\* states, "The diazo reaction if studied carefully as to color tone of both foam and solution, will give us considerably more information than the urochromogen."

Weisz\* holds that the principal substance causing the diazo reaction is urochromogen, and showed that the chief reasons for the uncertainty and failure of the Ehrlich reaction was due to the fact that this substance urochromogen had an antecedent which does not give the diazo reaction. He identified the antecedent body as the decomposed product chromogen, the mother substance of urochrome or urobilin, the normal coloring matter of the urine which is probably a derivative of bilirubin. He evolved a test known as the urochromogen reaction which is more sensitive and occurs far more constantly, and in a greater number of cases than the diazo reaction. The presence of urochromogen he attributes to the disintegration of tissue with excretion of incompletely oxidized material due to the presence in the body of quantities of toxins, and he believes that the defective oxidation of urochromogen to urochrome, is due to massive doses of tuberculous toxins or decreased resistance to such toxins, or as others express it, "It is due to oxidation of albuminoid substances, originating in the decomposition of cells as the result of direct or indirect action of pathogenic organisms."

The technique of Weisz is simple. A small amount of fresh limpid urine is diluted with water to three times its volume. It is then divided into two test tubes and to one is added three drops of 1:1000 solution of potassium permanganate. The other tube is used as a control. The original color or turbidity has little effect on the reaction. A positive reaction is recognized by the appearance of a distinct canary yellow which remains permanent. Frequently slightly yellow reactions occur which shortly disappear and are not regarded as positive. Color tone and permanency of reaction are important features; transient reactions are found in normal urine and must be carefully excluded.

The first work carried on in this country was

\*Read before the Association of Ohio State Hospital Physicians, Mt. Vernon, October 12, 1916.

by Heflebower\* at the Government Sanatorium, Fort Baynard, N. M. He corroborates the work of Weisz in that, "a constant negative urochromogen reaction, indicates that a case is progressing favorably, while a constant positive reaction indicates a progressive course." Additional recent literature on the subject shows this view to be held by Schaffle,\* Metzger and Watson,\* Biesenthal,\* Burgess,\* and Cowan.\*

Schaffle shows a high death rate among those with a negative diazo and a positive urochromogen. Metzger and Watson conclude that, "The persistent presence of a urochromogen reaction, in spite of proper treatment, probably means a hopeless prognosis."

Biesenthal states, "A positive reaction especially if repeatedly present is a grave sign in our ambulant cases," but concludes, "That the test is by no means conclusive, and at present should only be used as a check on our clinical work, not as a specific method as to prognosis in pulmonary tuberculosis."

Burgess states, "In advanced tuberculosis, a positive reaction indicates a severe and actively progressing lesion, which will probably lead to death in from three to six months." Cowan\* states, "My conclusions are that the positive reaction in patients with pulmonary tuberculosis is present only when there is actual destructive process going on. Occuring in our ambulant cases we would regard it as a warning that the patient should be put at absolute rest in bed. In the moderately advanced case, we may expect to find evidence of cavity formation if the reaction remains positive. For the already advanced case, with cavity riddled lungs, it is of grave significance. In 93 per cent of our cases of this type, the patient died within four months. On the other hand a continuous negative reaction in the urine that previously had been positive, appears to indicate at least, a temporary cessation, quiescence, or retardation of activity." Dr. Cowan in a personal communication to the writer further states, "I would consider a positive reaction a contra-indication to the administration of tuberculin, and also would regard the appearance of a positive reaction, during the course of such treatment as evidence of an undesirable focal reaction, to be verified by careful physical examination, and the treatment either discontinued or carried on with extreme caution." And Metzger, in a personal communication states, "We decide whether a case is suitable for tuberculin regardless of the urochromogen. We do not consider, necessarily, a positive urochromogen as a contra-indication to its administration, but I quite agree with you that a urochromogen contra-indicates graduated exercise." Webster states, "The presence of urochromogen, is a contra-indication to tuberculin treatment, in tuberculous conditions." Sinclair\* says, "I have not found a particularly high death rate among those patients showing a negative diazo and a positive uro-

chromogen. When there is a change from a positive diazo, and a negative urochromogen, the only favorable sign is a reversal, that is, to a negative diazo and a positive urochromogen," and he further states, "In regard to the use of tuberculin the presence of the reaction may be a valuable contra-indication to discontinuing tuberculin treatment in cases to which all other signs point as arrested. On this point I have not sufficient material as yet to say definitely. I can only state that it appears here to be of value and I hesitate now to discontinue tuberculin in arrested cases which show this reaction."

Our own observations based on work covering a period of a year in which 2,000 specimens from 400 patients in all stages of the disease were examined bring to us the following conclusions:

1. The urochromogen is more sensitive than the diazo.
2. The reaction was negative in all uncomplicated cases classified as Incipient or Turban stage 1.
3. Both reactions were negative in 10 percent of progressive, moderately advanced and advanced cases. (Turban stage 2 and 3.)
4. When the reaction remains positive to both tests a fatal issue is prognosticated.
5. Both reactions present, a change to negative of the diazo we regard as an amelioration only.
6. If the urochromogen reaction does not appear concomitantly with the disappearance of the diazo the prognosis is of the worst.
7. A persistent urochromogen we regard as unfavorable, contra-indicating graduated exercise or the administration of tuberculin.
8. The disappearance of the urochromogen in cases showing positive on first examination should be regarded as a favorable sign.

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## Postoperative Ileus\*

George Goodhue, M. D., Dayton, Ohio

I HAVE selected this subject for consideration because unfortunately I have been compelled to meet it several times during the past twelve months in my surgical practice; and besides I find the literature on this subject very meager,—one system of surgery comprising several volumes brushing it away with slight consideration.

Obstruction of the intestines produced by other causes is thoroughly treated by our authors, but this variety of obstruction is hardly touched upon, and yet the type is sufficiently different and occurs in patients in such different conditions that it is deserving of separate and more extended investigation.

Postoperative ileus is caused by adhesions producing an intestinal kink—hence its name. Sometimes, however, it is caused by pressure of bands of fibrinous exudate, so that the name is perhaps unfortunate. Those who have studied the histology of postoperative adhesions have generally agreed that the process is simply that of healing, modified to some extent by the conditions in the abdomen. Blood and serum are poured out from the wounded peritoneum, which soon coagulate. This fibrinous deposit is composed of fibrin with some red and white blood cells in its meshes. It adheres to adjacent structures and is the framework upon which the fibrinous adhesion is constructed.

Fibro-blasts and blood vessels appear, penetrating into the deposits within a day or two. As the days go on the blood vessels become smaller and less numerous and the fibrous tissue much more dense. The endothelial covering of the peritoneum at the base of the adhesion is absorbed and the fibers of the adhesion penetrate into the muscular coat of the intestine. The final look of the adhesive band is that of scar tissue covered with peritoneum.

Prevention is easier than cure. Every injury to peritoneum is liable to produce intestinal kink. Even the scratch of a needle may give us serious trouble. Dry gauze introduced into the abdominal cavity is attended with hazard. Adhesions cannot be prevented when infection is present. Suppurative appendicitis yields adhesions in every instance. Removal of pus tubes leaves large raw surfaces that we are unable to cover, and the healing process necessitates unnatural adhesions.

The septic or careless surgeon who insults the tissues will have more cases of post operative ileus than that clean, careful operator who appreciates that the peritoneum is a delicate structure, and endeavors to cover raw surfaces with peritoneum or omentum; but careful as he may

be, every surgeon must face every now and then, after perhaps a brilliant operation and apparent rapid convalescence, symptoms of obstruction.

Adhesions are caused by injury to the peritoneum either by sepsis or trauma. Sepsis we often find in the abdominal cavity, but the careful surgeon will avoid carrying new bacteria into the abdomen except so far as necessity compels. Air carries with it a certain amount of bacteria that is unavoidable and hence a surgeon should not prolong an operation needlessly. Yet the surgeon who rushes with his eye upon the clock and his brain upon the gallery filled with physicians and nurses with the hope of establishing a reputation for rapidity is a dangerous operator. Rather a calm operator, who knows his anatomy and makes every movement count, who is silent and refrains from hurling anathemas at nurses and assistants and consequently does not need a mouth protector, as advocated by Rovsing, is a spectacle more worthy of emulation. The mal-effect of air upon the peritoneum does not depend so much upon its chemical composition as upon its drying effect. This can be avoided largely by keeping the intestines in the abdominal cavity and restraining them there by pads moistened by salt solution. When the operation demands the delivery of intestines without the abdominal cavity, great care should be exercised in keeping them covered with moist pads that are warm. Removal of pads as they become cool and substitution of warm ones is attended by trauma. A better method is addition of hot ones. Tincture of iodine, now the generally accepted application prior to operation as a skin germicide, is a peritoneal irritant par excellence, hence the necessity of thick pads between protruding intestines and skin. Some favor leaving salt solution in the abdomen after operation, but as some germs enter the abdomen in every prolonged operation and the peritoneal fluids are known to possess bactericidal properties, it is probably unwise to thus dilute the protective fluid of the peritoneum. If on account of hemorrhage or sepsis it seems needful to supply fluids, I believe it better to give it intravenously, hypodermically or by rectum, according to the demands of each individual case. Whether or not blood clots favor adhesions is a disputed question. Blood has been injected into the normal peritoneal cavity of animals and it has quickly been absorbed without adhesive tendency. On the other hand, after rupture in ectopic pregnancy blood clots are found encapsulated with quite general adhesions, probably due to sepsis from the tube, but these are not of a dense variety and are probably absorbed as readily as the clot.

The general conclusion is that it is not wise

\*Read before the Surgical Section, Ohio State Medical Association, in annual session at Cleveland, May 17, 1916.

to search through the abdomen for blood clots. This consumes time and is attended with trauma, for the peritoneum will take care of them and return them to the circulation.

Denuded surfaces favor adhesions in the most emphatic way and should be covered by peritoneum wherever possible. Omentum is also serviceable, even detached pieces usually remaining viable when closely approximated to raw surfaces and carefully sutured in position. Drains add an element of danger in formation of adhesions and should be introduced with care and removed as soon as conditions permit.

Many substances have been introduced into the abdomen after operation, in the hope of limiting adhesions. They are all foreign bodies—some are animal membranes, but most of them are mucilaginous in character—olive oil, molasses, butter, camphorated oil, even powders have been tried, but one after the other has been discarded. The one that has elicited the most attention in America during the past two years has been a solution of sodium citrate and sodium chloride. Dr. Saxton Pope, of San Francisco, California, has used it in 400 abdominal operations during this time, all sponges and pads being moistened in it, and sometimes a pint of the solution left in abdomen at the time of closure. He recommends it as a safe surgical procedure and believes it beneficial. It is based on the theory that this solution limits the formation of fibrin which is the framework of adhesions. In the absence of calcium, blood remains fluid and they maintain that this solution holds the calcium and delays the formation of fibrin indefinitely. If this solution possessed such power in the abdomen, we must conclude that it would prove a great obstacle to the healing processes, for the formation of fibrin is one of the first steps in Nature's methods of repair. I am confident that this last attempt to thwart Nature's processes will go the way of the rest and only be handed down as an historical illusion.

#### SYMPTOMS

The symptoms of postoperative ileus are in general those of obstruction of the bowels; viz., pain, vomiting and abdominal distention.

The onset is usually sudden, but sometimes the obstruction is not at first complete and unsatisfactory result of enema, with a little discomfort in the abdomen and perhaps slight evidence of stomach irritation may give us a little preliminary warning of the battle ahead. Some of the typical symptoms are sometimes wanting. One of my recent cases following gangrenous appendicitis only vomited once during two days of obstruction and that at time of giving enema, although the adhesion was near the junction of the jejunum and ileum. Only moderate distention was present, as all of the ileum and colon were collapsed and contracted. Pain was spasmodic, but not very severe, except after giving

pituitrin which was administered three times with prompt and emphatic response and yet wholly ineffectual. It did, however, confirm the diagnosis. This obstruction occurred two weeks after operation and was relieved by again opening the abdomen. It is mentioned simply to emphasize the fact that we need not wait for all the typical symptoms, to arrive at a diagnosis.

The attending surgeon who has had the patient under constant observation and noted satisfactory convalescence meets a sudden interruption without rise in temperature with some of the symptoms of obstruction. In case of vomiting he eliminates uraemia as a causative factor by urinalysis and ought to make a diagnosis immediately. Surgeons called in consultation cannot fully appreciate the complete transformation in the patient's appearance and in the absence of one or more of the typical symptoms may question the correctness of the diagnosis of the attending surgeon and desire to try some medical agent for relief. As in this case, multilicuity of council is often productive of delay and increased danger to the patient.

Postoperative ileus more often presents itself in three or four days but frequently appears much later—in this case two weeks subsequent to operation and before primary wound was healed.

In one case of gangrenous appendicitis operated four years ago, obstructive adhesion appeared four months later that was spontaneously relieved. Two months after it returned and demanded relief by surgical interference.

In some of these cases, upon opening the abdomen we find such extensive adhesions that we wonder that peristalsis has been sufficient to convey intestinal contents, even in any degree. Upon investigation, however, we always find some definite point where a kink or band has rendered passage of faeces or even gas impossible.

#### TREATMENT

Stop giving anything, even water, by mouth. Morphine removes any hope of relief. Stomach lavage often gives great comfort and eliminates infectious material that is often responsible for deaths following operation. Low enemata will remove all material below the point of obstruction. I say low enemata, because a high enema, so called, only exists in the mind of the physician. It is time that the stiff, long rectal tube should be eliminated from our armamentarium, for it simply irritates and causes pain. It is impossible to pass a rectal tube more than seven inches beyond the anus where it becomes curved in the rectal pouch. Even if it could be passed full length it would not conduct water any higher than a tube introduced just beyond the sphincter. When a postoperative ileus forms early the adhesions are not strong and massage has been successful in breaking them up; but it is a blind method of work and if applied with sufficient force to

accomplish any good purpose it must be accompanied with an amount of trauma that is surely unjustifiable. Pituitrin has increased peristalsis and forced the intestinal contents beyond the point of adhesion with immediate relief, but we cannot expect this to occur often, especially if the ileus has occurred many days after operation. After a few days the healing processes have rendered the fibrinous bands too dense to be effected by massage or pituitrin. If the ileus occurs early it may be wise to try pituitrin, but in those formed later it will probably prove futile and besides make the pains that were severe before, almost intolerable, and be conducive in a high degree to peritonitis. Massage, pituitrin, eserine, atropine and many other drugs have been tried and occasionally have proven efficacious; but in my opinion they have caused and will cause so many deaths by delaying surgical intervention that they all merit our severest condemnation. My experience leads me to urge laparotomy as soon as it is possible to arrive at a positive diagnosis. If the patient is in a precarious condition, be satisfied with a simple enterostomy, using the most distended gut that

is inclined to protrude, which is usually near the site of the obstruction, and leave the real cure for later consideration when the patient may be in better condition. This is especially true when the original operation was done for septic trouble and the wound is still unhealed.

Unless strongly contra-indicated, however, I believe our aim should be not only immediate, but permanent relief. Usually the point of obstruction is easily found and quickly relieved. If we examine a few inches of the distended intestine that is inclined to protrude, we will generally find greater congestion toward one end or the other. If we follow the direction of greater congestion it will surely lead us to the constricted point and it is usually not far distant. These fibrinous adhesions are in the great majority of cases easily separated. Raw surfaces should be covered as best we may and abdomen quickly closed. There are exceptions to all rules, but this operation is likely to require less time than most abdominal ones. If done promptly the mortality is small; the patient is not harassed by an artificial anus or depressed by the knowledge of the necessity of still another operation.

## Constitutional Conditions, the Result of Tonsilar Infections\*

Harry B. Harris, M. D., F. A. C. S., Dayton, Ohio

OF all the contributions to medicine and surgery within the past decade none have been more important or productive of more benefit to mankind than the study of the relation between focal infection and systemic diseases.

"Chronic focal infection may be located anywhere in the body, but there are certain anatomic structures which are most frequently affected. These are the structures which possess recesses or pockets and which communicate with the outside world. The most frequent sites of chronic focal infection may be divided into groups as follows:

1. Recessions or terminal pockets; meibomian glands; lacrimal glands; nasal accessory sinuses; mastoid cells; tonsils and adenoids; salivary glands and ducts; pulmonary alveoli and bronchi; gall bladder and ducts; pancreas and ducts; appendix; uterus and fallopian tubes; prostate and seminal vesicles; pelvis of kidney; ureter; bladder and urethra; skin glands, as sweat and sebaceous; and mucous glands.

2. Tubular structures or ducts; gastro-intestinal tract; tear duct.

3. Glandular or parenchymal tissue; lymphatic glands; compound lymphatic glands, as Peyer's patches, lingual tonsils; liver, pancreas, spleen, muscles; ductless glands, as thyroid, adrenals, thymus, and hypophysis.

4. Endovascular tissue; endo-cardium and in-

timas of arteries and veins; lymph-vessels and lymph-spaces.

5. Serous membranes: peritoneum; pleura; pericardium; synovia; perineurium; dura.

6. Pathological tissue: cavities in teeth; alveolar or apical necroses and death of pulp, with or without alveolar fistulas; recession of gums as pyorrhea; abscess or necrosis elsewhere in the body; infection about nails and hair follicles.<sup>1</sup>

While this paper will deal most exclusively with the tonsil as a focus of infection, the essayist wished to mention the above in order that you may know his view of the subject is not narrowed, allowing the tonsil to share the odium with the others.

Chronic infection of the tonsil exerts a bad effect in two ways. First: By its influence upon the other focal points of infection, and Second: By secondary toxemia.

The organisms most frequently found in chronic infected foci are staphylococci, the various streptococci, pneumococci, bacillus coli communis and bacillus tuberculosis. We may have at times secondary focal infection of syphilis, saroma, carcinoma and other diseases. With few exceptions these organisms may find their way into any one or several of the above mentioned locations at the same time. There may be different organisms in different locations and there may be several different kinds in one location; for example, there may be a chronic infection of streptococcus and staphylococcus in the

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tonsils; bacillus coli in the appendix and pneumococcus in the gall bladder. Vaughan has shown that the toxins are of the same deleterious action from which ever organism they may emanate; he calls them the protein poisons.

There seems to be a wealth of evidence to show that the faucial tonsil is the predominate factor in focal infection and that it causes as much or more trouble than all the others put together. This is not surprising as the ring of Waldeyer is the most vulnerable part of the body and severe, acute infection attacks the tonsil more frequently than any other organ of the body. There are few adults who have not had, at least one or two attacks of acute follicular tonsillitis and very few children of five or six years, whose tonsils have not been infected by one or more of the acute infectious diseases of childhood. The deep pockets in the tonsils are very prone to retain latent foci of infection, capable of producing secondary infection of grave character in the joints, heart, kidney, lung, eye, ear, etc. There seems to be no direct relation between the size of the tonsil and the amount and virulence of the infection, in fact, some of the smallest tonsils produce the severest infection.

Dr. Geo. B. Wood in his article on tonsillar infection in the hog says: "The anthrax bacillus penetrates through the cryptal and not the surface epithelium. It probably always gains access to the parenchyma of the tonsil by passing through the living unaltered cryptal epithelium and having gained access to the superficial layers of this epithelium, it tends to multiply in the deeper layers and thus pass into the inter-follicular tissue. The rapidity of the invasion is influenced both by the virulence of the organisms and by the susceptibility of the individual animal. In some of the sections examined the bacilli were found penetrating the blood vessel walls and a few seen in the blood-current."

"It is now known that the streptococcus or other germs can enter the blood through the medium of the tonsils and attack the joints, the heart or kidneys."<sup>2</sup>

In 1910 W. E. Loeb cited four cases and said: "Acute nephritis results from acute tonsillitis far oftener than is generally believed."<sup>3</sup>

"In chronic arthritis it has been found that the focal disease is usually located in the head and most frequently this was a chronic streptococcus focus of the faucial tonsils."<sup>4</sup>

Davis (Journal of Inf. Dis. May 1915) obtained pure cultures of streptococcus viridans in the crypts of forty per cent of the tonsils removed from patients with endocarditis, which was supposedly of tonsillar origin.

Streptococcus viridans may usually be isolated from lesions of the endocardium and when injected into animals almost invariably localizes on the heart valves. The hemolytic variety of

streptococcus has an affinity for joint structures, while the viridans has an affinity for heart valves.

In the article on acute endocarditis in Modern Medicine, Vol. IV, page 143, Osler says that the tonsils are probably the portals of entry for the micro-organisms of the not infrequent cases of endocarditis without recognizable cause. In acute endocarditis of tonsillar origin, if the patient can survive the anaesthetic it is better to anucleate the tonsils than to permit the continued transference of toxins.

Clinically there is an important relation between the infections in the nose and throat and hyperthyroidism. In patients between sixteen and twenty-four, from thirty-five to forty per cent gave a history of repeated attacks of acute tonsillitis and many of them have chronic pharyngitis and rhinitis with enlarged tonsils and adenoids.

"The efferent lymphatics of tonsils empty into both superficial and deep cervical chains through the peritonsillar glands, which lie external to the internal jugular and in close relation to it. (This chain encircles the jugular). These glands can be demonstrated in children as the glands commonly removed by surgeons for tuberculosis."<sup>5</sup>

Tubercular adenitis is usually a localized affection most frequent in childhood from the sixth to the fifteenth year, although, it may occur in early infancy, and seems to have some relationship to diseased tonsils, adenoids and general pharyngeal disturbance. It has repeatedly been demonstrated by Wood and others that tubercle bacilli can be made to invade and pass through the faucial tonsil without producing tuberculosis of the tonsil itself, the tonsils being merely the port of entrance. Certain it is that after the removal of the faucial tonsil in many children previously suffering to a greater or less degree, from enlarged cervical glands, these glands disappear and are no longer palpable to the finger.

We are forced to conclude from both clinical and laboratory studies that infection does take place through the tonsils.

In addition to the above mentioned conditions or diseases which frequently owe their origin to infection from the tonsils may be added tuberculosis of the lungs with or without tuberculosis of the tonsils, rheumatism, general infection, tenosynovitis, bronchitis, pneumonia, parotitis, skin and eye lesions, ear lesions, cholecystitis, appendicitis, pleurisy, jaundice, phlebitis and meningitis.

Diagnosis: It is easy enough to establish the origin of an attack of rheumatism, nephritis, endocarditis, etc., accompanying or immediately following an acute tonsillitis but it is the cases in which the infection lies dormant in the tonsils for months or years and then sets up infection in distant organs or tissues in which the cause is liable to be overlooked. In such cases, if the tonsils are examined, they will often disclose

evidence of chronic infection such as pockets of pus, or granular caseous material or a somewhat red and oedematous condition. The previous history of tonsillitis or quinsy is very important. In many cases the most careful investigation fails to bring out any previous attacks but very frequently attacks in childhood have been forgotten. The important point is the finding of the pus or caseous material in the crypts. It is important to make a proper and thorough examination of the tonsil. In the submerged type retract the anterior pillar and make pressure on the tonsil milking out the crypts. In many cases pus or broken down caseous material will be found to escape. It is possible, though, to have pus within the tonsil and not be able to bring it to the surface, or outlet of any of the crypts, as it may be in the crypts which open into the supratonsillar fossa, which may be covered in by the plica.

The question is frequently asked: Why are the tonsils and adenoids thought of first as points of focal infection and why is their removal generally advised before attacking other points unless these other points are more certainly the cause of the general condition? Tonsil and adenoid tissue is most tenacious in the retention of infection and they have a very rich lymphatic supply. Furthermore, it is an established fact

that such operations are almost invariably followed by marked improvement in the general physical and mental condition as well as the local. Many times after eradication of the focus of infection in the tonsils, other points infected will be cured or greatly improved. Resistance and immunity play a large part in focal infection and systemic disease. In many cases after eradicating a definite focus of chronic infection (tonsils) the resisting power of the body is able in itself to take care of the other points of infection and healing takes place. Of course, if the secondary infection is too great this does not always occur and this is often the cause of disappointment. Hence the necessity of early recognition and operation.

In conclusion I wish to say that all those who believe that chronic focal infection is a hobby would do well to adopt it rather than remain on the outside making unjust and severe criticism without really giving the subject a fair trial.

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1. Joseph C. Beck, Transactions Laryngology, Otology and Rhinology, A. M. A. 1914.
2. Norton L. Wilson, Section Laryngology, Otology, Rhinology A. M. A. 1914.
3. W. H. Loeb, Acute Nephritis Following Acute Tonsillitis, read before the American Laryngological, Rhinological and Otolological Society, 1910.
4. W. R. Dillingham, Medical Council, June 1915.
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## Mercury and Spinal Drainage in the Treatment of Paresis\*

C. C. Kirk, M. D., Toledo, Ohio

**P**ARESIS has long been the bete noir of the Psychiatrist. It is of extreme interest, not only to the Psychiatrist and Neurologist, but to the entire medical profession.- Nor is it difficult to understand why such earnest efforts are being made by scientists to delve into its mysteries, when we consider that paretics, constituting fifteen to twenty per cent of all cases admitted to institutions for the insane, are men and women usually in the prime of life, and therefore of the greatest value to their families and society.

The discovery of the spirochete as the cause of paresis led to the belief that we would be able to produce better results in treatment. The discovery of Salvarsan added an important remedy to the treatment. But, not until Swift and Ellis devised a method of applying the remedies directly to the nervous tissue by way of the cerebro-spinal fluid, was much hope given to those working in this field. Many glowing reports have been made concerning the Swift-Ellis treatment in cases of paresis; but, a second, sober thought has reduced these reports to a point where nothing more is claimed now by the most enthusiastic workers, than that the

patients are made socially possible, and that remissions seem to be more frequent and more prolonged in certain cases. The treatment seems to be more effective in the expansive type of paresis. I have seen some rather startling remissions in this type of paretic, which seemed to be a result of this treatment.

Many workers in this field, who have had extensive experience, have given up treating paresis, because they have not been able to get results from any kind of treatment.

In the latter part of 1914, Drs. Gilpin and Earley of Philadelphia, instituted the treatment of mercury and cerebro-spinal drainage in cases of nervous syphilis, later reporting the results. They admit being handicapped by the lack of knowledge of the origin and function of the cerebro-spinal fluid.

Frazier and Peet, who have made extensive investigations as to the origin and function of the cerebro-spinal fluid, believe it can be demonstrated, almost without question, that the cerebro-spinal fluid is almost, if not entirely, secreted within the ventricles, and that absorption does not take place until the fluid has escaped from the ventricles. They found that the cerebro-spinal pressure varies with the pressure of the

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blood in the venous sinuses, and is practically identical with it.

Gilpin and Earley,\* in speaking of Weed's investigations, state "that around the cerebral vessels are spaces which extend to the capillaries and communicate with the subarachnoid spaces, and that if the direction of the flow of the fluid in these perivascular spaces could be determined, light would be thrown on another possible source of cerebro-spinal fluid." Then by injection, under varying pressures, into the subarachnoid space, he demonstrated that by making sufficient pressure, he could recover stain granules even in the lumen of the capillaries. These results point, it would seem, to a flow from the capillaries into the perineuronal and perivascular spaces, and thence into the subarachnoid space, where the fluid mixes with that from the ventricles. These results point clearly to a dual source of the cerebrospinal fluid; namely, the choroid plexus and the cerebral capillaries.

The intraspinal serosalvarsan treatment gives brilliant results in taes, at least as far as checking the progress of the disease is concerned; but how many careful observers see any such results in paresis? The brain is accessible to drugs, such as alcohol, morphine and caffeine, when introduced into the blood, and alcohol has been found in the cerebro-spinal fluid in delirium tremens.

Why is the brain not affected by arsenic or mercury given in the same manner? Why does the cerebro-spinal fluid remain free from arsenic, as shown by a number of investigations? It would seem that the same mechanism which prevents the entrance of serum albumin, sugar, urea, ammonia, etc., which normally exist in the blood but do not enter the cerebro-spinal fluid, appears also to prevent the entrance of arsenic and mercury into the cerebro-spinal fluid.

Is it not reasonable, then, to think that if we reduce the pressure within the cerebro-spinal cavity, we may succeed in bringing foreign substances through the capillary walls, and thus secure the direct effect of drugs, such as arsenic and mercury, on the nerve tissue itself?

In carrying out our treatment we used inunctions of one to two drams of mercurial ointment daily, until the patient was mercurialized, which usually required two to four weeks. After an interval of from one to two or three weeks, this treatment was resumed. We have drained our patients weekly or fortnightly. In draining the patient, he is placed on the side in bed. The needle, after being sterilized with dry heat, is inserted at the second or third lumbar interspace. The first five cc. of fluid are used for testing purposes. Five to ten minutes are required in draining. The amount usually obtained is from 30 to 50 cc. After draining, the patient remains in bed for twenty-four hours.

We have had no bad results in any case. One patient complained of severe headache following the draining. We have under treatment, at the present time, nine cases.

In making the serological examination the old Wasserman and Noguchi's modification were used.

In testing for globulin Nonne and Noguchi's butyric acid tests were made.

Case No. 1—C. P. female; age 40; housewife; married; three children, age of youngest, 16 years. Present trouble began in the summer of 1915, she complained of trouble in the bladder. Was taken to a Specialist who made a diagnosis of syphilis. A blood Wasserman was made which was positive four plus. Oct. 19, 1915—Patient was examined and found to have delusions of persecution; was depressed and apprehensive; had frequent crying spells. Pupils were dilated, reacted sluggishly to light; patellar reflexes were markedly increased; there was tremor of the hands.

She was put on inunctions of mercury and cerebro-spinal drainage instituted. This has been continued every seven to fourteen days, until the present time.

Clinically there has been no improvement in this patient, however, serological findings are negative.

#### LABORATORY EXAMINATION OF CASE NO. 1.

Date	Cells	Globulin	Spinal fluid
2/24/16	20	negative	positive (?)
3/ 2/16	15	negative	negative
4/ 1/16	8	negative	negative
4/14/16	3	negative	negative
5/10/16	4	negative	negative

Case No. 2—H. B. female; age 51; married; number of children, two; history of one or more miscarriages. Has used alcohol to excess. Admitted Dec. 29, 1915; was very excited; had delusions of persecution; hallucinations of sight and hearing; disoriented; defective memory; involuntary movement of bowels. She had a convulsion which lasted five or ten minutes; speech disturbances; patellar reflexes increased; tremor; Romberg.

Mercury and drainage treatment was begun on this patient Feb. 24, 1916. There has been remarkable improvement in this case. Practically all of her symptoms have disappeared. She is one of our most valuable workers; has been privileged for several weeks; seems to be perfectly clear mentally. Has

\*Read before the Philadelphia Neurological Society, Oct. 22, 1915.



gained 15 pounds in weight. She will be soon sent home on a trial visit.

LABORATORY EXAMINATION OF CASE No. 2.

Date	Cells	Globulin	Spinal fluid
2/24/16	5	positive	positive
3/ 2/16	8	negative	negative
3/17/16	5	negative	negative
4/ 1/16	6	negative	negative
5/10/16	25	negative	negative

Case No. 3—J. W. female; age 38; married; no children; occupation, domestic. Mentally patient has hallucinations of hearing; emotional deterioration; impaired memory; disorientation as to place; no insight into her condition. Physically she has Argyl-Robertson pupil; highly exaggerated knee jerks; defect in speech; tremor of the hands and tongue.

Up to the present time there has been no change in this patient's condition, mentally or physically. Her serological findings have remained positive. This is the only case in which the serological findings have not changed from positive to negative.

LABORATORY EXAMINATION OF CASE No. 3.

Date	Cells	Globulin	Spinal fluid
2/24/16	21	positive	positive
3/ 2/16	18	positive	positive
3/17/16	19	negative	positive
4/ 1/16	21	positive	positive
4/14/16	12	negative	positive
5/10/16	10	positive	positive

Case No. 4—R. S. female; age 38; married; 8 children; patient gives history of lues. Her trouble began in July, 1915; she became alternately depressed and excited; had an Argyl-Robertson pupil; slight speech disturbances.

There has been no change in the pupils of this patient nor in the reflexes. Mentally there is considerable improvement and we expect to send her home in a short time. She has gained 7 pounds in weight.

LABORATORY EXAMINATION OF CASE No. 4.

Date	Cells	Globulin	Spinal fluid
2/24/16	8	negative	positive
3/ 2/16	6	negative	positive
3/17/16	4	negative	doubtful
4/ 1/16	2	positive	positive
4/26/16	3	negative	negative
5/10/16	2	negative	negative

Case No. 5—M. M. female; age 40; single; occupation, domestic. Present attack began in August, 1915. Patient was very excited, homicidal; had expansive delusions; emotional de-

terioration; frequently crying and laughing without cause; sudden outbursts of anger; markedly increased patellar reflexes; sluggish pupils; slight speech disturbance.

There has been no change in this patient. The treatment has, apparently, had no effect.

LABORATORY EXAMINATION OF CASE No. 5.

Date	Cells	Globulin	Spinal fluid
4/14/16	3	negative	negative
5/10/16	1	negative	negative

Case No. 6—M. K. female; age 41; married; three children; patient has a history of syphilis 10 or 15 years ago. A blood Wasserman was done on her before admission to the hospital which was positive. Patient had delusions of a depressed nature; memory defects and disorientation; also speech defects; tremors of the tongue and hands; right pupil dilated, left contracted; right knee jerk diminished; left slightly exaggerated. She is untidy at times.

This patient has gradually grown worse during the past few weeks.

LABORATORY EXAMINATION OF CASE No. 6.

Date	Cells	Globulin	Spinal fluid
4/14/16	20	negative	negative
5/10/16	16	negative	negative

Case No. 7—C. P. female; age 46; married; no children; admitted Feb. 15, 1916. Was alternately depressed and excited, later became euphoric and had memory defects; was disoriented; had delusions and hallucinations; was untidy; markedly increased knee jerks; pupillary rigidity; speech disturbances.

This patient has rapidly grown worse and we were obliged to discontinue the treatments.

LABORATORY EXAMINATION OF CASE No. 7.

Date	Cells	Globulin	Spinal fluid
2/26/16	90	positive	positive

CONCLUSIONS.

The making of this preliminary report was not with the idea of proving the efficacy of the treatment, but to stimulate others to work along this line, in the hope that results may eventually prove beneficial. Unfortunately, we do not receive many incipient cases of paresis in institutions for the insane. However, when we do receive such cases, I believe we should make every effort to, at least, attempt to stop the progress of the disease, and to make the patient's life more livable, if possible.

I am indebted to Dr. G. R. Love for permission to publish this report, and to Dr. H. W. Pamment and Dr. S. C. Niles for assistance in the serological tests.

## The Appendix. A Resume of Original Research\*

Chester C. Waller, M. D., Warren, Ohio

**A** clinical observation of November, 1913, inspired our efforts to establish if possible the functional nature of the appendix. It is to be recalled that in the case referred to, the essential feature reported was that of inflation of the appendix which occurred during the operation just as the caecum and appendix were being delivered in the usual manner.

The subject, a child of 11 years, not being deeply anesthetized, began straining, thereby forcing gas from the distended caecum into the appendix which in this instance became inflated to a point near bursting. A tonic constriction at the base of the appendix proved competent to resist any manual pressure exerted. Deflation was possible only when the anesthesia was carried to a degree beyond that of abolishing muscular reflexes, as was apparent by the relaxed recti and other abdominal muscles. At this point the spasm gave way and the member assumed the size and contour of the normal.

No "bands," "membranes," or "kinks," were present; within the lumen of the appendix was found a No. 6 bird-shot, which according to the history obtained from the mother of the child must have been an occupant of this organ for a period of at least two years.

No wild game or any obscure means of conveying the shot to the child's digestive tract could be recalled, except that two years previous to this time shot which were being used for the purpose of cleaning beer bottles in the home, might have been purposely or accidentally swallowed.

During this interval of two years, the child suffered several severe attacks of gastric distress, the one previous to the operation being intense.

While straining at stool the child was seized with cramps of a severe colicky nature, the pain being referred to the mid-abdomen. She became faint and was carried to the bed, her condition immediately bordering upon collapse. Persistent slight tenderness in the right lower quadrant, together with the clinical history, suggested operative measures. The patient had otherwise a negligible history. Thus an interesting problem presented itself, and accordingly we were urged to obtain its solution.

In the classic studies of Cannon, a tentative explanation of the inflation of the appendix is afforded in the factor of anastalsis, which exercises its forces under normal conditions within the proximal colon and as we have recently learned, becomes exaggerated under reflex stimulation—a factor in which irritative or inflam-

matory processes of the appendix play an important role.

The sphincteric mechanism apparent at the caeco-appendiceal juncture proved of still greater interest. This sphincter, apparently under tonic spasm, competent to resist a considerable degree of manual pressure, suggested that there might normally exist at this juncture a definite neuro-mechanism of functional importance and pathological interest.

Gas distention and the sphincteric behavior of the appendix, have been for several years noted by both Ochsner and Kelly<sup>3</sup>, and still more recently by students in roentgenology.

The related researches of Cannon<sup>2</sup>, and Keith<sup>4</sup>, relative to the activities of the intestine, together with the reported observations of Rutherford<sup>5</sup>, on the "ileo-caecal valve," furnished the basic principles upon which we pursued these studies.

Painstaking analysis of case histories and the examination of several groups of young children with accompanying health records, when obtainable, early suggested the opinion that appendicitis was possibly of infantile or early childhood origin.

In the series of small children thus regarded, we have by physical examination frequently demonstrated an average of over sixty per cent with varying degrees of tenderness in the region of the appendix.

It was, therefore, in the interest of this fact and hoping that a normal appendix might be observed in function that I was permitted through the courtesy of Dr. Lewis Gregory Cole, to extend these studies roentgenographically, incidentally confirming or disproving certain preconceived opinions, viz:

That the appendix was a specialized part of the caecum as suggested by Prof. Berry<sup>6</sup>.

That the appendix was possessed of the same or similar activities and mechanism as obtain in other areas of intestinal structures, partaking, possibly of the descriptive characteristics of both large and small intestine.

And to note also with what degree, tenderness over the appendix might be regarded as denoting pathological processes.

Accordingly, upon March 6th, 1915, a "field-day clinic" was observed in the laboratories of Dr. Cole, consisting of twenty-eight children, selected with special care as being normal and free from any abdominal disease, with one exception—a girl of sixteen and one-half years, included for special examination and to assist in the maintenance of order.

The ages of these children ranged from seven to twelve save two of more mature years. Of this number, twenty-one proved satisfactory in

\*Read before the Surgical Section, Ohio State Medical Association, in annual session at Cleveland, May 18, 1916.

the examination; the remaining seven were excused, for reasons of sickness from, or absolute refusal of, the barium and buttermilk solution which was employed.

An accurate report of this very interesting clinic has already appeared according to the interpretation of Dr. Cole, in collaboration with me in a recent publication.

Of the twenty-one cases thus examined, thirteen gave evidence of varying degrees of tenderness upon the pre-physical examination—sixty-one per cent, identical with our clinical observation of similar groups of school children in rural districts.

Fluoroscopic observation not only confirmed the physical examinations, but revealed an increased percentage of pathological appendices, or seventy-six per cent, plus. Obviously then, tenderness is by no means a constant factor in the diagnosis of appendix lesions. Clinical histories and accurate fluoroscopic examinations afford our only definite avenue of intelligence.

Marked ileal stasis was observed in nine cases—forty-two percent, plus.

In only four cases was the appendix not to be observed. Number one was obscured by coils of dilated ileum. In numbers 13 and 15, the barium had not advanced sufficiently, while number 14 was of doubtful interpretation.

Case No. 2 of the series, afforded special privileges for observation as regards individual and functional activities of the appendix.

An important factor, as perhaps favoring this incident, has since occurred to me—this candidate was observed immediately following a hearty luncheon of hot soup, and during a time when the entire gastro-intestinal movements were in progress, involving incidentally, as we shall note, the appendix as well. This factor also suggests an intimate co-ordination of the various segments of the alimentary tract of which we shall later speak.

Dr. Cole reports conservatively as follows: Case 2—fluoroscopically.

"The barium in the caecum shows distinctly, as does the appendix which is of medium size.

The appendix is alternately of greater and lesser density in various areas (suggesting segmentation), and at certain periods of the examination the apex of the appendix is well filled. At times there appears to be motion of this organ, but I am not absolutely certain that this is independent of the peristalsis of the adjacent viscera. After manipulation of the caecum (at which time the appendix is well filled), the tendency to evacuation of the appendix is evident."

Similar activities of the appendix, described as "vermicular" have since been recorded by Jordan<sup>8</sup>, Barclay<sup>9</sup>, Kuntz<sup>10</sup>, and Huile<sup>11</sup>, amply justifying the conclusions we have sought to establish, viz: That the appendix normally exercises individual activities together with peristaltic

and sphincteric movements as more or less definitely observed in this case.

Attention has been called to the more recent studies of Dr. Keith<sup>12</sup>, as embodied in his Cavendish Lecture of last year. Observations and inferences as set forth in his "New Theory of The Causation of Entero-stasis," have been extensively quoted in abstract both editorially and in current literature with acceptance.

Briefly, this theory consists in regarding the intestinal musculature as possessed of the same or similar "nodal" and "bundle" systems as are known to obtain in the heart muscle. "The myenteric (Auerbach's) plexus is not a simple structure composed of merely nerve cells and nerve fibres, but one of composite texture—there are ganglion cells in the plexus and there is also an abundant third element in the plexus—branching intermediate cells, which appear to become continuous with the processes of certain groups of muscle cells on the one hand and with the branched processes of ganglionic cells contained in the nerve fibres of the plexus on the other hand. It is through the intermediation of the intermediate cell elements of the plexus that the splanchnics and vagi effected their influence on the movements of the bowel."

Thus is developed the theory "that the bundle system of the heart and the myenteric plexus of the intestine represent corresponding functional structures."

It is upon these premises that Dr. Keith further elaborates the theory of the presence of "sphincteric zones," located at various anatomical junctions along the gastro-intestinal canal, and describes them as the "pace-makers of intestinal peristaltic activities," their function serving in the orderly propulsion of food material and its retention in given areas as necessarily and normally required. At these points, it is argued the plexus is more highly specialized than elsewhere, along the tract.

Seven of these zones are described according to Dr. Keith's observations, and are located respectively at the cardiac, pyloric, duodenal, duodeno-jejunal, ileo-colic; the mid-transverse and recto-colic regions and we would add the eighth, the Caeco—appendiceal plexus zone." These correspond to the so-called "ulcer areas."

The duodenal zone, first described by Dr. A. J. Ochsner, is by most clinicians regarded as being of greater significance than the others. Accepting the theory of Keith, W. J. Mayo<sup>14</sup>, has recently sought to establish a functional relationship of the spleen to the corresponding structures of the intestine.

It would likewise serve greatly in the interest of our subject and personal observations if the views of Dr. Keith might be applied.

I have recently had an opportunity of looking over many slides prepared expressly with a view

of re-investigating the myenteric plexus connections as indicated by Dr. Keith.

According to Prof. Wingate Todd to whom I am gratefully indebted for this courtesy, and my introduction to Prof. Van der Stricht, who demonstrated the slides together with the various methods of staining employed, it is impossible so far, positively to confirm, histologically, Dr. Keith's statements.

It would seem, however, that normally there is an intimate co-ordination in the rhythm of each successive segment of the entire intestinal tract from gullet to anus, each under complex nerve control, and, as suggested, any disturbance, irritative or inflammatory, upsets this rhythm with consequent local and reflex manifestations, usually in the form of spasm. This view is fully substantiated by Dr. A. E. Barclay<sup>15</sup>, through accurate fluoroscopic evidence.

As a result of his observations Barclay concludes that the terminal ileum, abnormal in some way, once food gets down to this point causes a reflex closure of the pylorus and quieting down of the gastric activities, i. e., a message from a nervous centre in the ileo-colic region to the centre in the duodeno-pyloric region to the effect that as much food had come down as can be dealt with and a request to shut off supplies. Aaron<sup>16</sup> offers similar conclusions from observations in the experimental production of spasm from pressure on the appendix. It is this reflex mechanism that concerns the subject of the appendix and the factors of invalidism to which it contributes clinically.

An appendix is to be regarded as pathological whenever by reason of developmental or inflammatory changes, interference in its normal function results, and from which there is manifest, reflex disturbances at the connecting substations or sphincteric zones.

Accordingly to Huile, in the performance of its function, the appendix enjoys an intimate relation with both caecum and ileo-colic segments, both acting normally together as "a physiological unit."

Of the demonstrable lesions of the intra-muscular structures by far the most constant is fibrosis, evidence of previous inflammatory process, and is we believe, the most important etiological factor in the production of the various reflex spasm in the absence of active inflammatory causes with focal issue.

From the evidence thus far produced, the conclusions of Keith, Kuntz, Huile, Cannon and Barclay, it is not difficult to understand the reflex phenomena. Given an irritative lesion in the appendix, reflex spasm ensues, and if permitted to continue over an extended period of time, with resulting distention of proximal structures, a progressive weakening or atony of the circular muscle fibres must necessarily result, thus provoking an entero-stasis. This view was pres-

ented by A. J. Ochsner, in an address before the Clinical Congress of Surgeons, in October last.

While our hypothesis may seem distinctly wanting in its entirety, clinical observations become more and more convincingly certain in evidence of the following conclusions—

That the appendix possesses a peculiar neuro-mechanism, which normally is exercised in the designed functional activities of the ileo-colic region. Obviously this is a function of importance to the colonic form of digestion, bacterial and chemical. else why the appendix, with its "emptying" and "filling" action?

That focal lesions of the appendix are to be demonstrated with relative and constant frequency in children of the first decade, and may thus be regarded as distinctly a lesion of infantile origin.

That whether developmental or inflammatory, such lesions are recognized potential factors in the physical element of spasm.

That spasm, thus induced, mechanically interferes with the normal progress of food material and the designed processes of digestion and if allowed to persist, must not only eventuate in the production of true visceral pain, but also determine the etiology of actual entero-stasis and lesions of the alimentary canal.

That in children, suffering from severe gaseous distention of the intestine, removal of the appendix is followed, immediately, by relief; not only from the distention but from other and varied manifestations occasioned by disturbed innervation.

That local tenderness is not a constant factor in appendix lesions. Definite clinical histories together with accurate fluoroscopic examination afford more perfect means of diagnosis.

That in the removal of the appendix, methods should be employed to include all infected and sphincteric areas, excision being our method of choice. Finally—that prophylactic measures consist wholly in the physiological control of the bacterial flora of the proximal colon, according to the views sustained in the theory of Metchnikoff.

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## Sydenham's Chorea with Special Reference to Treatment\*

By Chas. F. Daniel, M. D., and Geo. L. Lambright, M. D., Tiffin, Ohio

**S**YDENHAM'S Chorea is a well known disease. The name Chorea is given to a group of myoclonic diseases whose only connecting link is the irregular arrhythmical contractions of the muscles. The group of diseases may vary greatly, however, as to the causative factor. This paper will deal entirely with the one type, viz: Sydenham's Chorea.

In our previous state of knowledge we considered various pathogenic agencies acting as the excitant, such as emotional shock, fright, mental shock, particularly in young women, anæmia, injuries, heredity, intestinal worms, genital irritation, etc. No doubt these are factors, but probably only accessory—the anæmia, restlessness and nervousness developing as a result of the disease. In the present light of our knowledge we believe the main factor to be a focal infection or a toxic state resulting from the virus. The presence of organisms in the blood, spinal fluid, brain and cord in chorea has often been observed. It is held by numerous investigators that the type of organism responsible belongs to the streptococci veridans group of Schotmuller. The habitat for these germs is probably the respiratory or alimentary tract. The pathological picture is a toxic swelling of the cortical and ganglion cells of the brain. We are all agreed now that rheumatism, endocarditis and arthritis are the result of the infection. The atria are probably the same for all of these conditions, but the germs undergo changes as they grow in the individual and attack different parts of the system. Perhaps individuals react differently to the same infection.

In all cases of chorea treated by us in recent years we have searched diligently for signs of focal infection. We have subjected the tonsils, teeth, ears, alimentary tract, preputial orifice, adenoids and nasal chambers to the closest scrutiny. If the tonsils and adenoids showed active inflammation we have waited until it subsided and removed them. We have cultivated pneumococci, staphylococci, influenza and the diplococcus rheumaticus from the tonsils removed. From these we have made up autogenous vaccines, but have used them only in the cases that did not clear up after the removal of the focal infection. The following cases will exemplify results following removal of focal infection:

**CASE No. 1.** F. F. Age 9, female, whose health had been excellent until June 1915 when she was confined to bed for two weeks with acute rheumatic symptoms. Two months afterwards the mother noticed the child became ill-tempered, nervous, restless and cried out during

the night. She became clumsy in her finger movements during piano lessons and the movements became jerky in character. This condition had continued for a week when the patient was seen. She was found to be pale and somewhat emaciated with all of the above symptoms. The tonsils were enlarged and pus pockets could be seen on the surface. There were seven decayed teeth, one of which showed ulceration at the root.

A systolic sound was heard at the apex of the heart which was transmitted at the axilla. No enlargement was made out. The ulcerated tooth was extracted and dental skiagrams made of the others. Three other teeth were extracted and the remainder placed in good condition. The tonsils were removed. Ten days later the patient was eating better, the night terrors stopped, arrhythmical movements ceased and she was much improved in regard to the restlessness. One week later all symptoms had disappeared and she was dismissed. Seen six months later she had regained her former health. The mitral murmur still remains.

**CASE No. 2.** P. H. Age 14, male, seen June 25th, 1915. Five months ago rheumatic symptoms began which are bothering him at present by painful and aching joints. There has been at times some fever and swelling of the right knee joint. Ten days ago he began to get very nervous, the eye muscles twitched, he became very irritable and the right hand developed arrhythmical movements. The patient was anæmic and he had lost ten pounds in weight. Examination showed marked pyorrhœa. The tonsils were enlarged and reddened. There was a systolic murmur at the apex of the heart which was transmitted to the axilla. Diagnosis—chorea and mitral regurgitation. The tonsils were removed. Growth showed staphylococci present. The teeth were placed in proper condition. Ten days later the patient reported a gain of four pounds in weight. The movements were improved, but he still jerked somewhat under excitement of company or when he became a little nervous. After another ten days had elapsed the movements ceased entirely and he gained another four pounds. Four months have now elapsed and there has been no recurrence of symptoms.

**CASE No. 3.** J. B. Age 15, male, seen April 18th 1915. Patient has had aching joints for two years. The motor unrest and irritability is marked. Examination shows enlarged tonsils and adenoids. These were removed. Patient seen ten days later with no improvement in symptoms. We started the autogenous vaccine in this case and after six doses patient cleared up entirely and has remained so ever since.

\*Read before the Seneca County Medical Society at Fostoria in July, 1916.

From our experience we are led to believe that the tonsils very frequently contain the source of trouble.

The greatest care as to oral hygiene should be exercised. Decayed teeth should be taken care of properly and if there are any alveolar abscesses they should be drained.

Discharging ears are sometimes the source of trouble and should be carefully treated. In some of these cases autogenous vaccines are of service.

Sometimes it is the intestinal canal that is letting the toxins or bacteria into the system and calls for treatment. Here daily irrigations should be employed. The use of bulgarious cultures has been of value.

We have spoken of the undoubted relationship of acute rheumatism and chorea. The question naturally arises regarding the application of antirheumatic remedies in this disease. It is not difficult to understand why the results have been discouraging when we consider that the toxins and cocci are in the cerebrospinal fluid and brain tissues and realize the small amount of salicylates excreted into the cerebrospinal fluid. The combination of the alkalis with the salicylates appeals to one as rational and has been shown to be of great advantage. There is a probability that it acts by neutralizing the acid toxins of the bacteria.

Arsenic has been looked upon as a specific. The introduction of salvarsan into therapy brings up the question of the application of the remedy in this disease. It was used empirically as a general nerve tonic as long ago as 1780 by Alexander. Pawlow, von Bakay and Pierre Marie have used salvarsan and report favorable results. We are certainly able to get enormous doses of arsenic into the system by the use of this drug. On this account where arsenic is indicated, especially in intractable cases, its use is feasible. Milian argues that there is a luetic factor in a great many of these cases, and on this account the therapeutic results in some of the cases may be explained.

The symptomatic treatment is a very important part. The patient should be placed at rest with isolation from influences which tend to excite. School children who develop chorea should be immediately withdrawn from school and about the streets. It is well not to allow a child to read or to exert its mind with anything. Careful diet should be instituted and the bowels regulated. Toxic foci if located should of course be removed before this treatment is instituted. For the motor restlessness hydrotherapy offers the best results. Occasionally chloral, bromides, hyoscyamous or small doses of morphine are demanded in the severe cases.

Recently Mayer has reported a series of cases in which he injected a small amount of one per cent phenol solution intravenously. The results according to his report have been good. This is a

new treatment and it is too early to judge of its efficacy.

We must always keep in mind that in a large majority of cases there is myocardial involvement. The great damage that may be done by overexertion is well known.

Suffice it to say that prolonged rest with ice bag to chest should be insisted upon. Whenever there are signs of cardiac discompensation the routine treatment for that condition should be carried out.

Poynton and Payne recently issued instructions which should be given to parents of rheumatic children which might well be applied to cover chorea. The instructions are as follows:

1. The importance of proper clothing.
2. The care of sore throats.
3. The necessity of attention to growing pains.
4. That nervousness, clumsiness and night terrors are often warnings of chorea.
5. That patients should be warned that signs of heart disease are few, and that shortness of breath is by far more common than pain.
6. Much emphasis should be laid on the need for patience when the child is recovering from this disease.
7. Parents should be told that rheumatism and chorea are liable to recur.

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2. Mayer, International Clinics, Vol. 1, Series 26, 1915, Page 1.
3. J. A. M. A. June, 1913.
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THE J. B. L. CASCADE TREATMENT.—The "treatment" is exploited by Charles A. Tyrrell, New York City. It consists in the self-administration of rectal anemas by means of a device, the J. B. L. ("Joy-Beauty-Life") Cascade. The "Complete treatment" includes a stick of Tyrrell's "Famous Rectal Soap" and a box of the "Celebrated J. B. L. Antiseptic Tonic." The "tonic" was analyzed in the A. M. A. Chemical Laboratory and found to be a mixture of sodium chloride and impure borax, colored and perfumed. The laboratory concluded that a preparation having all the "antiseptic" and "tonic" properties of J. B. L. Antiseptic Tonic can be made by mixing 2.8 ounces common salt with 1.3 ounce powdered borax. (Jour. A. M. A., Jan. 6, 1917, p. 50).

Q-BAN HAIR COLOR RESTORER.—Untoward effects from the use of Q-Ban Hair Color Restorer are reported. The Connecticut Agricultural Experiment Station reported the "restorer" to be a perfumed, alcohol-glycerine solution of 1.68 gm. per 100 c.c. of lead acetate, containing 3.08 gm. of free sulphur in suspension. The Connecticut report states: It is simply one of the many familiar lead acetate-sulphur preparations, and its use is by no means free from danger. (Jour. A. M. A., Jan. 6, 1917, p. 54).

# LEGISLATIVE



Committee on Public Policy and Legislation  
Ohio State Medical Association

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When the eighty-second General Assembly of Ohio finally adjourned on March 26 after continuous sessions covering a period of nearly three months, the record showed that our Medical Practice Act had not been emasculated in any way, despite repeated assaults by the various types of non-medical healers. If anything, the provisions of the act were strengthened because of the amendments adopted relative to the practice of osteopaths.

On the other hand, the legislature enacted a program of progressive public health legislation that is of tremendous importance to the state.

In a large measure these satisfactory results may be attributed to the splendid work of the Ohio State Medical Association, and particularly to officers, members of the Committee on Public Policy and Legislation, and the "live wire" Auxiliary Committeemen who officially represented the component county societies in legislative matters, and directed the home work of the individual members of the Association.

Had it not been for this splendid team work the sick public of Ohio would be in a sorry plight today, for about every healer and every type of fakir desirous of exploiting the sick was represented before the General Assembly. Lobbyists representing their organizations worked incessantly to secure the passage of bills favorable to their special interests—which are *not* the interests of the sick public.

\* \* \*

The work of the legislature dealing with these dangerous special interests may be summarized as follows:

The Terrell bill providing for the exemption from all regulation, and for the registration by the Secretary of State of the so-called Christian Science healers, was decisively beaten on the floor of the House after it had passed the Senate by a close vote. The fight on this measure constituted one of the most spectacular battles of the session.

Bills to provide for the licensure of chiropractors under exceedingly flimsy educational requirements, by a separate board of chiropractors, were defeated in both the House and the Senate. After the Senate had twice voted down this bill the chiropractors formed a combination with the Christian Science lobbyists and brought the measure before the House on two separate occasions. It received like treatment in the lower branch.

A bill providing for the licensure of opticians as optometrists under a separate board of optometrists, was decisively beaten in the Senate after a bitter state-wide fight. This was the first time in the history of the state that this measure has been defeated on the floor of either branch of the General Assembly. In former years it has always passed at least one branch and at one time was vetoed by the Governor.

Dangerous "sleepers" which exposed a desire on the part of osteopaths to abandon the field of drugless therapy were completely removed from their bill and the measure was re-written by the Senate Committee on Public Health, in accordance with the suggestions of your state committee. The original osteopathic bill which was introduced by Senator Miller of Licking county, gave osteopaths the unrestricted right to use drugs. Under the present law they are prohibited from using drugs in any form. In addition to this, the bill paved the way to their entrance into the field of major surgery and provided for a legal status on a par with "other physicians and surgeons."

The amended bill—the form in which the measure finally passed—not only removed this legal equality provision, but specifically denies them the right to do major surgery and writes into the Medical Practice Act of the state a carefully prepared definition of major surgery. The bill as it passed was approved by your Legislative Committee, and was disapproved by many osteopaths.

Another measure providing for the licensure of the so-called naturopaths—which includes every form of freak healer, ranging from those who cure cancer by the application of rotten ap-

ple to those who treat tuberculosis by tickling the feet—was killed in the House Committee on Public Health. It was the only one of the freak healers' measures that did not come to a vote on the floor of at least one branch of the legislature.

This record is rather remarkable in view of the fact that each of these bills was backed by well-organized state associations, composed of men and women who had at stake large personal profits to be gleaned from the exploitation of the sick. Almost without exception these groups were represented at Columbus by numerous members of the "professions" and more important, by prominent state lawyer-politicians whose aid was enlisted through the medium of fat retainer fees.

\* \* \*

Now turn to constructive legislation. Two measures of tremendous importance were enacted. The first provides for complete re-organization of the plan under which is directed the activities of the state health department. The present state board of health was legislated out of office, and is replaced by the New York state plan, under which control is lodged in a public health council of four, and a state health commissioner whose powers are exceedingly broad.

The second important public health measure is the establishment of a state commission to investigate compulsory state health insurance. This question has the most important bearing upon medical practice in this state, and the report of this commission to be submitted to the legislature in 1919 with recommendations, undoubtedly will have a decided influence upon Ohio medical practice conditions of the future.

Another public health proposal of considerable importance is the provision made by which boards of county commissioners may establish free tuberculosis dispensaries in their counties, in connection with the public tuberculosis hospital system.

Another bill passed is designed to regulate the cold storage business, and to protect the public from contaminated storage food.

Of particular interest to practicing physicians and to hospital executives is the passage of the Wright bill (Senate Bill No. 69), in the closing hours of the session. It authorizes the State Industrial Commission to modify the \$200.00 limitation now included in the workmen's compensation act, as the maximum amount that may be paid in any given case for complete medical, surgical and hospital attention. The operation of this limitation has been exceedingly unfair, and has been responsible for much of the dissention that has developed by the Industrial Commission and the physicians of Ohio. With this limitation modified, Ohio has the best workmen's compensation act in the United States—considered from the standpoint of providing adequate medical and surgical attention.

\* \* \*

The Governor has been urged to veto two bills passed by the General Assembly. The first—the Wright bill affecting the registration of nurses—is reviewed at length in another column.

The second is House Bill No. 7, by Mr. Billingslea of Butler county, which transfers from the boards of health to city council the right to fix salaries in the health departments in non-chartered cities. Opponents of this measure declare that it was introduced by political interests in the city of Hamilton who plan by this means to "get" Health Officer A. L. Smedley. Dr. Smedley in the rigid enforcement of his official duties is said to have displeased some of the local politicians. Therefore in order to accomplish their local aim, they had the state law changed. Of course, this affects many cities other than Hamilton—Cincinnati being the largest. Civic and public health organizations, fearing that this bill would throw health departments into politics, have petitioned the Governor to veto the measure.

One of the arguments against the veto is the fact that the same bill carries a provision permitting boards of health to employ public health nurses—a right which they were denied by a recent court decision. If the bill is vetoed this admittedly valuable privilege will be denied boards of health for another two-year period, particularly as the separate measure covering this point, introduced by Representative Hughes of Lorain, was not passed.

\* \* \*

In this issue of *The Journal* we have devoted an unusual amount of space to a rather detailed review of the various legislative proposals. We do this fully realizing that many of our members are inclined to assume the pose that such matters are relatively unimportant. In the legislative work of the past three months the committee has encountered this attitude. This might be well founded if the interests of physicians, financial and professional, were the only point to be considered, but the writer desires to call your attention to the fact that the chief point at stake is the protection of the sick public, and under our system of state government, legislation designed to protect the interests of the sick is becoming more and more important every year. We would respectfully suggest that some of our members who have been inclined to this attitude devote a few moments to a review of the succeeding pages and to careful consideration of what might have happened to the said sick public had the legislature enacted into law the measures proposed at this session.



## Bill to Exempt Christian Science "Healers" from Ohio Medical Practice Act is Decisively Beaten

Following a legislative fight which extended through six weeks, and which brought to light the astounding political, social and financial ramifications of the so-called Christian Science Church in Ohio, the impudent and dangerous Terrell bill known as Senate Bill No. 66 was defeated in the House of Representatives at Columbus shortly before midnight on Friday, March 9, by an overwhelming vote—83 to 23 to be exact.

The result was a complete surprise to everyone, as the bill was passed by the Senate on February 8 and its passage in the House had been confidently predicted both by its supporters and by a majority of the legislative correspondents representing metropolitan newspapers.

This impression was based upon the fact that the fight on behalf of the bill was directed and carried on by an active lobby that included men very prominent in state politics and in the business world. But their most skilful manipulation was impotent in face of the sound public sentiment of the state of Ohio, as reflected by their representatives. They, by decisive vote, made it plain in no uncertain terms that Ohio is not yet ready to exempt from the provisions of laws designed to protect the sick public any particular class of healers, and particularly not those who seek to commercialize the teachings of Christ under the guise of practicing the so-called system of healing promoted by Mary Baker Eddy.

In the March *Journal* (Page 173) we reported the efforts that preceded the passage of the bill in the Senate, and (on Page 175) gave the text of the measure. The passage of the bill in the Senate precipitated the real fight. The Senate's action surprised even the religio-political manipulators, who manage the affairs of the church, and who are in general charge of the proselyting system which is based on commercialized healing. In previous years similar proposals had received scant attention in our legislature, but the campaign to pass Senate Bill No. 66 has covered a period of two years, and in certain localities played a prominent part in the political campaigns of some of the members of the legislature. But even with this elaborate pre-election organization work, the Christian Science lobbyists were surprised when the Senate acted favorably.

Immediately, help was summoned from the "Mother Church" in Boston. Well-dressed, sleek-looking gentlemen turned up in Columbus and engaged quarters at our leading hotels. As the fight grew warmer, they were joined by men from various parts of the state—not Christian Science "healers," mind you, but business men, bankers, and leading politicians who in one way or another are affiliated with or under the control of the Christian Science organization.

Likewise, throughout the state, the local Christian Science organizations became active. The first manifestation was the appearance of editorials in large and small papers, sounding the praises of Christian Science and reiterating, in the approved Peruna style, half-baked testimonials designed to eulogize the wonderful healing feats of these practitioners. In almost every

### THE CHRISTIAN SCIENCE BILL

The bill, introduced by Senator Virgil Terrel of Cleveland, provided complete exemption from the provisions of Section 1286 of the General Code of Ohio—the Medical Practice Act—for "those who endeavor to prevent or cure disease or suffering by spiritual means or prayer."

Under the present law anyone may practice any branch of the healing art—medicine, surgery, osteopathy, chiropractic, or what not—providing no fee is accepted for the service. This is the line of demarcation that has always prevailed in Ohio to differentiate volunteer first aid or emergency service from professional practice. Therefore, Christian Science healers may continue to practice "healing" to their heart's content, but when they accept a fee for the service, directly or indirectly, they collide with the Medical Practice Act.

Since the Christian Science church has developed nationally, it has backed an organized campaign to pass measures similar to Senate Bill No. 66. They have been successful in this in several states, notably New York, where a bitter fight was staged some years ago.

They were particularly desirous of success in Ohio because in this state we have a Supreme Court decision (in the case of *State vs. Marble*) that construes our present Medical Practice Act to include Christian Science "healers" where they attempt to collect a fee for their services.

case it was rather easy to trace the inspiration of these editorials and articles—either to some local social or business influence, or to some influence usually more potent in the advertising than in the editorial offices of the paper. Further, many of them were secured through the medium of "boiler plate," or "canned" editorials, the system originally designed by the late Mark Hanna to "educate the public."

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The Executive Secretary, acting for the Legislative Committee, early in February started a complete poll of the membership of the House to ascertain the status of Senate Bill No. 66. He was amazed to find that these state-wide influences had in a measure poisoned the minds of many members. So, immediately real work was started to defeat the bill, and the result is a splendid testimonial to the state organization that has been developed by our Association. Further, it again emphasizes the point that we have made in these columns repeatedly—that *the best interests of the medical profession are co-incidental with the best interests of the general public, and that an organization that seeks to uphold the standards of medical practice is thereby rendering a splendid service to the state.* Were it not for the organization work carried on by our Association, Christian Science healers today would be legalized in Ohio, and during the next few years our five million citizens would reap a harvest of epidemic disease fostered by the ignorance of both the registered healers of the church, who are unfitted by training to recognize contagion, and by other less scrupulous quacks who would cover their piracy with the guise of church affiliation, and thereby be exempted under the loosely drawn phrasing of this proposed law.

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It is very easy to speak in broad generalities of the "political ramifications" of the Christian Science church, as exposed in this legislative fight, but we assure you that the statement is not based upon shadowy rumor or unconfirmed evidence. It was so apparent that it was a matter of common knowledge in and around the legislative halls.

For example, one of the prominent bankers of the state, who is a warm believer in the healing

properties of Christian Science, enlisted in the fight one of his close personal friends who owns newspapers and is a power in state politics. His friend entered the fight purely for personal reasons. He is not generally known as a deeply religious gentleman, and probably his knowledge of Christian Science about equals that of the Man in the Moon. But, throughout the session, in response to the appeal of his banker friend, he had his political agents working in Columbus, and his newspapers lead the publicity fight for the bill.

Cases similar to this were numerous. The fight of the Christian Science church was not waged on the merits of Senate Bill No. 66. It was predicated almost entirely upon personal and political influence that could be summoned to the support of the measure.

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We call attention to this exercise of collateral power because it serves to emphasize the striking features of the remarkable victory scored when the bill came to final vote.

Your Legislative Committee operated on entirely different lines. We made it our business to inform the state of the actual provisions of the proposal, and its dangers to the commonwealth. We brought the measure to the attention of public health organizations whose members immediately realized the dangers attendant to the spread of contagion. We called the proposal to the attention of the Christian ministers of the state. In many of the large cities, and in a great majority of the counties, ministerial associations immediately took action and without exception denounced Senate Bill No. 66 as an unholy attempt to commercialize prayer. We kept the members of our county organizations advised in detail as to the status of the bill, and as to how the most effective work could be done.

And almost without exception, from Montpelier to Marietta, these county organizations responded in magnificent style. The result was a series of legislative victories that left no doubt as to the attitude of the public toward this or any similar proposal to emasculate our Medical Practice Act in the interests of a favored few.

Senate Bill No. 66 was messaged to the House on February 10. Four days later the first fight came when the Christian Science advocates attempted to have the bill referred to the Standing Committee on State and Economic Betterment. Dr. William P. Ellis, Representative from Geauga county, opposed this strenuously and in a brief speech held it to be distinctly a public health matter, that should be considered by the Standing Committee on Public Health. Following a floor discussion in which it was charged that reference to the Committee on Public Health meant the "death" of the bill in committee, it was referred to that committee by a vote of 67 to 40.

The Public Health Committee immediately voted to give each side a public hearing. On February 21 the Christian Scientists were given their innings, and these consisted chiefly in reading long extracts from Mrs. Eddy's book, "Science and Health," and testimonials from various people who claim to have been cured by Christian Science healers.

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The public hearing at which the opponents of the Terrell bill presented their arguments to the House Committee on Public Health in the chamber of the house of representatives, February 27, was characterized by legislative experts as one of the most thorough and carefully planned they had ever heard. All phases of the subject were handled in an able manner by speakers whose arguments frequently brought forth rounds of applause. The hearing was arranged by Dr. F. F. Lawrence of Columbus, acting in conjunction with the Legislative Committee.

Ministers, representing in many instances the church federations of their home cities, joined physicians and public health workers in breaking down the absurd arguments of the Christian Scientists. The ministers discussed the religious side of the question, but departed from this line of thought long enough to emphasize the menace to public health the bill would create if it became a law. Dr. J. E. Foster of Coshocton, a veterinarian, and member of the Public Health Committee, was chairman of the meeting.

Dr. Lawrence was the first speaker. He dwelt at length on the strict educational requirements which physicians must meet and compared them with the flimsy requirements of the Christian Science practitioner. Passage of the bill, he said, would be a blow to medical education. Comparison of statistics covering deaths from typhoid fever in the United States army during the Spanish-American war and during the recent mobilization on the Mexican border was one of the

most effective arguments advanced by the doctor. Thousands of soldiers died in camp from this disease during the former period but not a single case of typhoid fever had resulted fatally on the border. Praying, according to Christian Science doctrines did not lower the typhoid fever death rate in the army, he declared.

Dr. George H. Matson, secretary of the Ohio State Medical Board, discussed the legal side of breaking down the medical practice act for the benefit of Christian Science healers. He also related personal experiences which clearly illustrated the deception practiced by healers—other than Christian Scientists. Many were merely fakirs, he declared, and the passage of the Terrell bill would only add to this class many unscrupulous recruits eager to prey upon the sick under cover of membership in the Christian Science church.

"For the money that's in it," was one reason given by the Rev. David McKinney of Cincinnati, representing the Cincinnati Council of Churches, as to why the Christian Scientists were so eager to have their bill become a law. He told the committee it was the duty of the state to protect the children and the ignorant who would suffer most from the activities of Scientist healers. He objected vigorously to their placing a price on prayer. "Don't prostitute Christ's teachings and gifts by tramping them in the mud," he urged.

Rev. S. S. Palmer, pastor of the Broad Street Presbyterian Church, Columbus, added an important link to the opponents' chain of arguments by showing the ease with which testimonials can be obtained. He related a number of instances in which he said he could, if he desired, secure testimonials which would compare very favorably with those so frequently paraded by the Scientists. He placed the Scientists in a class with the patent medicine manufacturers who dispose of their products largely through worthless testimonials and misleading advertisements.

"If this bill should pass, we would have prayers at so much per," declared Rev. J. G. Huber, pastor of the First United Brethren church, Dayton, speaking for the federated churches of that city. "What would you think of the ministers of Ohio if they asked the legislature for permission to charge so much per for their prayers?" He gave the Scientists' lack of knowledge of diagnosis of disease and their failure to report communicable disease among the chief reasons why he opposed the bill. The child has a right to live and has a right to the advancements which medical science has given the world, he asserted.

The Rev. J. T. Britan, Presbyterian minister of Columbus, told the committeemen that "ministers were becoming weary of attending funerals of persons who had died of neglect." He characterized the Scientists' belief as a physical,

moral, intellectual and religious peril, which they were seeking to foist on the people of Ohio.

Dr. W. P. Ellis, representative of Geauga county and member of the public health committee, made good use of quotations from Christian Science "text books" in pointing out the absurdities in the claims of the supporters of the Terrell bill. He branded their theory regarding the non-existence of disease as inconsistent with the dictates of common sense.

In order that the legislators might have a clear understanding of the difficulties already confronting health departments, the obstacles such departments have overcome, the results they have obtained, and the importance of reporting communicable diseases, Dr. John H. Landis, health officer of Cincinnati, was called before the committee. He explained in detail the workings of a modern health department, the development of modern laws relating to sanitation, quarantine and inspection and the modern methods of fighting epidemics. One of his strongest and most impressive statements, which had a great deal to do with offsetting the Scientists' claim that they were law abiding citizens, was this:

"During the seven years that I have been head of the Cincinnati department of health, not one case of contagious disease has ever been reported by a Christian Scientist."

Dr. A. L. Light, health commissioner of Dayton, followed Dr. Landis. He told the committee-men that he had never heard of a Scientist healer reporting a case of contagious disease until after the report had reached the health department from some other source—probably from the physician called in after the patient was dead or dying. "There is a Dayton healer here tonight," he continued, "who failed to call a physician for four days in a case of contagious disease—and then only when the patient was dead. I made an investigation of this case and found that the disease had been communicated to eight persons from that one patient. Two of these died and I am sure their deaths were needless. If this bill should pass, disease would be rampant. All I ask is that Christian Scientists qualify to recognize communicable disease when they see it. Instead of letting down the bars, raise them a little higher."

The Rev. E. T. Tittle, pastor of the Broad Street Methodist Church, Columbus, informed the committee that, in appearing before it, he was not fighting the Christian Scientists as a religious cult but as a medical cult. He recognized, he said, the power of mind over body, but was opposed to the Scientists' "heroic belief in the non-existence of disease."

Dr. J. H. J. Upham of Columbus, president of the Ohio State Medical Board and chairman of the legislative committee of the State Association, made the closing argument for the opponents of the bill. Speaking for the State Association, he said its opposition to the bill is based

on altruistic motives. The record of the Association, showing its stand on questions relating to public health, the amount of charity work done by the physician, the establishment of free clinics and dispensaries and its activities in disease prevention, would bear him out in this statement, he declared. In this fight, he said, the only object of the Association was to safeguard the public against the unqualified and illy prepared practitioner. If the bill should be enacted into law, any member of the Christian Science church could sign a death certificate, he pointed out. He brought the meeting to a close with an eloquent plea for the defeat of the bill.

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After these hearings, the Public Health committee at a meeting on February 27 voted to "indefinitely postpone" further consideration of the bill. The vote stood seven to two, four members not voting. When this became known Christian Science lobbyists organized a movement to relieve the committee from further consideration of the bill. The motion was made on March 2, and was voted down on the floor of the House 63 to 45. It was generally conceded, following this vote, that the bill would never see the light of day, as it was known that at least seven of the thirteen members of the Public Health Committee were in favor of killing the bill in committee.

Every conceivable pressure was brought to bear on the laymen serving on this committee to secure this report. Finally, when all else failed, certain extremely powerful state politicians prevailed upon a certain extremely powerful individual to take a hand. On March 7 the latter summoned to his office two of the medical members of this committee and urged them in extremely pointed manner to sign the report. They finally capitulated and as the Christian Scientists already had five signatures, the bill was reported to the House on March 8 without recommendation.

The session was rapidly approaching a close, and the House was operating under a preferred or "jitney" calendar, which was made up each night by a committee of five after conference with the Governor. Although hundreds of bills were being urged for position on this calendar—some of which had been waiting a position for weeks—Senate Bill No. 66 was given a position on Friday, March 9, the day before the session ended.

During the entire week papers of the state predicted that the bill would pass. For example, the *Columbus Monitor*, on the front page of its issue of March 8, commenting on the success of the Christian Science lobby in securing a report on the bill, said:

"This, House members consider, is a signal victory for the Scientists. Once on the floor of the House the bill will be passed by a fair margin of safety, was the prediction Thursday."

The bill came up for final action late Friday night. The galleries were crowded and the sedate Senate adjourned early so that its members might hear the debate in the House. Throughout Friday thousands of telegrams poured in on members, urging both the defeat and passage of the bill.

Representatives Fitzsimmons, of Cleveland, as soon as the bill was read, made the play through which it was hoped to stampede the Assembly. He offered an amendment providing that the "exemption of healers" should be limited "to such persons as are accredited for this service by their churches," and that their names and addresses, and "credentials" should be filed in the office of the Secretary of State. He also offered an amendment as follows: "Providing that this act shall not be construed to exempt such persons from the operation of laws or regulations relating to infectious and communicable disease."

Representative Nelson Schwab of Cincinnati, exposed this move in a brief straight-from-the-shoulder talk. He compared the flimsy system of registration suggested by this amendment to the real registration based on education demanded by the state of all others who practice any branch of the healing art. He pointed out that it would be farcical to require Christian Science healers to report contagious diseases when they are not fitted to recognize such diseases. Our friends in the House had been warned to be on the lookout for fake amendments, and Mr. Fitzsimmons' plausible suggestions were defeated by an overwhelming vote.

Representative John W. Gorrell, of Carroll county, launched the floor attack on the bill in a splendid address in which he dealt with both the religious and public health phases of the question. He recited the history of various noted medical frauds of the past and compared these systems of "absent treatment"—many of which the Government has stopped—to the Christian Science plan. His arraignment of quackery in general, and Christian Science practice in particular, was decidedly forceful. He closed with a splendid tribute to the country doctor.

He discussed at length the religious features, and branded Senate Bill No. 66 as an "iniquitous effort to commercialize the teachings of Christ." He referred continuously to Mary Baker Eddy's "copyrighted prayer."

Representative Henry Evans, of Toledo, was the only spokesman for the bill, and he neglected to discuss the measure. Mr. Evans in spread-eagle style talked about "the medical trust," the precious heritage of liberty, and the dear old flag. His tirade was chiefly a "re-hash" of the "literature" issued by the League for Medical Freedom, and if it had any effect at all, it made votes against the bill.

Dr. J. E. Foster, of Coshocton, basing his attack on the measure on his years of experience as health officer in Coshocton, emphasized the dangers of emasculating the quarantine laws.

Dr. A. L. Stump, of Pickaway county, hammered home the point that the bill would not be dangerous and the public would be protected if some provision could be made whereby Christian Science healers could be educated to methods of diagnosis. His talk centered on the chief weakness of the Christian Science propaganda—diagnosis.

Judge William L. Hughes, of Lorain, completely knocked the props from under the Christian Science argument by quoting the law under which registration is provided for physicians, osteopaths, pharmacists, dentists and veterinarians. In a masterly style he drove home the point that a man is forced to show evidence of extended training before he can practice any of these professions, and compared it with the complete lack of education of Christian Scientist practitioners.

"Is the state prepared to countenance a system of registration that protects our dogs and cats from the uneducated practitioner, and places our little children at the mercy of men and women who may be both ignorant and unscrupulous, under the provisions of this law," he demanded.

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As the hour was very late it was decided to close the debate and the vote was taken. The expression of approval on the part of the galleries was so marked that immediately thereafter it was necessary to recess the House; and that night the gentlemen from Boston gave up their quarters at our really excellent hotels, and quietly disappeared.

#### WORKMEN'S COMPENSATION AUDIT

By a strictly partisan vote the House refused to pass the bill of Representative Reighard of Fulton county, which provided for a complete audit in the county of the state workmen's compensation fund. The Democrats who opposed the measure held that it would be useless and extremely expensive, and would have given ammunition to the enemies of the state insurance fund. From the medical viewpoint, it is to be regretted that the audit was not ordered, as undoubtedly it would have thrown additional light upon certain unsatisfactory features of the present law.

Architects have completed plans for a contagion hospital to be erected in connection with the General Hospital at Ashtabula.

Plans have been made for an addition to Ingleside Hospital, Canton, increasing the capacity of the institution from 30 to 50.

## Governor is Authorized to Appoint Commission to Investigate State Health Insurance During Next Two Years

Ohio is to undertake an official investigation of the subject of state health insurance. Carrying out the expressed wishes of Governor Cox, the legislature on March 10 made this possible when it enacted the Chapman bill (House Bill No. 461), which authorizes the Governor to appoint a commission of seven members "to conduct a study of health insurance and sickness prevention, and also of the subject of old age insurance and of the application of health insurance and old age insurance to Ohio conditions."

The bill provides that this commission shall be appointed within thirty days after the measure becomes a law, after the ninety-day referendum period has passed. It appropriates \$25,000 for the purpose of employing a secretary, a corps of investigators and other help. No provision is made for salaries for commission members, although their expenses are to be paid. The investigation is to cover a period of two years, and the commission is specifically directed to make a full report of its work and findings to the Eighty-third General Assembly, which will be convened in Columbus in January, 1919, and partial reports prior to that time.

Passage of the bill is due almost entirely to the personal influence of the Governor who is deeply interested in the subject, but who is opposed to any legislation that is not based upon a thorough consideration of Ohio conditions. Mr. Cox made it possible for this measure to be placed upon the preferred calendar of the General Assembly at a time when there were literally hundreds of bills before the House, with only a few hours left for consideration. Its position on the preferred calendar made possible its passage in the House early in the afternoon. It was immediately referred to the Senate and passed there without the usual red tape of committee consideration.

When the measure came up in the House, Representative O. B. Chapman of Dayton, made a brief argument in its behalf, quoting from statistics showing the tremendous economic loss due to preventable diseases. Members of the House listened with interest to excerpts from the partial reports made by the California Commission, and there were only three dissenting votes when the measure was presented for final passage. Senator Howell Wright took charge of the measure in the upper house. He cut the usual red tape, spoke briefly in its behalf, and it was passed by the Senate without a dissenting voice.

Representative Chapman, the author of the bill, is one of the leading labor leaders in the state. Earlier in the session Mr. Chapman introduced a bill providing for a complete system of compulsory state health insurance for Ohio—a measure following almost exactly the model

bill prepared by the American Association for Labor Legislation. This measure had little or no support, however, and it was agreed by those behind the propaganda to permit it to "die in committee," and seek for a state commission to make a preliminary survey of the subject.

The Chapman bill was drafted by the following committee: Fred C. Croxton, Ohio Institute for Public Efficiency; Malcolm Jennings, secretary of the Ohio Manufacturers Association; O. K. Shimansky, secretary of the Ohio State Board of Commerce; Thomas Donnelly, secretary of the Ohio State Federation of Labor, and G. V. Sheridan, secretary of the State Association. It bears the endorsement of the legislative committees of these associations, and of various other groups interested in public health and social service work. The bill was drafted following a general conference here early last December. (See *Journal*, January, 1917, page 23).

The scope of the commission's work is specifically outlined in the following terms: "It shall be the duty of such commission to make an inquiry into the subject of sickness, and the causes thereof; the loss to individuals and to the public thereby; the adequacy of the present methods of treatment and care of such sickness and of meeting the losses caused by such sickness by existing insurance companies or associations, or otherwise; and the influence of working and living conditions upon the health of employed and unemployed persons and methods for the prevention of such sickness, and other related subjects. It shall also be the duty of such commission to make an inquiry into the subject of old age in its relation to industry and to the public interest and of the adequacy of existing methods of caring for aged workers."

It is known that the Governor will exercise extreme care in selecting the members of this commission. It is his intention to have the personnel of the commission represent, as far as possible, the different interests that are directly interested in and will be vitally affected by any plan of state health insurance that Ohio might adopt. It is confidently hoped that the Governor will appoint at least two physicians on this committee—one who is familiar with the hospital and social service phases of medical practice, and a second who is familiar with and representative of the viewpoint of the general practitioner.

Commissions similar to the one proposed for Ohio are now at work in California, New York and Massachusetts. The reports by these bodies will be valuable to the Ohio investigators as will be the complete literature relative to the operation of these systems in various European countries. The chief work of the Ohio Commis-

sion will be to investigate the adaptability of the various systems to Ohio conditions.

The commission is given rather broad powers in the employment of a secretary and investigating experts. It is made possible for the commission to divide its work so that sub-committees may conduct hearings at various points throughout the state. The law specifically provides that the commission or any sub-committee or member delegated to conduct hearings shall have power to administer oaths, issue subpoenas, and compel the attendance of witnesses within the county in which the witness resides. Penalties similar to those provided for contempt of court are provided for refusal of any witness "to testify con-

cerning any matters regarding which he may be lawfully interrogated."

It should be noted that the commission is authorized to investigate two rather distinct subjects—health insurance and old age insurance. The committee which drafted the bill included the latter because of the fact that legislation providing old age insurance is under consideration in Ohio, and may be the subject of a special referendum this fall. It was felt that such legislation should not be enacted without a careful preliminary survey, and that the inclusion of this subject in the commission's field of investigation might serve to prevent passage of ill-considered legislation providing for an old age pension system.

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## Bill to Afford Relief to Nurse Training Schools Connected with Smaller Hospitals Passed; Governor's Veto Urged

The establishment of minimum standards for hospitals which operate nurse training schools whose graduates may be admitted to nurse registration produced one of the most bitter fights of the legislative session.

Last month (*Journal*, page 180), we gave a detailed report of the debate in the House preceding the passage of House Bill No. 38, which was introduced on January 16 by Dr. W. S. Hoy of Jackson. When this measure was messaged to the Senate on February 7 it was referred to the Senate Committee on Public Health, and the Ohio Association of Graduate Nurses organized a state-wide fight to prevent its passage.

The Hoy bill modified the Ohio nurse registration law—which is less than two years old—in two important particulars. It provided for a lowering of *preliminary* educational standards from the requirement of one year of High school to an education equivalent to the completion of the eighth grade. Its second feature was to provide that hospitals having a daily average of at least five patients could operate a nurse training school, and that nurse graduates from such a school might be registered by the state medical board if the board's other minimum requirements were met.

Executives in charge of and physicians connected with a large number of our small hospitals urged the passage of this bill. They pointed out to the legislators that it is very difficult to secure a sufficient number of girls for nurse training when one year of High school education is demanded as an entrance requirement. They held this proviso bars many country girls in localities where High school instruction is not available. Their second and more insistent demand was that the law specifically establish the five-patient minimum. The present law, passed two years ago, does not establish a minimum requirement relative to the number of patients a hospital must have in order to operate a recog-

nized nurse training school. This was left to the State Medical Board, to be determined by them, acting in conjunction with the nurse examining committee. It will be remembered that the board, following several spirited meetings, established a set of minimum requirements, and that one of these provided that a nurse training school could not be recognized unless connected with a hospital that could show a daily average of at least fifteen patients.

At the time this ruling was established it was bitterly opposed by the small hospitals. They pointed out that no matter what their facilities might be, and no matter how excellent might be the training they afford nurses, many of them would be arbitrarily barred by reason of the fact that their communities do not offer sufficient clinical material to meet this fifteen patient requirement. They introduced much evidence to show that many of the small hospitals in the state turn out splendidly trained nurses—nurses who meet the needs of the communities in which they are trained, and nurses who are sorely needed in these smaller communities.

Advocates of high standards for nurse training replied that the operation of the nurse training law does not of necessity prevent these small hospitals from operating nurse training schools. The nurse registration law specifically provides that a woman may practice as a "trained nurse" or "graduate nurse" without credentials from the nurse registration department of the State Medical Board, and that these smaller hospitals could, therefore, continue training schools for nurses who would in effect become practical nurses, while the larger and better equipped hospitals could provide the "higher grade" nurses who could be authorized to practice as registered nurses.

This argument failed, however, to convince the executives of the smaller hospitals that their institutions would not be seriously handicapped by

the continued operation of nurse training under standards that would prevent the registration of their nurse graduates. They, in turn, pointed out that the average pupil nurse would be very slow to enter one of their hospitals for a period of three years, when by entering a large hospital for a similar period she could secure the coveted R. N. And so the controversy raged for some weeks.

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Senator Howell Wright of Cleveland, chairman of the Public Health Committee, who, in his private capacity, is secretary of the Ohio Hospital Association, came forward on February 26 with a bill—prepared by him at the direction of the Senate Committee—which he offered as a compromise measure—and which for a time seemed destined to meet the fate of all compromises, in that it pleased neither side.

Mr. Wright's bill was offered as a substitute for the Hoy bill. It differed from the Hoy bill in three essentials.

First, it increased the average daily number of patients required to qualify a hospital as a nurse training school from five to eight. Second, it provided for a lowering of preliminary educational requirements from one year of High school to the eighth grade, but qualified this by providing that on January 1, 1919, the present requirement of one year of High school should be automatically resumed. In offering this, Senator Wright explained that during the next two years contemplated extension of the state educational system would provide better High school facilities, and the temporary postponement of the present requirement would afford the small hospitals an opportunity to readjust themselves to the new demands.

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The third provision of Senator Wright's bill touches a point not covered in the Hoy bill and is designed to remove from the State Medical board control of those hospital functions that are not directly connected with the nurse training school. Section 1295-5 gives the board the power to register nurses, providing they hold that the nurse training school is in good standing and "connected with a hospital or sanatorium in good standing, as defined by the State Medical Board." Mr. Wright's bill removes from the present law the phrase "and connected with a hospital or sanatorium in good standing," but provides that the training school must be "connected with a hospital." By this omission the proponents of this bill hold that the State Medical Board is prevented from interfering with hospital activities that are not directly connected with the nurse training school that seeks recognition.

The reason for this action on Mr. Wright's part is easily explained. Some months ago the State Medical Board notified the trustees of Lakeside Hospital, Cleveland, that they must discontinue the school in which graduate nurses are

taught the administration of anesthetics. They notified Lakeside that unless this special school be discontinued, the board would not recognize the general nurse training school operated by Lakeside. This action was insisted upon despite the fact that Lakeside authorities clearly proved that the training school for nurse-anesthetics is not connected in any way with the hospital's nurse training school, and in spite of the fact that Lakeside's nurse training school is one of the best in the country. Senator Wright, in an admittedly fair and unbiased statement, announced on the floor of the Senate that it was his hope, that by omitting this phrase from the present nurse registration law, he could remove from the State Medical Board "the power to interfere with the collateral activities of a hospital." He pointed out that if the State Medical Board desired to force the discontinuance of the nurse-anesthetist school at Lakeside, they had full legal authority to do so without using the nurse registration law as a "big stick."

The nurses' organizations bitterly opposed Mr. Wright's bill, as they had opposed the measure by Dr. Hoy, but on March 20 it was passed in the Senate by a vote of 20 to 13. When it was messaged to the House on March 9 the Wright bill was passed by an overwhelming vote—88 to 26. The fight was immediately transferred to the governor's office. The governor daily and hourly received communications by the basketful. About half of them, coming chiefly from nurses who have been registered under the *exemption clause* of the law and from physicians and others connected with some of the large hospitals of the state, urge the governor to veto the measure. The remaining half, coming from executives of small hospitals, physicians who are connected with their staffs and from citizens of rural communities who regard the small hospital as a community need, are pleading with the governor to sign the bill. Representatives of practically all the Catholic hospitals, large and small, likewise urged the governor to approve the bill.

The bill was signed by the Speaker of the House on March 22, and forwarded to Governor Cox for his signature or veto. Under our state constitution, the governor has ten days in which to consider a measure.

Probably by the time this reaches you, Mr. Cox will have acted. At this date (March 26) he had the matter under advisement.

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The Sisters of Mercy announce that they are prepared to receive medical patients at the new Mercy Hospital, 2219 Madison Avenue.

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The medical staff of the Miami Valley Hospital at Dayton has been entrusted with the task of raising \$3,000 necessary to complete the \$250,000 building fund to be used in making improvements and additions at the institution.



## Opticians Lose Their Fight for Separate Board of Licensure; Vote was Decisive

The value of splendid medical organization was never better illustrated than on the afternoon of February 27 when by a decisive vote the Ohio Senate defeated the bill providing for the licensure of opticians and eye glass fitters under the coined name of optometrists. For two years the 600 opticians of Ohio who would profit by this measure, have been working constantly to bring every ounce of influence to bear upon members of the legislature. When the bill was introduced on January 25, by Senator Gilmore, of Eaton, a lobby was immediately established in Columbus with headquarters at the Neil House. F. P. Barr, of Lancaster, chairman of the legislative committee of the Ohio Optical Association, gave up his business, and after registering as lobbyist established himself in Columbus and announced that the optometry bill would pass regardless of all opposition. For five weeks prominent opticians from various sections of the state haunted the corridors of the House and Senate and constituted one of the most active lobbies ever seen in Columbus.

This contrasted sharply with the campaign waged by your legislative committee in opposition to this measure. On February 15, when the bill was given a public hearing by the Senate Committee on Public Health, your committee asked two physicians to appear and present the public health phase of the question. Dr. L. E. Siemon, of Cleveland, spoke as a representative of the State Medical Board, which is ready to register optometrists under the provisions of the Platt-Ellis law. Dr. William King Rogers, of Columbus, spoke as an oculist familiar with the dangers of experimentation on the human eye by unqualified persons. With the exception of the executive secretary of the Association, whose presence was required in the Senate on numerous occasions by this and other bills, this constituted the only "lobbying" done at Columbus against this measure. The credit for defeating this bill rests entirely with the local legislative committeemen. These men were kept in constant touch with the optometry fight through our Columbus office, and it was due to their splendid work that the Gilmore bill was decisively beaten.

The bill never reached the House. It required nineteen votes to pass the Senate and received but thirteen, while sixteen votes were registered against it, seven members not voting. It was the most decisive defeat ever administered to an optometry bill in this state, and was the first time in the history of our legislature that the optometry bill has been defeated on the floor of either the House or Senate. In years past it has always passed at least one branch of the Assembly and been "killed" in committee by the

other. Six years ago it passed both houses, and was vetoed by Governor Harmon.

The optometrists, confident of victory this year, fought to the finish, and even after their defeat made an organized effort to revive the bill on vote to reconsider under the legislative three-day rule. But our lines held, and eventually they left Columbus in disgust.

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The Gilmore bill was designed to license men and women to practice optometry, which was defined to be "the employment of any means or method other than the use of drugs for the measurement of the powers of vision, and the adaption of lenses for their aid thereof." Under the bill the Governor was directed to appoint a board of five persons, "each of whom shall be a non-medical man, actually engaged in the practice of optometry." The board was authorized to grant exemption certificates to all persons who have practiced optometry in this state for five years, without any examination whatever. For those who seek to enter practice after November 1, 1917, it was provided that they should be examined by the board in theoretical, practical and physiological optics, in the anatomy and physiology of the eye, and in theoretical and practical optometry. Preliminary education equivalent to two years of high school, graduation from "a reputable school of optometry" maintaining a two-year course, was demanded.

For those who have practiced less than five years, provision was made to take the examination without showing any preliminary educational qualifications. This law is similar to that of forty states. Ohio is one of the four large states that has successfully opposed this form of licensure, Missouri, Pennsylvania and Texas being the others. In each of these states optometry fights are pending, and we understand that the opticians have been successful in Pennsylvania.

When the bill was pending before the Ohio Senate the lobbyists presented printed statements from the governors of many states—including New York, New Jersey, Iowa, Minnesota and California—approving optometry laws. To meet this point your committee presented to the legislators the written opinion of the only Ohio governor who has ever passed upon this point—Hon. Judson Harmon. Mr. Harmon in his veto message summed up the optometry situation concisely and pointedly, and his message of six years ago had a potent influence in the present fight.

\* \* \*

Senator Howell Wright of Cleveland, Senator Robert O'Brien of Cincinnati, and Senator U. G.

Murrell of Wilmington, spoke against the bill when it was before the Senate. Senator Murrell, speaking as a physician, dealt with the necessity of protecting the public against treatment by unqualified persons. Senator O'Brien emphasized this point, outlining the advanced education required of medical men before the state permits them to practice in any field. He asked:

"Why should optometrists come before the Senate and demand that they be permitted to treat a particular portion of the human anatomy without an adequate knowledge of the body as a whole?"

Senator Wright who, as chairman of the Committee on Public Health, was exceedingly active in the fight against the optometry bill, laid before the Senate the present status of optometry in Ohio. He quoted the provisions of the Platt-Ellis law providing for the registration of limited practitioners, and told the Senate that a large number of high-grade opticians are desirous of being licensed under the provisions of that law, by the State Medical Board. He pointed out that more than 1000 of these have filed registration deposits totaling over \$2800 with the State Medical Board.

He explained the attitude of the optometrists toward the Platt-Ellis law. When the bill was drafted two years ago, and when it was passed in the House it had the approval of the Ohio State Optical Association. After it passed the

House and while it was pending in the Senate, lobbyists for the national optometry interests came to Ohio and persuaded a majority of the local opticians that this was "only another move by the iniquitous medical trust to throttle optometry."

Senator Wright explained how in the face of this sensational opposition, the Senate by amendment removed the word "optometry" from the Platt-Ellis law, but left therein the general clause under which, in the opinion of many attorneys, optometrists may be licensed as limited practitioners.

The Senator further declared that adequate licensure would now be provided for the optometrists of Ohio by the State Medical Board were it not for the action of some of the optometrists in securing a temporary restraining order in the Franklin county courts. He declared that until the status of optometry under the Platt Ellis law is finally determined by the courts of the state, it would be foolish to provide for a separate department of licensure.

\* \* \*

Senator Wright's argument succinctly states the case. Attorney General McGhee, as counsel for the State Medical Board, will immediately prosecute the case pending in the Franklin county courts. Whatever the decision may be, it will be carried to the Supreme Court of the state as quickly as possible.

## New Law Abolishes State Board of Health and Provides Council of Four and State Health Commissioner

Senator Howell Wright's proposal to abolish the state board of health and substitute therefor a public health council of four members and a state commissioner of health (see Journal, March, 1917, page 181) was passed in the Senate on February 27 without a dissenting vote, and on March 6 was passed in the House after a sharp fight in which partisan lines were developed.

The law has the approval of Governor Cox, who will probably appoint the new public health council prior to the date on which the new system takes effect at the expiration of the 90-day referendum period—late in June. The Governor and his advisors are now engaged in scouring the country for a high grade man for the commissionership. Under the new plan, the commissioner is given far broader powers than were previously conferred upon the secretary under the board plan. It is essential that the commissioner be a broad-gauge man, and every effort is being made to locate a man who measures up to requirements. One valuable feature of the new plan is that it does not limit the salary that may be paid such an executive. The salary limitation of \$3,500, provided under the old law, was one of its most undesirable fea-

tures. The new budget appropriates \$5,000 per annum for this purpose. The commissioner is to be selected by the public health council, with the approval of the governor, and his salary shall be fixed by the council, subject to the same approval. Practically the only qualification demanded is that he shall be "a physician skilled in sanitary science." Inasmuch as two of the four members of the council are required to be physicians, and the commissioner is the fifth member of the council, the new plan continues the direction of the department with men of medical training and experience.

It will be noted that the new law provides for a deputy commissioner of health, who need not be a medical man. It is regarded practically certain that this appointment will go to Mr. James E. Bauman, now Acting Secretary.

The seven members of the present state board of health who are legislated out of office by the enactment of this new bill are: McKendree C. Smith, M. D., president, Grandview; H. T. Sutton, M. D., vice-president, Zanesville; William T. Miller, M. D., Cleveland; Homer C. Brown, D. D. S., Columbus; Oscar Hasencamp, M. D., Toledo; J. Morton Howell, M. D., Dayton; W. W. Ryall, M. D., Youngstown, and Joseph McGhee, Attorney General, Columbus.

## Chiropractic Bill, Loaded with Dangerous "Sleepers", is Defeated on Four Separate Occasions

The most remarkable performance of the General Assembly that has just adjourned was in connection with the licensure of so-called chiropractors. A bill to provide for their license, under requirements that were ridiculously flimsy, was defeated by a record vote on four separate and distinct days—twice in the House and twice in the Senate.

We reported last month (*Journal*, page 176), how the Senate, on February 23, defeated the Snyder bill by a close vote, after a debate in which the proponents of the measure clearly indicated that they were entirely unfamiliar with its provisions. The big chiropractic lobby, undaunted by this defeat, immediately rallied their forces to Columbus and took advantage of the legislative rule by which measures once defeated or passed may be reconsidered at any time within three legislative days. On February 27, Senator Snyder of Toledo moved to reconsider the vote by which the chiropractic bill had been defeated. The chiropractors were able to change two votes, but the measure was again voted down 18 to 15.

We thought after this that the chiropractors had had enough, but immediately they transferred their activities to the House, where Mr. Powell of Gallia county had introduced an exactly similar measure.

At this time the Christian Science Bill was causing an exceedingly bitter contest in the House, and the chiropractors, of course, took advantage of this situation. Apparently there was a deal between the chiropractic and Christian Science lobbyists, for, on March 1, when the calendar was crowded with more important legislation, the Powell bill suddenly was brought to a vote. Christian Science lobbyists worked with the delegation of chiropractors to secure its passage. Representative Evans of Toledo, who was the floor leader of the Christian Scientists, took up the cudgels for the chiropractic bill after its ostensible author, Mr. Powell, had admitted that he knew nothing about the measure and had

introduced it by request. In the debate relative to the bill, not a single member of the House showed the least familiarity with its provisions, nor were the merits of the bill discussed. Evans merely resorted to spread eagle tactics and accused the medical profession of "fearing the chiropractic competition."

To prove that the members of the House did not give this bill any consideration we cite the fact that the bill which they voted for carried this provision: "*Every person licensed under the provisions of this act shall be entitled to all the privileges of the diploma granted to him by the school or college from which he graduated.*" Later, many representatives who voted for this bill expressed chagrin at their failure to catch this "sleeper," when it was pointed out to them that under this legal permission chiropractors, with little or no education, would be permitted to practice all branches of medicine and surgery.

Despite this and other dangerous "sleepers," the House came near passing this bill on March 1 when the vote was 61 for and 37 against. It requires 66 votes to pass a bill, so the measure was lost. Again the chiropractors summoned their allies to Columbus, and with the renewed efforts of the Christian Science lobbyists, were able on March 5 to secure reconsideration of the vote by which the bill was lost in the House. Again Representative Evans told of how "the poor chiropractors are being prevented in coming to the aid of stricken humanity," but when the roll was called the bill was defeated for a second time by a vote of 56 to 49. Not content with their fourth successive drubbing, the chiropractors reorganized their lines in a second attempt to secure another reconsideration. By this time, however, the newspapers of the state had so ridiculed the legislature for fiddling away valuable time in consideration of a foolish measure, that they failed in their attempt and left Columbus with a public announcement that they would return two years hence and "lick the State Medical Association."

## Proposal For Medical Examinations Prior to Matrimony Passes Senate.

Apparently in a spirit of levity, the Senate on March 21 passed the so-called eugenic marriage bill, which had been facetiously referred to the Committee on Rules and reported out with a recommendation for passage. The vote on the measure (which was introduced by Senator Horn of Orrville), was 25 to 5. Excepting Mr. Horn's plea for its passage and explanations of its provisions, there was a marked lack of earnestness of purpose in the brief debate on the proposal. In the midst of the discussion, Senator O'Brien

of Cincinnati, arose from his seat and asked to be excused from voting on the measure on the ground that he is a bachelor. However, Senator Terrell of Cleveland, did not overlook an opportunity to attempt to befriend the quacks and drugless healers. He offered an amendment, which, if it had been adopted, would have permitted limited practitioners and drugless healers to make the physical and laboratory examinations which the bill states shall be made by a licensed physician. Another amendment by Mr.

Terrell, making the bill apply to females as well as males, was voted down.

Under the terms of the bill, all male persons, in order to procure a marriage license, must present a certificate showing that they are "free from acquired venereal disease and by the application of the recognized clinical and laboratory tests" made at any time within 15 days prior to the date of application. The certificates must be issued by a licensed physician, other than the family physician of the applicant. The measure does not attempt to fix the fee for the examination and certificate but states that it shall be paid by the applicant.

In the event there is a dispute or disagreement regarding the findings of any examining physician, the question is put up to the state board of health for settlement. Laboratory tests made by the board are to be accepted as evidence of the existence or non-existence of disease.

Here is the penalty provided for the physician who knowingly and wilfully makes a false certificate:

"Any physician who shall knowingly and wilfully make any false statement in the certificate \* \* \* shall be guilty of perjury and upon conviction shall be punished as for perjury, and a conviction under this section shall revoke the license of such physician to practice in this state."

Any applicant for a marriage license who believes he has not had a fair and impartial examination, may carry his case to the common pleas court. The common pleas judge would then determine at a hearing whether the applicant is entitled to a certificate of health. To prevent evasion, the bill provides that a resident of Ohio, who is married in another state and who within one year returns to Ohio to live with his bride, must file with the probate judge a certificate of examination.

The measure would also prevent the marriage of divorcees within a period of six months after the granting of the divorce decree. An attempt by Senator Shohl of Cincinnati, to have this section of the bill stricken out on the floor of the Senate, failed.

\* \* \*

This proposal was never given serious consideration in the House—and it would not have received attention in the Senate but for the fact that Senator Horn indicated a desire to have it acted on. Had there been any chance of it becoming a law, the Senators undoubtedly would have killed the proposal.

Because of the unfortunate experience in other states where similar laws have been tried, it is perhaps best that this measure was defeated.

## Legislature Provides Means Whereby Commissioners of Any County May Establish Tuberculosis Dispensaries

Important changes in the state laws affecting the public control of tuberculosis were made by the legislature. On March 10 the House, by unanimous vote, passed the bill introduced by Senator Benedict of Toledo and drafted by the Ohio Society for the Prevention of Tuberculosis and the State Department of Health. The Senate had previously passed the measure.

The bill makes numerous corrections in our present laws, but its most important feature is the permission it extends to boards of county commissioners to establish one or more free tuberculosis dispensaries in each county.

The extension of the dispensary idea is the logical development in the Ohio campaign against tuberculosis and will reinforce the work of the various tuberculosis hospitals and the public health nurses. The permission extended by the Benedict bill links the dispensary plan to these other agencies.

Where a county is a part of a district maintaining a tuberculosis hospital and the hospital is managed by a joint board of county commissioners, the new law provides that this joint board may establish one or more tuberculosis dispensaries in each of the counties comprising the district, and may provide by tax levies or other-

wise the necessary funds for their establishment and maintenance.

In each of the three counties that maintain county tuberculosis hospitals, or in counties that have contracts for the care of tuberculosis patients with municipal tuberculosis hospitals located within their county, the county commissioners are authorized to establish dispensaries. In such counties as have neither of the above named affiliations, the county commissioners are authorized to provide tax levies or otherwise raise the necessary funds for the establishment and maintenance of one or more tuberculosis dispensaries.

The new law further provides, that before a dispensary is established the plan shall be approved by the State Department of Health, and the department is authorized to provide rules and regulations for the operation of such dispensaries.

R. G. Paterson, Executive Secretary of the Ohio Society for the Prevention of Tuberculosis, points out that this law gives permission for the extension of the dispensary idea to the smaller counties of the state—where the need is as great in many instances as in the cities. This work has already been developed to some ex-

tent. In Bridgeport, for example, the public health nurse employed by the county commissioners conducts a dispensary in connection with several volunteer physicians. Under this new law it would be possible for the county commissioners to employ physicians for this service and provide offices—in the court house or otherwise—which could be made the headquarters for public health work in the county.

Numerous other minor changes are made in the present law. For example, all reference to pulmonary tuberculosis is eliminated, and in the future public tuberculosis hospitals will be authorized to admit all cases of tuberculosis—glandular, bone and otherwise.

Also, relief is given to the three county tuberculosis hospitals maintained by Franklin, Lucas and Butler counties. Through a defect in the present law, no provision is made which would enable them to enlarge their facilities. Such permission was needed, particularly in Toledo.

A further correctional change provides that the county may pay the expenses of commissioners who attend conferences called to consider the formation of tuberculosis districts and the erection of district tuberculosis hospitals. These districts are in process of formation in various sections of the state and it has been difficult at times to secure the attendance of county commissioners, due to this defect.

At the present time there are the following tuberculosis hospitals in operation in Ohio:

**STATE**

Ohio State Sanatorium for the Treatment of Incipient Pulmonary Tuberculosis, located at Mt. Vernon, Ohio, and maintained by the State. Capacity of 170 beds. Dr. S. A. Douglass, medical superintendent.

**DISTRICT**

**Dayton**—District Tuberculosis Hospital, maintained by Montgomery and Preble counties. A new institution is under construction which will provide a bed capacity of 100 at a cost of \$100,000. Dr. J. D. Kramer, medical superintendent.

**Lima**—District Tuberculosis Hospital, maintained by Allen, Auglaize, Mercer, Shelby and Van Wert counties. Capacity 45 beds. Dr. C. A. Files, medical superintendent.

**Springfield**—District Tuberculosis Hospital, maintained by Champaign, Clark, Greene and Madison counties. Capacity 40 beds. Dr. Henry Baldwin, medical superintendent.

**Springfield Lake**—District Tuberculosis Hospital, maintained by Columbiana, Mahoning, Portage, Stark and Summit counties. Capacity 125 beds. Dr. D. S. Bowman, medical superintendent.

**COUNTY**

**Butler**—City of Hamilton, County Tuberculosis Hospital. Capacity 20 beds. Dr. William S. Reed, medical superintendent.

**Franklin**—City of Columbus, County Tuberculosis Hospital. Capacity 110 beds. Dr. Robert B. Drury, medical superintendent.

**Lucas**—City of Toledo, County Tuberculosis Hospital. Capacity 156 beds. Dr. Charles Souder, medical superintendent.

**MUNICIPAL**

**Cincinnati**—Tuberculosis Hospital branch of the General Hospital. Capacity 400 beds. Dr. A. C. Bachmeyer, medical superintendent.

**Cleveland**—Warrensville, Municipal Tuberculosis Hospital, Capacity 320 beds. Dr. H. L. Rockwood, medical superintendent.

**SEMI-PUBLIC**

Rocky Glen Sanatorium, McConnelsville, privately owned but with public contracts. Capacity 30 beds. Dr. J. H. Hill, medical superintendent.

St. Anthony's Hospital, Columbus. Privately owned but with public contracts. Capacity 25 beds.

**HOSPITALS UNDER CONSTRUCTION**

**Chillicothe**—District Tuberculosis Hospital maintained by Fayette, Jackson, Highland, Pike, Ross and Scioto counties. Estimated capacity 30 beds.

**FORMATION OF PROPOSED DISTRICTS**

Sentiment for the creation of a district to erect and maintain tuberculosis hospitals is crystallizing in the following places:

Proposed District No. 3—Erie, Huron and Lorain counties. Proposed District No. 4—Ashtabula, Geauga, Lake and Trumbull counties.

Proposed District No. 6—Fairfield, Licking, Muskingum and Coshocton counties.

Proposed District No. 7—Belmont, Carroll, Harrison and Jefferson counties.

The county medical societies in many of these counties are actively at work to bring about the creation of a joint board of commissioners as provided under the law.

\*\*\*\*\*  
\* LEGISLATIVE NOTES \*  
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The state of Ohio is to proceed at once with the erection of a state hospital for the medical and surgical treatment and polytechnic and literary education of indigent, crippled and deformed children of the state under the age of 18 years. The bill establishing a commission to carry out this plan was passed unanimously by both the House and Senate and \$60,000 was appropriated to start the work. This money will be spent in the erection of a building, as the bill provides that the institution shall be located on state-owned land. The institution is to be known as the Ohio Institution for the Treatment and Education of Deformed and Crippled Children.

The new commission which is to have charge of the erection of the institution is to be composed of the governor, the auditor of state and three additional members to be appointed by the governor. Two of the latter must be Republicans.

The new commission will replace the present commission which was appointed under the old code section and which included in its membership Dr. W. D. Haines of Cincinnati and Mr. H. H. Timken of Canton. Governor Cox is expected to announce the personnel of the new commission during the next few days.

In establishing provisions for the free treatment and the vocational education of deformed children, Ohio will follow the progressive lead of several other states—notably Michigan, where splendid work is being done in cooperation with the medical department of the state university. The enthusiasm with which legislators supported this measure, and the accompanying appropriation, indicates that even our politicians are taking a more active interest in welfare problems.

Miss Harriet R. Adams, assistant principal of the nurses' department, Washington University, St. Louis, has been appointed instructor and assistant principal of the Cleveland City Hospital training school for nurses. She succeeds Miss Carolyn V. McGee, resigned.

## If Your Representative Voted In the Interests of the Sick Public, and Against the Quacks, Thank Him!

The members of the House of Representatives were forced this year to vote upon two propositions which were exceedingly dangerous to the sick public. There were sharp fights and the lines were clearly drawn.

The following tabulation shows the record of the individual members on these bills, and is printed that you may check the actions of your Representative. "No" indicates that he voted in the interest of honest medical practice and against the bill. "Yes" indicates that he voted for the passage of the bill. Failure to vote may be construed as a vote against any given bill.

**Column No. 1** shows the vote on the Chiropractic bill introduced by Rep. Powell of Gallia county, and boosted by a large lobby of chiropractors and optometrists. See Page 257.

**Column No. 2** shows the vote by which the Christian Science bill (Senate Bill No. 66) was defeated in the House.

The detailed vote follows:

County	Representative	H. B. 356	S. B. 66	County	Representative	H. B. 356	S. B. 66
Adams—J. R. B. Kessler.....		No	No	Gallia—John K. Powell.....		Yes	No
Allen—Albert H. Herr .....			No	Geauga—William P. Ellis.....		No	No
Ashland—F. E. Baker.....		Yes	No	Greene—W. B. Bryson.....		No	No
Ashtabula—George H. Platt.....		Yes	No	Guernsey—James B. Stewart.....		No	No
Athens—M. P. Totman.....		Yes		Hamilton—H. L. Federman.....		No	No
Auglaize—T. J. Cartmell.....			No	Hamilton—Henry Ott.....			No
Belmont—Paul V. Waddell.....		Yes	No	Hamilton—Byron S. Wydman.....		Yes	Yes
Belmont—John D. Hays.....		No	No	Hamilton—A. Lee Beaty.....		Yes	
Brown—Chas. M. Gordon.....		No	No	Hamilton—Max Friedman.....		Yes	No
Butler—C. J. Smith.....		Yes	Yes	Hamilton—J. R. Gardner.....		Yes	No
Butler—R. M. Billingslea.....			No	Hamilton—L. Hunemeyer.....		No	No
Carroll—John W. Gorrell.....		No	No	Hamilton—Arthur E. Jones.....			No
Champaign—Clyde H. Hooley.....		No	No	Hamilton—Nelson Schwab.....		No	No
Clark—Charles S. Kay.....			No	Hamilton—Edward D. Winter.....		Yes	No
Clermont—Earl Ertel.....		Yes	No	Hancock—C. H. Hilty.....		No	No
Clinton—Harry McKay.....		Yes	No	Hardin—Albert M. Kraft.....		Yes	
Columbiana—E. U. Whitacre.....		No	No	Harrison—R. R. Beetham.....		No	No
Columbiana—E. M. Crosser.....		No	No	Henry—Thomas Mulcahy.....		No	No
Coshocton—J. E. Foster.....		No	No	Highland—H. M. Fullerton.....		No	No
Crawford—E. D. Helfrich.....		No	No	Hocking—Wm. H. Acker.....		No	No
Cuyahoga—Norman R. Bliss.....		No	Yes	Holmes—W. F. Garver.....			No
Cuyahoga—John H. Brown.....		Yes	Yes	Huron—Chas. McClave.....		Yes	
Cuyahoga—S. B. Fitzsimmons.....			Yes	Jackson—W. S. Hoy.....			No
Cuyahoga—M. J. Walsh.....		Yes		Jefferson—J. A. Mansfield.....		Yes	Yes
Cuyahoga—Joseph Lustig.....		Yes	Yes	Knox—Julius Headington.....			Yes
Cuyahoga—J. S. Backowski.....		Yes		Lake—Carl R. Kimball.....		No	No
Cuyahoga—E. J. Hopple.....				Lawrence—W. A. Russell.....		No	No
Cuyahoga—T. A. Fleming.....		Yes		Licking—James J. Hill.....		No	No
Cuyahoga—John J. Kilbane.....		Yes	Yes	Logan—D. A. Liggitt.....		No	No
Cuyahoga—George S. Meyers.....		Yes	Yes	Lorain—W. R. Comings.....		No	No
Cuyahoga—Jas. A. Reynolds.....		Yes	Yes	Lorain—Wm. L. Hughes.....		No	No
Cuyahoga—Tom Reynolds.....		Yes	Yes	Lucas—W. E. Entemann.....		Yes	Yes
Cuyahoga—John C. Smith.....		Yes	No	Lucas—Robert B. Pugh.....		Yes	Yes
Darke—C. Appenzeller.....				Lucas—Otto W. Brach.....		Yes	Yes
Defiance—R. B. Cameron.....		No	No	Lucas—Henry Evans.....		Yes	Yes
Delaware—A. F. Potter.....		Yes	No	Madison—L. R. Kious.....		No	No
Erie—John E. Bragg.....		Yes		Mahoning—A. O. Fleming.....		Yes	No
Fairfield—Israel Blausler.....		No		Mahoning—David Heinselman.....		Yes	Yes
Fayette—Frank C. Parrett.....			No	Mahoning—H. M. Dunspaugh.....		Yes	
Franklin—Louis R. Siebert.....		Yes	No	Marion—I. S. Guthery.....			No
Franklin—Francis Thompson.....		Yes	Yes	Medina—Pat O. Shank.....		No	No
Franklin—Frank A. Hunter.....		No		Meigs—J. M. Spencer.....			No
Franklin—Harry A. Walcutt.....		Yes		Mercer—Fred Huber.....		No	No
Franklin—Horace B. Madden.....		Yes	Yes	Miami—L. A. Pearson.....		No	No
Fulton—Frank H. Reighard.....		No		Monroe—J. W. Neiswonger.....			Yes

County Representative.	H. B. 365	S. B. 66	County Representative.	H. B. 365	S. B. 66
Montgomery—W. W. Stokes.....	Yes	No	Scioto—W. R. Sprague.....		No
Montgomery—Francis Canny.....		No	Seneca—Henry Ziegler.....	Yes	
Montgomery—O. B. Chapman.....	Yes	No	Shelby—F. M. Wildermuth.....	No	No
Montgomery—Henry Israel.....	Yes	Yes	Stark—Frank C. Wise.....		
Morgan—Chas. H. Fouts.....	No	No	Stark—Harvey S. Cable.....	No	No
Morrow—J. D. Emswiler.....	Yes	No	Stark—J. S. Miller.....	No	No
Muskingum—L. J. Graham.....	Yes	No	Summit—O. W. Baum.....	Yes	Yes
Noble—L. F. Cain.....	No	No	Summit—C. M. Trisch.....	Yes	Yes
Ottawa—John Bowland.....	No	No	Trumbull—Lester C. Hake.....	No	
Paulding—J. H. Chester.....	No	No	Tuscarawas—George Wiest.....		No
Perry—C. W. King.....	Yes	No	Union—Chas. Morelock.....	Yes	No
Pickaway—A. L. Stump.....	No	No	Van Wert—W. A. Marker.....	No	No
Pike—Herman Shy.....		No	Vinton—J. R. Freiner.....	Yes	No
Portage—W. J. Robison.....	Yes	No	Warren—Milton Clark.....	No	No
Preble—Wm. E. Murphy.....	Yes	No	Washington—George F. Reed.....	Yes	No
Putnam—John Cowan.....		No	Wayne—Carl Hoover.....	No	No
Richland—N. A. McQueston, Died During Session			Williams—W. H. Shinn.....	Yes	No
Ross—H. T. Robins.....	No	No	Wood—Floyd W. Heald.....	Yes	
Sandusky—Alfred Waggoner.....	Yes		Wyandot—Irvin Halstead.....	No	No

## Let Your Senators Know Your Opinion of His Actions on Matters Affecting the Health of the People!

The Ohio Senate this year voted on three measures that were of vital interest to the sick public. Each provided for special privileges to a special group who seek authorization for additional privileges to practice some special branch of the healing art.

We present here the votes of the individual Senators, so that you may know how your Senator represented your districts. *Where the vote is printed in black-face type, it indicates that he voted in the interests of honest medical practice and for the protection of the sick public.*

In each of these three instances a failure to

vote for a given measure constituted a vote against the bill, and should be interpreted as a friendly act.

**Column No. 1** shows the vote on the dangerous Christian Science bill. See Page 247 for explanation.

**Column No. 2** shows the vote on the Chiropractic bill, which came within one vote of passing the Senate. See Page 257.

**Column No. 3** shows the vote on the Optometry bill, which the Senate defeated after a bitter fight. See Page 255.

The detailed vote follows:

Senator	Residence	Christian Science Bill	Chiropractic Bill	Optometry Bill	Senator	Residence	Christian Science Bill	Chiropractic Bill	Optometry Bill
William Agnew,	Cleveland.....	Yes	No	No	E. G. Lloyd,	Columbus.....	No	....	....
I. M. Apple,	Sidney.....	Yes	No	No	Frank Miller,	Crestline.....	Yes	....	....
B. E. Baker,	Milford Center.....	No	No	No	J. H. Miller,	Newark.....	Yes	....	Yes
W. M. Brown,	Nova.....	No	....	....	C. A. Mooney,	Cleveland.....	Yes	Yes	Yes
C. A. Benedict,	Toledo.....	Yes	Yes	No	U. G. Murrell,	Wilmington.....	No	No	No
T. M. Berry,	Spencerville.....	Yes	Yes	No	A. W. Oberlin,	Canton.....	Yes	Yes	Yes
T. A. Busbey,	South Vienna.....	Yes	No	....	R. J. O'Brien,	Cincinnati.....	No	No	No
G. S. Crawford,	Graysville.....	No	....	No	T. J. Palmer,	East Akron.....	Yes	Yes	Yes
G. S. Cunningham,	Lancaster.....	Yes	Yes	Yes	W. M. Shohl,	Cincinnati.....	No	....	....
H. W. Davis,	Youngstown.....	Yes	....	Yes	G. J. Snyder,	Toledo.....	No	Yes	No
A. A. Galbreath,	Rogers.....	Yes	....	No	V. J. Terrell,	Cleveland.....	Yes	Yes	Yes
H. R. Gilmore,	Eaton.....	Yes	Yes	Yes	F. W. Thomas,	Bowling Green.....	No	Yes	Yes
C. F. Harding,	Cincinnati.....	No	No	Yes	H. H. Timby,	Ashtabula.....	Yes	Yes	No
Willis Horn,	Orrville.....	Yes	Yes	....	W. D. Tremper,	Portsmouth.....	Yes	....	....
J. E. Holden,	Morrow.....	No	No	No	O. E. Vollenweider,	McArthur.....	Yes	Yes	Yes
G. W. Holl,	New Knoxville.....	....	Yes	No	L. F. White,	Venice.....	Yes	Yes	Yes
G. D. Jones,	Columbus.....	No	Yes	Yes	C. A. White,	Lisbon.....	No	No	No
J. S. Kennedy,	Cleveland.....	Yes	No	No	Howell Wright,	Cleveland.....	No	No	No

## Take This Tip: Report Promptly All Births. New Administration in Vital Statistics Bureau Plans to Cause Arrests

EDITORIAL NOTE—Despite the fact that Ohio has on its statute books a "model law" for the collection of birth reports—statistics that are absolutely necessary as a basis for intelligent public health work—our system of reporting is so lax that Ohio is not one of the states included in the Birth Registration Area of the U. S. Census Bureau. Only states where practically complete statistics are collected are included. And laxity, or carelessness, or stubbornness on the part of a comparatively few physicians is the reason.

We are glad to say that the state records show most of our members report births promptly—within the legal 10-day limit following confinements which they attend.

When Dr. John E. Monger of Greenville assumed charge of the registration machinery in Columbus, as State Registrar of Vital Statistics under Secretary of State Fulton, on March 1, he decided to enforce the state law and to bring Ohio to the progressive plane of other states.

He found that there is available the necessary machinery to accomplish this, and one of his first official acts was to advise *The Journal* that he intends to make use of this machinery. In other words, physicians who continue to fail to report births will be arrested and prosecuted.

The law is plain. Section 218, General Code, says that the physician or midwife must report the birth to the local registrar within ten days after delivery. Section 12796 provides that those failing to do so shall be arrested and fined from \$5.00 to \$100. In the past this has been almost a "dead letter" in Ohio. But Dr. Monger advises us that he means to enforce it, and already one Logan county doctor was arrested and fined \$5.00. A few days later he turned in 23 certificates of birth.

And if you are arrested on a similar charge you will receive little sympathy. *The Journal* strongly indorses this drastic policy. Seemingly, it is the only thing that will bring some of our medical men to a realization of their professional responsibilities.

In order to give you fair warning, and to review some of the reasons for the state registration of births, we have asked Dr. Monger to prepare the appended open letter to the Medical Profession of Ohio.

By JOHN E. MONGER, M. D.  
*Registrar of Vital Statistics, Secretary of  
State's Department, State of Ohio.*

To the Medical Profession of Ohio: That the great State of Ohio is not in the Birth Registration Area of the United States Census Bureau is a disgrace, and as such seriously reflects on the profession as a whole. That a state that has been to the forefront in most really worth while reforms, that in matters of public spirit and patriotism yields to none, should be in the rear-guard on a question of immense importance to our rising generation is hard to understand.

I do not want to appear as a detractor of our profession and its ideals; neither do I want to be a carping critic, but I sincerely want to see Ohio occupy a position in this important work that is in keeping with our high ideals of medical training and medical thought, and any reflection here made is made more in the spirit of constructive criticism than that of an indictment.

The United States Census Bureau requires a minimum birth registration of 90% completeness before our data will be given any consideration. Repeated efforts and full co-operation by the Director of the Census has in the past failed to reach this minimum by a small margin, and this appeal is made to the doctors of the state

to give this department their earnest co-operation. To have it said that the trouble with birth registration is due to our professional indifference is not pleasant. It cannot be blamed on the midwives, for as a class they are much more prompt in reporting births than the doctors. But the crowning shaft of sarcasm was delivered on the floor of our State Legislature, at this session, by a gentleman who asserted that he "was opposed to the action endorsed by the profession because they do not respect the law enough to report births."

When we consider that many really vital measures that received the support or the opposition of our association were carried by a pitifully few votes, we can see one way that our past indifference may seriously injure our work.

The amount of interest evinced in the question of birth registration by various organizations of the state representing thousands of members is astonishing to one not actively engaged in the work. Labor organizations, Federations of Women's Clubs, various civic and welfare associations, are showing a lively interest and an earnest effort to help. The interest of the lay public is aroused to an astonishing degree, and surely we as doctors should not fall behind lay organizations in interest in work that is distinctly medical.



Much of the interest of the laity is due to recent legislation such as the child labor law and legislation making it compulsory to furnish our school authorities certificates before admission to schools. Another important reason for their interest is the certainty of some form of universal military training, under which correct and complete birth registration will be absolutely necessary.

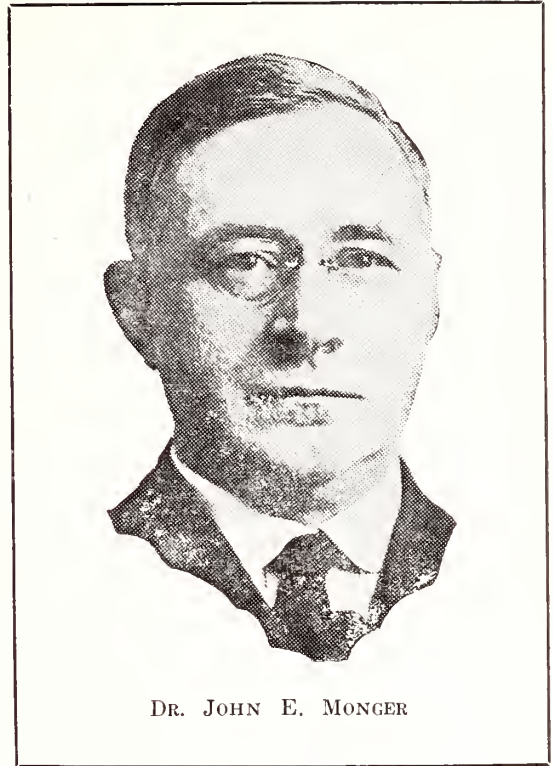
We possess a Central Bureau equipment in Ohio that is perfectly adequate to our needs. We have an organization of 1200 local registrars. The latter are by law fixed as the clerks of townships and villages, and the clerks of the city boards of health. As a body, they are giving us effective co-operation in securing complete birth registration and doing their work well. There are individual instances of carelessness, and it is our wish to weed out these. In every community there is some man willing and anxious to do this work. If your local registrar is inefficient we will investigate all complaints, and if justified will remove him and ask the local authorities to certify a competent man for the work.

With a Bureau equipment second to none, and with an efficient field force, it remains with the medical profession to "put its house in order." The law on the subject of birth registration is explicit. The original law was not constitutional in all its phases, and because of this there was failure to secure convictions. This law was amended in 1913, however, and at the present time is said by all courts to be without a flaw.

*There has never been a period in our national existence that so strongly pointed out the necessity of birth registration as at present.* The difficulty in securing passports for foreign travel, the embarrassing dilemma of many Americans who were abroad at the beginning of the war, the necessity of certificates for school purposes, and the hardship worked on the children of the poor who seek employment and cannot obtain it because of inability to produce certificates, and many other reasons which we have not space to enumerate, point to its very great importance.

The duties of the registrar in securing both reports are without qualification, and henceforth the policy of this department will be strict enforcement of the law. As rapidly as possible, complete copies of the law will be placed in the hands of every physician in the state, as will other means that will expedite his work.

The great majority of our profession comply with the law in its every requirement, and do so cheerfully—feeling that they are not only performing a patriotic duty, but that they are giving a helpless babe a benefit that may be of great importance in future years. However, there is a small minority who do not report births. The interest and enthusiasm and support of the overwhelming majority cannot be set at naught by the carelessness of a small minority. It is this carelessness that casts a



DR. JOHN E. MONGER

stigma on our profession by keeping us out of the U. S. Registration Area, and it will be our effort without fear or favor to prosecute all offenders. Much trouble and many failures to report comes from misunderstanding the law and the laxity of its enforcement in the past. A few do not appreciate its importance. With a clean-cut law and the constant recurring example of its very great importance to our patients, these reasons are eliminated. We are guaranteed the co-operation of the State Medical Board, to whom will be reported all prosecutions brought under this Act.

In conclusion, we want to thank the great majority of our profession who have so conscientiously given their patients the full benefit of prompt registration and given this department their co-operation. We pledge this department to an earnest and honest effort to put Ohio in the Birth Registration Area, and in that way compensate you for your trouble. We also want to extend to the profession an invitation to make use of the mine of information which this department contains, as it is at your disposal and is to be had for the asking.

Very respectfully,

J. E. MONGER, M. D.,  
State Registrar.

The staff of the Elyria Memorial Hospital held a banquet at the Andover Hotel, March 19. Dr. C. F. Hoover of Cleveland, spoke on "The Treatment of Bright's Disease."

## This Will Be a Record-Breaking Year—The 4500 Goal is by No Means Beyond Our Reach

When this issue of *The Journal* closed on March 15, the total paid-up membership for 1917 was only 52 behind the total for twelve months in 1916. Columbiana and Meigs counties jumped into the honor class, while Allen, Darke, Jefferson, Lucas and Cuyahoga "reported progress." Note that Summit county continues its good work.

### These Counties Had Qualified as 100 Per Cent Before March 15

Membership to Date				Membership to Date			
County.	Date.	1916	3/15	County.	Date.	1916	3/15
1. Geauga	Nov. 27, 1916	10	10	27. Athens	Dec. 31, 1916	54	57
2. Portage	Dec. 14, 1916	22	26	28. Fulton	Dec. 31, 1916	25	26
3. Wayne	Dec. 14, 1916	27	30	29. Henry	Dec. 31, 1916	23	25
4. Morgan	Dec. 15, 1916	11	12	30. Jackson	Dec. 31, 1916	19	19
5. Holmes	Dec. 20, 1916	11	12	31. Lake	Dec. 31, 1916	19	21
6. Highland	Dec. 26, 1916	25	27	32. Ross	Dec. 31, 1916	31	32
7. Marion	Dec. 26, 1916	38	43	33. Scioto	Dec. 31, 1916	48	53
8. Ottawa	Dec. 26, 1916	15	15	34. Shelby	Dec. 31, 1916	19	19
9. Trumbull	Dec. 26, 1916	32	39	35. VanWert	Dec. 31, 1916	26	31
10. Union	Dec. 27, 1916	12	20	36. Williams	Dec. 31, 1916	25	25
11. Auglaize	Dec. 28, 1916	26	35	37. Stark	Jan. 1, 1917	130	133
12. Belmont	Dec. 28, 1916	58	63	38. Ashland	Jan. 1, 1917	19	20
13. Clark	Dec. 29, 1916	64	64	39. Mahoning	Jan. 1, 1917	109	116
14. Lorain	Dec. 29, 1916	63	64	40. Tuscarawas	Jan. 3, 1917	47	49
15. Medina	Dec. 29, 1916	21	22	41. Monroe	Jan. 5, 1917	6	9
16. Muskingum	Dec. 29, 1916	49	51	42. Perry	Jan. 6, 1917	24	24
17. Warren	Dec. 29, 1916	29	29	43. Fayette	Jan. 16, 1917	10	14
18. Delaware	Dec. 30, 1916	28	30	44. Clinton	Jan. 20, 1917	23	24
19. Greene	Dec. 30, 1916	33	34	45. Richland	Jan. 20, 1917	51	52
20. Hancock	Dec. 30, 1916	36	39	46. Hardin	Jan. 29, 1917	26	26
21. Huron	Dec. 30, 1916	18	19	47. Erie	Feb. 2, 1917	24	24
22. Licking	Dec. 30, 1916	30	35	48. Wood	Feb. 10, 1917	42	45
23. Logan	Dec. 30, 1916	29	31	49. Ashtabula	Feb. 16, 1917	38	38
24. Montgomery	Dec. 30, 1916	161	166	50. Summit	Feb. 17, 1917	144	171
25. Putnam	Dec. 30, 1916	31	31	51. Columbiana	Mar. 1, 1917	45	57
26. Vinton	Dec. 30, 1916	7	7	52. Meigs	Mar. 7, 1917	14	14

### Here are the Counties Which Have Not Yet Qualified as 100 Per Cent

Membership to date, March 15, of counties not in 100 per cent. club and their 1916 membership follows:

County.	1916 Membership	Membership To Date, 3/15
Adams	23	17
Allen	83	80
Brown	9	6
Butler	50	47
Champaign	24	17
Clermont	9	5
Coshocton	24	21
Crawford	32	28
Cuyahoga	512	472
Darke	56	51
Defiance	16	12
Fairfield	39	38
Franklin	332	314
Gallia	31	29
Guernsey	32	25
Hamilton	468	423
Harrison	22	15
Hocking	13	11
Jefferson	49	47
Knox	30	27
Lawrence	23	20
Lucas	206	196
Madison	21	19
Mercer	26	24
Miami	49	46
Morrow	15	14
Noble	10	7
Paulding	21	20
Pickaway	26	25
Pike	13	10
Preble	18	16
Sandusky	30	27
Seneca	40	35
Washington	53	34
Wyandot	16	11

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**DEATHS IN OHIO**  
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*William H. Silbaugh, M. D.*, Miami Medical College, Cincinnati, 1895; member of the Ohio State Medical Association; aged 50; was instantly killed at his home in Chillicothe, February 28, when a shot gun which he was placing in the rear of his automobile, was accidentally discharged. Dr. Silbaugh and his son were preparing to go to their farm near Ashville when the accident occurred. He had practiced in Chillicothe for eight years. Previous to that time, he was located in Royalton and in Philadelphia. He is survived by his wife and three children. A brother, John Silbaugh, is a practicing physician of Lancaster. The deceased at the time of his death was secretary-treasurer of the Ross County Medical Society.

*Oscar B. Campbell, M. D.*, Western Reserve University College of Medicine, 1883; died at his home in Cleveland, March 2. Dr. Campbell was 70 years old. Since graduation he had been in continuous practice in Cleveland, during which time he was a member of the board of education for two years, a charter member of the Cleveland Medical Society and a member of the Cuyahoga County Medical Society. He was also a fellow of the American Medical Association. Dr. Campbell was president of the Cuyahoga Society at the time of its consolidation with the Cleveland Society to form the Academy of Medicine of Cleveland.

*Irene Hardy, M. D.*, University of Wooster Medical Department, Cleveland, 1881; aged 68; died of pneumonia, March 1, at her home in Massillon. Dr. Hardy was the widow of Dr. Neal Hardy who died 12 years ago. She had been a practicing physician for 35 years, the last 25 of which she spent in Massillon. She was the daughter of a physician. A daughter, four grandchildren, three sisters and one brother survive.

*Robert B. Taylor, M. D.*, Western Reserve School of Medicine, Cleveland, 1876; member of the Ohio State Medical Association; veteran of the Civil war; aged 68; died of complication of diseases at his home in Arcadia, February 22. Dr. Taylor was a native of Pennsylvania. Soon after his graduation he located in Arcadia. During his residence there he was a member of the village council for 10 years and chief of the fire department for 15 years. His wife and one son, Dr. E. B. Taylor of Arcadia, survive.

*Edward George, M. D.*, Indiana Medical College, Indianapolis, 1876; member of the Ohio State Medical Association; aged 66; died of heart trouble at his home in Van Buren, February 21.

Dr. George was a native of Pennsylvania. His boyhood was spent in Benton Ridge, O. He began the practice of medicine in Van Buren, where he lived until his death, which cut short his preparations for retirement from active practice. He is survived by his widow.

*Minor M. Jacobs, M. D.*, Miami Medical College, Cincinnati, 1888; aged 52; died at Mercy Hospital, Hamilton, his home, February 11. For several years Dr. Jacobs had been a sufferer from a malignant affection of the throat. He began the practice of medicine in Hamilton the year after he was graduated from college. A daughter and three sons survive.

*James R. McCray*, for 30 years a practicing physician of Tiffin, died of pneumonia at his home, February 9, after an illness of one week. Dr. McCray was 67 years old. He began the practice of medicine at Fairmont, W. Va. His widow survives.

*Charles Rollin Coffeen, M. D.*, Pulte Medical College, Cincinnati, 1878; aged 71; died of paralysis at his home in Piqua, February 16. Dr. Coffeen had practiced medicine in Piqua for 25 years. He is survived by a son and a daughter.

*Joseph Wallace Haverfield, M. D.*, Starling Medical College, Columbus, 1878; aged 65; was found dead in his office at Uhrichsville, February 12, by a patient who had called for treatment. Death was due to heart trouble. Dr. Haverfield was born at Cadiz. He located in Uhrichsville in 1882. He was the father of Dr. G. T. Haverfield of Uhrichsville, who, with another son and two daughters, survive.

*Edward B. Woodward, M. D.*, Cleveland College of Physicians and Surgeons, Cleveland, 1896; age 50; died at his home in Chicago Junction, February 1. Dr. Woodward had practiced in Chicago Junction since 1902. Prior to that time, he practiced in the eastern part of the state. He is survived by his wife and two daughters.

*Manford M. Hixson, M. D.*, Medical College of Ohio, Cincinnati, 1876; a fellow of the American Medical Association; member of the Ohio State Medical Association; age 67 years; died suddenly at his office in Delphos, February 1, of acute dilation of the heart. Dr. Hixson practiced medicine in Continental for some time, moving to Delphos about 15 years ago. He is survived by his wife and one son.

*Aloysius Hoehn, M. D.*, Medical College of Ohio Cincinnati, 1876; age 63; died at his home in Cincinnati, February 3. Dr. Hoehn had been an invalid for 17 years, during which he was unable to practice his profession. His widow and five daughters survive. A sister, Dr. Mary

Hoehn, and a brother, Dr. G. M. Hoehn, of Cincinnati, are members of the medical profession.

*A. Lee McCormick, M. D.*, Pulte Medical College, Cincinnati, 1883; aged 58; died of heart disease while calling on a patient at Cincinnati, his home, February 26. He had been a sufferer from that ailment for some time. Dr. McCormick is survived by his widow and one son.

*Alfred Sylvester Bair, M. D.*, Cleveland College of Physicians and Surgeons, Cleveland, 1884; member of the Ohio State Medical Association; aged 56; died of intestinal trouble at his home in Bath, February 26. He had been ill one week. Dr. Bair moved to Bath from Millersburg 15 years ago. He is survived by his wife and one son.

*Nicholas S. Toland*, for 45 years a practicing physician at Martinsburg, died of infirmities of old age, February 22. Dr. Toland, who was 84 years old, was a veteran of the Civil war. He is survived by his wife and two children.

*Dias S. Smith, M. D.*, Miami Medical College, Cincinnati, 1879; aged 63; died of heart disease at the home of his son, Dr. Arthur Noble Smith, in Upper Sandusky. Before moving to Upper Sandusky, Dr. Smith practiced for 30 years in Ross County. He is survived by his wife, a daughter and Dr. Smith, with whom he resided at the time of his death.

*Herbert A. Sherwood, M. D.*, Cleveland University of Medicine and Surgery, Cleveland, 1876; one of the oldest physicians of Warren, died in a sanatorium at Cuyahoga Falls, March 10. Dr. Sherwood, who was 63 years old, retired from active practice four years ago owing to poor health. He was a native of Knox County and located in Warren shortly after his graduation. One son survives.

*Shaphat M. Hesser, M. D.*, Louisville Medical College, Louisville, 1893; aged 55; died of pernicious anemia at his home in LaRue, March 3. Dr. Hesser began the practice of medicine at Carruthers. In 1898, he moved to LaRue where he purchased the practice of Dr. W. H. Hinklin, who is now located in Marion. His wife and six children survive.

*Peter F. Eagle, M. D.*, Washington University Medical School, St. Louis, 1878; aged 61; died of pneumonia at his home in Troy March 3. Dr. Eagle was born near Miamisburg. He began the practice of medicine in Troy, the year he was graduated. He is survived by his wife and two children.

*William R. Wall, Jr., M. D.*, Cleveland Medical

College, Cleveland, 1896; Cleveland College of Physicians and Surgeons, 1899; aged 49; died in the wreckage of his overturned automobile at Cleveland, March 2. The accident occurred while Dr. Wall was driving a friend to his home. The steering gear pinned the doctor to the ground. He had practiced medicine in Cleveland 25 years.

*Robert Ream, M. D.*, Missouri Medical College, St. Louis, aged 48, died from gunshot wounds believed to be self-inflicted, at the home of his brother, E. K. Ream, at Van Wert, March 5. Dr. Ream had been in ill health for several years. He was born in Perry County. He practiced medicine for a time in Missouri and later engaged in the drug business in Marysville. He took up his residence with his brother about a year ago.

### Recent Marriages in Ohio

Dr. Shelby Mumaugh and Miss Catherine Shull of Lima, at the home of Clark Richardson, editor of the Garnett Review, Garnett, Kan., March 7. They will be at home after April 1.

Dr. Clifford B. Kennedy of Bethel, and Miss Sarah B. Helbert of Cincinnati, lecturing school nurse of the Anti-Tuberculosis League, at the home of the bride's sister in Chicago, February 28.

Dr. Harvey L. Basinger and Miss Gladys Mary Seebers, of Lima, at Lima, February 24.

Dr. Filmore Young and Miss Florence Chamberlain of Marion, February 21, at Marion. Dr. and Mrs. Young will live at 139 St. James street, Marion.

Dr. John M. Thomas of Columbus, and Miss Pauline Paul of New York City, February 28, at the home of the bride. Dr. and Mrs. Thomas will live at 1126 Neil Avenue, Columbus.

Dr. Roy B. Wynkoop of Ashtabula, and Miss Flora E. Stauffer of Youngstown, at the home of the bride, February 14. Dr. and Mrs. Wynkoop will live in East Street, Ashtabula.

Dr. James Lemmon of Akron, and Miss Pearl Fryer of Cadiz, at the bride's home, February 2.

Dr. Barton G. Dupre of Portsmouth, and Miss Lila G. Mann of Tiffin, at the home of the bride's parents, February 3. Mrs. Dupre is a graduate nurse of Lakeside Hospital, Cleveland. Dr. Dupre and his wife will live in Ft. Wayne, Ind.

**Ohio is Deeply Interested in Medical Preparedness**

International complications, which threaten to draw the United States into the European war, have been followed closely by Ohio medical men, who realize the tremendous burden the medical profession would be asked to bear in the event this country were forced to defend its rights on land or sea.

Organization of Red Cross base hospitals units is in progress in Cincinnati, Youngstown and Toledo. In the second city, the movement is supported by the Mahoning Chapter of the American Red Cross while in the latter it is backed by the Toledo Academy of Medicine.

In Toledo, a committee composed of Drs. W. H. Snyder, C. G. Souder and H. G. Pamment has been appointed to arrange details. The personnel of the staff has been worked out and the required number of doctors and physicians have volunteered their services for any length of time.

The Youngstown City Hospital will father the Youngstown unit and other hospitals will lend all assistance possible. Work of securing the personnel of the staff is being pushed rapidly and plans are being made for raising \$35,000 to finance the project.

Dr. A. C. Bachmeyer, superintendent of the Cincinnati General Hospital, has completed the roster of the medical staff of the base hospital there and is making plans for raising \$25,000 for equipment. The lay personnel of the unit will soon be complete. The medical staff follows:

Joseph Ransohoff, A. C. Bachmeyer, Wm. Gillespie, Frank Fee, W. D. Haines, A. H. Freiberg, Samuel Iglauer, Victor Ray, Louis J. Ransohoff, J. E. Pierrung, J. A. Caldwell, R. S. Morris, E. M. Baehr, F. H. Lamb, A. E. Osmond, W. H. Stix, J. H. Benjamin, F. O. Woolley, V. Greenebaum, H. K. Dunham, Hugh McMillan, H. A. Reid, Frank Nelson, H. H. Hines, G. B. Rhodes, J. R. Rowe, C. Cofield, R. W. Staley, Sigmar Stark, Sam Zielonka, E. King, C. C. Jones, Robt. Sattler, E. C. Steinharter, R. D. Maddox, Allen Ramsey, Starr Ford, M. L. Heidingsfeld, Ernst Zueblin, Thomas Kelly, Albert Fallor.

Major Ferdinand Schmitter, senior medical officer at the Ft. Thomas barracks, addressed physicians of the Cincinnati medical reserve corps on medical work in the army, March 14. On the same day, Dr. Bachmeyer addressed the sophomore class of the college of medicine of the University of Cincinnati and secured 47 applications for the male nurse division of the base hospital unit.

At Ohio State University, Dean E. F. McCampbell of the Medical College, is planning a course of lectures on military and naval sanitation and treatment of the sick and wounded in hospitals. This is in line with a nation-wide movement, backed by surgeons of the United States army, to wipe out a shortage of 600 medical officers in the army and to place the medical reserve corps on a firmer basis. The lectures will be delivered by men experienced in the administration of military hospitals and field work. At other colleges, preparedness plans and military hospitals have been the subjects of addresses and lectures.

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**NEWS NOTES OF OHIO**  
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*Port Clinton*—Born to Dr. and Mrs. H. J. Pool, March 7, a daughter.

*Akron*—Dr. Armin Sicherman has been seriously ill with pneumonia.

*Casstown*—Dr. C. D. Treister, formerly of Cleveland, has opened an office here.

*Portsmouth*—Dr. Harvey Schirman has returned from a visit to the Mayo clinic.

*Toledo*—Dr. B. G. Hein has been elected chief of staff of the Lucas County Hospital.

*Orrville*—Dr. O. G. Grady has moved his office to the Orrville National Bank Building.

*Upper Sandusky*—Dr. J. Craig Bowman is convalescing from an attack of typhoid fever.

*Lima*—Dr. W. L. Neville was operated on for appendicitis at the Lima hospital, March 9.

*Warren*—Born to Mr. and Mrs. J. P. Marshall, March 10, a daughter, Julia Cooper Marshall.

*Portsmouth*—Dr. and Mrs. George W. Martin left, March 7, on an extended trip through the South.

*Wilmington*—A son, Nathan Scowden, was born to Dr. and Mrs. William Kelley Hale, February 25.

*Kenton*—Dr. and Mrs. William C. Snodgrass left February 17, for an extended trip through the West.

*Oberlin*—Dr. W. F. Thatcher underwent an operation for appendicitis at the Oberlin hospital, March 6.

*Conneaut*—Dr. W. W. Wetmore recently suffered the removal of an eye which became infected from a cold.

*Wapakoneta*—Dr. and Mrs. O. H. Gibbs are at home after an extended trip through Florida and other southern states.

*West Unity*—Dr. and Mrs. W. M. Denman left, February 27, for California. They expect to be gone several months.

*Quincy*—Dr. James A. Hubble, who has been in Florida since last September for his health, has returned to his home.

*Toronto*—Dr. John W. Collins celebrated his 73rd birthday anniversary February 16 by calling on a number of patients.

*Greenville*—Born to Dr. and Mrs. J. E. Monger, February 13, a son. Dr. Monger is registrar of the state bureau of vital statistics.

*Columbus*—Born to Dr. and Mrs. Ivor G. Clark, February 26, a daughter.—Born to Dr. and Mrs. George W. Keil, February 28, a daughter.

*Hallsville*—Dr. R. D. Robinson suffered severe injuries to his legs and back when an automobile in which he was riding, March 10, overturned.

*Dayton*—A daughter was born to Dr. and Mrs. Edgar L. Braunlin, March 3.—A son was born to Dr. and Mrs. Harry H. McClellan, March 12.

*Eldorado*—Dr. W. H. Tucker is suffering from a fracture of the clavicle which he received when his automobile overturned in a ditch, March 3.

*Willoughby*—Dr. T. M. Moore and family left February 24, for Pasadena, Calif., where they will spend two months visiting the doctor's mother.

*Cincinnati*—Dr. Philip Place of Boston, Mass., has been appointed resident physician at the contagious group of the General hospital, under Dr. Albert J. Bell.

*Bucyrus*—Dr. G. O. Burrell of Columbus, has associated himself with Dr. W. L. Yoemans of this city, in the practice of medicine. Dr. Burrell was formerly resident physician at St. Elizabeth hospital, Dayton.

*New Philadelphia*—"The Commission Form of Government" was the subject of an address delivered by Dr. E. A. Moore before the Chamber of Commerce, February 24.

*Portsmouth*—Robbers entered the home of Dr. George W. Martin, February 26, and, at the point of a revolver, forced the doctor to give up a bill book containing \$170 in cash.

*Cleveland*—Dr. Jean Dawson of the city health department, has been granted a year's leave of absence as chief of the bureau of fly extermination so that she may go to Washington to study.

*Bellefontaine*—Dr. Robert Pratt, until recently a resident physician at the Jefferson hospital, Philadelphia, has decided to open an office in this city. He is the son of Dr. Lester C. Pratt.

*Coshocton*—Dr. and Mrs. W. H. Keenan, who have been spending the winter in the South, are expected home some time this month. The doctor at present is taking a course in surgery at Johns Hopkins University.

*Canton*—Dr. Frank M. Sayre is Canton's new health officer. His name headed the list of three certified to the board of health by the civil service commission. He is a graduate of the Ohio State University.

*Fremont*—Dr. M. Stamm is recovering from a recent operation which compelled him to postpone a three months' trip to South America.—Dr. and Mrs. E. L. Vermilya have returned from a month's sojourn in Florida.

*Gallipolis*—Dr. Victor R. Small, formerly an assistant physician at the State Hospital for Epileptics here, has moved to Columbus, where he is associated in practice with Dr. Earl E. Gaver at the Rodebaugh Sanatorium.

*Bluffton*—Dr. C. B. Luginbuhl, whose home is in this city, was a member of Ambassador Gerard's party which recently returned from Ger-

many. He was appointed to the American embassy at Berlin as medical attache last year.

*Middletown*—Dr. T. E. Reed was painfully injured, March 5, when a taxi in which he was riding, collided with an auto driven by Dr. L. R. Mundhenk. Dr. Reed was cut and bruised about the head and shoulders. Dr. Mundhenk escaped injury.

*Springfield*—Dr. J. A. Leonard, superintendent of the state reformatory at Mansfield, delivered an address before the Springfield Rotary Club, February 19. He advocated physical and mental examination of all criminals before sentence is passed.

*Cleveland*—Dr. J. T. Duhigg, examining surgeon in the Cleveland navy recruiting bureau, has received word from the navy department that senior students in the college of medicine at the Western Reserve University, will have an opportunity to qualify for positions as assistant surgeons in the navy at \$2000 a year if their averages are high and they are well recommended.

*Columbus*—Physicians from all parts of Ohio attended the annual banquet of Omega Chapter of Phi Rho Sigma medical fraternity here, February 23. Dr. E. A. Hamilton of Columbus, was toastmaster.—"Achievements in Modern Medicine" was discussed March 7 in the chemistry lecture room at the Ohio State University by Drs. Ernest Scott, Clyde Brooks, Eugene F. McCampbell and George H. Matson of Columbus.

*Cleveland*—Dr. H. L. Rockwood, superintendent of the tuberculosis sanitarium at Warrensville, has been appointed by Health Commissioner Bishop, chief of the bureau of tuberculosis, Cleveland division of health, and medical director of the Warrensville sanitarium. Dr. Carl Mulky, who has been assistant superintendent, succeeds Dr. Rockwood, whose new position is the one Dr. Bishop held before his appointment as health commissioner.

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#### HOW ABOUT IT, JASTER?

Secretary C. O. Jaster of Lorain County, must have been in reminiscent mood recently when he caused notices to appear in Elyria and Lorain papers announcing a meeting of the Portage County Medical Society at Lorain. Dr. Jaster was secretary of Portage County for six years prior to locating in Elyria, Lorain County.

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#### THREE PROFESSIONS AT BANQUET

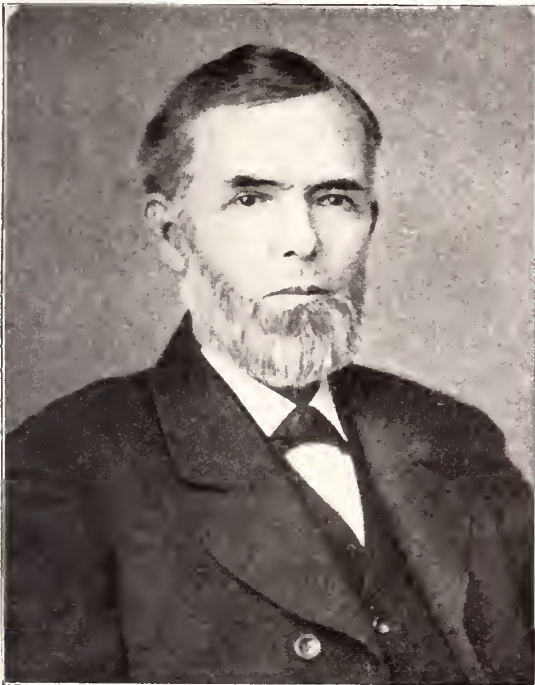
Physicians, druggists and dentists of Alliance, and their ladies, enjoyed a banquet at which subjects of common interest to the three professions were discussed, February 20. Dr. Perry King acted as toastmaster. Dr. B. C. Barnard was the principal speaker. He emphasized the importance of physicians, dentists and druggists working together for the prevention of disease. Dr. G. L. King read a paper on the "D. D. Dees."

## IN MEMORY OF DR. ALEXANDER DUNLAP

At the Springfield meeting tribute will be paid to an eminent physician whose name is unfamiliar to many of the younger generation—Dr. Alexander Dunlap, who practiced medicine and surgery in Springfield from 1846 to the late seventies.

The local committee on arrangements has planned a medallion badge, with Dr. Dunlap's photograph.

He was pre-eminently a surgeon, and in this line achieved wide recognition. He is known throughout the world as one of the first surgeons to operate for ovarian tumor. The first operation of this sort was performed by Ephraim McDowell, of Kentucky, in 1809. It met with such opposi-



DR. ALEXANDER DUNLAP

tion that it was abandoned. Clary of England again tried it in 1842 and Atlee of Philadelphia in 1843. Two months after Atlee's operation, and knowing nothing of it, Dr. Dunlap performed his.

The patient repeatedly had urged him to do it, and finally told him she would cut it out with a butcher knife if he continued to refuse. In the presence of a few country physicians, without an anesthetic, he successfully removed a 45-pound tumor.

Dr. Dunlap was denounced by the medical profession. The journals refused to publish reports of his case, because "it was an unsafe and unjustifiable operation." Time, however, demonstrated that he was right, and then the

honors came in quick succession. He was elected president of the Ohio Medical Society in 1868, and was twice a member of the Judicial Council of the American Medical Association, which position he resigned to become vice-president of the same in 1877. He was a Fellow of the American Gynecological association. In 1875 he was elected to the chair of surgical diseases of women in Starling Medical College.

### Oto-laryngologists Meet in Columbus

Thirty-five men, representing all sections of the Mississippi Valley, attended the mid-winter meeting of the Middle Section of the American Laryngological, Rhinological and Otological Society at the Deshler Hotel, Columbus, February 26 and 27. The following program was carried out on the 26th:

"Functional and Organic Strictures of the Oesophagus," Dr. Thomas Hubbard, Toledo. "Some Experiences Demonstrating that Foreign Bodies in the Bronchi and Oesophagus are Dangerous," Dr. J. W. Murphy, Cincinnati. "Removal of an Unusual Foreign Body from the Upper Oesophagus with Remarks on Preliminary Tracheotomy in Such Cases," Dr. Norval H. Pierce, Chicago. "Two Unusual Bronchoscopic Cases with Special Instruments Used in Extraction," Dr. Samuel Iglauer, Cincinnati. "Dysphagia and Dysphonia of Dental Origin," Dr. Thomas J. Harris, President of the Society, New York. "Some Phases of Drug Action of Interest to Oto-laryngologists," Dr. Clyde Brooks, Columbus. "Report on the Treatment of Malignant Disease of the Larynx by (a) Percy coagulation method; (b) Diathermia coagulation method; (c) Deep X-Ray penetration; (d) Massive radium application; (e) Laryngectomy," Dr. J. C. Beck, Chicago. "The Serum Treatment of Fetid Coryza and Ozena," Dr. J. A. Stucky, Lexington, Ky. "Report of a Case of Bilateral, Congenital, Osseous Atresia of the External Auditory Canal with an Exceptionally Good Functional Result Following Operation," Dr. L. W. Dean, Iowa City, Iowa. "Report of a Case of Acute Purulent Leptomeningitis of the Otic Origin," Dr. Daniel W. Layman, Indianapolis.

At noon, visitors were entertained at a luncheon at the Columbus Athletic Club by the oto-laryngologists of Columbus. In the evening, members of the society enjoyed a banquet at the Deshler Hotel. Operative clinics, which included general surgery as well as oto-laryngologic work, were held at Grant, St. Francis, Mt. Carmel and Protestant hospitals on the 27th.

Dr. John E. Brown, of Columbus, is chairman of the Middle Section. He also served as chairman of the local committee which had charge of the meeting. The other members were Drs. Charles P. Linhart, Charles S. Means and Frank L. Stillman.

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 \* OHIO HOSPITAL ASSOCIATION \*  
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Commenting on the article which was written for *The Journal* by Dr. William H. White, chief medical examiner of the Ohio State Industrial Commission, and which was published in the February issue (page 100), the Rev. A. G. Lohmann, superintendent of the German Deaconess Hospital, Cincinnati, and president of the Ohio Hospital Association, after stating that the article furnishes very interesting reading, says:

"The Industrial Commission of Ohio will find the Ohio Hospital Association willing to cooperate with it and the members of the association will willingly admit that claims for hospital care have been adjusted much more satisfactorily in the last six months than before. We have found the commissioners willing listeners to our arguments.

"The paragraph concerning the establishment of a department in a hospital in Columbus for special treatment of workmen's compensation cases is an excellent suggestion and should be followed up at once.

The hospital association will furnish the commission with the per capita cost as soon as available. With the information at hand I think the cost will be around the \$2.15 mark which is now allowed by the commission. But let it be said that this does not include interest on capital invested nor expenditures for permanent investment. The per capita expense is taken from the actual cost of the hospital care.

"When hospitals charge \$10 for ward rate or, in some cases only \$7, they are receiving only part pay and Dr. White stated in July of last year and the commission told us officially when your committee was before them, that they expected no charity work from the hospitals of the state. Then why spring this \$10 service again? Ward patients get \$15 service (cost service) and the difference between cost and receipts is charged on the books as charity "part pay." In most hospitals, those who are able to pay are charged extra for operating room and cost of medicines and dressings, which at times run higher than the difference between \$10 and \$15.

Following are a few illustrations from our books. These, of course, are chosen to make our point clear. They are not exceptions, but rather frequent occurrences. I will give the hospital number so that any one may look up the facts.

No. 1215 for 1916 and No. 19 for 1917:

7 weeks hospital care at \$10.....	\$70.00
Use of operating room twice, at \$10....	20.00
Medicines and dressings.....	29.50
Total.....	\$119.50

Had this been a State case the bill would read:	
7 weeks hospital care at \$15.....	\$105.00
Use of operating room twice, at \$5.....	10.00
Total.....	\$115.00

The difference of \$4.50 would be in favor of the hospital.

No. 178:

6 weeks hospital care, at \$10.....	\$ 60.00
Use of operating room twice, at \$10	
and \$7 .....	17.00
Medicines and dressings.....	28.25
Total.....	\$105.25

Had this been a State case the bill would read:	
6 weeks hospital care at \$15.....	\$ 90.00
Operating room twice, at \$5 and \$3.....	8.00
Total.....	\$ 98.00

The difference in favor of the hospital would be \$7.25.

"Then, of course, we have many cases where we can place a state case in our six-room ward, where the regular price is \$10, so that we will profit a little from the state case. Taking it the year round the \$15 is a fair allowance.

"The state cannot expect the hospitals to place state cases in private rooms regularly, though we all do it at times on account of the patient, or on account of the condition, especially of infectious cases, when, as far as we know, not a hospital in Cincinnati charges less than \$21 for a private room, \$15 for a double room, and \$12 for three in a room. In addition to these prices the extras for medicines and dressings are also charged.

"I suggest that the commission send a representative to different hospitals to examine their books. Our books are open for inspection. I think it wrong, however, to enter into a contract with a private corporation, which pays its own liabilities, for a sum less than we charge the state. Whether this is done now or not I do not know. Here in Cincinnati I know of no such instance."

A twenty-six room annex, a power building and laundry, costing \$85,000, are to be added to the Memorial Hospital group at Elyria. The group is composed of the General Hospital, Gates Hospital for Crippled Children, and the Nurses' Home.

Warren is to have a new detention hospital, the building of which will begin as soon as plans are approved by the state board of health.

Members of the new staff of the Springfield City Hospital have been announced as follows: Surgical, Wallace A. Ort and Robert C. Rind; eye, ear, nose and throat, F. A. Hartley and J. C. Easton; medical, C. L. Jones and C. S. Ramsey; obstetrics, Walter C. Taylor; anaes-



thetic, E. R. Brubaker; X-ray, Will Ultes; children's diseases, H. B. Martin; orthopedics, J. A. Link. In recognition of the services of doctors who have served the institution heretofore, the board appointed an honorary consulting staff composed of Drs. L. E. Russell, D. K. Gotwald, Harry Miller and W. A. M. Hadley.

The Good Samaritan Hospital at Cincinnati will receive \$50,000 under terms of the will of Lawrence Price, who died recently at Mt. Clemens, Michigan. The money will be used for improvements.

Enlargement of the Springfield Lake Tuberculosis Sanatorium to provide for 18 more men patients was decided upon at a recent meeting of the county commissioners of the five counties which maintain the institution.

The Amherst Hospital at Amherst was formally opened February 15. The building is a two-story structure thoroughly equipped. Miss Ruth Barker of Cleveland is matron of the institution and Dr. G. R. Wiseman is president of the board of directors of The Amherst Hospital Company.

Former house physicians of St. Alexis Hospital, Cleveland, and their friends, participated in a banquet given by the alumni association of the institution, February 16. Dr. J. J. Dunn was toastmaster. Dr. F. J. Corrigan was elected president of the association.

The Newark Hospital Association has announced that Memorial Hospital, which is being built by a public subscription of \$40,000, will be completed April 1.

There were 1169 persons admitted for treatment to the East Liverpool city hospital during the year just ended, according to reports received at the annual meeting of the hospital board. It cost \$36,139 to operate the institution during that period. Charles R. Boyce was elected president of the board.

With the reorganization of the staff of the Good Samaritan Hospital Cincinnati, several new departments are added to the institution. They are, children's department, department of obstetrics, an outdoor clinic for charity cases and a course of public lectures. The reorganized senior staff is made up of the following: Medicine, J. E. Greiwe, C. C. Fihe and Oscar Berghausen; surgery, Carl Hiller, J. E. Pirrung, W. E. Savage and H. H. Hines; gynecology, C. L. Bonifield and John Miller; obstetrics, Magnus Tate and G. O. Sykes; children, Frank Lamb and Ed. Wagner; ear, nose and throat, A. B. Thrasher and William Mithoefer; eye, John Ranley and Clarence King; neurology, H. H.

Hoppe and Charles E. Kiely; g. u., E. O. Smith and Dudley Webb; dermatology, James Miller; X-ray, Sidney Lange; dental, Paul Cassidy. A pathologist is yet to be appointed. The officers of the staff are Dr. C. L. Bonifield, president; Dr. Robert Carothers, vice-president, and Dr. C. C. Fihe, secretary. Several former members of the staff are not included in the new alignment.

Dr. Guy G. Giffen has been appointed chief of the genito-urinary service of the Miami Valley Hospital. Dr. Edgar L. Braunlin has been appointed assistant pathologist to the institution.

A fully equipped operating room has been installed at the Gates Hospital for Sick and Crippled Children, Elyria. It was given to the institution through popular subscription. The institution has ten beds available for the care of crippled or deformed children under 12 years. Physicians may correspond with the institution regarding the placing of patients.

Plans to raise \$225,000 for a new city contagion hospital are being considered by the Akron Chamber of Commerce and city officials.

The Boldt Clinic, donated to the city of Cincinnati at a cost of \$20,000 by Charles H. Boldt, was formally opened to the public at the General Hospital, March 7. Mr. Boldt, who is a member of the hospital board, was the honor guest at a banquet at the Queen City Club in the evening. Members of the faculty of the Ohio Medical College and others interested in public health attended.

Middletown's new City Hospital was formally opened March 4. The institution, which is a two-story brick structure, is splendidly equipped and modern in every detail. Private rooms range in price from \$15.00 to \$27.50 a week. Plans are being made for a nurses' home to accommodate 20 nurses.

Cleveland Polish physicians have launched a campaign looking to the establishment in Cleveland of a Polish hospital. Amounts totaling \$5,000 for a building fund have been pledged; \$150,000 structure is contemplated. The committee in charge is headed by Dr. S. Casimir Cieslak, president of the Association of Polish Doctors of Cleveland.

Slight changes have been made in the rates charged at the City Hospital, Springfield. Rooms for which \$2.00 was charged in the past will be \$2.50 after April 1. Reports submitted to the hospital board show that it cost the hospital an average of \$2.15 a day to treat patients during 1916.

## MEETINGS OF COLUMBUS ACADEMY OF MEDICINE

(Report by Ivor G. Clark, M.D., the Secretary)

On February 12, I. B. Harris read before the academy a paper based on his experience at St. Francis Hospital, dealing with head injuries. Where compression of the brain is present, he advocated replacing the fragments of bone over the area involved, suturing the scalp over them. He emphasized dealing conservatively with the type of case in which a stuporous condition prevails, and in which there is no definite indication for operation. On certain occasions, he has known a stuporous condition to continue for 20 days, with recovery of the patient, no operation being performed. The paper was discussed by Joseph Price, Dr. Williams of the State Institution for the Insane, and Yeatman Wardlow and Chas. Bowen. Dr. Bowen presented a number of roentgenograms, illustrating different classifications of head injuries.

A. H. Dunn, of Chillicothe, then presented his paper on "Chronic Disturbances of the Gallbladder." In the course of the paper he raised the question of the feasibility of the excision of the gallbladder, frequently advocated of late. He felt that this procedure was being adopted in a rather larger percentage of cases than was warranted. Dr. Dunn suggested that Dr. Harris discuss this phase of the question. Dr. Harris contended that there was a large class of cases in which the ablation of the gall-bladder gave best results.

The meeting of the Academy, February 19 was devoted to case reports by R. R. Kahle, C. D. Postle, Joseph Price and J. F. Baldwin. Dr. Kahle also described the technique of alcohol injection of Gasserian ganglion for tic-douloureux. Dr. Postle's discussion of a case of retro pharyngeal abscess received very general discussion. Dr. Price described a case of strangulated omentum and Dr. Baldwin presented a case of congenital fecal fistula in a baby.

The meeting of the Academy on February 26 was devoted to an illustrated lecture on trachoma. John McMullen, of the United States Public Health Service, demonstrated five cases of trachoma from the State Institution for Feeble Minded. The methods of controlling the disease in Kentucky were reviewed and general facts about diagnosis and treatment elaborated. Dr. Stuckey of Lexington, discussed the trachoma problem of Kentucky.

Attendance 85.

The regular meeting of the Academy March 5, 1917, was devoted to the consideration of local

infection from the dental view point by C. H. Hebble and from the medical view point by H. B. Blakey, with an X-Ray demonstration of tooth pathology by Hugh Means. Dr. Boak, Dr. Baldwin and Dr. Brown discussed the papers.

It seems to be the consensus of observation that much focal infection produces no symptoms that can be readily recognized, but, on the other hand, many symptoms of a large number of diseases are produced by infection unrecognized. There is apparently a tendency among professional men to suspect one or another of the various well known portals of entry of infection at times and to deal with them in spite of the absence of any recognized local phenomena.

A resolution was presented by Dr. Wells, and carried, providing that an immediate investigation of social health insurance be made by the Council of the Columbus Academy of Medicine; that all members of the Academy be notified of the time and place of the investigation; that any member of the Academy shall have the right to be heard, and that a report be made to the Academy by the Council not later than March 19, 1917. Attendance 90.

At the regular meeting of the Academy, March 12, the names of E. H. Ryan, J. C. Edwards and T. R. Fletcher were favorably voted upon. The recommendation of the Council that \$200 be appropriated from the Academy funds for the purchase of magazines and for providing suitable bindings for serial issues was approved.

W. J. Means read his paper on "Significance of Pain." The preliminary portion of the paper was devoted to the analysis of the phenomena of pain, the following part presenting the pain symptom with regard to practical application in stomach disease. Authorities quoted by Dr. Means are convinced that most pain suffered from stomach disorders comes from tension of the stomach, or tug and traction of the mesentery and sub-peritoneal tissue. J. D. Dunham urged the importance of both the history and laboratory findings in the diagnosis of stomach disease and deplored the tendency of some authorities to minimize the value of laboratory findings. Dr. Dunham developed a number of points in history taking, which he considered especially important, and quoted at some length the system used by George Dock. C. F. Bowen presented a number of stomach and intestinal X-Ray photographs showing "filling defects" in the presence of gastric and intestinal carcinoma.

In opening the discussion, J. M. Rector emphasized the necessity for consideration of the entire intestinal tube in the analysis of stomach disorders. C. W. McGavran and L. L. Bigelow also took part in the discussion.

A resolution was introduced by Dr. G. H. Matson, urging that the Columbus Academy protest against the recent action of the House and Senate upon Senate Bill No. 114, which lowers the

preliminary and professional standards of nurse education, and petition the governor to exercise his veto power thereon. The resolution was adopted.

Attendance 82.

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 \* MEETINGS OF THE TOLEDO \*  
 \* ACADEMY OF MEDICINE \*  
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 (Report by E. M. Latham, M.D., the Secretary)

The surgeons gave the program on February 23. P. J. Bidwell discussed the constitutional factor in surgery. The surgeon should consider the whole aspect of his patient before operating. An infected bunion with sugar in the urine is not operable. A sharp pain in the upper abdomen with absent knee jerk does not indicate gall duct surgery. A woman with a tender painful pelvis and a plus Wassermann is not a case for the surgeon. A tender spot in the abdomen with a history of pomphi rules out operation. A man with a misplaced pelvic fracture and a large consumer of alcohol should have plating of the bones deferred. Urinary retention in the evening contraindicates operation the next morning. It is not well always to remove a large thyroid.

Club foot, spina bifida, exstrophy of bladder, bronchial cysts, imperforate anus, herenia, infantile uterus, all indicate a lack of being well born, and the best results from operation cannot be promised. The ptoses and malpositions of early life are nearly all hereditary, and are not amenable to surgery. A young woman with a high arched palate, small tight chest, or an infantile uterus, cannot secure health by curettement or ligament shortening operation.

Many persons have a defective cerebrospinal and sympathetic nervous systems. Pain, shock, and other reactions to disease are different from the same in healthy persons. Syphilis and hypoplastic conditions may be the cause of repeated miscarriages. Surgery, at its best, only removes handicaps. To succeed, resistance must be high and shock easily overcome. The surgeon who would succeed best must look well to the constitutional factor in his patient.

The paper was discussed by S. D. Foster and C. B. Booth. Both held that the individuality of each case should be studied carefully. The nationality of the patient is worth considering.

C. E. Price presented a paper on surgery as seen by the anesthetist. To undergo the anesthetic well, the patient should be in good mental condition. Tact should be used in informing the patient of the need of operation. The reception of nurses and hospital should be cordial, as the arrival of the patient at the hospital means a change in beds, temperature, garments and the whole routine of his previous life. Sometimes

a preoperative hypodermic should be given. The anesthetist should know the patient, disease and operator. Friends should not be allowed to see the patient just before the operation. Nurse or spiritual adviser can be with them. The operating table should have thick pad. All instruments should be covered. The talk of anesthetist should be quiet and reassuring. No noise, or loud talk should be tolerated. Prepare the field of operation after the patient is under the anesthetic. Protect the patient well in passing through cold halls. Have the bed ready. Anesthetist should look after the patient for a time after the operation.

The paper was discussed by Drs. McKesson, Morgan, Green, Wright, Elliott, Ramsey, Waggoner, Ferneau, Booth, Francis and Doherty. The general opinion was that many surgeons pay no attention to the psychological side of their work. The general practitioner is left to take the rebuff while the surgeon walks off to hiding with all the fees in his pocket. Many operated people fall into the hands of osteopaths, chiropractors, and Christian Scientists. Some operations are performed on neurasthenics so that "my lady" may have a chance to show the scar of her operation.

Dr. Ferneau suggested that all surgeons take a course in psychology. It would hurt his speciality, but might do the suffering public some good. It was the general sense that much needless and crude cutting was being done in all phases of surgery. H. B. Meader closed the program with a review of rupture of Caesarean scar.

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 \* NEWS OF THE CLEVELAND \*  
 \* ACADEMY OF MEDICINE \*  
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 (Report by J. E. Truckerman, M.D., the Secretary)

At a meeting of the Council February 13, at the University Club, the following applicants were elected to active membership: I. M. Jarzynski, Frank J. Keeley, Francis G. Leonard, Robert J. May, H. G. McCarty, Otis F. Simonds, S. W. Smolik, James N. Wychgel, Edmund K. Zaworski.

The names of the following applicants for membership were ordered published: For active membership—H. L. Bard, Clinton H. Bell, Frank P. Charvat, Homer B. Corlett, Geo. M. Kinsey, Paul G Moore, Rudolph S. Reich, L. J. Smith, R. E. Stepfield, Arthur R. Timme, Eugene Warren, C H. Verovitz. For associate membership—J. E. Olivenbaum.

The names of the following applicants were recommended: C. D. Ellis, William G. Krauss, O. H. Riemenschneider, William E. Wells.

A question of eligibility was raised. On motion it was ordered that these names be published if the chairman of the membership committee received assurance that the applicants do not

practice sectarian medicine as defined in the constitution and by-laws. H. E. Mitchell was reinstated in active membership. The following resignations were accepted: A. J. Cook, Kate Johnson Harris.

Dr. Follansbee, reporting for the committee appointed to consider the relationship which should obtain for the ensuing year between *The Cleveland Medical Journal* and the Academy, stated that the committee had carefully canvassed the situation and that changes were now being contemplated by the management which would increase the usefulness of the journal to the society; the committee recommended that the same relation which obtained last year be continued for the present year. The Academy last year paid a subscription price of \$2 to *The Journal* for each active member of the Academy.

Dr. Sawyer reviewing the history of the Journal touched upon the difficulties under which it had labored, particularly the fact that in the last two years it had not had a medical editor-in-chief. He said that an arrangement for such an editor was about to be made, and that *The Journal* was to have new support through being the official organ of the W. R. U. Medical Alumni Association. The report of the committee was approved.

Dr. Sanford presented in detail his suggestion for a press committee and read a draft of a proposed letter to the editors of the daily newspapers outlining the scope of and offering the cooperation of such a committee. The plan was approved by the council.

The following were appointed to the membership committee: K. E. Ochs, F. J. Kuta, H. E. Mitchell. F. P. Corrigan was made a member of the legislative committee.

The 136th regular meeting of the Academy of Medicine was held February 16, at the Cleveland Medical Library. Dr. Eisenbrey introduced the following resolution which was adopted:

"That a committee be appointed by the chair to canvass the membership of the Academy of Medicine in order to ascertain the previous military training and present affiliation of each member, and to obtain an expression as to their willingness to serve in case of need in any of the professional capacities outlined by the government authorities. The information so gained to be recorded and placed at the disposal of the Surgeon-General of the Army and the National Red Cross Organization."

Dr. Bunts called attention to the fact that the U. S. Navy is recruiting for its medical reserve corps. He pointed out the advantages of that service and suggested that any who might be interested could write the Surgeon-General of the navy.

Dr. Stern presented two patients upon whom the Albee operation for spinal fixation had been performed, the one for a fracture in the cervical region and the other for an injury in the upper

lumbar region. Dr. Bunts presented a paper entitled "Fractures of the Base of the Skull" and Dr. Follansbee read a paper on "Diagnosis, Treatment and Prognosis of Fractures of the Pelvis."

In discussion Dr. Stern stated that in his experience a penetrating fracture of the acetabulum was difficult both as to diagnosis and reduction. Dr. Herrick stated that in a certain obese patient they were able to make the diagnosis by comparative measurements of the two sides.

Dr. Sanford discussed the treatment of the complication of ruptured urethra.

Dr. Bauman thought that sprain resulted at the sacro-iliac joint more often than fracture. He said that displacements of the symphysis could often be treated by forcible reduction. Dr. Follansbee closed the discussion by stating that the treatment of fractures of the pelvis was in the main the treatment of complicating injuries of the adjacent soft parts. He doubted that injury to the sacro-iliac joint, sufficient to effect the nerves, could occur without fracture being present.

Dr. Corrigan then read a paper on "Mechanical Devices for the Treatment of Fractures of the Long Bones." Dr. Corrigan's paper was discussed by Dr. Stern and Dr. Follansbee. Dr. Stern presented a paper on "Fractures of the Spine without Paralysis."

The following nonresident members were present: Drs. A. B. Walker and H. M. Schuffel, of Canton; Dr. C. E. Case, of Ashtabula; and Dr. C. H. Cushing, of Elyria. Attendance 167.

#### COUNCIL MEETING

At a meeting of the Council of the Academy of Medicine, March 13, at the University Club, the following were elected to active membership: H. L. Bard, Clinton H. Bell, Frank P. Charvat, Homer B. Corlett, Geo. M. Kinsey, Wm. G. Krauss, Paul G. Moore, Rudolph S. Reich, L. J. Smith, R. E. Stepfield, Arthur S. Timme, Eugene Warren, Wm. E. Wells.

J. E. Olivenbaum was elected to associate membership. The names of the following applicants were ordered published: Reed W. Anderson, T. S. Keyser, E. F. Kieger, B. F. Lowery, Wm. B. Markus, J. E. McClelland, J. C. Simon, John M. Steel, Robt. W. Williams. John A. Shoemaker was received in transfer from the Iowa State Medical Society.

A committee consisting of Wm. E. Bruner, G. E. Follansbee and A. S. Maschke was appointed to report the names of twelve or more members who would be willing to serve as delegates or alternates at the Ohio State Medical Association's annual meeting in May. Dr. Thomas reported that the new health and sanitary code did not materially change the present code relating to the quarantine of disease.

Mr. Selzer stated that the health office by

executive order had stopped the sale of Kopp's Baby Compound and Swamproot.

Dr. Eisenbrey reported for the special committee, to which Dr. Bunts and he were appointed, that a canvass of all the physicians in Cuyahoga County should be made to ascertain their availability for services in the Army, Navy, or Red Cross. He presented a questionnaire and asked for authority to issue it. The report was accepted and the committee authorized to issue the questionnaire. Dr. Follansbee then gave a brief summary of the activities of the state legislature leading up to the defeat of Senate Bill 66.

The Secretary called the attention of the Council to the fact that there was being projected in Cleveland a Physicians' and Surgeons' Information Exchange designed to provide telephone service similar to exchanges operated in Los Angeles and San Francisco. The nature of the proposed service was explained. Drs. Bernstein, Lenhart and the Secretary were appointed a committee of three to draft an inquiry which would embody the views as expressed in the discussion by the Council.

The 123rd regular meeting of the Clinical and Pathological Section was held in conjunction with the Lakeside Hospital Medical Society, March 2, at Lakeside Hospital. Program:

"Presentation of a Case of Meningocele," Sam Brock; "An Interesting Nerve Lesion," L. B. Sherry; "Case of Gas Gangrene," Allen Graham; "Discussion of Surgical Cases," G. W. Crile; "A Case of Melano Sarcoma," F. S. Gibson; Discussion by M. A. Blankenhorn; "Case of Hodgkin's Disease," J. P. Tucker; Discussion by C. D. Christie; "Rheumatic Myositis," C. F. Hoover; "Experimental Study on the Luetin Reaction," H. V. Paryzek; Discussion by H. N. Cole.

The 94th regular meeting of the Experimental Medicine section was held March 9, at the Cleveland Medical Library.

Program:

"The Genesis and Structure of the Membrana Tectoria, and the Crista Spiralis of the Cochlea," O. Vander Stricht, M. D.

"The Formation and Structure of the Zona Pellucida in Turtle Eggs," Alice Thing, M. A. (By invitation.)

"The Nose of the Lemurs; Its Significance for Human Anatomy," T. Wingate Todd, F. R. C. S.

The 137th regular meeting of the Academy of Medicine was held March 16 at the Cleveland Medical Library. Dr. Hyde read a paper on "Syphilis and Insanity." In discussion, Dr. Laffer touched upon the difficulty of diagnosis. Dr. Jacobs stated that most persons, presenting themselves to the clinics for syphilis, have first been under the care of the general practitioner.

A. J. Skeel asked for information on those cases in which abortion occurs in a manner typical of material syphilis but in which there is neither clinical history nor laboratory findings in corroboration. Dr. Hyde, in closing stated that from 35% to 36% of paretics have active syphilis. He stated that an examination of the wives of 100 paretics gave the following results: 12 showed laboratory signs of having syphilis, 40% never had been pregnant, and in those that had been pregnant, 20% gave an appalling history of abortions, still births, etc.

Dr. Eisenberg then presented his paper, "The Value of the Wassermann Reaction in the Diagnosis of Syphilis." He touched upon the nature of the Wassermann reaction citing the inherent variations that may occur by reason of the nature of the reaction itself, and particularly directed his remarks to those extraneous conditions which make for uncertainty in the reaction, such as the misleading results occurring in patients who have recently had an anesthetic, or have drunk large quantities of alcoholic liquors, and the fact that test tubes washed with soap should never be used.

In discussion, Dr. Hoover pointed out that a diagnosis of syphilis never should be made upon a Wassermann alone, but that the examination of the blood, the cerebro-spinal fluid, together with its cell count were indispensable. Dr. Cole, asked as to the diagnosis of early syphilis, stated that the earliest diagnosis possible was by findings the spirochaete in scrapings from the initial sore when examined under dark field illumination. Such a diagnosis was possible two or three weeks before a Wassermann would show up. If, however, mercury has been used locally the result was less certain. Discussion was closed by Dr. Eisenberg.

Dr. Oakley read the next paper, "The Value of Salvarsan and Other Arsenical Preparations in Syphilis." Dr. Hoover then presented his paper, "Mercury in Syphilis." Both papers were discussed by Drs. Birge and Cole. Dr. Laffer also called attention to the fact that anaphalactic symptoms have been known to occur in the treatment of syphilis when mercurialized horse serum has been used.

Attendance, 190.

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\* MEETINGS OF CINCINNATI \*  
\* ACADEMY OF MEDICINE \*  
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(Report by W. R. Abbott, M.D., the Secretary)

At the regular meeting of the Medical Section of the Academy of Medicine of Cincinnati, February 19, Julian Benjamin gave a report of 19 cases of hyperphasia of the thymus gland. The study comprises one year's observation of all kinds of cases which came under Dr. Ben-

jamin's supervision at the Children's Department of the University of Cincinnati (Ohio-Miami Medical College) Clinic. A total of 225 cases were seen in that time. Of these 19 showed undisputed evidence of enlarged thymus or 8.47%. Dr. Benjamin mentioned this fact in his conclusions and added that X-Ray treatment produces definite cures. He gave the following summary:

AGES		
4 weeks.....2	3 months.....1	12 months.....1
6 weeks.....1	5 months.....1	13 months.....1
8 weeks.....3	6 months.....1	18 months.....4
9 weeks.....1	9 months.....2	4 years.....1
Symptoms.		Cases.
1. Choking and suffocating attacks.....	11	57%
2. Cough .....	10	53%
3. Cyanosis .....	6	34%
4. Dyspnoea .....	4	21%
5. Wheezing .....	2	10%
6. Spleen enlarged.....	2	10%
7. Noises in chest.....	1	5%
8. Hiccough .....	1	5%
9. Crying continuously (Hyperthroph. Stenosis) .....	1	5%
10. Rigidity .....	1	5%
11. Strangling .....	1	5%

PHYSICAL EXAMINATION

Thymus enlarged to percussion (ranging from 3 to 5 c. m.) in 17 cases—89%.

X-RAY FINDINGS

Thymus enlarged in 19 cases—100%.

TREATMENT

With X-Ray exposures in 18 cases; all improved. One untreated case; unimproved.

Dr. Lange discussed X-Ray diagnosis of thymus enlargements and X-Ray therapy in such cases. Dr. Benjamin's and Dr. Lang's papers were discussed by Drs. Friedlander, H. K. Dunham, Iglauer, Palmer, Greenebaum, Joseph Ransohoff, Wolfstein and Frank Lamb.

NEW COMMITTEE

At the suggestion coming from a joint meeting of the Committee on Public Hygiene and the Committee on Medical Charities the following resolution is offered to the Academy:

"Resolved, That the two committees known as Public Hygiene and Medical Charities be combined in order that the work may be carried on more efficiently and without conflict. The new committee thus formed to be known as the Public Hygiene and Social Service Committee."

Dr. Bachmeyer has been appointed chairman of a committee, the personnel of which he is to select, to co-operate with the local chapter of the American Red Cross Society.

The regular meeting of the Cincinnati Academy of Medicine on February 26 was devoted to case reports.

W. S. Haines presented a breast tumor, which he had removed. The tumor was as large as an

orange. Only one enlarged gland was found in the gland bearing tissue removed at operation. In commenting Dr. Haines said that 80 percent of all breast tumors are malignant and that one-half of the remaining 20 cases in each 100 are potentially malignant.

Samuel Zielonka presented a case of drug intoxication occurring in ordinary practice. The case was discussed by Drs. Heidingsfeld, Haines, Shinkle and Landis. Another case presented by Zielonka was that of a 11-year-old girl suffering from lobar pneumonia of the left upper lobe, complicated by an acute pneumothorax of the lower lobe. Dr. Rhodes discussed the case.

J. E. Rowe cited three cases of puerperal septicemia in which he believed recovery was aided by the use of serums. Discussion was opened by Dr. Steinharter, who was followed by Drs. Greiss, Hadley, Caldwell, Mombach, Fennel, Tate and Pirrung.

R. E. Amos was elected to membership. President Landis has appointed O. P. Geier, W. D. Haines and A. B. Thrasher as members of the legislative committee for the ensuing year.

Jesse S. Wyler gave a case report—a corneal ulcer produced by chicken pox—and William Mithoefer discussed muscular headache, with presentation of cases, at the meeting of the Section on Specialties of the Academy, March 5. Drs. Scholtz, Faller and Vail discussed Dr. Wyler's paper. Dr. Mithoefer's paper was discussed by Dr. Vail.

MEETING OF MARCH 12

"Two Unusual Experiences in Heart and Pericardial Surgery" was the subject of a paper read at the regular meeting of the Academy, March 12. Discussion by Drs. Souther, Wilms, J. Headley and Caldwell. Emerson A. North read a paper entitled "Clinical and Anatomical Paresis With Negative Pupils, Negative Wassermann and Doubtful Identification of Spirochaete," which was discussed by Drs. Kiely, Wolfstein, Faller and Shinkle. W. D. Haines presented a patient upon whom he had recently operated for pyloric obstruction.

NOTES

The Academy wired the Governor that it is opposed to House Bill No. 7, which would give the City Council the right to fix the salaries and the number of employes in the Health Departments. A petition was also sent to the Governor asking him to veto Amended Senate Bill No. 114 relative to the training of nurses.

The thanks of the entire profession is due the Senators and Representatives, who so successfully have opposed legislation detrimental to the interests of suffering humanity. These gentlemen have been officially commended, on behalf of the Academy, through the Secretary.

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 \* MEETINGS OF THE DAYTON \*  
 \* ACADEMY OF MEDICINE \*  
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(Report by Edgar L. Braunlin, M.D., the Secretary)

The regular meeting of the Dayton Academy of Medicine was held at the Academy's quarters in the Rauh Building, February 22. Twenty-eight members and four visitors were present.

Program: "Some Experiences With Von Ruck's Vaccine in Tuberculosis," T. L. Gregg. A very interesting paper in which the author emphasized that only incipient and moderately advanced uncomplicated cases should be so treated with the expectation of getting good results.

"Some Facts Relative to the Induction and Maintenance of General Anaesthesia," B. C. West. The author especially emphasized the importance of having the patient in the proper mental status in the beginning and of having the anaesthesia deep in the surgical period, as a means of reducing shock.

"Methods Employed in Inducing General Anaesthesia," L. R. Courtright. The author gave a complete and detailed talk, describing the methods he employed, with especial reference to ether.

The discussion on the Von Ruck's vaccine was both favorable and unfavorable. The discussion on the question of Anaesthesia was quite thorough especially as regards the merits of the various methods employed.

MEETING OF MARCH 9

At the regular meeting of the Dayton Academy of Medicine, March 9, the following program was carried out: "The Preoperative Treatment of Prostatic Cases," J. C. Marthens. "The Prostate in Middle Age," M. Porter.

MARION COUNTY ORGANIZES

Organization of the Marion County Health Officials Association was one of the outgrowths of a series of public meetings held at Marion late in February in connection with the public health exhibit of the state department of health. Similar organizations have been formed in Logan and Clark counties. Speakers at the meetings were the heads of the various divisions in the state health department and Dr. J. H. Landis, health officer of Cincinnati. Drs. Frank G. Bourdeau and John R. McDowell of the state health department, were speakers at the conference of health officials of the county.

DR. BABER REAPPOINTED

Dr. E. A. Baber, superintendent of the Dayton State Hospital, was recently reappointed by unanimous vote of the state board of administration. Dr. Baber's term of office expired last fall.

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 \* COUNTY SOCIETIES \*  
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FIRST DISTRICT

Butler County Medical Society held its regular meeting at Hamilton, February 21. Resolutions were adopted expressing opposition to the passage of Senate Bill No. 66 (the Christian Science measure). Wilmer E. Griffith was elected president and Mark Millikin, secretary-treasurer. The society decided to discontinue publication of "The Bulletin." After the business session, G. M. Cummins of Hamilton, read a paper on appendicostomy and L. H. Frechtling discussed tetanus. Both papers were very good and interesting discussion followed. Our councilor—Robert Carothers of Cincinnati—attended the meeting.—Wilmer E. Griffith, Correspondent.

SECOND DISTRICT

Montgomery County Medical Society held its regular meeting in the court house at Dayton, February 16. George H. Matson, secretary of the Ohio State Medical Board, gave an interesting and much appreciated talk on "Medical Legislation." He enumerated the various bills brought before the Senate and House, discussing in detail the chiropractic, the optometric, the osteopathic, and the Christian Science measures. It was the consensus of opinion that the physicians of the state as well as the general public are indeed fortunate to have Dr. Matson at the head of the State Medical Board.

A motion was passed, thanking Dr. Matson for his talk and assuring him that he had the unanimous moral support of the Montgomery County Medical Society. The meeting was well attended.—Edgar L. Braunlin, Correspondent.

Greene County Medical Society met March 1, in the rooms of the Xenia Business Men's Association, with 12 members present. Dr. Cameron of Canada, and Dr. Knisely (DDS) of Dayton, took part in the discussions. Several singular cases were reported and discussed. W. M. Hartinger of Spring Valley, and A. N. Vandeman of Bellbrook, were elected to membership. The paper of the day was read by B. R. McClellan on the "Relationship of Cardio-Vascular Conditions to Fibromata." This interesting resume of literature and original research called forth a large amount of discussion together with the report of many instances where cardiac pathology has been associated with pelvic disorders, and very often in conjunction with hyperthyroidism. The seeming conclusion reached by all was that an unknown internal secretion causes this sympathetic relationship in a number of cases.—H. C. Messenger, Correspondent.

*Preble County* Medical Society's February meeting was postponed until April 19 because its members were too busy to prepare for the meeting.—J. I. Nesbit, Correspondent.

*Darke County* Medical Society held its regular monthly meeting in the St. Clair Memorial Hall, Greenville, March 8. A large attendance enjoyed an extra good program. W. D. Gatch of Indianapolis, gave an interesting paper on "Obstructive Lesions of the Colon, Diagnosis and Treatment." H. M. Brundage of the Ohio State University, Columbus, lectured on "Newer Phases of Blood Chemistry, Its Relation to Nephritis and Diabetes." He emphasized the importance of blood chemistry in private practice and stated that the chemistry of the blood is being so simplified that it is within the bounds of the general practitioner. Discussion of the paper brought out some practical points. Measures pending in the present state legislature were discussed. The officials of the society are boosting the State Medical Meeting at Springfield.—Z. T. Penhwood, Correspondent.

*Champaign County* Medical Society held its regular meeting at the home of D. H. Moore, in Urbana, February 8. Dr. Buhner read a paper on "The Inflammatory Conditions of the Upper Air Passages," which was followed by general discussion. Refreshments were served by Mrs. Moore. A concerted effort is being made by the members of the society to secure new members. Every physician in the county, who is not a member of the society, will be visited and the advantages growing out of membership in the organization will be explained. (From news clipping.)

*Clark County* Medical Society, meeting in the Chamber of Commerce rooms at Springfield, February 26, was addressed by J. H. J. Upham of Columbus, on the "Etiology of Diabetes." The speaker also discussed several bills which were pending in the state legislature.—(From news clipping.)

*Miami County* Medical Society's regular meeting was held in the Piqua Club at Piqua, March 1. A paper was read by J. E. Murray on "Acute Anterior Poliomyelitis." Discussion was opened by R. M. Shannon.—(From news clipping.)

*Shelby County* Medical Society, at a meeting held in Sidney, March 1, was addressed by Dr. Bowers of Dayton, and Dr. Sarver of Greenville, who spoke on pending medical legislation in the state legislature.—(From news clipping.)

### THIRD DISTRICT

*Allen County* Medical Society, meeting in regular session at the Lima Hospital, February 20, heard T. M. Johnson read a paper on "Birth Control." In reviewing the history of the move-

ment, he stated that Malthus, a century ago, enunciated the principle that human beings are endowed with a power of procreation out of proportion to their power of maintaining all who may be born, the results being misery and vice. The solution by Malthus was late marriage and moral restraint. Dr. Johnson maintained that birth control is the very antithesis of abortion and the one potent prevention of crime; that motherhood will never be sacred until it becomes conscious and voluntary; that reckless breeding of children, condemned by poverty, disease and neglect, is one of the surest forms of race suicide; that small families are found in the well-to-do classes while the degenerate is an everyday spectacle among the families of the poor, the careless, the ignorant, and the vicious.

The speaker stated that the results of a field study by Emma Duke in Johnston, Pa., in 1911, showed the infant mortality rate in families of from one to six children to be 129 deaths in each 1000, while in families of from six to nine it was 173 to each 1000. He declared that advanced thinkers recognize that increase in population depends upon the ability to support rather than to create. He referred to a study of 160 families in Chicago by Dr. Alice Hamilton, who found that the mortality rate in families of from one to six was 192 in each 1000, while in families of from six to nine there were 258 in each 1000. He stated that birth control has been in vogue in Holland for more than half a century and since 1895 has been recognized by a royal decree with the result that the birth-rate has decreased among the poor but increased in general and is now the highest in Western Europe; that the stature of the people has increased almost four inches in the last 50 years, bringing with it health, happiness and prosperity. He showed that while there has been a reduction of 18 per 1000 in the birth rate in France during the past two decades, there has been also a falling off of 20 per 1000 in the death rate, thus not virtually reducing the population. In New Zealand and Australia, where the teaching of the subject is legally permitted, the number of abortions and unfit children has diminished very greatly. He maintained that infection and contagion, especially tuberculosis, syphilis, and gonorrhoea would be less prevalent and destructive in restricted families, resulting from conscious and limited procreation while unconscious and accidental procreation produces misery and degrades man to the level of the brutes. He held it to be right to protect the independence of married couples that posterity may be prepared for competent and comfortable citizenship.

In the discussion which followed, the views expressed by the essayist received commendation by a majority of the members present but were opposed by W. H. Parent, who maintained that for the most part the subject was being promulgated by fanatics seeking notoriety and that



the medical profession should not enter into its teachings from any viewpoint whatever.—Shelby Mumaugh, Correspondent.

*Hancock County* Medical Society held its regular meeting at the home of Nelia B. Kennedy at Findlay, March 7. Members found a delicious spread, prepared by their wives, awaiting when they arrived at 6 o'clock. The organization of a Red Cross Society was favorably discussed. This subject will be taken up at another meeting after instructions as to work required of such organizations have been received. W. J. Zopfi read a paper on "Preventable Deafness." Interesting discussion followed. A. E. Mann, D. D. S., read a paper on "Anesthesia in Dentistry, Surgery and Obstetrics," and gave practical demonstrations with a new McKesson apparatus. Dr. Mann has given anesthesia close attention for several years and is well qualified to speak on the subject. Our May meeting will be a golden jubilee honoring J. A. Kimmell, F. W. Firmin and W. N. Yost, who have spent more than 50 years in the practice of medicine.—Nelia B. Kennedy, Correspondent.

*Van Wert County* Medical Society held a regular meeting in the court house at Van Wert, February 25. The principal paper was read by W. O. McBride of Ft. Wayne, on "Albuminous Retinitis."—(From news clipping.)

*Logan County* Medical Society held its regular monthly meeting in Educational Hall at Bellefontaine, March 3. "Co-operation of Dentists and Surgeons" was the subject of a paper read by C. N. Niles, D. D. S. Other papers were read by Claude Davis of East Liberty, on "Acute Endocarditis" and by W. H. Carey of Bellefontaine, on "Urticaria."—(From news clipping.)

#### FOURTH DISTRICT

*Williams County* Medical Society held its regular meeting at West Unity, February 8. The entire time was devoted to a discussion of the cancer problem and legislative proposals. M. V. Replogle read a paper on "The General Practitioner and Cancer," in which he gave, in a comprehensive yet concise way, the present status of our knowledge of cancer, its increasing frequency and the duty of the general practitioner in trying to prevent the disastrous results of neglected cancer. He also emphasized the advisability of surgical attention to scar tissue and abnormal growths in locations where they are liable to degenerate into cancer. The paper showed painstaking research into the literature which other members of the society might well emulate in the preparation of papers. Such an effort would certainly broaden their knowledge and increase their efficiency in any line upon which they might choose to write. A spirited and harmonious discussion followed the

reading of the paper in which practically all present participated.

The legislative committeeman called the attention of the society to the two dangerous bills now before the Senate—S. B. No. 62 and S. B. No. 66. A resolution was unanimously adopted, condemning the bills and authorizing the legislative committee to convey our disapproval to our representative and senator. W. M. Denman of West Unity, was requested by unanimous vote to act in conjunction with the legislative committeeman in opposing vicious legislation. By a blanket resolution, the committeemen were authorized to act for and in the name of the society in all matters pertaining to legislation.—J. A. Weitz, Correspondent.

*Fulton County* Medical Society, meeting in regular session at Swanton, February 2, was addressed by Capt. L. C. Cosgrove of the Ohio National Guard, on "Medical and Other Experiences on the Mexican Border" and by Capt. A. M. Wilkins, M. R. C., on "Experiences at the Army Mobilization Camps." Both papers were instructive and entertaining. The fee bill question was discussed at length but no definite action was taken owing to the small attendance.—Arthur A. Brindley, Correspondent.

#### FIFTH DISTRICT

*Lorain County* Medical Society held its most enthusiastic and best attended meeting in the K. of P. Hall, Lorain, March 13, at 5 o'clock. The usual banquet preceded the meeting. Covers were laid for 39 and the dinner served by the Pythian Sisters Lodge was a most satisfying repast. Following the spread the society assembled in the lodge room and listened to the program which was headed by W. L. Hughes, state representative of Lorain county, who did such yeoman service for our profession in the defeat of some dangerous medical bills in the legislature. His remarks were enthusiastically received by applause he well deserved. We wish that more legislators might reflect the spirit of justice and right as displayed by Mr. Hughes. He received a splendid vote of appreciation and assurance of future endorsement.

E. A. Hamilton of Columbus, then addressed the society on "Experiences in Military Hospitals at Home and Abroad." Not since his former visit to our society has our membership listened to a more interesting speech. His remarks were given with fearlessness and honesty of purpose and should be heard by every society. The announcement that Dr. Hamilton would speak was enough to call forth the record attendance and he was given a generous and warm welcome. After listening to his remarks on his experiences on the Mexican border with the Ohio troops, there can be no doubt in any one's mind that our country is indeed sadly lacking in active patriotism and preparedness. In his unbiased

remarks upon our present situation, he touched on the several lamentable "incidents" during the past year, when American rights and lives were ruthlessly sacrificed without redress. Lorain County Medical Society is deeply interested and ready to engage in preparedness and the attendance was a splendid expression of our patriotism and love of the flag. Several interesting letters from other legislators were read, endorsing and complimenting Mr. Hughes. Two candidates filed applications for membership. They are: George K. Beyer of Lorain, for reinstatement, and Bryce Miller of Amherst. Lorain County Medical Society is not only 100% but 100% plus.—C. O. Jaster, Correspondent.

#### SIXTH DISTRICT

*Summit County* Medical Society held its regular meeting at Akron, March 5. An attendance of 105 broke all records. The audience was composed of men and women from Cleveland, Inland, Barberton, Doylestown, Akron, Cuyahoga Falls, Uniontown, Wadsworth.

New members admitted are C. R. Lewis, C. C. Pinkerton, J. T. Beall of Akron and D. S. Gardner of Massillon. Two amendments to the constitution were passed. First—Dividing the membership into four classes: active, associate (local only), non-resident, honorary. Second—The dues for the society (honorary members excepted) shall be \$2, which amount is exclusive of any paid to the Ohio State Medical Association.

Two unusual events occurred. As a memento of several pleasant visits to Akron during which he has made the acquaintance of some members and from the interest he naturally takes in an organization of which his son has for several years been secretary, Duncan McCormick, K. C., B. C. L., a prominent lawyer and king's counsel of Montreal, presented a United States flag to the Summit County Medical Society.

The secretary made the presentation for Mr. McCormick, after which the veteran Major E. K. Nash unveiled the flag which is gracefully draped about the framed arms of the society. Dr. Nash in an appropriate address stated that 54 years ago he began his military career under the Stars and Stripes and participated in Sherman's march to the sea. Dr. Nash is in his 89th year, strong both mentally and physically and rarely misses a meeting. Upon motion of W. A. Mansfield and D. H. Morgan a vote of thanks was tendered to and honorary membership conferred upon Mr. McCormick for his most appropriate gift.

The program consisted of a fine lecture by G. W. Crile, professor of surgery, Western Reserve University, on "Certain Borderline Problems." a. Cholecystectomy vs. cholecystostomy; b. Treatment of gastric and duodenal ulcer; c. Relation of the thyroid gland to exophthalmic goitre.

The lecture was illustrated by stereopticon and moving pictures showing the stages of operation. Dr. Crile's lecture was instructive, interesting and entertaining. It was discussed by C. R. Steinke, H. H. Jacobs, W. A. Searl. On motion of W. S. Chase a vote of thanks was tendered Dr. Crile and he was made an honorary member.

Dr. Crile was entertained by the officers and surgeons at the City club before the meeting.

The following resolution was adopted:

"Whereas, the Summit County Medical Society has suffered a loss by the death of a member, Alfred Sylvester Bair; therefore,

"Be it Resolved, That this society place on record its regret at the loss sustained and extend its sympathy to the bereaved family. R. A. Smith, A. S. McCormick, committee."—A. S. McCormick, Correspondent.

*Richland County* Medical Society's regular meeting was held March 15 in Circuit Court room at Mansfield, Charles Brown presiding. J. A. Spence was elected to membership. G. W. Baughman discussed the county hospital and Julia L. McBride announced that plans for a "Baby Week" campaign are being made by the clubs of Mansfield. W. E. Loughridge read an instructive paper on "Medical Testimony in Our Courts." Discussion was opened by Albert Shunk. Eighteen members were present.

The society held a well attended meeting, February 15. B. F. Harding, who read a paper on the "Blood Circulation of the Lower Bowel," was the principal speaker. His subject was thoroughly discussed.—F. A. McCullough, Correspondent.

#### SEVENTH DISTRICT

*Tuscarawas County* Medical Society held an interesting meeting on March 6, at Uhrichsville. Our legislative committee gave a good report on what was being done by the medical profession during this session of the state legislature. Our society also held a clinic at this meeting. While we were in session in the mayor's office a tramp applied for lodging and medical treatment. The unfortunate fellow had sustained a dislocated right shoulder. The township physician was called and endeavored to reduce the dislocated member but the subject was too muscular, and the patient was brought before the society. He was examined and the dislocation was reduced under an anesthetic. Dr. Moore of New Philadelphia, presented a number of X-Ray plates and discussed and explained the cases in which they were taken. We had a good attendance and an enjoyable evening.—Tracy Haverfield, Correspondent.

*Jefferson County* Medical Society met in regular session at Steubenville, March 13. H. W. Cooper read a paper on "The Accessory Sinuses

of the Nose," which was followed by general discussion.—J. R. Mossgrove, Correspondent.

*Columbiana County* Medical Society held its regular monthly meeting at the East Liverpool City Hospital, February 16. F. LeMoyné Hupp of Wheeling, W. Va., read a paper on "The Present Status of the Operative Treatment of Fractures."—(From news clipping.)

#### EIGHTH DISTRICT

*Licking County* Medical Society's regular monthly meeting was held at the Warden Hotel, Newark, on February 22, at 6 o'clock. The social hour, during which a "roast pig" dinner was served, passed pleasantly. The president then introduced Halbert B. Blakey of Columbus, who gave an interesting talk on "Focal Infections and Their Relation to Systemic Disorders." T. L. Baxter and W. H. Lewis discussed the paper.—Harry E. Hunt, Correspondent.

*Athens County* Medical Society met in regular session at Athens, March 6. J. W. Murphy of Cincinnati, read a paper on "Headache of Nasal Origin" and A. C. Wolfe of Columbus, told us how he enucleates the tonsil. After a dinner at the Berry Hotel, an evening session was held at which Dr. Sauer of Marietta, and Dr. Higgins read papers. Dr. Sauer demonstrated the use of the Schenck-Beck snare in tonsilectomy on several patients.—T. A. Copeland, Correspondent.

*Muskingum County* Academy of Medicine met in the Chamber of Commerce rooms, Zanesville, March 10. C. U. Hanna read a paper on "Diseases of the Joints" which was discussed by W. A. Melick, C. M. Rambo and H. T. Sutton. Paper and discussion were much enjoyed. Muskingum county expects to send a large delegation to the State Meeting at Springfield.—O. I. Dusthimer, Correspondent.

*Fairfield County* Medical Society, meeting in regular session at Lancaster, February 20, heard R. W. Mondhank read a paper on "Vaccine Therapy", which was thoroughly discussed. C. H. Hamilton presented a case which brought forth considerable discussion.—(From news clipping.)

#### NINTH DISTRICT

*Hempstead Academy of Medicine* met in regular session March 12 in Carnegie Library at Portsmouth, with the president, H. F. Rapp, in the chair. Dudley W. Palmer of Cincinnati, gave an instructive talk on "Some Surgical Diseases of the Stomach," and C. W. Doughty of Cincinnati, gave an excellent screen demonstration of surgical diseases of the stomach, upon which Dr. Palmer's talk was based. A hearty vote of appreciation was extended to both.

The academy adopted two resolutions, one denouncing the actions of Senator Tremper, from this district, as it was through his efforts mainly that the Christian Science bill passed the Senate, and the other commending the representative, Wm. R. Sprague, of this county, in all his actions in regard to measures relating to the medical profession. The secretary was ordered to send a copy of each to the Journal for publication and one to Senator Tremper and Representative Sprague respectively. Carl G. Braunlin of Portsmouth and Dr. D. C. Coleman of Lucasville, were admitted to membership. A transfer of membership was granted Dr. Samuel P. Fetter to Johnson County, Kentucky. The meeting was well attended.—Oral D. Tatje, Correspondent.

*Lawrence County* Medical Society met in regular session at the court house, Ironton, February 22. E. E. Ellsworth read a paper on "Retrospective Medicine" and Dan Gray, a paper on "Appendicitis." Both papers were freely discussed, and the meeting was a very profitable one.—E. E. Ellsworth, Correspondent.

*Pickaway County* Medical Society met in regular session at Circleville, March 2, spending the evening discussing reported cases, "Why and When Should Tonsils be Removed" and "Tonsilotomy versus Tonsilectomy." It was the consensus of opinion that many normal tonsils are at present being sacrificed to the rampant tonsil and adenoid fad.

The secretary was instructed to write our representative, A. L. Stump, thanking him for his activity in the legislature in behalf of general medicine and public health.—D. V. Courtright, Correspondent.

*Delaware County* Medical Society met in the court house at Delaware, March 2. In the absence of both the president and vice-president, A. H. Buck presided. Some interesting cases were reported. E. Borden gave a practical talk on some ear troubles which are frequently found in private practice, and gave his method of treating them. An interesting discussion followed and many practical points were given. The members were afterward called to the Parker restaurant by A. J. Willey, who acted as host, and a fine lunch was enjoyed by all.—A. H. Buck, Correspondent.

#### ASK FOR YOUNG PHYSICIAN

People living in and near Bath, O., the home of the late Dr. A. S. Bair, desire to have a young physician locate in Bath, according to information received by *The Journal*. The office rooms occupied by Dr. Bair are for rent. For further information, write S. B. Whitercraft, Bath, O.

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 \*\* STATE BOARD OF HEALTH \*\*  
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James E. Bauman, assistant secretary of the state board, has been formally appointed secretary, a position he has been filling since the resignation of Dr. E. F. McCampbell last April. He will serve in that capacity until a state commissioner of health is appointed.

MR. DAVIES LEAVES

Gordon Davies, superintendent of publications, state department of health, has resigned to enter the practice of law at Akron. Mr. Davies, who is a graduate of the University of Michigan, has rendered the state splendid service in his present position. He has injected life into the Public Health Journal and made it one of the best publications of its kind in the country.

URGE GOVERNOR TO USE VETO

The state board of health, at its March meeting, adopted a resolution urging Governor Cox to veto the Billingslea bill, on the ground that the measure would "make city health departments subject to the whims of politicians and result in their disruption."

BEWARE OF GARAGE FUMES

A bulletin recently issued by the division of industrial hygiene addressed to garage workers and motorists, states that gasoline engine exhaust fumes may cause illness and even death. Running an automobile in a closed garage is especially warned against. Carbon monoxide is the dangerous factor in engine gas. "Eliminate all danger by providing for plenty of fresh air in the garage before starting the engine," the bulletin says.

REPORTS ON TRACHOMA

Dr. Frank G. Boudreau, director of the division of communicable diseases, reports that over 1300 cases of trachoma have been reported to the department since the disease was made reportable two years ago. Many cases have been reported among the foreign element of the larger cities and from the counties bordering on the Ohio river. The number reported represents only a part of the number existing in the state, Dr. Boudreau declares.

WATER AND SEWAGE

By order of the board, the city of Piqua was directed to erect a new water purification plant or to find a new source of water supply. A delegation of Piqua citizens appeared before the board and asked that the order be issued. The

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### ADVANTAGES:

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As a well-known professor of medicine and therapeutics in a leading eastern medical college said some years ago:

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city of London was ordered by the board to install a new sewage disposal plant. Since the new state penitentiary is to be built near London, officials of that city have taken up with the state prison commission the proposal to build a sewage plant large enough to treat sewage from the prison and from the city. The plant would be operated by the state and the city on a co-operative basis.

#### COMMUNITY HEALTH RECORDS

Keeping books on the community health is recommended by state health officials in a report on health conditions prepared at the request of a newly formed public health organization in Kenton. The figures compiled relate to Hardin county. A part of the report shows that residents of the county suffered at least 7000 days of sickness from typhoid fever alone in the last five years. This means that the economic loss to the community from this one preventable disease during that period was at least \$20,000. The state department is prepared to furnish similar data on any community where it is not available from local sources.

#### PUBLIC HEALTH NURSING

In a report recently submitted to the board, Miss Helena R. Stewart, state supervising public health nurse, shows that 463 nurses are now employed in public health service in 68 nursing cen-

ters in Ohio. Of the total number, 378 are employed in nine cities of more than 50,000 population, 32 in cities ranging in population from 8000 to 50,000, and 20 in 20 cities of less than 8000 population. Other nurses are employed by industrial plants or private concerns, principally to care for employes.

The rapid extension of public health nursing in Ohio has been handicapped by the scarcity of properly qualified nurses. Three cities are ready to employ such nurses as soon as qualified workers can be found. In 59 cities under 50,000 population, salaries of the nurses range from \$75 to \$100 a month. Four nurses receive less than \$75 a month, but they devote only part time to their work.

#### PREVENTION OF BLINDNESS

Demand for the one per cent solution of nitrate of silver as prepared by the state department of health for use in the eyes of the newborn, is increasing. Orders for 1000-package lots have been received from several of the larger cities, while several of the smaller cities have asked for 500-package lots. The solution is always freshly prepared and tested in the laboratory of the department before it is sent out. The outfits are not only available at the local boards of health, but also at the distributing stations where other supplies of the department may be secured, by physicians, without charge.



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### The Nurse-Anesthetist—A Legal Decision in Kentucky

We are advised by Dr. F. H. McMechan of a recent decision in the case of Dr. Lucas Frank and Margaret Hatfield vs. The Kentucky State Board of Health, tried in the Chancery Division of the Jefferson County Circuit Court, February 17, by Judge Samuel B. Kirby.

Judge Kirby held that trained nurses must qualify as practicing physicians and obtain licenses entitling them to so practice before being permitted to administer anesthetics in Kentucky. The court said that the provisions in the law pertaining to physicians and nurses, are police regulations, designed for the protection of the community, and in all such matters the right of the individual must be laid aside for the safeguarding of the public. It was not so much the qualifications of Miss Hatfield, a nurse-anesthetist, as the example that the State Board of Health was objecting. From the evidence heard in the case, the court said further, it was apparent that Miss Hatfield could and should submit herself for examination by the State Board of Health and qualify by a physician's license, to perform the service for which she is employed.

This case will, in all probability, be taken to the Court of Appeals for final adjudication, in which instance the Attorney General of Kentucky will represent the State Board.

The Journals of the Tennessee and Indiana State Medical Associations have come out editorially against the nurse-anesthetist, as well as such independent journals as the Medical Record and New York Medical Journal.

On the other hand, Dr. J. M. Baldy, President of the Pennsylvania Bureau of Medical Education and Licensure, has elicited an opinion from the First Deputy Attorney General of Pennsylvania, which holds that nurses trained in the administration of anesthetics may legally administer anesthesia under the supervision of licensed physicians.

Dr. McMechan, who is secretary of the Interstate Association of Anesthetists, sends us the following comment on the Kentucky decision:

An interesting sidelight in the Kentucky case was the effort of the plaintiffs to show that anesthetic fatalities did not occur under the administration of anesthesia by nurses. In this connection the State Board presented a statement from a young physician, who, for the past three years, has been on service at a prominent clinic that exploits nurse-anesthetists and drop-ether, and who personally witnessed two patients die, under the administration of anesthetics by nurses. If the most expert anesthetists in the world occasionally have anesthetic fatalities, it is certainly presumptuous for clinics, exploiting nurse-anesthetists to deny their anesthetic mortality or conceal it under some subterfuge."



## Cholera Infantum versus Arsenical Poisoning from Insecticides —Which?

*The similarity in symptoms makes it important to differentiate carefully in making your diagnosis*

Arsenical fly poisons are all the more a menace in that the poisonous solutions are sweetened, making the dangerous potion enticing to children.

In the past physicians have denounced poisonous phosphorous match, and this public danger has been eliminated. The baneful arsenical fly draughts merit like condemnation.

Following is an extract from "The Transmission of Disease by Flies," Supplement No. 29 to the Public Health Reports, April, 1916:

"Of other fly poisons mention should be made, merely for the purpose of condemnation, of those composed of arsenic. Fatal cases of the poisoning of children through the use of such compounds are far too frequent, and owing to the resemblance of arsenical poisoning to summer diarrhea and cholera infantum, it is believed that the cases reported do not, by any means, comprise the total. Arsenical fly-destroying devices must therefore be rated as extremely dangerous, and should never be used, even if other measures are not at hand."

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PUBLIC HEALTH NOTES

Health departments in several Ohio cities are taking steps to guard against outbreaks of infantile paralysis such as occurred in the state last summer.

At a recent meeting of the advisory committee of the Cleveland health department, plans for conducting a campaign for the prevention of the disease were considered. "Just because Cleveland was fortunate enough to escape an epidemic last summer is no reason for assuming it will escape during the coming hot weather," Health Commissioner Bishop declared. A "clean-up-the-city" campaign, to be followed up with efforts to preserve cleanliness, was advocated as one of the best means to prevent outbreaks.

Similar plans were discussed recently by the Toledo Poliomyelitis Commission. Infantile paralysis claimed the lives of twenty-five persons in Toledo last summer. The commission hopes to bring about co-operation among health authorities in cities of northwestern Ohio so that unity of diagnosis, sanitation and rapid isolation of any cases that may develop will check even a near epidemic. About eighty Toledo chil-

dren are now practically paralyzed as a result of the 1916 epidemic.

Other cities in the state are planning to safeguard the public against infantile paralysis outbreaks. Clean-up campaigns are being urged as one of the best means of stamping out the disease. Physicians of Mt. Vernon have taken an advanced step which might well be followed by physicians in other communities. The manner of conveyance and methods of prevention were thoroughly discussed at a public meeting, arranged by the physicians, February 19. Several addresses were delivered and a series of stereoptican views shown.

Club women of Ohio and public health organizations are planning to observe "Better Baby Week," May 1 to 6. One of the slogans adopted by the women for the week is "Complete Birth Registration for the Ohio Baby Population." Education of mothers so they may know how to give proper care to babies is the real aim of "Better Baby Week." In many cities, infantile paralysis is to receive special attention.

In Lima, the week will include Population Day, Birth Registration Day, City Federation Day, Allen County Medical Association Day and Baby Sunday, with appropriate programs for each. The Lima Child Welfare Association has



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prepared a list of books which relate to the subject of care of children and which may be found in the public library. The list will be published in the newspapers. Similar plans for observing the week have been made in other cities.

Mrs. Ralph D. Mitchell, club woman and charity worker, was arrested at her home in Cleveland, February 20, on a charge of distributing "obscene literature." Police officers declared they found birth control literature in her home. The arrest marked the beginning of a campaign against birth control propaganda in Cleveland, according to the police.

The Cincinnati Board of Health is considering regulations which would require all persons engaged in the handling and preparation of food for public consumption to have health certificates from physicians based upon an annual medical inspection, as a condition of their employment. The proposed regulation affects only those employed in hotels and restaurants.

Canton's first Disease Prevention Day was observed February 22. Mayor Stolberg delivered the principal address at a meeting held in the Y. M. C. A. under the auspices of the Canton Ministerial Association. Dr. Frank Sayre, city health officer, urged the public to become better acquainted with the means of preventing disease. Steps were taken to reorganize a league to fight tuberculosis in the city.

Measles in Ohio cause twice as many deaths every year as scarlet fever and more than twice as many as infantile paralysis, according to statistics compiled by Dr. Frank G. Boudreau, director of the division of communicable diseases, state department of health.

Establishment of a voluntary dispensary, where tuberculosis cases could be taken care of, was advocated by Dr. John R. McDowell, director of the division of public health education and tuberculosis, state department of health, in an address delivered at Kenton February 24. The meeting was held under the auspices of the Kenton Public Welfare Association.

Compulsory vaccination in public schools was condemned at a meeting of anti-vaccinationists held at Steubenville, February 12. The speakers declared there is "a close relation between compulsory vaccination propaganda and the twenty-million dollar vaccine trust"—whatever that is. It was decided to conduct an anti-compulsory fight "along educational lines."

The Tri-county Nurses Association, at a meeting held at the Springfield Lake Tuberculosis Sanatorium, February 15, were addressed by Dr. John R. McDowell, director of the division of

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public health education and tuberculosis, state department of health, on "The New Public Health."

The Greater Dayton Association is conducting an early "spring fly swatting" campaign. Its members agree that the winter is the proper time to begin crusading against the pests. Motion pictures are being used in the campaign and several addresses have been delivered on the subject.

A class in conservation of vision has been established in the Ashtabula public schools. Ten pupils are enrolled.

Toledo city council has been asked by the Toledo Academy of Medicine to appropriate \$20,000 to be used in the elimination of mosquitoes.

"Tuberculosis" was the subject of a paper read March 6 by Dr. J. D. Kramer at the regular weekly health meeting at the Dayton Y. M. C. A.

Dr. Carroll Fox of the United States Public Health Service, who is making a health survey of Springfield, discussed "The Transmission of Diseases" before the Clark County Health Officers' Association, March 14

#### ANTI-NARCOTIC MEETING

Dr. Simon P. Kramer, president of the Ohio Society for the Study of Alcohol and Other Narcotics, is arranging for a public meeting to be held under the auspices of the society in conjunction with the Young Womens Christian Association in one of the churches in Springfield on Sunday evening, May 13. This is just prior to the opening of the sessions of the State Meeting on Monday morning, and it is expected that a large number of members from over the state will reach Springfield in time to participate in this meeting.

#### LOCATION OPEN

Dr. S. P. Deem of Tupper's Plans, Ohio, has been elected treasurer of Meigs County, and is desirous of disposing of his unopposed practice, which he has built up in thirty years. He advises us that he will sell for a consideration less than cost. This seems to be an excellent opportunity for some one desiring a new location.

#### PHYSICIAN WANTED

Letters received by *The Journal* from Rochester, Ohio, state that there is no physician in that community. Residents of the town believe that a physician would find a profitable field for practice there.

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### NEW UROLOGY JOURNAL

Hugh Young is editor of the new *Journal of Urology, Experimental, Medical, Surgical*. Anything that Hugh Young edits will be the best.

This is a new journal. We asked a urologist if it is needed. "It will save me about \$50 a year," he said. "I have to take a lot of journals now to get what I want. The *Journal of Urology* will assemble all this for me. I'm glad it's out.

We welcome the *Journal of Urology*.

A paper on "Pneumonia" was read by Dr. C. N. Clark at the regular monthly meeting of the Canton Medical Society, February 23. Discussion was opened by Dr. George F. Zininger. "The Dawn of a Surgical Era" was the subject of a paper read by Dr. Frank Kahler and discussed by Dr. H. H. Bowman.

Dr. Carroll Fox, of the United States Public Health Service, has completed a health and sanitary survey of Piqua and is now in Springfield on a similar mission.

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### Novel Plan for Post-Graduate Work by Second District Society

Physicians of the Second Councilor District Medical Association are planning an innovation for their next annual meeting. Instead of the usual one-day meeting, the officers of the district hope to devote an entire week to a University Extension Medical Post-Graduate course—"A Medical Chautauqua," to be held at Dayton the latter part of September. They intend to draw lecturers from Ohio universities and possibly from outside of the state. The program is not announced.

The speakers will be paid for their time. For that reason, the physicians of the district, who are in favor of a "real educational course," have been asked to sign their name to membership slips, which read as follows:

"In consideration of other contributions for the same purpose, I promise to pay to the order of H. C. Haning, treasurer of the local committee of the Councilor Medical Association of the Second District of Ohio, at the Merchants National Bank, Dayton, Ohio, on or before September 1st, 1917, the sum of ten dollars for the expense of one member to the entire post-graduate course to be given in the fall of 1917 by this Association."

Those in charge of the meeting have planned to hold two lectures each day, or ten in all. The morning lecture will begin at nine, and the afternoon lecture at one, with plenty of time for questions and discussion.

The last week in September will probably be the date of the "chautauqua." This week has been tentatively decided upon because most of the colleges will not be open, roads will be in good condition for motoring, vacation periods will be at an end and hot weather will not interfere with the attendance. Practice, too, is generally light during that period.

Dr. L. G. Bowers of Dayton, is president, Dr. W. C. Taylor of Springfield, treasurer, Dr. A. F. Sarver of Greenville, secretary, and Dr. J. E. Hunter of Greenville, councilor for the district. The executive committee is composed of Drs. W. B. Patton, Springfield; E. M. Huston, Dayton, and W. M. Brubaker, Covington.

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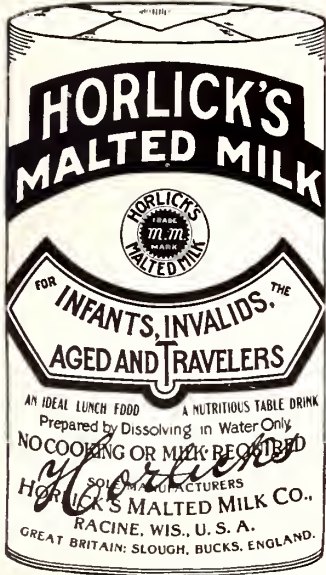
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### Fine Program for 1917 Outlined for Members of Darke County Society

"Inactivity in any Medical School breeds fear, foolishness and oftentimes failure." This warning is found in a pamphlet announcing a fine program arranged for the Darke County Medical Society for 1917. The program follows:

March 8—"Carcinoma of Rectum," Geo. B. Evans, M. D., Dayton; "Newer Phases of Blood Chemistry, its Relation to Nephritis and Diabetes," H. M. Brundage, M. D., Columbus; "Pregnancy at Full Term with Complete Prolapsus Uteri," J. M. Anderson, M. D., Greenville; "Vital Statistics," J. E. Monger, M. D., Greenville.

April 12—Selected, Geo. B. Crile, M. D., Cleveland; "Achievements of Modern Orthopedic Surgery," (lantern demonstration), W. G. Stern, M. D., Cleveland; "Consultation Reminiscences," E. E. Lowry, M. D., New Madison.

May 10—"Recent Advances in Diagnosis," Chas. P. Emerson, M. D., Indianapolis; "Allen Treatment of Diabetes as is Possible in the Hands of a General Practitioner," E. J. Wilson, M. D., Columbus; "A Case Study," C. I. Stephen, M. D., Ansonia.

June 14—"Differential Diagnosis of Some Abdominal Conditions," Andri Crotti, M. D., Columbus; "Gastric Ulcer," C. A. Howell, M. D., Columbus; "A Rational Operation for Entropion," W. C. Zeller, M. D., Greenville.

July 12—Selected, A. Ravolgi, M. D., Cincinnati; "Lenses: Of Today vs. Yesterday," J. E. Hunter, M. D., Greenville; "Syphilis of the Nervous System," George T. Harding, Jr., M. D., Columbus.

August 9—Annual picnic.

September 13—"Recent Advances in the Treatment of Carcinoma," George B. Goodhue, M. D., Dayton; Selected, Frank Winders, M. D., Columbus; "Internal Secretions," Z. T. Penhorwood, M. D., Greenville.

October 11—"Goitre," E. C. Brock, M. D., Columbus; "Radium," B. R. Kirkendall, M. D., Columbus; "Focal Infection," E. G. Husted, M. D., Greenville.

November 8—"The Surgical Use of the Bone Graft," Robert Carothers, M. D., Cincinnati; "The Value of Renal Functional Tests to the General Practitioner," H. O. Bratton, M. D., Columbus.

December 13—Annual Meeting.

Meetings of the society are held in Henry St. Clair Memorial Hall, Greenville, at 1 p. m.

#### MEDICAL SOCIETY IN LISBON

Lisbon physicians met in the office of Dr. J. N. Calhoun on March 2 and formed the Lisbon Medical Society. Dr. Calhoun was elected president and Dr. Hugh Maxwell secretary and treasurer. One of the objects of the society is to secure the appointment of a board of health by the city council.

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In order to give the poor the facilities needed in the prevention of disease, the laboratory of the Toledo health department has been thrown open to the physicians of the city for diagnostic work. In a letter addressed to the physicians, Health Commissioner Selby says:

"The division of health is now able to assist you in all forms of laboratory diagnosis. It is not our desire to compete with the men who are doing diagnostic work. We do not care to do work for people who can afford to pay for it. But we want the poor to have every diagnostic facility that may be necessary to the prevention of disease, and our laboratory is now available for that purpose.

"In addition to the usual bacteriological methods, we are in a position to assist you with the Wassermann test and microscopical examination of tissues suspected of being cancerous."

#### PLAN FOR BETTER CO-OPERATION

Need of greater co-operation among city, village and township officials in public health work lead to the organization of the Clark County Health Officials Association which recently elected Dr. E. C. Harris of Springfield, president, and Dr. E. B. Starr, of Springfield, secretary. Organization was perfected at a conference of county officials called for the purpose of checking an epidemic of smallpox in the county. Similar associations have been formed in Logan and Marion counties.

The plan has the endorsement of the state health officials, several of whom were present when the Clark and Logan county associations were formed. In Clark County, the plan was suggested by Dr. Starr, health director of Springfield. The object of the organizations are to secure uniformity of health regulations, standardization of quarantine rules, concerted action in checking epidemics, better inspection of dairies and reciprocity in reporting.

The organizations are composed not only of health officers but all officials whose offices place them in touch in any way with public health work.

#### Physicians Back Tuberculosis Hospital Plan

Steps toward the erection of a district tuberculosis hospital to serve Lake, Geauga, Trumbull and Ashtabula counties, have been taken by the Ashtabula County Medical Society. Dr. John R. McDowell, director of the division of Public health education and tuberculosis, state department of health, recently addressed the society, explaining the need of such an institution in that section of the state. The society is preparing to call a meeting of representatives of medical societies and county commissioners from each of the four counties for the purpose of perfecting plans.



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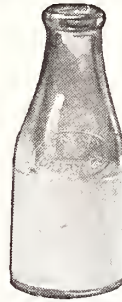
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### Staff Appointments, Cleveland City Hospital

Appointments to the visiting staff of City Hospital, Cleveland, have just been made by Director of Public Welfare Beman, from nominations by trustees of Western Reserve University. This is in accordance with an agreement entered into between the city and the university two years ago. The new appointments are as follows:

C. A. Hamann, Chief of the Surgical Division.  
 E. P. Carter, Chief of the Medical Division.  
 H. A. Becker, Assistant Chief of the Surgical Division.  
 C. W. Stone, Assistant Chief of the Medical Division.  
 Surgical Division—C. A. Hamann, Visiting Surgeon and Department Head; H. A. Becker, Visiting Surgeon and Assistant Department Head; O. T. Thomas, F. C. Herrick, C. H. Lenhart, C. A. Weber and E. P. Monaghan, Visiting Surgeons.  
 Diseases of the Eye—C. C. Stewart, Visiting Ophthalmologist and Department Head; S. S. Quittner, Visiting Ophthalmologist and Assistant Department Head.  
 Genito-Urinary Diseases—H. L. Sanford, Visiting Surgeon and Department Head.  
 Obstetric—A. H. Bill, Visiting Obstetrician and Department Head; J. J. Thomas, Visiting Obstetrician and Assistant Department Head; G. B. Farnsworth and W. P. Miller, Visiting Obstetricians.  
 Medical Division—E. P. Carter, Visiting Physician and Department Head; Richard Dexter, Visiting Physician and Assistant Department Head; S. J. Webster, F. J. Geib, Carlyle Pope, Visiting Physicians; Clyde Cummer, Serologist.  
 Dermatology—W. G. Gill, Visiting Dermatologist and Department Head; H. N. Cole, Associate Visiting Dermatologist and Assistant Department Head; S. Englander, Assistant Visiting Dermatologist.  
 Diseases of Children—H. O. Ruh, Visiting Pediatricist and Department Head; O. L. Goehle, Visiting Pediatricist and Assistant Department Head; Fred Beekel, Visiting Pediatricist.  
 Contagious Diseases—H. O. Ruh, Visiting Physician and Department Head; O. H. Goehle, Visiting Physician and Assistant Department Head; Fred Beekel, Visiting Physician.  
 Tuberculosis—J. C. Placak, Visiting Physician and Department Head; A. N. Dawson, Visiting Physician and Assistant Department Head; E. P. Edwards and W. C. Greenwald, Visiting Physicians.  
 Pathology—H. P. Karsner, Visiting Pathologist and Department Head.  
 Appointments to the Division of Ear, Nose and Throat and Nervous Diseases have not been made.

### HEPATOLA IS NO MORE

Uncle Sam has taken steps to curtail the income of V. M. George, of Columbus, from the sale of a gallstone "remedy." Postal authorities branded the remedy a fake and ordered that no more mail addressed to the Hepatola Sales Company—the name under which, Washington officials say, George has been operating—be delivered at his place of business. He has been using the mails to advertise his alleged remedy.

### TUBERCULOSIS MEETING

President Edward R. Baldwin of the National Association for the Study and Prevention of tuberculosis, has named the following committee to arrange for the annual meeting of the association to be held in Cincinnati, May 9, 10 and 11: Dr. A. C. Bachmeyer, chairman; Courtenay Dinwiddie, secretary; Dr. John H. Landis, Sol. H. Freiberg, Dr. H. K. Dunham, Dr. Charles S. Rockhill, Dr. B. F. Lyle, Benton S. Oppenheimer, Dr. John R. Meek, Murray Shoemaker, Dr. Elizabeth Campbell and Dr. Charles Souther of Cincinnati, Dr. Robert H. Bishop, Jr., of Cleveland, president of the Ohio Society, and Robert G. Paterson of Columbus, Executive Secretary of the Ohio Society.

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### Dr. Kramer Seeks Damages Through Courts

Dr. S. P. Kramer, formerly senior surgeon at Cincinnati General Hospital, filed suit in the Common Pleas Court of Hamilton County on March 19, charging Drs. C. R. Holmes and Joseph Ransohoff with causing the publication of a statement damaging to his professional reputation, and asking damages in the sum of \$100,000.

The court petition sets forth the fact that Dr. Kramer has been a resident of Cincinnati all his life, 49 years; that he and the defendants were, in the course of their professional duties, brought into "contact and conflict" with each other; and charges "that from said contact and conflict there developed in the minds and hearts of said defendants, and each of them, a feeling towards the plaintiff of deep hatred and immense jealousy, which feeling existed at the time of the grievances hereinafter complained of and prompted the commission by said plaintiffs of said grievances."

The charge is predicated upon a letter which Dr. Holmes is charged with sending to Safety Director Walter Friedlander, who is in general control of Cincinnati General, in which Dr. Holmes charges Dr. Kramer with "gross neglect of duty" in regard to a patient who was admitted on June 20 and referred to the South Surgical Service while Dr. Kramer was Senior Surgeon in charge—prior to the date on which he severed his connection with the hospital.

Dr. Kramer in his petition charges that Dr. Holmes and Dr. Ranshoff "seized upon this episode as a means whereby they could wreak their personal spite against the plaintiff and injure and destroy him in his individual good name and in his professional reputation, and said defendants combined and confederated together to formulate charges against this plaintiff."

### General Practitioners Discuss Health Insurance

"Social Insurance" was discussed by Smith Bennett, Columbus attorney, at the regular meeting of the General Practitioners Medical Society in the Columbus Public Library, February 22. "Is Compulsory Health Insurance a Justifiable Measure?" was the subject of a talk by Dr. C. H. Wells. On March 8, the society, meeting at the home of Dr. George Williams, heard Dr. D. G. Sanor read a paper on "Tonsillitis and Methods of Removing Tonsils and Adenoids." The subject was discussed by Drs. J. A. Kessler, G. A. Sulzer and George Williams. The society's meeting on March 22 was held at the home of Dr. Harry Myers. Rabies was discussed by Drs. James McI. Phillips, Harry Myers and W. D. Murphy.

Dr. W. B. Van Note, of Lima, has been taking postgraduate work in New York for several weeks. He has returned.

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## An Editorial Announcement

*This number of THE JOURNAL is issued a few days in advance of our regular publication date in order to place in your hands the complete program of the Seventy-second Annual Meeting of the Ohio State Medical Association, which will be held in Springfield on Monday, Tuesday and Wednesday, May 13, 14, and 15.*

*The program, which appears on Page 331, is worthy of your most careful attention. We believe that it is the best ever offered to the members of this Association, both as to scientific interest and delightful entertainment.*

*We request that you give careful attention to the annual reports of the standing and special committees, which are published in this issue (Page 341.) They present clearly and concisely, the ever-increasing work of this organization, and its striking accomplishments during the year which the convention will bring to a close.*

*You owe it to yourself to attend this meeting. In recent years our conventions have attracted members from every locality in the state, and this year it is confidently predicted that the registration will be the largest in history. Two reasons: Springfield is centrally located and easily accessible to all points, and the members of the Clark County Medical Society are working night and day to induce you to come. Then, too, this Association has gotten into the habit of breaking records—any and all records.*

*Springfield is well equipped to care for you. Hotels are modern and accommodations ample. Those who have carefully investigated give you this assurance.*

*Join us in Springfield—and remember that this is a three-day meeting, and that the convention starts in earnest Monday morning.*

*Monday, Tuesday, and Wednesday, May thirteenth, fourteenth and fifteenth. Mark those days on your appointment book.*

*A guide to the chief features of this issue of The Journal appears on page 360.*

### Original Articles

## Clinical vs. Laboratory Worth in Syphilis Diagnosis\*

M. L. Heidingsfeld, Ph.D., M. D., Cincinnati

PERHAPS no field in laboratory work offers better opportunities for measuring the true worth of present-day laboratory methods than the serological test for syphilis. This test has come to be justly recognized as a "sine qua non" in laboratory diagnosis and treatment. A carefully made and properly controlled serological examination imparts a wealth of important information, of unusually trustworthy laboratory character. It confirms better than anything else, the clinical diagnosis; it measures the progress toward recovery; it indicates whether a given remedy or a defined line of treatment is yielding good, indifferent or negative results; whether early marriage can be countenanced without danger of transmitting the disease to wife or future offspring. It determines better than anything else, whether a satisfactory clinical cure has been attained, and if definitely exercised from year to year in all well-defined cases of syphilitic infection, it imparts an incomparable degree of peace of mind and personal satisfaction to patient and physician. These and many other features impart to a careful serological control, the utmost value and importance. It is both an oracle and mentor to physicians who essay to give cases of syphilis their just degree of proper attention. There are many features which stamp the serological examination of syphilis as one of the most trustworthy, acceptable and brilliant achievements of the laboratory. With all its praiseworthy qualifications, it has the notable limitations and shortcomings of laboratory methods in general. A Wassermann examination, for example, is often negative when syphilis is present in latent and even active form. It never errs, however, on the unsafe side, namely, positive Wassermann and negative syphilis. Reports of that character can be attributed only to faulty technique, and the laboratory, at times, is not without infallibility. There are serological examinations equally trustworthy with the Wassermann, but far more delicate in character. The most notable in this respect is the Hecht-Weinberg serological control as modified by Gradwohl. This test is often strongly positive, when the Wasserman is absolutely negative. It may, at times, be absolutely negative and syphilis still be present in a latent or a mildly active form. It is never positive, however, if syphilis is entirely absent. It measures far better than the Wasserman the disappearing traces of a formerly active infection. When used in conjunc-

tion with the Wassermann, the two act not only as a check on laboratory error and fallacy, but the one, namely the Wassermann, measures the coarse and larger degree of early infection, whereas the other, namely the Hecht-Weinberg, (Gradwohl) measures with greater accuracy and delicacy the receding traces of a disappearing infection.

It is the purpose of this paper to exploit some of the limitations and shortcomings of a serological control, some of which lie within the test itself, as already explained. Others are purely of a personal type and belong in the province of personal misinterpretation and technical fallacy. Such errors have brought some degree of undeserved discredit upon the test, and in justice to patient, physician and laboratory, these instances should bear the light of careful scrutiny and court their proper remedy.

For the past five years, ever since serological control has been exercised, many cases have come to the writer's notice, which have been treated with salvarsan and neosalvarsan upon doubtful clinical evidence coupled with a laboratory confirmation. On the other hand, many well-defined cases of clinical syphilis have escaped proper care and attention on the strength of lack of confirmation at the hands of the laboratory. These patients, in the face of discouraging therapeutic results, eventually drift to the dermatologist for specialized attention and receive their first degree of proper interpretation on clinical grounds.

The writer will not essay to enumerate all the concrete instances which have come to his personal notice in this direction. He will endeavor to generalize the types which have come to his personal attention in order to illustrate the grave danger of according the laboratory too much dependence in establishing a clinical diagnosis.

#### REPORT OF CASES

*Folliclis*—A fruitful source of serological error has been cases of folliclis, or papular and small nodular tuberculides of the skin. The lesions appear chiefly upon the lower legs, sometimes upon the forearm, arms and thighs; occasionally a few additional lesions are scattered elsewhere over the body. They begin as deep-seated, indolent, yellowish-red infiltrations of the skin, bearing the closest clinical resemblance to a late papular or small nodular syphilide. They undergo a slow spontaneous involution and leave depressed atrophic scars, with more or less intense copper-brown pigmentation, the same as

\*Read before the Section on Dermatology, Ohio State Medical Association, in annual session at Cleveland, May 17,

a late papular or nodular syphilide. Two of these cases recently came to the writer's notice, within a period of one week, with a previous diagnosis of clinical syphilis, serologically confirmed by the laboratory. In one instance the laboratory worker confirmed the diagnosis from

ly and constitutionally to tuberculin injections, and both proceeded promptly to clinical recovery, solely with the intradermic administration of tuberculin.

C. W. G., aet. 37, presented himself, Feb. 21st, 1913, with folliclis or disseminated small papular tuberculide, which had been clinically diagnosed and serologically confirmed, and for a number of years unsuccessfully treated for ignored syphilis, by reputable general practitioners and some well-recognized specialists in a half-dozen



Fig. I.

Folliclis, or tuberculide of the skin, resembling small, nodular syphilide. Often erroneously diagnosed and treated for syphilis.

a clinical standpoint also and recommended that salvarsan be administered and anti-syphilitic remedies strongly pushed. Under the writer's examination both of these cases were Wassermann and Hecht-Weinberg absolutely negative, and there was no history, data, or clinical evidence, save the deceptive skin eruption, upon which to base a diagnosis of existing or preexisting syphilitic infection. Both cases reacted local-



Fig. II.

Same as Figure I.

cities. Some of the serological reports were negative, but the majority were positive or weakly positive. The writer's serological examinations were uniformly absolutely negative, haemolysis being constantly prompt and complete. The tuberculin reactions were thoroughly characteristic and the patient proceeded to complete clinical recovery, March 6, 1914, under 22 tuberculin injections. The writer could discover no evidence or clinical data for a co-existing or pre-existing syphilitic infection.

The writer has encountered in his experience many cases of folliclis and erythema induratum (Bazin) or large nodular tuberculide of the skin, which have been erroneously diagnosed and

treated for syphilis. Anti-syphilitic treatment has been pushed in some of these cases, with negative results, when the laboratory reports were serologically negative. In a few, the situation was obscured and complicated by an associated syphilitic infection. The justice and importance of a confirmation at the hands of a clinician and not from the laboratory, is clearly evident in these cases.

#### SYPHILIS WITH NEGATIVE WASSERMANN

Probably the most fruitful source of laboratory serological error is a negative Wasserman and an associated, latent, mildly clinically active syphilis. Too much dependence upon the labor-



Fig. III.

Ablated penis with recurring syphilitic ulceration. Laboratory diagnosis, epithelioma. Therapeutic test for syphilis negative.

atory in this direction has been fraught with error of the gravest character. This danger has been materially minimized in recent years by those laboratory workers who have employed the Hecht-Weinberg-Gradwohl reaction as a check upon the Wasserman. The Hecht-Weinberg as modified by Gradwohl, is often positive and very strongly positive, when the Wassermann is absolutely negative. It eliminates possible fallacy from undue dependence upon a Wassermann report which is weakly positive or very faintly positive; in that event the Hecht-Gradwohl is invariably strongly positive. It is also a check on Wasserman fallacy from technical error. It occasionally, but rather rarely happens that both tests are absolutely negative and the patient shows evidence of clinical syphilis. This situation usually

bears a clinical interpretation, and again illustrates the value, justice and importance of diagnostic confirmation at the hands of the clinician rather than that of the laboratory.

On April 17th, 1913, J. S., aet. 37, presented himself with a recurring pigmented late secondary grouped papular syphilide of the lower legs. In addition he had a classical syphilitic interstitial glossitis of almost two years duration. The tongue was extensively fissured and deeply furrowed in all directions. The history was confirmatory. In December of the preceding year, the eye was removed from a tumor clinically diagnosed as glioma, and confirmed by a negative serological report. The histological report from the laboratory was a melanosarcoma. Absence of recurrence, and the strongly associated active clinical syphilis, gives color to the view that the eye lesion was probably a gumma rather than a glioma or sarcoma, and that a serious mutilating operation had been needlessly performed.

#### AMPUTATION OF PENIS FOR SYPHILIS MISTAKEN FOR CANCER

In 1913, a patient 32 years of age, came to the writer's notice who had recently undergone com-

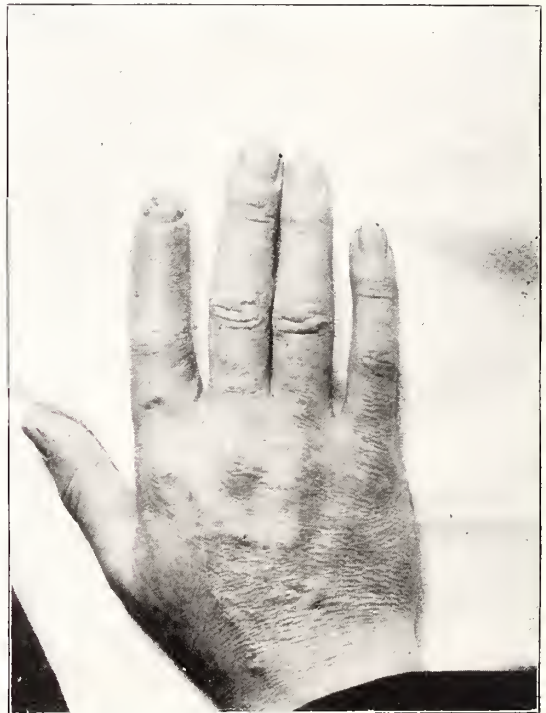


Fig. IV.

Cancer of the index finger. Clinical diagnosis, syphilis; laboratory diagnosis, blastomycosis.

plete ablation of the penis for a diagnosis of cancer, in whom the laboratory examination was confirmatory and the therapeutic test was negative. The writer's examination revealed an ignored syphilitic infection of some ten years duration, clinically confirmed by a group ulcerative papular syphilide of the forehead. From

the patient's description, the lesions on the penis were small ulcerative nodules, which failed to yield to local and energetic constitutional anti-syphilitic treatment. Laboratory confirmation prompted the ablation and the patient was advised that a subsequent recurrence would prove hopeless and necessarily fatal. The recurrence which brought the patient to the writer's notice was a small, ulcerated syphilitic nodule at the root of the penis which promptly responded to energetic anti-syphilitic treatment.

The writer could recall many interesting cases of ignored syphilis with negative data and history, which have been erroneously diagnosed and treated for other affections, for example lupus, epithelioma, tuberculosis of the bones and joints, etc., largely because of a negative serological report. On the strength of such a report, marriage has been erroneously permitted, syphilis unknowingly disseminated to consort and offspring, treatment seriously neglected, and future well being and happiness jeopardized. In not a few grave, serious, even mutilating operations have been needlessly performed. On the other hand, many simple cutaneous affections, such as psoriasis, lichen ruber, seborrheic and simple eczema, etc., have needlessly received energetic anti-syphilitic treatment largely on the strength of a positive serological report.

#### CASE OF EXTRA-GENITAL CHANCRE, LABORATORY DIAGNOSIS, BLASTOMYCOSIS

On March 10th, 1916, Dr. B., presented himself with an extra-genital chancre of the index finger of the right hand. In December, 1915, a portion was removed and sent to a laboratory for diagnosis. Laboratory returned a histologic and bacteriologic diagnosis of blastomycosis, and advised the administration of potassium iodide, up to 500 grains per day. The affected finger, on examination, had the clinical earmarks of a subsiding initial lesion, with an artificial dermatitis from the free use of local antiseptics. Patient, an experienced, well-informed physician, professed ignorance in regard to the nature of the lesion or other symptoms. A cursory examination revealed a florid roseola, and mucous membrane lesions, and the serological test was strongly positive.

This case clearly illustrates the importance of resting a diagnosis securely upon clinical ground and the fallacy of undue dependence upon laboratory arbitrament. It illustrates the danger of permitting the laboratory worker to exceed his proprieties. If the clinical diagnosis had not been promptly established in this case, it might have been lost sight of for many years, and in the meantime, with serious detriment to the patient, and direful influence to his family and environment.

#### CONCLUSIONS

Serological examination in syphilis is trustworthy if carefully and scientifically carried out, and never errs on the unsafe side, namely, pos-

itive examination and negative syphilis, except through technical error.

The Wassermann and Hecht-Weinberg (Gradwohl) serological tests are equally trustworthy. When simultaneously used, they act as a check on each other; the Wassermann revealing the amount of active infection and shows the early degree of coarse improvement. The Hecht-Weinberg (Gradwohl) is positive usually long after the Wassermann is negative and measures with greater delicacy and precision the fading traces of syphilis.

Serology, though merely an aid to the clinical diagnosis and treatment of syphilis, is indispensable in this particular field.

The diagnosis of doubtful dermatoses cannot be trusted solely to serological evidence.

Many dermatoses resembling syphilis may possess an associated syphilis and a positive serological reaction.

A negative report in positive syphilis is mystifying and may be attended with grave deleterious results.

Clinical evidences should always take precedence over laboratory findings.

Cases involving doubt in clinical diagnosis and treatment of syphilis, should find ultimate solution in the hands of the clinician and not those of the laboratory worker or serologist.

**THE WILLARD PYORRHEA TREATMENT.**—After defrauding the public of amounts estimated by the federal investigators at \$75,000 a year by means of a fake cure for pyorrhea, F. W. Willard, M. D., D.D.S., has been denied the use of the United States mails. The business of the Willard concern, apparently owned by Oren Oneal, consisted of a mail-order plan of a so-called home treatment for pyorrhea or Riggs' disease (*Jour. A. M. A.*, Feb. 10, 1917, p. 477).

**SARGOL.**—The case of the United States against Wylie B. Jones and H. E. Woodward, proprietors of "Sargol" came to an end, Jan. 30, 1917, after a trial lasting thirteen weeks. Jones was fined \$20,000 and Woodward was fined \$10,000. Sargol was a nostrum of the get-fat-quick variety; as an alleged "flesh builder" it was advertised extensively and intensively by its exploiters (*Jour. A. M. A.*, Feb. 3, 1917, 381; Feb. 10, 1917, p. 468; Feb. 24, 1917, p. 642).

**ACETYSALICYLIC ACID, NOT ASPIRIN.**—While Aspirin-Bayer has been omitted from New and Non-official Remedies, the product is retained under its scientific name, acetylsalicylic acid, and standards are provided to ensure the reliability of the market product. The Aspirin patent expired in February and after this time other manufacturers may make and sell the product. One firm's brand, that of the Powers-Weightman-Rosengarten Co., has been accepted for New and Non-official Remedies, 1917. Hereafter physicians, when prescribing the compound, should use the scientific name "acetylsalicylic acid."

## The Medico-Legal Significance of Trauma as an Etiologic Factor in Basedow's Disease (Graves Disease, Exophthalmic Goiter)\*

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**I**N medicine, the etiology of disease, disorder or disability, is invariably considered a complex problem and usually concerns various influences predisposing, acquired, etc. In Law, traumatism enjoys the dignity of first rank, other factors being secondary or inconsequential.

It is not my purpose to attempt a reconciliation between these two points of view as the interests involved are widely different. On the other hand, it is gratifying to note that Law and Medicine have been making rapid strides and there is now an honest desire on the part of reputable members of both professions to "get together," so to speak, and approach medico-legal situations in a scientific and truly impartial manner.

The subject which I desire to discuss with you today—Basedow's disease—has become quite a common-place litigation problem, and my object in presenting it at this time constitutes an appeal for a better understanding of its true nature, symptomatology and etiology, in order that traumatism when it becomes an issue as a causative factor, may be placed where it belongs. Only in this way may further progress be achieved and in this instance, we have, I think, an excellent opportunity of reaching a conclusion which will prove acceptable to all concerned.

The malady was first recognized by Parry as far back as 1786, but attracted little attention until 1840, when Karl Von Basedow, the distinguished Merseburg physician, exhaustively described the symptom-syndrome which has immortalized his name. Five years previously (1835) however, Graves of Dublin, recognized a train of symptoms which in England and America is called after him, "Graves disease," and which constitutes a complication of goiter and exophthalmos.

In 1888 Mobius intimated that the disease—*Morbus Basedowii*—was the direct expression of the pathologically increased activity of the thyroid gland. This was an epochal observation and not long thereafter Brown-Sequard reported to the Biological Society of Paris certain experiments which led him to believe that the ductless glands, so called, furnished to the blood certain substances which were carried through the blood vessels to distant organs and were essential to their proper action, and which, when supplied in deficient or excessive amounts, affected these organs unfavorably.

These findings attracted world-wide attention and incited an enormous amount of valuable

experimental and clinical research. As a result, the disease today is firmly established in medical literature although some points relative to its actual etiology are still incomplete and inconclusive. Naturally, innumerable theories have been advanced to account for this remarkable malady. Many of them have been discarded as untenable; others have been remodelled; many still persist. All perhaps contain a kernel of truth.

Among the earliest was the hematogenous theory which originated with Basedow himself. In his argument he declared that the disease was due to a faulty, anemic and chlorotic admixture of the blood. In defense of his position, he attempted to show the overwhelming frequency of the disorder among anemic females, its usual appearance during youth, its association with menstrual irregularities, particularly amenorrhea, the favorable influence of pregnancy in isolated cases, and its common coincidence with enteroptosis and other gastrointestinal disorders. Many took sharp issue with him on the grounds that the disease occurs in men—the less frequently than in women; that children, including infants, were not altogether immune, that even animals (dogs, cows and horses) may become affected, that pregnancy invariably has an unfavorable rather than a benign influence upon the disease, and that the Basedow patient is not usually anemic or chlorotic. The theories brought forth in this controversy proved groundless and have long since passed into oblivion.

I shall not attempt to enumerate the various views that have been expressed to explain the etiology of the Basedow phenomena, as their number is legion, but I may be permitted in passing, to briefly refer to a few of the more important ones. The French school and not a few German investigators, interpret the condition as a neurosis—a disease of the sympathetic nervous system. It was claimed that by stimulating the sympathetic a definite exophthalmos with increased heart action (tachycardia) as well as an engorgement of the thyroid gland were evoked. Lanstrom reversed these conclusions by clearly showing that the stimulation of the sympathetic was a secondary element and that the first cause dwelt in the thyroid gland itself. Mendel found changes in the medulla oblongata in certain cases.

In 1840 Bruck called attention to the similiarity of the nervous symptoms to hysteria and designated the disorder as "Buphthalmos Hystericus."

Koben, in 1855, took the position that the local

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pressure of a goiter on the sympathetic nerves of the neck precipitated the disease, a view which was soon disproved.

The question of the importance of locality and race has often been raised and there can be no doubt that these factors do exercise considerable influence upon the occurrence of the disease. Statistics would indicate that the classical type of the malady is rare in localities where goiter is endemic. In certain regions, however, it is quite prevalent. A familiar type of the disorder has also been observed. Frey reports four Basedow patients in a family of five. Osterreich reported a family in whom ten members suffered from the disease. Sexual abstinence has been emphasized as a strong etiologic factor among young women, especially those of the better classes. (Charcot).

Powerful emotions—fear, grief and fright—have been regarded as causes and someone has compared the facial expression of the Basedow subject to “petrified terror.”

The reflex theory for a while had many endorsers but is no longer accepted. Finally Mobius, whose monumental work in the field of ductless gland diseases has gained him worldwide recognition, was able to demonstrate that the disturbances caused by the removal of the thyroid gland formed a clear contrast to the Basedow manifestations and thus he reasoned that the affection was directly due to a poisoning of the body by an increased secretion of the thyroid. He also pointed out that there was not only an increased function (hyperthyroidism) but a perverted function (dys-thyroidism) and that the point of contact was the sympathetic nervous system. These conclusions were greatly strengthened by the studies of Kocher of Berne, who on the basis of a very large number of operations found that the more the thyroid was removed, the more the Basedow symptoms retrogressed. It should also be pointed out in this connection that the per oral administration of large amounts of thyroid glandular substance will produce all the symptoms of the disease in a more or less pronounced degree.

Another interesting theory has been worked out by Blum whose observations led him to believe that certain poisons existing in the body were detoxicated or unpoisoned in the thyroid gland, and that Basedow's disease was a disturbance of this poison-removing process. Blum claimed that the thyroid secretes nothing, but that within it, poison-removing processes take place.

It is, therefore, evident that the pathogenesis of the malady is still in an unsettled state. Most authorities, however, are agreed that the precipitating factor concerns an abnormally excessive secretion of the thyroid (hyperthyroidism) which is almost always accompanied by an engorgement of the gland. The cause of the hyperthyroidism is the point on which a diversity of opinion still

prevails. That the activity of the thyroid gland is dependent upon the central nervous system is admitted by competent observers the world over.

The position taken by no less an authority than Falto of Vienna, that hyperthyroidism is only a partial phenomenon of an alteration of the central nervous system; that the constitution of the Basedow patient reacts to the increased activity of the thyroid in a different manner than the normal and that there is also an involvement of other ductless glands, is in keeping with the best opinion on the subject. It would therefore seem that a neuropathic predisposition, or inherent susceptibility is to be accorded the first cause, other factors being regarded as determining or secondary influences.

The disease develops insidiously in most cases with general psychoneurotic complaints, i. e., cardiac distress, excitability, hyperhidrosis, ease of fatigue, tremor and flushing of the skin. On the other hand, the onset may be rapid and the classic syndrome, including the swelling of the gland, has been known to appear in the midst of apparent good health, often in an acute manner such as during swimming (Pribram), or a few hours after tonsillotomy (Patterson) or following infectious diseases, or as the outcome of prolonged emotional uprisings or mental strains. An acute appearance is not altogether rare in persons subjected to physical and mental insults, but leading authorities assume that in such instances the disease was slowly developing, or was in a latent period at the time, and that the shock and violence, incident to trauma, was the means of hastening the development of the symptoms or of aggravating a condition which previously existed in a quiescent state. In cases of this sort, the manifestations have been known to subside almost as suddenly as they appeared. Remissions are quite frequent. Some after years of distress show a surprising turn towards amelioration with the retention of the exophthalmos.

Among the earliest objective signs observed by the physician is the staring look, the glary eye, the fine tremor, and the widening of the palpebral fissure. The enlargement of the thyroid, of course, is a distinctive sign, but is not always demonstrable. It may develop over night, and with the stethoscope vascular murmurs, synchronous with the heart action, may be heard (Guttman). At first the thyroid is soft and a distinct thrill passes through the examiners hand on palpation. As the disease advances the consistency of the gland becomes firmer. It is also well to remember that the malady may exist in a pronounced form, without much, if any, enlargement of the thyroid.

In the cardiovascular realm, tachycardia stands in the foreground. When at rest, the pulse may be practically normal, but physical or mental exertion will usually increase the rate and induce

palpitation and arrhythmia. The heart itself shows great variations during the disease. Cardiac dullness broadens in all directions as dilatation occurs. Accidental systolic murmurs are not uncommon and stormy pulsations are frequently complained of in the neck and throat. The blood pressure however is rarely increased; as a rule it is diminished. The eye symptoms are particularly suggestive. The exophthalmos or protrusion of the eye balls usually develops slowly, though not always symmetrically, and this peculiar phenomenon has caused the disease to be nicknamed "goggle eyes." The Stellwag syndrome consisting of a gaping of the palpebral fissure with impairment of involuntary blinking is an early and exceedingly significant sign. Somewhat less constant is the Grafe's syndrome, i. e., the upper eye lid which normally follows the eye ball, when the vision is turned slowly downwards, remains behind, exposing the white sclera at the upper portion of the cornea. It may be considered an almost pathognomonic manifestation.

Many forms of amblyopia are noted in the Basedow patient and paralysis of the ocular muscles are not by any means rare. Disturbances in the visual fields however are very apt to be the expression of an accompanying hysteria. The respiratory system is also involved. In many cases a tormenting cough racks the sufferer. Others complain of a scratching or roughness in the pharynx. Many Basedow patients suffer from paroxysms of air hunger.

The relations of the ductless glands to the vegetative nervous system have been widely studied of late and much valuable information has been published on the subject. It has been clearly set forth that the ductless glandular organization not only consists of organs supplied by vegetative nerves with projective fields, but their function is largely under the control of the nervous mechanism. On the other hand, it is assumed that the thyroid and other ductless glands influence the nervous and psychical reactions by the hormones they discharge into the general blood stream. This, I take it, adequately explains the neurological and psychiatric symptoms that are so abundant in the Basedow subject. Among the purely nervous complaints is tachycardia, goggle eyes, so called, exaggerated deep reflexes, hyperhidrosis, fine tremors, lowering of the cardio vascular tension, ease of fatigue, excitability, flushing of the skin, etc., all of which depend in a large measure on the increased tonus of both the autonomus and the sympathetic systems.

In the psychic life, definite alterations in the personality occur, subject, of course, to the stability of the individual's mental make-up. In those psychopathically tainted, a mild form of the disease may be sufficient to evoke an actual psychosis while those more strongly endowed

may escape. But even then, there is always more or less unrest and commotion in the psychic sphere, and all Basedow subjects, sooner or later, exhibit phases of irascibility, apprehension, distrust and indecision of will. Some are hateful, ill at ease and strikingly euphoric. In certain cases harassing doubts and obsessions prevail and the victim becomes painfully self-absorbed, irritable and incapable of mental effort. On the other hand, a true maniacal state may suddenly intervene with profound psychomotor excitability, insomnia, loquacity, unmotivated gait and fleet of ideas. Fortunately the psychopathic manifestations are not, as a rule, the most pronounced and commitment of patients to institutions is seldom necessary. At this point it might be well to intimate that the psychic upheavals associated with Basedow's disease usually linger longer than the ordinary attacks of mania and melancholia and furthermore, the mental disturbances may disappear independently of the somatic manifestations.

To recapitulate, it may be said that the well established triad-exophthalmos, goiter and tachycardia, are considered by leading authorities as the cardinal indications of the disease. Nevertheless, the fine tremor of the separated fingers is especially important as it is far more constant than the exophthalmos or goiter. The presence of tremor and tachycardia may be regarded as sufficient grounds for suspecting a Basedow and this suspicion may be strengthened by the appearance of other indications, i. e., sweats, dry irritating cough, insomnia and diminution of resistance to the electric current. It is also well to bear in mind that goiter and exophthalmos are not infrequently absent.

During the past three years it has been my privilege to examine and observe seventeen litigants (13 women—4 men) seeking financial reward for disabilities and ill health alleged to have resulted from trauma, who were found to be afflicted with exophthalmic goiter. I shall not burden you with case reports of the entire group, as a brief recital of four cases will prove sufficient for the purpose before me.

CASE 1. W. J. S. A single young man, German, age 32, residing in Cleveland. During the past eleven years has been employed in the railway mail service.

Personal history was negative; previous health excellent; never previously suffered a severe injury. No hereditary taint was detected. Denied lues and claimed that his personal habits were entirely correct. He had the reputation of being industrious and trustworthy in every respect. These facts were adequately substantiated.

History of trauma: July 18th, 1913, while at work in the mail car of a Lake Shore R'y train, enroute to Cleveland, from the east, a rear-end collision suddenly and unexpectedly occurred. Patient was standing in the center of the car at the time of impact and remembers being jerked



off his feet, but cannot describe in detail where or how he was hurt. He was panic stricken, he stated, and could barely constrain himself. He continued on the train to Cleveland and went to his home. Became intensely nervous, easily frightened and when he attempted to exert himself perspiration became excessive and a state of pronounced fatigue ensued. He had difficulty in sleeping; palpitation at times was unbearable and his body trembled at the slightest upset.

The only signs of physical trauma discovered by the physician who saw him first consisted of several inconsequential contusions in various parts of his body and a sprain of the left wrist. The patient was not confined to his bed, but was up and about. All physical activity accelerated the heart action and he finally became lethargic, fearful and tremulous and was afraid to return to his work despite the fact that his physician could find nothing disabling or objective in his condition. For many months he did nothing but rest. He did, however, frequently consult his physician but did not gain much relief.

Finally the attorneys for the Railway Postal Clerk's Association, took charge and after investigating the case, frankly admitted they were in a quandary; that insofar as they were able to ascertain, the condition was functional and that a diagnosis of neurasthenia had been made by several physicians. Their client looked well they thought, but they could not appreciate how a young man could remain from his work so long and continually complain of ill health, etc., when only functional nervousness prevailed. In their opinion, this man was honest, but the time had arrived when some action was necessary. If there was nothing abnormal or disabling about their client, they wanted to know it at once, so that the matter could be closed so far as they were concerned.

March 11th, 1915, patient reported and in association with Drs. C. F. Hoover and Morris Stepp, a thorough examination was made. This disclosed a true Basedow disturbance.

He was a young man of moderate stature; weight 112; height 5 feet 10 inches. His movements were slow and the facial expression haggard and pinched. Answered all interrogations quietly and connectedly but unlike most litigants, volunteered no information relative to his complaints. Stated he sprained his left wrist and that his back (Lumbar region) was sore and troublesome following the mishap. Since then he has been dizzy, sleepless and lacks energy. Has suffered much from pain in arms and legs and his body is constantly moist. Is subject to nervous chills and when he walks a peculiar weight or oppression over the cardiac region occurs. Has pulsations or throbbings in his neck when excited. For a long time he tried diligently to obtain a better hold of himself, but this aggravated his condition; caused his heart

to pulsate faster, intensified the tremors and he finally was obliged to give up the effort.

The physical examination disclosed a heart enlarged in all proportions; pulse rate 150 and arrhythmical; blood pressure measured 122 m. in right arm. Both lungs were clear; respiration unembarrassed. The body was actually bathed in perspiration and fine, rapid oscillating tremors of the separated fingers, closed eyelids and tongue were plainly discernible. As the patient stood in front of us, little if any enlargement of the thyroid was observed although a distinct thrill could be detected in the lateral lobes. By flexing the head backwards and increasing the intrathoracic pressure, a well-defined, diffuse enlargement became noticeable.

The eye symptoms were not pronounced although there was some widening of the palpebral fissures. When the eye lids separated it was evident that both eye balls were enlarged. The lack of protrusion was apparently due to his especially deep orbits. An incomplete Grefe's syndrome was present. Both pupils were dilated but responded actively to light and distance. The eye grounds were negative.

All reflexes were unmistakably exaggerated and surface sensation was more acute (functional) on the right half than on the opposite half of the body. Station and gait were correct; no inco-ordinate movements were noted.

A high grade nervousness prevailed; the skin surface about face and neck was intensely flushed; marked dermatographia was seen and the tachycardia and tremors were intensified as the examination proceeded.

A diagnosis of Basedow's disease was agreed upon, in this case, and the findings reported to the Railway officials who settled the claim for \$5,000.

CASE No. 2. Mrs. A. B., a young married woman, aged 26, the mother of a two year old child. Resides on a farm near Elyria. Patient declared that her previous health was wholly satisfactory and that her confinement was normal in every respect. She admits however being hypersensitive and temperamentally nervous. Has always lived a quiet and regular life on the farm. Her menstrual functions were normal and she has never suffered distress in this respect.

History: Feb. 3rd, 1916, the young woman was a passenger in an automobile returning from church. When they were crossing the railway tracks, a rapidly moving train was almost upon them and before the auto cleared the rails a collision occurred. The six occupants of the auto were thrown to the pavement with great force and all seriously injured. One (a married woman) died four days afterward from the effects of a punctured wound of the chest.

Patient was removed in an unconscious state to the home of friends near by, and her disabilities were found to consist of a fractured nose, a 2 inch incised wound over the right forehead,

a punctured wound at outer aspect of right palpebral fissure, and a contusion or wrenching of the dorso-lumbar spine. She was also severely shocked. Her infant child was on her lap at the time and she too sustained severe injuries.

Since the accident patient has been a semi-invalid. Is unfit and unable to do her usual work on the farm. Is nervous, agitated and sleepless. Cannot apply or exert herself without precipitating palpitation which is accompanied by a suffocating sensation in throat. She can hear her heart pounding when in bed and her clothes are constantly moist from perspiration. She greatly fears to be left alone and noises excite her. Her personality has also changed and she is now lethargic, timid and depressed.

Examination: (March 21, 1916) She is not robust but on the contrary is sparsely built and only fairly well-developed. Is decidedly neurotic in type. The thyroid stood out prominently and the apex beat could plainly be seen on the chest wall. There was no pulsation or thrill in the gland. The heart dullness was practically within normal limits. The pulse rate was so rapid (tachycardia) that it could barely be counted. No arrhythmia and no murmurs were elicited. Blood pressure was low, measuring 100 mm. in both arms. Perspiration was profuse. Patient was pale and anemic in appearance.

The eyes were watery and glassy with some protrusion but there was little, if any, gaping of the palpebral fissures. Both pupils were widely dilated but they responded promptly to light and accommodation. Nothing abnormal was seen in the eye grounds.

The general tone of the musculature was low and it was evident that her nervous system had recently been shocked and upset.

Both lungs were healthy; respiration correct and nothing noteworthy was detected in the abdomen or pelvis.

The spinal column was in true alignment and there was no undue prominence or depression of any of the vertebra. On the left side of the lumbar region quite an extensive area of discoloration still exists which doubtless is the aftermath of major contusion. The incised wound over forehead was evidently closed with sutures and a clean healthy scar remains. This however is slightly adherent to the skull. The fractured nose had united but the nasal membrane was still red and congested. The punctured wound, previously referred to, had closed, leaving no ill effects.

The mental symptoms presented by this patient consisted of nervous agitation, fear and despair. The slightest noise or upset greatly disturbed her and she was constantly on the alert for impending danger.

The reflexes were extremely jerky, surface sensibility was almost hyperesthetic and fine rapid tremors of fingers, tongue and eye lids

were plainly noticeable. The condition prevailing in this patient was a classic Basedow, and the case is now in litigation.

CASE No. 3. Miss E. W., age 39, single, a ladies' tailor by occupation, was born in Cleveland. She has always been a hard working and energetic woman. Previous health was considered good. Her neck, she stated, had been enlarged for years, and she has had periods of nervousness. Her employer, who long has known her, spoke highly of her efficiency and industry and considered her healthy in all respects.

History: Nov. 25th, 1914, she was in a street car when a rear end collision occurred. Was knocked to the floor and suffered contusion of the left hip and was bruised over upper abdomen. She became exceedingly nervous; had spells of vomiting which contained blood and her heart troubled her. Could not sleep or calm herself and was obliged to give up her work. Has since remained at home.

Examination Mar. 25th, 1915. This patient was seen with Drs. J. F. Green and Frank Geib. Was in bed and complained especially of tenderness over stomach, soreness in lumbar region, increased heart action, shortness of breath, tremors, nervous agitation and unrest. Said she was not improving and was painfully discouraged. Was restless, hypersensitive and chafed under her apparent invalidism.

Inspection disclosed a moderately large, diffuse, firm thyroid associated with bulging eyeballs. Fine oscillating tremors were quite general and her face, chest and neck were scarlet with flush. The heart action was accelerated, pulse rate 120; blood pressure 110 mm in both arms. No enlargement was elicited.

The reflexes were functionally sharp; sensation was particularly acute; station and gait were correct and no objective neurological signs prevailed. She was a woman of large stature and excellent development. Lungs were strong and healthy; respiration unimpaired; the upper abdomen was tender upon pressure but nothing objective was found to account for it. Manipulations over this region greatly intensified cardiac activity. The pelvis was normal; menstruation regular and in no manner troublesome. Subjectively she complained of cardiac oppression, peculiar sensations in throat, nervous excitability, sleeplessness, ease of fatigue and apprehension. She was quite depressed and could not understand why the condition was so persistent.

I have seen the patient, more or less regularly, since the mishap and the symptoms still exist but not so severe as formerly. The condition now is subject to remissions and there are times when she feels fairly well. During the past four months, she has assisted in the care of an invalid sister, and this has given me an opportunity to observe her.

The clinical picture existing in this patient, i. e., tachycardia, low cardio-vascular tension, en-

larged thyroid, goggle eyes, functional nervous manifestations, ease of fatigue and recurrent subjective disturbances, is indicative of Basedow's disease and nothing else. Fortunately the case has not yet become a litigation affair, but this patient feels that she should be indemnified for the distress suffered and the disability incurred.

CASE No. 4. M. S., a married man, age 32, tailor by occupation, lives in Cleveland. This patient was seen, Oct. 23rd, 1914, at the request of his physician, Dr. Brudno. The following history was obtained. Patient was on his way to work, the morning of May 7th, 1914, when a street elevator so-called, suddenly emerged from the side-walk, in front of the Cleveland Trust Co. (East Ninth St.). He had one foot on it, at the time, and claims to have been thrown to the pavement with great force. He sustained superficial bruises only. During the fall, he thought he saw the surrounding high buildings falling upon him and experienced visions of being crushed to death. Went home and consulted his physician who found him highly nervous with accelerated heart action. He gave a history of former good health but this was not adequately substantiated. No ancestral taint was discovered. Patient was a robust and stocky individual though moderately stoop shouldered.

Examination: The tachycardia was pronounced; pulse rate 165 with a flattening of the apex pulsation. There was arrhythmia but no cardiac murmurs were heard. The heart was moderately dilated. Blood pressure measured 120 mm in right arm. Nothing abnormal was found in thorax or abdomen. The thyroid gland was considerably enlarged, laterally; the right more so than the left, and a definite thrill could be felt, on both sides. The gland was elastic and firm. Both eye balls were glassy but did not protrude. Involuntary blinking was unmistakably diminished. The reflexes were slow and surface sensibility tardy in all of its qualities. No flushing of the skin and no hyperhidrosis appeared during the examination.

The special senses were intact; speech was slow and all movements co-ordinate. No objective neurological signs were disclosed. The mental picture was that of lethargy, indifference and depression. The facial expression depicted sadness and despair. He complained bitterly of the cardiac oppression, rapid heart action and exhaustion. Declared that he could not work, and that his family was in need. The condition was classified as a Basedow disturbance. Liability however was denied by the defendant and the case finally went to trial in the Court of Common Pleas, Cleveland. All medical witnesses admitted that the patient was afflicted with exophthalmic goiter but it was contended that the disease was a constitutional affair and existed prior to the accident. The jury took this view and found for the defendant. A short time thereafter claim-

ant accepted a private settlement of \$300.00 in lieu of further litigation.

In reviewing this series of cases some interesting observations may be made. One patient only (case No. 2) suffered physical violence which might be considered severe and in this instance no vital organs were damaged although she was rendered unconscious. Shock and emotional stress must therefore exercise some influence as an etiologic factor.

Case No. 1 concerns a young man whose previous health, insofar as it could be ascertained, was good, but who, directly following inconsequential physical injuries in a railway collision, became afflicted with exophthalmic goiter. I am informed that no other person in this wreck developed the disease yet others were exposed to the same strain and shock. It must, therefore, be assumed that something in the constitution of the individual made him particularly susceptible, and if it had not been for this predisposition he would not have become chronically afflicted. The fact that prior to the accident he was industrious and apparently well is the principal reason why the railway company rewarded him so substantially.

Case No. 2 was a young woman who sustained major injuries accompanied by profound shock and concussion. When she suddenly and unexpectedly saw the rapidly moving train bearing down on them, with no avenue of escape, and with the thought of her helpless infant on her lap, the commotion and strain to which her delicate nervous and mental organisms were subjected must have been tremendous. To use her own words, "She was actually petrified and panic stricken." In this instance we have to deal with a young woman constitutionally nervous and emotional and thereby poorly fortified against shock and bodily abuse. Under such circumstances it is little wonder that the disease which had previously existed in a mild state has now come to the surface in full force and will prove disabling for some time to come.

Case No. 3 was a neurasthenic woman in whom an enlarged thyroid existed for years. Prior to the accident, which was a rather minor affair, she enjoyed good health and was able to earn a comfortable living. Following the injury many functional complaints arose and these have continued to this day, though subject to remissions. One of her sisters also has an enlarged diffuse thyroid which apparently is inactive. In my judgment, this patient's complaints are the expression of shock which her sensitive nervous mechanism could not combat and which has excited to activity a pre-existing exophthalmic goiter.

The symptoms prevailing in case No. 4 were claimed to have resulted from a fall on the side-walk, but not a single sign of contusion was found. In this patient the enlarged thyroid was tense in consistency and this was interpreted as

a chronic condition. Furthermore, a clear and trustworthy history of his health prior to the accident was not available. Considerable doubt therefore complicated the situation, and the jury found for the defendant. On the other hand, if it be true that he was an industrious and healthy workman prior to his fall, the fear and fright of a huge building collapsing upon him, as he described, might have been the means of precipitating symptoms which formerly existed in a latent state. The defendant's attorney intimated to me that probably this was the case and rather than prolong the litigation, they made him a modest settlement.

To recapitulate, I may say that a painstaking analysis of seventeen cases of Basedow's disease,

alleged to have been caused by trauma, show quite conclusively that the condition must have for its development suitable soil, and without it exophthalmic goiter cannot occur. In other words, there must be an inherent predisposition to the malady. It is also my opinion that the degree of physical violence has little, if any, significance and whatever harm is done in this respect arises from shock and emotional storms acting through an unstable nervous and psychic constitution. Trauma therefore becomes only a determining factor. This I think will adequately explain why so few cases develop following physical violence and why so many of the ordinary cases arise from influences which are in no manner related to traumatism.

## Effects of Obesity on Pregnancy and Labor\*

William D. Porter, M. D., Cincinnati, Ohio

THE unfavorable tendencies which are apt to characterize the stout woman in pregnancy and labor are: the pregnancy may go considerably beyond term; she may have a difficult labor; the child may be large and is frequently still-born.

Stout women almost invariably go beyond term. Whatever may be the cause or causes of labor the stout woman is slow to respond and goes into labor at or before the computed time, only in very exceptional instances. I have observed this tendency so often and so uniformly that I am certain the observation must rest on something more substantial than mere chance or coincidence.

Babies born of stout women are above the average size. There are exceptions to this rule, but they are very few. The tendency to go past term would, of course, tend to increase the weight of the children, as gain in weight is rapid in the latter weeks of pregnancy. The chief reason is doubtless due to the fact that the blood supply of the child is rich in the elements necessary to growth.

Dystocia in stout women is far above the general average.

The extra size of the children and the tendency to dystocia are related only in a very general way.

The chief factors are two in number. The first is a tendency to weak, ineffective pains. The second is the tendency to exhaustion of the patient.

Apparently inconsistent, these two factors are not infrequently observed. The first stage is usually slow. In the second stage there is often an absence of strong forceful pains and the woman is gradually worn out by pains that are

frequent enough to prevent sleep but not strong enough to accomplish much.

I had hoped that pituitrin would prove valuable in this class of cases. I tried it for two years whenever I encountered this type of case, but results were disappointing. It stimulated the pains for a short time, but the effects soon wore off without any practical advance. It has recently occurred to me that the preparations may not have been reliable at the period in which I tried it. I expect to make another series of experiments. I must confess, however, that I hope for very little from the agent.

If a stout woman goes past term there is a risk of the baby dying before delivery.

I feel as certain of the correctness of this proposition as I do of the three previous ones. I realize, however, that its ultimate acceptance must rest on a wider experience than is possible to one observer. It is an infrequent occurrence, while two of the other three tendencies materialize in most cases and, the third does so frequently.

Moreover I seldom witness this unfortunate termination in my own cases, as I frequently induce labor at or before term. But I do see such cases in consultation.

Among stock raisers there is a general belief that animals which are fat, are likely to have difficult labors. They regard this as particularly likely in swine and in this species the danger of losing the offspring is considerable. In some instances an entire litter is lost.

I have looked up some veterinary literature in hopes of finding records that might corroborate some of the propositions submitted in this paper. While I have found some confirmation of my ideas it is too general to be of value.

The milk fever occurring in cows soon after labor appears to be a toxemia due in some way

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to an unusually high state of nutrition in the animals. It occurs chiefly in the valuable breeds. In the effort to develop large animals the prospective mothers are over-fed.

In regard to the relative susceptibility of stout women to toxemia in pregnancy, I am not prepared to say. My belief is that excessive vomiting in the early months occurs with less than the average frequency. The tendency to eclampsia in the latter months I believe to be above the average. My observation is too limited to be conclusive.

Recently I have seen two cases which are suggestive.

The first is a woman thirty-nine years old who has three children, the youngest ten years old. Her pregnancies and labors were normal. In recent years she has grown stout. A year ago she became pregnant and had no trouble until the seventh month when she developed albuminuria, and became so toxic that the pregnancy had to be terminated.

The second case was quite similar except that she has only one child.

In this class of stout women it is possible to diminish these unfavorable tendencies by a diet which tends to restrict increase of weight. It is impossible to prevent increase of weight in the latter months, but this increase may be cut much below what it would be with an unrestricted diet.

The time to begin is in the third month. The nausea incident to pregnancy is of help. The patient readily adopts a restricted diet at a time when the appetite is poor and the digestion uncertain. The assurance that adherence to the diet will diminish the dangers of labor, and the fact that deprivations are for only a limited time, usually insure the cooperation of the patient.

The diet embraces moderate amounts of meat, fruits and vegetables in abundance, with avoidance largely of fats, sweets and starches.

To some the idea will come that diet for the purpose of restricting the size of the child might be valuable. My belief is that very little can be accomplished in this way. Some of the diets recommended for this purpose have dangerous tendencies.

Prochonone advises that the patient be restricted to very small amounts of water and that carbohydrates be eliminated.

When we consider how essential water is in eliminating nitrogenous waste, and how prone to acidosis is the patient suffering from carbohydrate starvation, we wonder that serious results do not uniformly result from such a diet.

In order to partially avoid the dystocia incident to this class of patients and to lessen the danger of losing the child I resort frequently to the induction of labor. This procedure is the more appropriate because the child is usually above the average size.

The cases for induced labor should be carefully

selected. Occasionally we find individuals who are stout and yet very energetic. Such individuals, in spite of their fat, have excellent muscular development and lead very active lives.

Stout women of this character usually escape the unfortunate tendencies I have enumerated and, as a rule, they undergo the ordeal of labor about as well as their thinner sisters.

The stout women who lead lives of ease or even of indolence and are heavy eaters are the ones who are prone to trouble.

Six weeks before the computed time these women should be carefully examined and this should be repeated as often as necessary. If difficulty in labor is anticipated, or if the woman goes past term, labor should be induced.

The induction of labor in these stout women is often difficult. They do not respond to the natural stimulus which initiates labor. As might be expected, they are slow to respond to artificial methods. The most certain method is to dilate the cervix as far as can be safely done under anaesthesia. Then introduce a hydrostatic bag.

#### RECAPITULATION

1. Stout women almost invariably go past term.
2. They usually have large babies.
3. Dystocia is of frequent occurrence.
4. If these women are allowed to go beyond term, there is danger that the baby will be dead at birth.
5. Diet is of prophylactic value.
6. Induction of labor at or before term, is frequently necessary in the interest of both mother and child.

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*Iron Cacodylate.*—While manufacturers appear most ready to take advantage of the present interest in iron cacodylate by offering this in the form of ampules, etc., they have given little help to the A. M. A. Chemical Laboratory toward the establishment of standards for this arsenic compound. Manufacturers are ever ready to sell drugs of all sorts, but in view of the small demand for little used drugs, they cannot or will not safeguard the identity and purity of such drugs.—(Jour. A. M. A., Nov. 25, 1916, p. 1593).

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*Sodium Cacodylate in Syphilis.*—While Nichols has shown that sodium cacodylate is worthless as a spirocheticide, it is still being used in the treatment of syphilis and it is the essential constituent of venarsen, a proprietary syphilis remedy. As a result of extensive clinical trials, Dr. H. N. Cole concluded that sodium cacodylate has no spirocheticidal value. At the utmost it has perhaps a slight action on the papular and nodular syphilids, but in no case is this effect to be compared with that produced by mercury and potassium iodid. In cases of syphilis with mucous patches sodium cacodylate is worse than useless.—(Jour. A. M. A., Dec. 30, 1916, p. 2012).

## Pathology of Tuberculous Hip and What It Teaches\*

S. D. Foster, M. D., F. A. C. S., Toledo, Ohio

NO more serious work is ever done by the bacillus tuberculosis than which causes destruction of tissue about the hip-joint. Any pathology here leaves the patient with a marked limp, even after the pain and most of the discomfort have gone.

The mechanism of this joint when normal is far beyond the fondest dreams of any mechanical engineer, even though in many instances he is prone to copy after Nature. When it is thus normal, not much attention is paid to it; but when abnormal, it is a great eye-sore. Nature gives this wonderful enarthrosis a thick protecting armor of bone, fat, fascia, and muscle; but in spite of this armor, the medical man wishes to ascertain, at the first possible moment, if some pathological condition has gained a foot-hold.

We are attracted by the reports from Cheyne's work that 91% of all tuberculous hips develop within the first two decades of life. Robert Jones asserts that children under fifteen have a high degree of natural immunity. This immunity question emphasizes the fact that these bacilli have their troubles in gaining and maintaining a residence in the body. That these same bacilli are not easily discouraged by age, immunity, or anything else, is shown by the large number of cases of tuberculosis of the bones and joints.

To find lodgment in the body, the bacilli must gain entry either by direct inoculation through the lymphatics or through the blood stream, the latter being the most frequent route. In the hip, direct inoculation is absolutely ruled out, except when there is a spread from neighboring tissues, in which case there would be a clear history of other trouble. The travel through the lymph stream is a definite physiological procedure, and if the glands along the route are normal and healthy, the passage of these bacilli may have no effect upon these glands. As the most important line of transit is through the blood-vessels, the destination of the bacilli may be traced by the outline of the vascular system.

We must, nevertheless, keep in mind those few cases which do go through the lymphatics, and realize that they may explain the exceptional cases, in which the location of the primary lesion does not follow our general teaching, in that the route of travel has been through the lymphatics and not through the blood-vessels. Just so have Fraser and others found that when the primary lesion is in the acetabulum, it is always at the central pad of fat which marks the attachment of the Ligamentum Teres, for at that point the blood-vessels running in the ligament, pierce and enter the bone. Fraser says that in the study of the hip, the most common site for the tubercu-

lous entrance is in the upper part of the femur—just below the epiphyseal line, and towards the surface. He considers this metaphysitis as often coming from the synovial membrane. He further states that it is an undoubted fact that it is difficult to inoculate a healthy bone with tubercle bacilli, and that joints are readily infected through the blood-stream. Yet, clinically, an osseous tubercle does occur, for while tubercle cannot infect healthy bone, the disease may occur if the marrow is altered,

When Mr. Fraser said that bone marrow could not be attacked primarily by the tubercle bacillus, Dr. L. W. Ely was so surprised that he remarked "that such things were not to be settled by personal opinions." He later reported, on the basis of laboratory experiments, that he had found that he could inoculate the marrow primarily, even if healthy.

We cannot pass this question of primary localization of these bacilli without a reference to Rosenow's theory, and the great possibility that this same proposition may apply here. Thus it may be that the strain of tubercle bacillus, which has developed in some hip, may again seek out the hip when it has gained entrance to the new body. Once located within the bone, the history of the pathological changes marks a most important epoch.

The change in the marrow is a gelatinous degeneration—a disappearance of the true marrow cells and a proliferation of the fibro-myxomatous ground work. In such marrow tuberculous disease readily develops. This marrow change is caused by a vascular degeneration with a resulting interference of nutrition and also partly as a tuberculous toxemia.

This primary change in the marrow is a cellular or an active prophyllaxis; the secondary one is a fibrillar or a limiting one. The cellular change is manifested first by a change from gray to a red. Microscopically it is a neutrophyl leucoblastic reaction, first of the miniature cells, but soon superceded by fully developed polymorpho-nuclear neutrophils.

When the growth of the disease becomes arrested, the cellular reaction disappears and is replaced by a limiting process of fibrosis. Immediately after the internal portion of the bone becomes diseased, there is started a secondary sub-periosteal thickening with formation of new bone. This bone may be porous or sclerotic. It has been demonstrated that the sclerotic bone is found more often near the joints, and this is fortunate because it takes up less room than the porous, and is less likely to interfere with the proper movements of that joint.

All are agreed that the first thing the bacilli do after their arrival is to stir up an irritation.

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Fraser's belief that the marrow will withstand the tuberculous onslaught, except where there has been a primary tuberculous toxemia which has caused a change in the marrow, only adds one step to the pathological process, without in any way changing its course.

In this paper we are interested only in the first few changes which take place. That is the only stage in which there are any chances of retaining a perfect hip, if there is ever really such a thing as a cured tuberculous hip.

Three Boston orthopedists (Goldthwait, Painter and Osgood) begin their section on "Surgical Pathology of the Hip" with the words: "Considerable surgical interest should attach to the pathology of hip disease, since a number of cases require operative interference." Then they proceed to describe the class which they themselves operate upon, as those with advanced necrosis of tissue. Occasionally they found areas of localized erosions; but never were such foci so located that their removal was expedient or possible. They located these primary lesions with a vast majority of cases occurring in the epiphyses, yet with some extending into the diaphysis of the bone, and resembling the ordinary non-tuberculous osteo-myelitis.

DeQuervain says regardless of the outline of the bone, there can be no question of primary focus of bone disease, if there is a transparent area in the head, neck or pelvis. This area may be sharply defined or confused in outline, and is sometimes surrounded by a thick zone (osteosclerosis) with a more opaque structure in the center (sequestrum). These early pictures are often soon replaced by areas of further destructive changes, with little chance of improvement. Rotch shows one X-Ray full size from an eight-year-old, in which the primary focus is definite, but there is also an involvement of the acetabulum and the epiphysis is porous from tuberculous destruction.

Through the courtesy of Dr. E. H. Nichols we were permitted to study the material in the laboratory of surgical pathology at Harvard. It seems to show that practically all cases of tuberculous hip originate in the marrow; their pictures, drawings and specimens all tend to demonstrate that the primary location is near the epiphysis.

According to Ely, the X-Ray picture in the early stage is not characteristic of tuberculosis, but is similar to that caused in the early stages of gonorrhoea, syphilis, typhoid arthritis, pneumococcus anthritis, and the so-called rheumatoid arthritis. He further says that the only tissues affected in uncomplicated tuberculosis of joints, are the bone marrow and synovial membrane. Lymphoid marrow is more abundant in the ends of children's bones than in adults—hence we see one reason why children are more often affected than adults. Ely further thinks that when the bone marrow disappears from the region of the joints, that tuberculosis ceases to exist; that after complete ankylosis, the lymphoid tissue disappears and the synovial membrane is changed into, or replaced by ordinary fibrous tissue.

All methods of treatment seem to be based upon the factor of withdrawal of function—temporarily or permanently. Now if this lack of function is chiefly for the purpose of getting rid of the marrow, then one of the principal points to be settled is the manner of eliminating the marrow.

Nathan, of the Hospital for Ruptured and Crippled,

sought a mechanical method which would give the required results. He studied carefully 200 cases with their morbidity history and final results. He found that in the average case, the inflammatory atrophy was marked and extensive; and in the more severe cases, it led to extensive bone absorption. These he found under all manner of treatments, and under the care of a number of men. Braces, bed-extensions, plaster spicas long and short were powerless to prevent it. His research taught him that the restorative processes in hip-diseases were practically absent. His study from the mechanical, physiological, and anatomical angles, led him to conclude that what Lorenz had arrived at empirically, was correct—that is, that the one useful limb, following hip-trouble in adult life, is one with a bony ankylosis. This he now does after the disease is quiescent.

T. Kocher says of Tuberculosis Coxitis: "The ideal treatment for this is years of fresh-air treatment, either in the mountains, in the lowlands or on the sea-coast, combined with orthopedic treatment. But for people who cannot afford this treatment, operation is indicated. Radical local treatment, if performed under proper indications and with the proper technic, cannot be supplanted by any other method of treatment; and when the physician by the removal of a tuberculous focus or sequestra, can within a few weeks bring about recovery in a condition, that would otherwise incapacitate the patient for years, it is manifestly his duty to operate."

Cheyne says: "When treated at early stage (three to seven years treatment) a few cases have perfect recovery; but with 30 per cent mortality."

T. W. Huntington calls for a more useful method than the conservative orthopedic measures. He realizes that the dangers of latent tuberculous bone are always serious. The propriety of operative interference in the incipient stage he bases upon (1) early diagnosis and (2) accurate localization of the focus. He says that with a fair assurance that an accessible focus lies beneath the cortex, within reasonable limitations, the operator need not be too precise as to the exact anatomical relation. The objects he is striving for are: (a) permanent cure; (b) reduction of time; (c) prevention of complications; (d) avoidance of systemic infection and loss of life. His idea is to open the cortex of the bone and curette out the end of the bone, being especially careful not to go through the cortex into the joint. He reports three cases in the hip where he had tunneled through the neck of the femur.

Henning Waldenstrom of Stockholm, recognizes and uses the extra-capsular method of removal of the focus.

J. A. Moore of Minneapolis has lately been advocating similar extra-capsular operations for the non-tuberculous infections of the upper end of the femur.

Surely all the careful studies of early tuberculosis of the hip would lead us more and more toward the early removal of the diseased focus. This is not a cure-all, nor would we recommend it unreservedly in every case. We do believe that in every case of early hip disease, the first thing to consider, following the definite diagnosis, is the removal of the marrow of the neck of the femur through an opening below the great trochanter.

In later cases this may do good, but then we must expect an ankylosis. This is what happened in one case which we had. However, the ankylosed joint was very satisfactory to this girl, as she had been treated with extension and cast for over two years, with no result as far as relief from pain.

#### CONCLUSIONS

(1) Hygienic care is always the first and most important line to follow.

(2) Extension is of no avail in the early cases, as the joint is not, as a rule, affected primarily.

(3) Immobilizing casts of any kind have the tendency to permit the healing of the tuberculous focus. But we must remember the probability of any tuberculous infection to recur, if not removed, and further their mortality of 10% to 50%.

(4) Healing of any tuberculous focus is by means of a cellular degeneration accompanied

with or followed by a substitution of fibrous material. This is what happens after artificial immobilization.

(5) Probably a better method has been suggested and used for eradicating this infected marrow. It is the removal of this marrow through an opening in the bone at the level of the neck of the femur. This operation is not especially serious.

(6) The diseased focus is within reach in a great majority of cases, as is seen from the material found.

(7) In early cases, care should enable one to keep the epiphyseal cartilage intact, and so not interfere with the growth of the bone.

(8) In later cases, ankylosis must come

from a wide removal of diseased tissue. But at that stage, ankylosis is the only method for cure or physical relief.

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## Some Graver Forms of Chorea\*

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THIS paper is based upon six cases of chorea insaniens, five of which I observed in connection with my work at the Columbus State Hospital and in my practice in Columbus during a period of fifteen years, and one of which Dr. B. B. Barber cared for at the Columbus State Hospital, whose case history he has kindly given me. I have called upon my experience with such other cases of Sydenham's chorea, with pronounced motor symptoms, altered conduct, or unusual emotional states, as one sees in the course of a neurological practice.

It is not my intention to discuss those choreiform affections, whose history and accompanying signs and symptoms enable one to diagnose them as hysterical, degenerative, epileptic, post hemiplegic, chronic progressive and Huntington's chorea.

The term, Sydenham's chorea, is understood to apply to an affection characterized by irregular, purposeless, non-rythmic, *spontaneous movements*, causing jerking, wriggling, grimacing, irregular respiratory movements, et cetera, and by manifest *disturbances of coordination* and by *decreased muscular tone*—motor symptoms of a disease of the nervous system, more or less limited in duration, and etiologically related to a frequently demonstrable infection or to a possible intoxication as an exciting cause, and to a tardy or defective establishment of psychomotor-cerebellar stability as a predisposing factor.

My observation has been that while the average medical man recognizes the ordinary type of chorea, he frequently fails to diagnose *very mild cases* of the disease and rarely identifies that chorea of young adults, in which the pronounced choreiform movements are overshadowed by the rapidly developed and very prominent mental

symptoms that characterize maniacal chorea, delirious chorea, or chorea insaniens.

Excessive movements may be seen in any hyperexcitable state of the nervous system, whether due to inherent neuronc weakness, affecting especially the motor sphere and associated with abnormally developed motor-association tracts, or due to defective insulation in the lines of motor discharge. The restless activity and tendency to fidget in a child with a neurotic inheritance and a developing nervous system, showing a marked irritability and defective inhibition, and a tendency to act quickly upon every impression or emotion, should not make us content with a diagnosis of, *just nervousness*, unless careful examination has failed to detect even slight choreic movements in the protruded tongue, or in the hands of the patient placed prone in ours, and possibly a lessened muscular tone on one side or the other. Irregular respiratory movements are said to remain when all other choreic movements have subsided, but these, when slight, are not readily detected by inspection.

We may regard as showing chorea gravis those cases in which the movements are so excessive as to cause the patient to fall, to bruise himself, to be unable to walk, to feed himself, to chew and to talk, and in which the choreic movements continue during sleep or make sleep impossible. The disease is indeed grave when complicating pregnancy, when causing paralysis, when accompanied by fever without definite cause, and when associated with delirium, maniacal excitement, or coma.

Chorea gravidarum will usually be recognized by the obstetrician unless it rapidly becomes a chorea insaniens, which type of the disease is seldom diagnosed. Of 4619 female admissions to the Columbus State Hospital before my first case, not one was recorded as showing chorea insaniens. Experienced attendants could recall

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a similar death to that of my first patient that occurred a few years before, and one could see that the recorded symptoms of that case pointed distinctly to a chorea insaniens. My first patient had been examined by a competent neurologist and a general practitioner, and both failed to see the choreic manifestations because of the maniacal and hysterical symptoms. Before 1902 no cases of chorea insaniens were reported among the admissions, nor among the deaths, at the Columbus State Hospital. From 1904 to 1915, which period includes my second and third cases, and that of Dr. Barber's, I found in the record of the form of disease of those admitted, among 3500 male admissions, one of acute infectious chorea, seven of Huntington's chorea; and among 2250 female admissions, three cases of acute choreic insanity, two of Huntington's chorea, and four cases of chorea, the type of which was not fully described.

The cause of chorea has not been established. Strümpell classifies the disease as a neurosis of unknown anatomical basis. That an irritable weakness of the nervous system, whether due to hereditary and developmental influences or to overstrain, is an important factor is shown by fatal cases so frequently revealing lymphatic constitution and cardio-vascular hypoplasia, and by the common occurrence of chorea as a fatigue symptom or as the result of a nervous shock. Milian's finding evidences of ancestral syphilis in from 60% to 70% of fifteen cases, by means of the Wasserman test, also emphasizes the importance of defective development as a cause of chorea. The association with rheumatism, endocarditis, tonsillitis, and other infectious diseases in nearly half of the cases of chorea, and the finding of an increased number of leucocytes in the spinal fluid in many cases, speaks loudly for a bacterial cause. When choreic symptoms cease promptly with the emptying of the uterus in some cases of chorea gravidarum, one sees reason in the conclusion that the etiological factor must be a toxin arising from a lack of compensatory balance of the internal secretions during pregnancy. The clinical behavior of grave cases of chorea, and the finding of edema of the brain, in fatal cases, considered in the light of Fischer's work as to the cause of edema, suggests the possibility of an acidosis resulting from disordered metabolism as the responsible factor, whether brought about in the predisposed by overstrain, infection, or pregnancy.

Relative to chorea gravidarum, it seems pretty well established that the condition occurs in young mothers, and frequently these have had mild choreic symptoms previously; that over one-fifth of these patients may be expected to show the disease in subsequent pregnancies, and nearly one-fourth of the mothers will die, and that only about one-fourth of the children will be born alive, four-fifths of whom, that is 20%, will be strong and well. Fever without obvious cause

and unaffected by salicylates occurring in these cases, and evidence of acute exhaustion from violent motor activity, are of serious significance, and together with serious heart lesions may raise the question of the necessity of terminating pregnancy.

Paralytic chorea and hemichorea are two types of the disease that show chorea to be a cerebral affection, though no case is entirely without cerebellar signs. Jelliffe treats of the pyramidal tract disturbances and of the cerebellar signs in chorea. One of my cases of chorea gravidarum showed movements almost altogether confined to the right side from the beginning to the end, and for a number of days showed paralysis of the affected side.

A chorea confined to one side at the beginning of an attack is not uncommon, nor is a monoplegia lasting for a few weeks in some cases, according to Strümpell; but hemichorea in chorea gravidarum is indeed rare if I may judge from the statements of several of our local men of wide experience.

Relative to the association of mental symptoms with the motor manifestations of chorea, Kliest in the *Allegemeine Zeitschrift für Psychiatrie*, in 1907, stated that out of 154 cases of chorea recorded, 21 had no psychological changes, 92 showed mild mental symptoms and 41 showed severe psychological disturbances; the 92 with mild mental symptoms, anxiety, irritability and uneasiness in 65 cases, an euphoric state in 4 cases, and a diminished spontaneity of speech and movements in 23 cases. Of the 41 cases showing psychic disturbances, 12 manifested a condition midway in intensity between a simple emotional disturbance and a decided psychosis; and of these, three had hallucinations, two were severely affected with hypochondriasis, and seven showed increased emotivity, a mixture of an anxious and exalted mood, with restlessness, constant change in the movements of expression and a constantly recurring motor discharge. The remaining 29 cases presented mainly hallucinatory, delirious and stuporous conditions—in some instances stereotypy and negativism.

So commonly is the choreic patient irritable, and uneasy and subject to emotional disturbances, that I have not included in my series of cases of chorea insaniens one patient whose physician consulted me with reference to sending her to the state hospital, and who showed apprehensiveness and suspiciousness and transitory hallucinatory disturbances, but who was successfully cared for in the ordinary hospital ward. Where the disease sets in abruptly in young adults, showing an enormous motor unrest, causing the patient to make unintelligent sounds at irregular intervals, to be unable to speak, to show an anxious facial expression and to grimace in a manner expressive of various emotions, the patient usually appears more insane than she really is. An accompanying septic process or a

marked toxic chromatolysis in the cerebrum may increase the discharge of nerve waves causing excessive and indeterminate muscular contractions, and alter the tension in the higher associative paths, so that a diminution or suspension of the potential in the cerebral centers may not only interrupt the flow of language and check the expression of judgment, but also cause perceptive processes to become fleeting, incomplete and interrupted, and cause the patient to lose the thread of thought.

The *same toxic irritation* to the cerebrum that causes the fleeting muscular attitudes expressive of laughter, hatred, fear, sorrow, and anger, or by reason of the law of associations, the *reciprocal influence* of emotivity and muscular activity, probably causes corresponding emotions to pass through the patient's mind, producing more or less effect upon the course of thought and tending to mental confusion.

If we add to these anatomical and physiological causes of disturbed cerebration the influence of such impressions as must arise in the mind of the patient from the violent motor manifestations of a severe chorea and their accompanying

disturbances of expression, and from the inability of her friends and possibly her busy physician to grasp the helplessness she senses, it is obvious what processes enter into the alienation of the victim and cause the patient to mistrust her friends, manifest persecutory ideas, and to enter into a hallucinatory delirium or a maniacal frenzy. Disturbed metabolism and exhaustion prepare the way for the increased toxic chromatolysis in the cerebrum and the edema of the brain that finally causes death in such a large per cent of these patients. Now add the emotional tendencies of the pregnant woman, and we can understand why chorea gravidarum is so much more inclined to become chorea insaniens, as Oppenheim declares.

It can thus be seen that all degrees of mental confusion may accompany chorea minor of various degrees of severity, but chorea insaniens is that type of Sydenham's chorea that sets in rather abruptly with severe motor disturbances, and pronounced mental symptoms. Delusions and hallucinations, rather fleeting but very disturbing, and hysteriform and maniacal activity, fever, delirium, paralysis, and coma help to identify this type of chorea.

## The Diagnosis and Treatment of Paresis and Tabes with Special Reference to the Application of Intra-Dural Remedies\*

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**A**N extended experience in the observation and treatment of the sequelae of leptic infection of the nervous system, the appalling increase of the disease, the serious part it is playing as a destroyer of the health and wealth of the people, prompted me to bring this subject before you for consideration.

The great advances which have been made in the diagnosis and treatment of this disease in recent years enable us to diagnose it in its infancy, detect its presence in the absence of naked eye signs, and, in certain percentage of instances, to control its progress effectually.

### RELATION OF SYPHILIS TO PARESIS AND TABES.

In a close study of the histories of these cases we find 70 to 80 percent had a previous infection ten to twenty years ago. The advent of the Wassermann reaction raised this percentage. In many cases where no history could be obtained this reaction was found positive in the blood and spinal fluid.

In 1905 Schaudin discovered the spirochete *pallida* and successfully inoculated apes. In February, 1913, Noguchi and Moore stated that in 70 cases of paresis, they were able to find the

spirochete in the brains of twelve. In July, 1913, Levaditi and Marie reported the finding of the spirochete in the brains of eight out of nine paretics. All eight subjects died in apoplectic seizures. Today we characterize paresis as a chronic parenchymatous encephalitis produced by the invading spirochete *pallida*.

The laboratory findings which form so essential a part of the present day diagnosis of paresis are positive constantly, though in a varying degree at the onset of the mental symptoms. This opens the question as to how long prior to the onset of mental symptoms, is the quota or part of these signs present.

In June, 1911, in conjunction with Dr. Eyman, at Denver, Colorado, I reported a study of serum reactions in the wives and children of paretics. Of nineteen wives of paretics, twelve gave positive Wassermann reactions in the blood serum. Of three husbands, one gave a positive reaction, and of thirteen children eleven gave positive reactions. Since this time of the group examined, two husbands of paretics have developed paresis and one wife tabes. Of this group the spinal fluid was examined in three cases and all yielded positive results. If a thorough examination of the spinal fluid had been made in all of these

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cases, might we not have found a certain percentage to be in the pre-psychotic state of paresis?

Solomon and Southard (1916) recorded cases with positive laboratory findings without psychosis and positive laboratory findings in paretic families. The laboratory methods of diagnosis in the order of their importance are:

First—The Colloidal Gold reaction of Lange. A neutral solution of colloidal gold, when in contact with dilutions of spinal fluids in geometric progression from 1-10 to 1-5120, precipitates the gold, and a variegated share of red, blue, lilac, etc., is seen in different tubes. In tabes the reaction occurs in a different tube, while in paresis the precipitation occurs in the first 4-8 tubes. To this zonal change the name has been given "paretic curve." Its field of usefulness serves to differentiate paresis from tabes and cerebro-spinal syphilis.

Second—The Butyric acid test for globulin by Noguchi.

Third—Increase in the number of lymphocytes in the spinal fluid, the presence of plasma cells and a differential count of the cellular elements. The cell counts were made with a Fuchs-Rosenthal Chamber, methyl violet and acetic acid being used as a staining agent.

Fourth—Wassermann reaction in the spinal fluid and blood.

In almost every case, one of these reactions will be found present. The Gold Sol. reaction has been emphasized as the most constant in paresis, giving a particular "paretic curve" so called. The cell count and Wassermann reaction were the most reliable until the advent of the Gold Sol. reaction. This reaction is really based upon the presence of globulin in the spinal fluid. The presence of any of the above reactions or the full quota in the absence of any discernible mental symptoms is sufficient to establish a diagnosis of syphilis of the nervous system. These reactions often parallel some of the physical signs and, like them, are usually present in greater or lesser amount during the remission or in the absence of any patent mental disorder.

One other diagnostic measure of value, not in use in this country, but quite prevalent in Germany as a routine measure, is "brain puncture". Forster, in a series of 61 paretics, found the spirochete in the brains of paretics in 45 percent of the cases.

Every case of syphilis is a psychiatric prospect. In an individual with a previous history of syphilis, upon the first intimation of a change in the psychic field, our attention should be drawn to paresis. Unequally dilated or contracted pupils or pupils indifferent to light, loss of memory, indifference to work, change in disposition, mental apathy or exhilaration which is unusual, emotional instability, extravagant ideas or lack of judgment, tremors, speech defect, change in facial outline, unsteady gait, absent or exaggerated K. J., and in addition when

lumbar puncture reveals a positive Wassermann pleocytosis, great increase of globulin, positive colloidal gold test, all would justify a diagnosis of paresis. There is a possibility of error if a diagnosis is made on clinical symptoms alone. Such an examination should be complemented by a thorough examination of the spinal fluid. In both paresis and tabes we are dealing with diseases of a similar nature. The variations in the manifestations seem to depend upon the rapidity of development of the disease and the geographical localization of the inflammatory process. In tabes it is less intensive and slower, the curve of the gold reaction serving to distinguish. There is a difference in the response to treatment. Whether this is due to the difference in the accessibility of the active lesion or to the involvement of more highly developed portions of the central nervous system, remains at the present time difficult for us to conjecture.

The recognition of the early involvement of the central nervous system is important not only from the possibility of the development of an early meningitis, but also from the standpoint of prophylaxis and development of the later and more destructive lesions. From the observations of Ginnerich, Ravout, Altman, Dreyfuss and Ellis, 67 to 90 percent of the cases of secondary syphilis shows abnormality of the spinal fluid. From these observations it is very evident that infection of the central nervous system occurs in a large percentage of the cases of secondary syphilis simultaneously.

#### PROPHYLAXIS.

It goes without saying that the best preventive of syphilis of the nervous system is the prophylaxis of syphilis. No case of syphilis should be released from treatment until the spinal fluid has been shown to be normal in so far as lymphocytosis and Wassermann reaction is concerned. Mattouscheck and Pilez followed 4134 cases of syphilis in officers of the Austro-Hungary Army infected between 1880-1900 up to 1912. Twenty-five percent of the poorly treated cases developed paresis, contrasted with a little over 3 percent of those who were well-treated for this period. Twelve percent of the poorly treated cases developed tabes, while only 1-5 of the well-treated cases developed this disease.

From the standpoint of prophylaxis of paresis and tabes, it is also important to realize that chronicity is an important element in their development, during which time the spirochetes have an opportunity to secure a foothold. Signs and symptoms likewise are present for years before they are observed. In autopsies of early cases of paresis, nerve cell destruction is seen in considerable amount, while in all advanced cases the destruction is self evident.

*Treatment.*—Ever since the effect of salvarsan on syphilitic infection was satisfactorily demon-

strated, it has been the hope of alienists that paresis so long uninfluenced by any type of treatment, might be cured, or at least ameliorated by this treatment. At the present writing, all the credit for our advance in the treatment of syphilitic conditions of the central nervous system is due to the pioneer work of Swift and Ellis of the Rockefeller Institute in their use of salvarsanized serum intraspinaly.

*Second.*—The Oglivee modification of the Swift and Ellis plan consists of the addition of a known small amount of salvarsan to the blood serum (or, as some prefer, the spinal fluid.) I prefer the Oglivee modification of the Swift and Ellis plan and have used it exclusively in the treatment of the cases reported. We know definitely the dosage of salvarsan. It can be governed within a reasonable amount to avoid irritation of the meninges, it is easier of application and can be given without jeopardizing the patient, whereas with the Swift and Ellis plan, the arsenic content of the serum is not known definitely.

*Third.*—The use of mercurialized serum, as advocated by Byrnes, (the bichloride or succinimid of mercury) has, within proper dosage, been devoid of irritation, and with the danger of anaphylactic phenomena removed (if horse serum is used) gives greater promise than any method hitherto in use.

*Fourth.*—The intra-ventricular application of any of the above. Hammond and Sharpe, the authors of this method, base their claims for superiority of this plan over the intra-spinal route on the fact that it reaches the seat of the inflammatory area in concentrated and undiluted form. It flows over the cortex below the pia, and consequently is more efficient than when given sub-durally. Weed and other investigators have proved that when stains are introduced into the subdural space, they penetrate the cortex very readily. The disadvantages are that it is a major operation and requires general anesthesia.

The treatment, to be conducted on a scientific plan, should be regulated by the cell count. No set rule is to be followed—no set number of treatments can be given. I have adopted a rule with most cases to allow an interval of eight days to elapse between treatments and, in particularly obstinate cases, to accompany the treatment with the intravenous use of salvarsan. The following are illustrative of a few of the cases I have had under treatment. They do not represent all, nor do they represent the best results that might be obtained.

#### CASE REPORTS.

CASE No. 1. Male age 35. Diagnosis tabes of two years duration. Lues fifteen years ago. Had sharp shooting pains in legs, visual disturbances, fixed pupils, urinary difficulties, anesthetic areas over abdomen and lower extremities, K. J.

lost, slight Rhomberg, uncertainty of gait, cell count 60, Wassermann and Noguchi, positive, Gold Sol. negative. This patient received three intravenous injections of salvarsan, ten day intervals, followed by six intra-spinous injections per Oglivee plan. Slight pain following first intra-spinous injection. Cell count dropped from 60 to 10. No change in Wassermann reaction, gradual improvement for a period of fourteen months. Is free from pain and much improved physically. His last statement is "You can report me better."

CASE No. 2. Male age 55. Admits lues. Tabes six years duration. Walks with cane, uses large quantities of morphine to control violent attacks of pain, which take on the type of gastric crises. Advanced eye changes. Positive Rhomberg, K. J. lost. Complains at times of sensibility and bladder disturbances. Cell count 80. Positive Wassermann and Noguchi. Received six intravenous injections of salvarsan and neosalvarsan, four intra-spinous injections of salarsanized serum. (O. M.) Pains much reduced and shows decided gain physically (thirty pounds increase in few months). Cell count dropped from 80 to 6. Wassermann remains slightly positive. Neglected treatment owing to violent attack of pains which followed the first few injections. Goes about with aid of cane, but with very little pain. Using no morphine. Earning capacity much improved. Is afraid to continue treatment owing to severe pain which followed several injections. I feel that if this man had continued this treatment, the disease might have been arrested entirely. His was a case of long standing. Intra-muscular use of mercury and iodides (old orthodox plan), had been used to a point of saturation, and over a long period, without any improvement being noted.

CASE No. 3. Male, age 40. Tabes one and a half years. Vesical disturbances (gastric crises). Frequently rapid shooting and cramp-like pains in lower extremity, anesthetic areas over body, uncertainty of gait, K. J. lost, much reduced physically, and markedly depressed over his condition. Four intra-venous injections of salvarsan and neo salvarsan. Eight intraspinal injections of salvarsanized serum (O. M.) covering a period of five months. Gained about twenty pounds in weight. Pains disappeared entirely. Reports himself much improved. Cell count reduced from 100 to 6. Wassermann negative in blood and spinal fluid. Good results.

CASE No. 4. Male, age 50. Tabes of three years duration. Lues twenty years ago. Diagnosis tabes, violent head pains, attacks of vertigo, choroidal retinitis, station uncertain, violent pains in legs, urinary and rectal difficulty, K. J. lost, cutaneous sensibility disturbed, at times much mental agitation. Received six intra-spinous injections (O. M.). Following second injection, head and leg pains disappeared. Station im-

proved. Physically much improved. More tone in gait. Globulin still present. Cell count reduced from 35 to 6. Wassermann slightly positive. Now over a period of one year appears normal.

CASE NO. 5. Male, age 34. Tabes of three years duration. Lues ten years ago. Violent pains in calf of leg. Constriction about chest. Cutaneous sensibility disturbances over abdomen, chest and legs, K. J. lost. Positive Rhomberg. Pupils fixed, occasionally retention of urine, uses morphine in large amounts, much incapacitated, depressed. Received five intra-venous injections of salvarsan and four intra-spinous injections. Considerable improvement was noted for one month before intra-spinous medication was started. Later relapsed. Now shows very decided improvement in every manner. Formerly used large quantities of morphine and aspirin to relieve pain. Now free from pain. Cell count reduced from sixty to three. Wassermann and Globulin negative. Marked reduction in cell count. Good results. Earning capacity much improved.

CASE NO. 6. Female, age 47. Lues twenty years ago. Tabes of six months duration, loss of vesical and rectal control, bed ridden, much emaciated, violent root pains in legs, loss of cutaneous sensibility in fingers and legs. Positive Rhomberg, unable to get on feet, inco-ordination of hands and feet, frequent girdle pains, no pupil change, very anemic. Cell count 150. Positive Wassermann. Globulin increase. Received ten intra-venous injections of salvarsan and neo salvarsan. Received twelve intra-spinous injections mercurialized serum (Bichloride gr. 1-25), covering a period of eight months. Now shows decided improvement physically, is able to go about the house with a cane, gained in weight (forty pounds), has complete control of sphincters, absence of pain, only an occasional feeling of anesthesia of finger tips, co-ordination improved. Formerly could not place glass to lips; now writes her name and attends to business. Treatment is being continued. Progress reported has been continuous over ten months. Cell count reduced from 100 to 6. Wassermann faintly positive. Globulin still present. After the first intra-spinal injection of mercurialized serum, considerable pain was felt, which disappeared at the end of twenty-four hours. Subsequent injections induced very little pain. Good results.

CASE NO. 7. Male, aged 32. Bookkeeper. Admits lues, moderately demented, shows lack of judgment, is at times exalted, shows loss of memory, noticeable speech defect, pupils unequal, fixed, slight swaying, K. J. sluggish. Diagnosis, paresis. Cell count 86. Wassermann and Globulin positive. Gold Sol. shows "paretic curge." Received seven intravenous injections of salvarsan. Three intra-spinous injections according to Swift-Ellis plan, one Oglivee method, five mercurialized

serum gr. 1-25 during three and a half months. Following fourth intra-venous injection of salvarsan he developed a peculiar intolerance for arsenic and I was forced to dispense with its use for a time. His reactions were all quite severe. Following the second intra-spinous injection of salvarsanized serum, patient grew decidedly brighter and gave promise of good results for a few weeks. Later on treatments apparently had no influence over his case. He grew uncontrollable and demented, and the disease progressed rapidly. A few months later I saw him in the State Hospital. The disease had advanced rapidly; he was speechless, untidy with mentality gone. At the time of passing from my hands but very little change was seen in his spinal fluid findings. He had a cell count at one time as low as eighteen. Wassermann positive. In this case, in spite of intense treatment, the disease advanced, as if no attempts were being made to stop it. Whether his intolerance for arsenic could be considered a handicap, I do not know. This was the first case I met that reacted so strongly to arsenic.

CASE NO. 8. Male, age 36. Lues fifteen years ago. Loss of memory, somnolent, decided change in character, formerly bright and active, now sleepy, sings lewd songs, indecent exposure, very much disoriented, profane at times. K. J. plus, pupils sluggish and even, station shows slight swaying, facial expression immobile, emotionally very unstable. Cell count, 100. Wassermann in blood and fluid, positive. Colloidal Gold shows "paretic curve." Received seven intravenous injections of salvarsan, five intra-spinous injections (Swift and Ellis plan), and four intra-spinous injections (O. M.). After the second intra-spinous injection he became acutely maniacal. Third injection ten days later under general anesthesia was given intra-cranially. (20 cc mercurialized serum gr. 1-25). Fourth injection he was given same dosage. He immediately grew quiet, became coherent and oriented, the cloud disappeared, showed decided improvement. Treatment covered a period of seven months. After second treatment cell count dropped from 85 to ten cells per cmm. After a period of ten months, patient returned to work. Spinal-cytosis showed three cells. Wassermann negative. In this case the clinical and biological improvement dates from the intra-cranial injection. The following case is one on the same order.

CASE NO. 9. Male, age 40. Denies lues, shows tremor of hands and facial muscles, vacant stare, immobile expression, loss of memory marked, slurring speech, (typical paretic conversation), very unstable emotionally, cries and is very erratic at times, confused at intervals, K. J. exaggerated, pupils unequal but react sluggishly, station uncertain, marked evidence of mental deterioration. Cell count seventy. Wassermann positive, Colloidal Gold, positive. Diag-

nosis, paresis. During six months he received seven intravenous injections salvarsan, eleven intra-spinous injections, eight O. M., three mercurialized serum, three intra-cranial injections salvarsan, two intra-spinous injections salvarsanized serum, both within ten days. Confusion increased. Given intra-cranial injection mercurialized serum, twice on opposite side of brain with decisive results. His improvement is continuous after nine months. He has returned to his work and fills it satisfactorily. Slight slurring is noted in his speech. He gives every indication of coping with the outside world successfully. Cell count remains about seven. Wassermann positive. As in preceding case, he showed quite a marked change following the intra-cranial application of mercurialized serum (20 cc). The question as to the importance of this can hardly be estimated. I have not had an opportunity to treat a case entirely by the intra-cranial route as considerable objection is made to it, and even with the intra-spinal route, it is a rather difficult thing for one in private work to make people believe entirely that there is anything in this method of treatment.

CASE NO. 10. Male, age 32. Denies lues, tremor of face, right arm partially paralyzed, unequal pupils, K. J. plus, station uncertain, speech is slow and slurred, omissions in writing, very poor memory, defective judgment in business lately, quarrelsome, very vicious, at times is very dull and stupid, much altered in manner and character. Cell count sixty. Wassermann and Globulin positive. Gold Sol., plus. Received one intravenous injection salvarsan, nine intra-spinous injection (O. M.). Cell count reduced to about ten. No change in Wassermann. Patient has grown more tractable, pleasant and shows improvement, memory somewhat improved, formerly traveled with an attendant, now goes alone. Treatment covered a period of six months. In this case, the previous insult to his brain has resulted in a permanent defect. I do not expect much further improvement in his case.

CASE NO. 11. Male, age 36. Admits lues. During past few weeks has grown sleepy, dull, has auditory hallucinations, given to profanity, at times has vague delusions of grandeur, marked insomnia, tremor of hands and face, emotionally unstable, at times fails to recognize his friends. K. J. exaggerated. Station normal. Pupils equal, respond sluggishly. Wassermann positive. Cell count 75. Globulin, positive. Received seven intravenous injections salvarsan and eight intra-spinous injections mercurialized serum, (gr. 1-25), covering a period of seven months. Shows decided improvement, has returned to his position on railroad, has been advanced and after a period of nine months shows much gain, physically and mentally. Good results.

The total number of cases of paresis, under this plan of treatment number nineteen. Some have been under treatment only for a short period and can not be used for comparative study at the present time. Three other cases show improvement for five months. Not much can be said concerning the probable outcome of the remaining cases. It is hoped they will form a basis for further reports.

#### CONCLUSIONS.

The efficacy of the treatment depends upon the early diagnosis of paresis, prompt treatment and the physical condition of the patient at the time of starting treatment. No type of method can be cited. Treatment must be individualized. While a general plan might be adopted, each case must be studied according to its own peculiar conditions. Advanced cases, as a rule, show no reaction to the treatment clinically. They may, however, show a biological change. The duration of the disease is not an indication of the severity of the condition. No set number of treatments can be utilized. The clinical and biological changes are the best and most scientific guides. The biological changes are the direct result of treatment. Tabetic cases respond more readily to treatment than cases of paresis. In some cases of paresis, treatment is very discouraging.

I regard intra-spinous medication as one of the most notable achievements of modern medicine. The intra-cranial route is a valuable adjunct to the intra-spinous route; it is not an absolute necessity as similar results are obtained by the intra-spinal route.

The best results are obtained by more strenuous therapy. Instead of bi-weekly, injections should be given every five to eight days and cases should be followed up.

I believe the Oglivee modification superior to the Swift-Ellis plan, as we are better able to govern the dosage of salvarsan. Doses of salvarsan employed here varied from 1-8 mg. to 1-4 mg. We might say, as different authors have, some cases pass into a remission without treatment. However, the improvement caused by the treatment cannot be compared to spontaneous remission for the percentage in the improved cases is higher than the percentage of remissions. Cotton's estimates show improvement in 35 percent of treated cases, remissions in only four percent.

Amsden has stated that in the past two years, 25 cases have been treated by him with the Swift-Ellis modification. While the occurrence of remissions in untreated cases makes it difficult to estimate fairly the results of any treatment, the number, duration and quality of the remissions or improvement in these treated cases exceeds considerably the expectation for remission or improvement in untreated cases.

## The Clinical Value of Fractional Analysis of Gastric Secretion\*

Harold Feil, M. D., Cleveland, O.

THE Einhorn duodenal tube has been variously modified in its adaptation to obtain gastric contents. The apparatus consists of a perforated metal olive attached to a soft rubber tube, 8 or 9 French in calibre. Rehfuß altered the tip by cutting longitudinal slits in the olive, which is made of heavy metal. The tube is marked in cms. This latter tube has been used in our work. McNeil uses the Jutte modification, which is provided with a stiff wire to facilitate passage through the pharynx. The reader who is interested in the history of the duodenal tube is referred to the recent article of Einhorn.

*Advantages of the tube:* It is readily passed and may be retained by the majority of patients during the entire cycle of digestion, in fact it may be retained for long periods without discomfort. The fasting contents can be determined with great accuracy because the tip of the tube drops to the lowest portion of the stomach and all of the contents can be aspirated; the curve of the fasting contents and the contents after a test meal can then be determined, and later the duodenal contents can be aspirated without withdrawing the tube. Occasionally one meets patients who have large quantities of mucus present in the stomach which plug the tube.

*Technic:* The pharynx is sprayed with a cocaine or novocaine solution. Rehfuß directs that the patient sit upright (we have found that the tube may be passed more readily, at times, with the patient in the recumbent position). The "patient is instructed to open his mouth and any plates removed." The tip, moistened in glycerine, is held between the thumb and forefinger and placed on the back of the tongue and the patient requested to say "ah". As soon as the patient utters this sound the tube is pushed into the pharynx and the patient directed to close his mouth and swallow. The tube is then passed without difficulty, a small swallow of water facilitating its passage in hyper-sensitive individuals. The tube is passed to the 48 cm. mark and the patient directed to breath quickly. Deep breathing and the dorsal position remedy the discomfort and divert the patient's attention. While the tube is in position the patient is requested to expectorate his saliva. A small, catheter point syringe is employed to observe and aspirate the contents. Gastric fluid which is withdrawn readily is greyish or pale yellow in color, and acid in reaction. Duodenal contents, which flow less readily, are bile-tinged and neutral or alkaline in reaction.

It has long been known that the usual practice of examining single one-hour specimens has not been satisfactory in all cases. We know from the work of Pawlov, Carlson and Rehfuß that a single one-hour specimen of gastric secretion does not represent the entire digestive cycle. In other words, the stomach is a slowly elaborating organ and the one-hour specimen does not represent the acid maximum, it may even give the minimum. The very narrow calibre tube is passed in most cases with little or no difficulty, and the tube can be retained for long periods of time. The curves constructed with the readings taken at regular intervals aid the physician in the diagnosis (and treatment) of the case.

*Rehfuß* upon investigating normal individuals, made the following observations.

(1) *Residuum:* the normal fasting stomach (aspirated in the morning) was not empty and the average volume in over 100 cases was 52.14 cc; the residuum was a physiologically active secretion; both colorless and bile-tinged secretions were found; the free HCl averaged 18.5 and the total acid averaged 29.9 while the acid values over 70 were considered abnormal.

(2) *Types of normal curves:*

1—*Isosecretory curve*, showing a gradual rise to about 60 in one hour with a gradual decline until the end of digestion in two hours.

2—*Hypersecretory curve*, a rapid rise to 70-100 within a few minutes and the height maintained at a constant level during digestion, or with a gradual decline.

3—*Hyposecretory curve*, similar to the isosecretory curve but with a height of 40-50. This last is the most frequently met with.

(3) *Protein curve:* "The gastric juice shows plainly a protein content of very low degree." The acid and the protein curves are nearly parallel. A high protein curve—divergent from the acid, in achylia—is highly suggestive of malignancy. *Types of abnormal curves:* no curves pathognomic of any gastric pathology have been described. Rehfuß found that in gastric and duodenal ulcer the hypersecretory curve was present frequently.

Gastrointestinal routine at the dispensary of Lakeside Hospital includes, after a careful history, the aspiration of the 16 hours fasting stomach. Specimens of the fasting stomach are aspirated at 15 minute intervals for one to two hours. The following day the fasting stomach is again aspirated and a test breakfast given. Until recently we have followed the technic of Rehfuß, using the Ewald meal. Now we are employing the Skaller meal (5 gm. of Leibig's extract in 250 cc. of water). After the Ewald meal specimens are removed at 15 minute inter-

\* From the medical dispensary of the Lakeside Hospital.  
 \* Read before the Medical Section of the Ohio State Medical Association, in annual session at Cleveland, May 18, 1916.

vals until the termination of digestion—about two and one-half hours. After the Skaller meal specimens are removed at five minute intervals, digestion lasting about forty-five minutes. In cases where we have employed these test breakfasts in the same individuals, the curves have been much the same except that, in some cases, after the Ewald meal the curve has shown a greater acidity. In our work 84 cases have been investigated with the Rehfuß tube. The patients have been examined in the medical department of the dispensary of Lakeside Hospital. A number of cases were investigated in Dr. Hoover's service at Lakeside Hospital by Dr. Robinson and the house staff and a few were seen in practice.

We have investigated a variety of diseases in patients having gastric symptoms. As a result of our work we feel that gastric pathology may be ruled out more readily by this means.

*Classes of patients investigated:* Twenty cases investigated had no evidence of any organic diseases, yet stomach symptoms were insisted upon. Most of these patients were high-strung individuals, constipated and in a state of economic unrest. Some of the curves were irregular—more so than the average normal curve. They were classified as follows:

1. Hyposecretory curve—four cases.
2. Isecretory curve—seven cases.
3. Hypersecretory curve—nine cases.

These cases have been classified under the neuroses, although we feel that this diagnosis frequently begs the question. We have not endeavored to classify any of our cases under Vagotonic or Sympathotonic headings. The curves have been quite irregular and they possess neither the evenness of the normal stomach curve nor the regular curve seen in gastric or duodenal ulcer. These curves speak for an unstable nervous system causing the irregular secretion. In two cases patients who complained of distress at a definite time after eating, an increase of acidity was found to correspond with the onset of the symptoms.

We have been especially interested in the question of typical curves of acidity in gastric and duodenal ulcer.

(1) Gastric ulcer: Six cases, which have been definitely proved as gastric ulcer, are included in our series. The examinations were made after the Ewald meal, on a fasting stomach and all of the aspirations were at fifteen-minute intervals. An average of the various readings was taken and a curve constructed. The six cases all showed hyperacidity. The curve is an exaggerated hypersecretory curve, with a low initial acidity, the secretion reaching its maximum acidity at the termination of digestion at 120-135 minutes after the meal. Hypoacidity existed at the 60-minute period in two cases, and a moderate hyperacidity in three cases. Therefore the actual hyperacidity did not attain its

maximum until after the time when the usual aspiration is made at the 60-minute period. The curve of this average of cases is regular, with few breaks, and the curve of the free HCl and the total acidity are nearly parallel.

(2) Duodenal ulcer: Four cases which were definitely diagnosed showed a less exaggerated hypersecretory curve. The fasting contents gave a normal acidity. The rise in acidity after the meal was more rapid than in the gastric ulcer curves, and the stomach was found empty 90 to 105 minutes after the meal. None of these cases had gastric contents after the 105-minute period. The other characteristics were much the same as the curve of the gastric ulcer.

(3) Carcinoma of the stomach: Two cases. In the first case, the acidity after the meal was lower than in the fasting state. In case No. 2—with hyperacidity—the acid values were much higher after the test breakfast. Ehrenreich observed that in normal individuals acidity was always greater after the test breakfast than in the fasting contents. In carcinoma, with achylia, the acidity after the meal was lower than before. The fasting contents contained 15 cc. free: HCl O; total acidity 31. The curve after the Ewald meal showed no free HCl and the total acid was lower than the fasting contents. Case No. 2 showed an exaggerated hypersecretory curve and had been diagnosed as gastric ulcer before operation.

(4) Pulmonary tuberculosis: The cases investigated in our series were all incipient. The gastric secretion was within normal range.

(5) Aortitis with chronic alcoholism: No free HCl; total acid low.

(6) Aortitis: Normal acidity.

(7) Mitral insufficiency and stenosis: Beginning loss of compensation. No free HCl; total acid low.

(8) Exophthalmic goitre: Two cases; hypoacidity, no free HCl. This finding is in accordance with the results of other investigators. One case showed a lower acidity after the meal—refuting Ehrenreich's rule.

(9) Cholelithiasis: Two cases, hypoacidity, no free HCl.

(10) Nephroptosis: Hypersecretory curve.

(11) Chronic appendicitis: One case, hypoacidity.

(12) Chronic plumbism: Upper limit of isosecretory curve.

#### CONCLUSIONS

(1) Fractional analysis of gastric secretion of the fasting stomach and after a test meal is the rational means of determining a gastric secretory function.

(2) There are perhaps three arbitrary curves of the free and total acid in normal individuals, but there are many curves between these.

(3) In gastric ulcer we have found, in seven of the eight cases, a hyperacidity—slowly elaborated, with its height at the termination of digestion.



(4) In duodenal ulcer we have found a hyperacidity reaching its maximum very soon after the meal—which is maintained or tends to diminish the later part of the digestive period. In confirmation of the X-Ray finding, the stomach empties rapidly.

(5) Among the neuroses we have found curves that could pass for gastric or duodenal ulcer. It is best, therefore, to use the X-Ray to differentiate these from ulcer.

(6) Among these cases we have found the Ehrenreich test positive in two cases, carcinoma of the stomach and exophthalmic goitre. In the case of a carcinoma developing on an ulcer the test was negative. Dr. Robinson found a lower acidity in several cases of pernicious anaemia after the meal.

(7) The hyperacidity of the fasting stomach in gastric ulcer was less than the acidity after the Ewald meal. In duodenal ulcer the acidity of the fasting contents was within normal limits. One case of gastric ulcer gave a normal acidity during the fasting period.

(8) While we have seen no absolutely path-

ognomic curves, still, examination of the gastric secretion, at regular intervals over a prolonged period, is the only accurate means of estimating individual gastric conditions and efficiency. The Leibig's extract meal is the most convenient one, and offers advantages over the Ewald meal, namely: palatability, ease of aspiration through the small tube, and avoidance of filtration. The gastric cellular elements can be more readily studied.

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- It is the writer's pleasure to acknowledge the encouragement and assistance rendered him by Dr. John Phillips, physician-in-charge of Lakeside Medical Dispensary.

## Anchored Cast for Fractured Clavicle\*

Roscoe R. Kahle, Ph. B., M. D., Columbus

The most conspicuous bone in a human embryo of two months is the clavicle. This is the first bone to ossify, and, frequently, the first to break. Man has a clavicle and scapula because his adaption to environment has demanded a wide range of movement in the upper extremity. The horse and cow use their fore-legs for locomotion only. In them the demand for latitude of motion has been wanting; such animals have no clavicle. In flying animals—the eagle for example—where the habitual movement of the upper extremities is in abduction, additional stability has been provided by a precoracoid bone, which is, in fact, a second clavicle. Thus birds, in reality, have two clavicles on each side.

In man the clavicle and scapula are merely anterior and posterior props to hold the shoulder joint out away from the body. If we were suspending a signboard from the side of a barrel we would adopt the same principle of mechanics.

A knowledge of the musculature of the shoulder is essential to a thorough understanding of the bone displacement and the deformity which follow complete fracture of the clavicle with separation of the two fragments.

Pulling from above, we have the sterno-mastoid attached to the upper surface of the inner third of the clavicle; the outer third gives attachment to the trapezius which also pulls upward, but not to the same extent, and not so directly, as

the sterno mastoid. Acting from below, the pectoralis major attaches to the inner half, while the deltoid has a clavicular origin covering the outer third of the bone. Thus it will be seen that the outer half of the middle third of the bone has no muscular attachments except the subclavius, which is quite unimportant. This is the narrowest portion of the bone, and it is here that fractures most frequently occur. When the line of fracture is oblique it nearly always extends from above downward and inward. The inner fragment is pulled upward by the stern-mastoid which exerts a greater pull from above than the pectoralis major does from below.

What happens to the outer fragment? If you should tie a rope to a gate supported by a prop, and pull hard enough to break the prop, the gate would move forward and downward. This is just what happens to the outer fragment of the clavicle. The shoulder is the gate, the clavicle the prop, and the weight of the arm and the axillary fold muscles play the part of the man pulling on the rope. The clavicle fractures more readily than the scapula because it is a smaller bone, and because it is fixed at its inner extremity, while the scapula is not.

It is not the purpose of this paper to describe the different varieties of fracture which the clavicle may sustain. Hippocrates did this very satisfactorily more than two thousand years ago. He also indicated the proper manner of reduc-

\*Read before Columbus Academy of Medicine.

tion in all cases by pushing the shoulder outward, upward and backward. The necessity for the maintenance of the shoulder in this position until union of the fragments has taken place has been well understood since the very earliest writers, but its accomplishment has been found difficult.

Fortunately a good functional result usually ensues after any method of treatment, or in the absence of all treatment. Nature is very kind in this respect for, when there is no approximation of the broken ends of the bone, indeed where there is complete overriding of the fragments, she throws out a large callus which joins them firmly together, and then, in due time, she hollows out the center and reestablishes the continuity of the medullary canal "around the curve."

Even though the carrying of the arm in a simple sling for a few weeks usually suffices to secure a satisfactory functional result, there are some very good reasons why this method may be undesirable. In the first place, the amount of deformity may be quite important to a girl or a woman. The lump which accompanies bad union is not an object of admiration when the patient is attired in a modern evening gown. In the second place, the downward displacement of the outer fragment and a large callus may injure the subclavian vessels or the brachial plexus. A number of such complications have been reported.

A few months ago I was called to see a patient, a pretty little girl of ten years, who had sustained a complete overriding fracture of the right clavicle. The shoulder was displaced downward and forward. Members of the family were very anxious for a cosmetic result. I told them that I would reduce the fracture and bandage the arm the best I could to support the drooping shoulder. This was done, and the roentgenogram, taken soon afterward, told a disappointing story, though the disappointment was not a surprise.

I visited the dissecting room and studied the mechanism of the shoulder with the one idea of devising some method of holding the shoulder upward and backward so as to maintain reduction after securing it. It occurred to me that the humerus might be made to answer the purpose of an anterior prop for the shoulder the same as the clavicle. The elbow could be brought forward toward the sternum and, now, pressure upon the elbow in the direction of the long axis of the bone would push the shoulder in the proper direction.

Since the humerus is attached to the scapula quite as firmly as the clavicle, Nature's prop was admirably imitated save in one particular—there was no support at the elbow to correspond with the sterno-clavicular joint. This was provided in the following manner: A plaster cast was applied to the entire chest, including the

shoulder on the uninjured side. This cast was allowed to become firm, when an anesthetic was administered and the fracture reduced. With the elbow of the injured side brought forward in front of the chest and slightly elevated, pressure was made upon it in the direction of the long axis of the bone, and the injured shoulder thereby pushed upward, outward and backward. The arm and elbow of the injured side were now included in a second cast which was anchored to the one previously applied. This second cast, anchored to the first, provided substantial support to the elbow of the injured side so that the humerus became an efficient prop to the shoulder while the fractured clavicle was being repaired. The second roentgenogram, taken several days after the application of the casts, showed the fragments end to end.

From a mechanical standpoint, this procedure possesses some advantages over the usual textbook methods. It is more especially applicable to children and thin adults. In fractures of the oblique overriding variety, where a cosmetic result is particularly desirable, the method described should aid in securing the same by affording an efficient means of holding the shoulder upward, outward and backward.

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CONTROL OF INTESTINAL BACTERIA.—A recent investigation indicates that the direct feeding of bacterial cultures of lactic acid producing organisms had almost no influence on the intestinal flora. On the other hand the administration of milk sugar (lactose) brought about a marked change in the intestinal flora. It appears therefore that the beneficent action of milk cultures is dependent on the lactose and not on the bacteria which they contain (*Jour. A. M. A.*, Mar. 24, 1917, p. 918).

THE SARGOL CASE.—The exploiters of Sargol, the get-fat-quick nostrum, were found guilty of fraud and were fined \$30,000, after promising that the business would be discontinued. Sargol was made by Parke, Davis & Co., at a price of 53 cents to 78 cents per thousand tablets. Sargol was stated to contain extract saw palmetto, calcium hypophosphite, sodium hypophosphite potassium hypophosphite, lecithin, extract nuxvomica. The trial is said to have cost the United States over \$100,000. Although the business was palpably fraudulent, although the claims made for the nostrum were palpably false, the defendants were able to employ physicians to go on the stand and swear that Sargol was a "flesh builder" and "bust developer." (*Jour. A. M. A.*, Mar. 24, 1917, p. 927.)

ACTIVE PRINCIPLE OF LEECHES.—The principle in the buccal secretion of the leech which prevents the clotting of blood is herudin, a deuterioalbumose. (*Jour. A. M. A.*, Mar. 24, 1917, p. 931.)

Program of the  
**Seventy-Second Annual Meeting**  
of the  
**Ohio State Medical Association**

Springfield, Ohio, May 14, 15 and 16, 1917

*Opening Session*

**MONDAY, MAY 14, 10:00 A. M.**

*(West G. A. R. Post Room, First Floor, Memorial Hall)*

1. CALL TO ORDER BY THE PRESIDENT, HARMON B. GIBBON, M. D., OF TIFFIN, OHIO.
2. ADDRESS OF WELCOME ON BEHALF OF THE CITY, C. E. ASHBURNER, CITY MANAGER.
3. ADDRESS OF WELCOME ON BEHALF OF CLARK COUNTY MEDICAL SOCIETY AND THE SPRINGFIELD CHAMBER OF COMMERCE, C. L. MINOR, M. D.
4. ANNUAL ADDRESS BY THE PRESIDENT OF THE OHIO STATE MEDICAL ASSOCIATION.
5. ANNOUNCEMENT OF GENERAL DETAILS OF THE PROGRAM, WILLIAM B. PATTON, M. D., THE GENERAL CHAIRMAN OF THE LOCAL COMMITTEE ON ARRANGEMENTS.

ANNOUNCEMENT

The first meeting of the House of Delegates will be held immediately following this session.

*General Closing Session*

**WEDNESDAY, MAY 16, 1:30 P. M.**

*(Auditorium Grace Reformed Church, two doors west of Memorial Hall)*

1. AWARDING OF PRIZES IN THE COUNTY SECRETARIES CONTEST.
2. ORATIONS:
 

MEDICINE—"THE PHENOMENA OF INFECTION."  
*By Victor E. Vaughan, M. D., of Ann Arbor, Michigan.*

OBSTETRICS—"WHAT HAVE WE RECENTLY GAINED IN OBSTETRICS?"  
*By E. P. Davis, M. D., of Philadelphia, Pennsylvania.*
3. NOTE—AFTER THE ORATIONS THE MEETING WILL ADJOURN TO THE MAIN AUDITORIUM OF MEMORIAL HALL (SEATS IN THE BALCONY) FOR A SHOWING OF MOVING PICTURES, TAKEN IN BATTLE-FRONT HOSPITALS, AND SHOWING THE SURGICAL DEVELOPMENT OF THE EUROPEAN WAR. THESE ARE NOT TO BE CONFUSED WITH THE CLINICAL FILMS SHOWN ON MONDAY AND TUESDAY AFTERNOONS.
4. ADJOURNMENT OF THE SEVENTY-SECOND ANNUAL MEETING OF THE OHIO STATE MEDICAL ASSOCIATION.

# THREE SESSIONS of HOUSE of DELEGATES

## First Session — Monday, May 14, at 11 A. M.

*West G. A. R. Post Room, First Floor,  
Memorial Hall*

1. *Call to order by the President*
2. *Miscellaneous Business:*
  - (a) Selection of a special committee to act on recommendations embodied in President's Address.
  - (b) Consideration of minutes of previous meeting.
  - (c) Introduction of resolutions.
3. *Nomination and election of Nominating Committee*  
(Nominations from the floor, with one representative on the Committee to be elected from each district.)
4. *Report of Officers:*
  - (a) Secretary-Treasurer (Financial statement printed in The Journal, March, 1917, page 184.)
  - (b) Executive Secretary.
5. *Reports of Standing Committees:*
  - (a) Publication, C. D. Selby, M. D., Toledo, Chairman.
  - (b) Public Policy and Legislation, J. H. J. Upham, M. D., Columbus, Chairman.
  - (c) Medical Defense, J. E. Tuckerman, M. D., Cleveland, Chairman.
  - (d) Auditing and Appropriations, Wells Teachnor, M. D., Columbus, Chairman.
  - (e) Public Health Education, John H. Landis, M. D., Cincinnati, Chairman.
  - (f) Medical Education, Charles Edwin Briggs, M. D., Cleveland, Chairman.
6. *Reports of Special Committees:*
  - (g) Hospitals and Hospital Standing, Frank Fee, M. D., Cincinnati, Chairman.
  - (h) Service, R. E. Skeel, M. D., Cleveland, Chairman.
  - (i) Control of Cancer, Andre Crotti, M. D., Columbus, Chairman.
  - (j) Sociology, S. J. Goodman, M. D., Columbus, Chairman.
  - (k) State Insurance, John M. Thomas, M. D., Columbus, Chairman.
  - (l) Venereal Diseases, M. L. Heidingsfeld, M. D., Cincinnati, Chairman.
  - (m) Physical Supervision in Schools, H. M. Platter, M. D., Columbus, Chairman.

## Second Session — Monday, May 14, at 7 P. M.

*(Teachers' Auditorium, High School Building.  
In same building where the evening Public Health Meeting is to be held.)*

(JOINT SESSION WITH THE COUNCIL)

1. *Reports from Councilors as to the condition of the societies in their respective districts.*
2. *Final consideration of proposed amendments to the Constitution and By-Laws, which were introduced at 1916 meeting, and laid over under the rules.*  
(Printed copies of these amendments have been submitted to the component societies, and may be secured on application to the Registration Desk)
3. *Introduction of proposed amendments to the Constitution and By-Laws.*  
(Article XI of the Constitution provides that the Con-

stitution may be amended by a two-thirds vote of the delegates registered at the Annual Session, provided such amendment shall have been presented in open meeting at the previous Annual Session, and submitted to each county twice in the intervening year. By-Laws may be amended only by the same procedure.)

### 4. *Miscellaneous Business:*

- (a) Consideration of matters referred to the House of Delegates by Council.
- (b) Determination of the annual per capita for State Association purposes, as provided in Section 1 of Chapter IX of the By-Laws.

## Third Session — Tuesday, May 15, at 1 P. M.

*G. A. R. Post Room, First Floor, Memorial Hall.*

### 1. *Report of Nominating Committee*

### 2. *Annual election of officers:*

- (a) President-Elect (one year).
- (b) Chairman and two members of the Committee on Public Policy and Legislation. (One year each).
- (c) Three members of Publication Committee. (One year each).
- (d) Chairman and two members of Committee on Public Health Education. (One year each).
- (e) One member Committee on Medical Defense. (The term of C. T. Souther, M. D., of Cincinnati, who was elected for one year, expires).
- (f) Councilor, Second District. (Present incumbent, J. E. Hunter, M. D., Greenville, Ohio.)
- (g) Councilor, Fourth District. (Present incumbent, Charles W. Moots, M. D., Toledo, Ohio.)
- (h) Councilor, Sixth District. (Present incumbent, Edgar J. March, M. D., Canton, Ohio.)
- (i) Councilor, Eighth District. (Present incumbent, A. B. Headley, M. D., Cambridge, Ohio.)
- (j) Councilor, Tenth District. (Present incumbent, Wells Teachnor, M. D., Columbus, Ohio.)
- (k) Three delegates to 1917 meeting of American Medical Association, New York, in June. (Two years each.) (The terms of A. B. Walker, M. D., Canton; H. C. Haning, M. D., Dayton, and J. H. J. Upham, M. D., Columbus, expired with the 1916 meeting. By-Laws of the A. M. A. provide that delegates must be elected for term of two years by state constituent societies. Delegates must be Fellows in A. M. A. of at least two years' standing.)
- (l) Three alternates. (Two years each.) (The terms of S. M. McCurdy, M. D., Youngstown; M. J. Lichty, M. D., Cleveland, and C. W. Sawyer, M. D., Marion, expired with the 1916 meeting.)

### 3. *Selection of place for 1918 meeting*

### 4. *Miscellaneous business*

### 5. *Installation of officers for 1917*

Adjournment of the House of Delegates. Immediately following adjournment the Council meets for reorganization—the selection of a chairman (who, according to the Constitution, is President of the Association), and a secretary of Council.

# PROGRAM OF THE SURGICAL SECTION

E. M. GILLIAM, M. D., Columbus..... *Chairman*  
 DUDLEY W. PALMER, M. D., Cincinnati..... *Secretary*  
 (*Meeting Place: Banquet Room, Third Floor, Memorial Hall.*)

## FIRST SESSION, MONDAY, MAY 14, 2:00 P. M.

1. CERTAIN SPECIAL FRACTURES.....SMITH  
 Paper by Jay D. Smith, M. D., Akron  
 Discussion opened by C. E. Caldwell, M. D., Cincinnati
2. PERIOSTEIO-SARCOMA OF THE CLAVICLE.....DODD  
 Paper by Verne A. Dodd, M. D., Columbus  
 Discussion opened by John Dickinson, M. D., Cleveland
3. PELVIC INFECTION IN RELATION TO ARTHRITIS—WITH SPECIAL REFERENCE TO THE STAPHYLOCOCCUS PYOGENES .....STEINHARTER  
 Paper by Edgar C. Steinharter, M. D., Cincinnati  
 Discussion opened by Albert H. Freiberg, M. D., Cincinnati
4. THE TREATMENT OF SEPTIC ARTHRITIS.....COFIELD  
 Paper by Robert Cofield, M. D., Cincinnati  
 Discussion opened by B. G. Chollett, M. D., Toledo
5. EMPYEMA (THORACIC) .....PIRRUNG  
 Paper by J. Edw. Pirrung, M. D., Cincinnati  
 Discussion opened by B. M. Rickett, M. D., Cincinnati

## SECOND SESSION, TUESDAY, MAY 15, 9:00 A. M.

6. FOCAL INFECTION AS A CAUSATIVE FACTOR IN THE PRODUCTION OF DUODENAL AND GASTRIC ULCER, AND THE MANAGEMENT (A) OF THE FOCAL PROCESS, (B) OF THE RESULTANT ULCER.... HAINES  
 Paper by W. D. Haines, M. D., Cincinnati  
 Discussion opened by J. Edw. Pirrung, M. D., Cincinnati
7. SPONTANEOUS PERFORATION OF ABDOMINAL VISCERA ..... GOODHUE  
 Paper by George Goodhue, M. D., Dayton  
 Discussion opened by Ben R. McClellan, M. D., Xenia
8. FACTORS TO BE CONSIDERED IN THE TREATMENT OF PELVIC INFECTIONS.....BOWERS  
 Paper by L. G. Bowers, M. D., Dayton  
 Discussion opened by F. F. Lawrence, M. D., Columbus
9. HERNIA ..... LOWER  
 Paper by William E. Lower, M. D., Cleveland  
 Discussion opened by Charles E. Briggs, M. D., Cleveland
10. PHYSIOLOGICAL ASPECT OF SOME SURGICAL PROBLEMS ..... FISCHER  
 Paper by Martin H. Fischer, M. D., Cincinnati  
 Discussion opened by Clyde Brooks, Ph. D., Columbus

## THIRD SESSION, TUESDAY, MAY 15, 2:00 P. M.

11. SARCOMA OF THE STOMACH.....BUNTS  
 Paper by F. E. Bunts, M. D., Cleveland  
 Discussion opened by Frank Warner, M. D., Columbus
12. GALL BLADDER FROM A SURGICAL STANDPOINT..... DUNN  
 Paper by A. Henry Dunn, M. D., Chillicothe  
 Discussion opened by Harry S. Noble, M. D., St. Marys
13. PROFESSIONAL AND LAY ATTITUDE IN REFERENCE TO SURGICAL AND MEDICAL FEES.....KAHLE  
 Paper by R. R. Kahle, M. D., Columbus  
 Discussion opened by T. L. Baxter, M. D., Newark
14. RELATION OF HEMATOLOGY TO SURGERY.....ARN  
 Paper by E. R. Arn, M. D., Dayton  
 Discussion opened by Oscar Berghausen, M. D., Cincinnati

**WEDNESDAY, MAY 16, 9:00 A. M.**

*(Joint Session of Medical and Surgical Sections, Banquet Hall, Third Floor, Memorial Hall.)*

- THE CANCER PROBLEM—A SYMPOSIUM.....(15 minute papers)
1. OPENING THE CANCER SESSION.....JOSEPH RANSOHOFF, M. D., CINCINNATI
  2. CANCER OF THE STOMACH AND INTESTINES.....C. F. HOOVER, M. D., CLEVELAND
  3. PREDISPOSING CAUSES OF CANCER OF THE GENITAL ORGANS.....G. E. MCCULLOUGH, M. D., TROY
  4. CANCER OF THE UTERUS.....J. F. BALDWIN, M. D., COLUMBUS
  5. CANCER OF THE BREAST.....J. H. JACOBSON, M. D., TOLEDO
  6. CANCER OF THE THYROID.....ANDRE CROTTI, M. D., COLUMBUS
  7. CANCER OF THE SKIN.....C. F. BOWEN, M. D., COLUMBUS
- DISCUSSION.....GEO. W. CRILE, M. D., CLEVELAND, AND ROGER S. MORRIS, M. D., CINCINNATI

## PROGRAM OF THE MEDICAL SECTION

- WEBSTER S. SMITH, M. D., DAYTON.....CHAIRMAN  
 HALBERT B. BLAKEY, M. D., COLUMBUS.....SECRETARY  
*(Meeting Places, West G. A. R. Post Room, Second Floor, Memorial Hall.)*

**FIRST SESSION, MONDAY, MAY 14, 1917, 2:00 P. M.**

1. STUDIES IN RENAL FUNCTION.....CHRISTIE  
 Paper by C. D. Christie, M. D., Cleveland  
 Discussion opened by Willard J. Stone, M. D., Toledo
2. PHENOLSULPHONEPHTHELEIN TESTS ..... GOODHUE  
 Paper by N. D. Goodhue, M. D., Dayton  
 Discussion opened by B. W. West, M. D., Dayton
3. INFANTILE PARALYSIS .....MCCAMPBELL  
 Paper by Eugene F. McCampbell, M. D., Columbus  
 Discussion opened by A. O. Peters, M. D., Dayton
4. TREATMENT OF BICHLORIDE POISONING.....WILMS  
 Paper by John H. Wilms, M. D., Cincinnati  
 Discussion opened by Roger S. Morris, M. D., Cincinnati
5. PURPURA HEMORRHAGICA .....MITCHELL  
 Paper by E. W. Mitchell, M. D., Cincinnati  
 Discussion opened by Eric A. Fennell, M. D., Cincinnati

**SECOND SESSION, TUESDAY, MAY 15, 9:00 A. M.**

6. THE LEUKEMIAS—WITH REPORTS OF TYPICAL CASES .....OSMOND  
 Paper by A. E. Osmond, M. D., Cincinnati  
 Discussion by E. W. Mitchell, M. D., Cincinnati
7. SOME PHASES OF INFLUENZA.....HIGGINS  
 Paper by Charles H. Higgins, M. D., Zanesville  
 Discussion opened by C. E. Northrup, M. D., McConnelsville
8. THE UNDERLYING NEUROPATHIC STATE.....MATCHETT  
 Paper by W. H. Matchett, M. D., Greenville  
 Discussion by W. B. Patton, M. D., Springfield

**THIRD SESSION, TUESDAY, MAY 15, 2:30 P. M.**

9. INTESTINAL FERMENTATION .....MILLIKIN  
 Paper by Mark Millikin, M. D., Hamilton  
 Discussion opened by J. D. Dunham, M. D., Columbus
10. THE TREATMENT OF TUBERCULOSIS BY ETHER ANAESTHESIA .....SAVAGE  
 Paper by W. E. Savage, M. D., Cincinnati  
 Discussion opened by E. N. Baehr, Cincinnati
11. THE PATHOLOGY OF THE TEETH AS SHOWN BY THE X-RAY.....LANGE  
 Paper by Sidney Lange, M. D., Cincinnati  
 Discussion opened by Charles F. Bowen, M. D., Columbus

12. MENINGITIS—NOT A RARE BUT A COMMON DISEASE.....UPDEGRAFF  
 Paper by Ralph K. Updegraff, M. D., Cleveland  
 Discussion by A. W. Lueke, M. D., Cleveland

**FOURTH SESSION, WEDNESDAY, MAY 16, 9:00 A. M.**

*(Banquet Hall, Third Floor, Memorial Hall.)*

JOINT SESSION WITH THE SECTION ON SURGERY, TO WHICH ALL MEMBERS ARE INVITED. SEE PROGRAM OF SECTION ON SURGERY FOR WEDNESDAY MORNING.

NOTE—THIS PROGRAM HAS BEEN PREPARED TO APPEAL TO ALL MEMBERS OF THE ASSOCIATION, AND FOR THAT REASON NO OTHER SECTION MEETINGS WILL BE HELD ON WEDNESDAY MORNING.

**EYE, EAR, NOSE AND THROAT SECTION**

- C. L. MINOR, M. D., SPRINGFIELD.....CHAIRMAN  
 W. B. CHAMBERLAIN, M. D., CLEVELAND..... SECRETARY  
*(East Post Room, First Floor, Memorial Hall.)*

**FIRST SESSION, MONDAY, MAY 14, 2:00 P. M.**

1. LOCAL ANAESTHESIA AND TONSILLECTOMY..... THOMPSON  
 Paper by J. A. Thompson, M. D., Cincinnati
2. RESULTS OF ANIMAL INOCULATIONS WITH MATERIAL FROM SIMPLE HYPERTROPHIED TONSILS AND TONSILS FROM ACUTE RHEUMATIC CASES..... KELLY  
 Paper by Thomas H. Kelly, M. D., Cincinnati
3. DISEASES OF THE NASAL ACCESSORY SINUSES WITH LANTERN SLIDE DEMONSTRATIONS FROM ORIGINAL SECTIONS ..... MURPHY  
 Paper by J. W. Murphy, M. D., Cincinnati
4. THE SURGERY OF THE ACCESSORY SINUSES OF THE NOSE, LANTERN SLIDE DEMONSTRATION..SKILLERN  
 Paper (by invitation) by Ross Hall Skillern, M. D., Philadelphia  
 Discussion opened by John M. Ingersoll, M. D., Cleveland

**SECOND SESSION, TUESDAY, MAY 15, 9:00 A. M.**

5. THE CLINICAL SIGNIFICANCE OF MUSCULAR HEADACHES.....MITHOEFER  
 Paper by William Mithoefer, M. D., Cincinnati
6. CARE OF THE EYES OF SCHOOL CHILDREN..... MONSON  
 Paper by S. H. Monson, M. D., Cleveland
7. THE CRANIAL DEFORMITY—TOWER SKULL—WITH CASE REPORT.....METZ  
 Paper by R. B. Metz, M. D., Cleveland
8. SOME THINGS I HAVE LEARNED IN DOING CATARACT OPERATIONS.....TIMBERMAN  
 Paper by Andrew Timberman, M. D., Columbus

**TUESDAY, MAY 15, 2:00 P. M.**

NON-OPERATIVE CLINICS BY ROSS HALL SKILLERN, M. D., OF PHILADELPHIA, AND DERRICK T. VAIL, M. D., OF CINCINNATI, AT CITY HOSPITAL, YORK, CLIFTON AND EAST STREETS. STREET CARS REACH THE HOSPITAL, WHICH IS APPROXIMATELY ONE MILE FROM MEMORIAL HALL.

**SECTION ON OBSTETRICS and PEDIATRICS**

- MAGNUS A. TATE, M. D., CINCINNATI.....CHAIRMAN  
 GEO. B. FARNSWORTH, M. D., CLEVELAND..... SECRETARY

**FIRST SESSION, MONDAY, MAY 14, 2:00 P. M.**

*(Meeting in East Post Room, Second Floor, Memorial Hall)*

1. PRENATAL CARE OF PREGNANT WOMEN..... GOODMAN  
 Paper by S. J. Goodman, M. D., Columbus

2. SOME PHASES OF HYPEREMESIS GRAVIDARUM.....GARDNER  
Paper by John Gardner, M. D., Toledo
3. ANAMOLIES IN THE BEHAVIOR OF THE UTERINE MUSCULATURE.....SKEEL  
Paper by A. J. Skeel, M. D., Cleveland
4. STUDIES IN THE BLOOD OF PREGNANT WOMEN.....FULLERTON  
Paper by W. D. Fullerton, M. D., Cleveland
5. SYPHILIS IN INFANCY AND THE NEW BORN.....LAMB  
Paper by Frank Lamb, M. D., Cincinnati
6. SYPHILIS IN THE PLACENTA.....GRAF  
Paper by William Graf, M. D., Cincinnati
7. SOME END RESULTS OF PUBIOTOMY.....BILL  
Paper by A. H. Bill, M. D., Cleveland
8. TREATMENT OF THE THIRD STAGE OF LABOR.....THOMAS  
Paper by J. J. Thomas, M. D., Cleveland

### SECOND SESSION, TUESDAY, MAY 15, 9:00 A. M.

9. CARE OF THE PERINEUM DURING THE SECOND AND THIRD STAGES OF LABOR.....GARDNER  
Paper by John Gardner, M. D., Toledo
10. PERINEAL INJURIES IN LABOR.....PORTER  
Paper by W. D. Porter, M. D., Cincinnati
11. THE MECHANICAL PRINCIPLES INVOLVED IN THE APPLICATION OF FORCEPS WHEN THE HEAD LIES TRANSVERSELY IN OR ABOVE THE PELVIC BRIM.....GILLESPIE  
Paper by William Gillespie, M. D., Cincinnati
12. MECHANICS OF BREECH EXTRACTION.....MILLER  
Paper by W. T. Miller, M. D., Cleveland
13. NITROUS-OXIDE ANESTHESIA.....SALZER  
Paper by Moses Salzer, M. D., Cincinnati
14. TREATMENT OF DIPHTHERIA CARRIER.....RUH  
Paper by H. O. Ruh, M. D., Cleveland

## DERMATOLOGY, PROCTOLOGY AND G. U. SURGERY

- CHARLES J. SHEPARD, M. D., COLUMBUS.....CHAIRMAN  
MURRAY B. MCGONIGLE, M. D., TOLEDO.....SECRETARY

### FIRST SESSION, MONDAY, MAY 14, 2:00 P. M.

*(East Stage Room, First Floor, Memorial Hall.)*

1. TUMORS OF THE URETHRA AND VESICAL SPHINCTER ..... ELDER  
Paper by J. F. Elder, M. D., Youngstown  
Discussion opened by C. Augustus Coleman, M. D., Dayton
2. FOCAL INFECTIONS FROM THE STANDPOINT OF THE PROCTOLOGIST.....HODGES  
Paper by C. W. Hodges, M. D., Akron  
Discussion opened by J. M. Frick, M. D., Toledo
3. CONGENITAL PLEXIFORM NEURO-FIBROMA AND ELEPHANTIASIS OF THE UPPER ARM; CASE PRESENTATION ..... ANZINGER  
Paper by F. P. Anzinger, M. D., Springfield  
Discussion opened by W. I. LeFevre, M. D., Cleveland
4. CONSTIPATION ..... TAYLOR  
Paper by S. B. Taylor, M. D., Columbus  
Discussion opened by George H. Jones, M. D., Toledo
5. SEMINAL VESICULITIS ..... SEWARD  
Paper by I. E. Seward, M. D. Cleveland  
Discussion opened by T. M. Reade, M. D., Springfield

### SECOND SESSION, TUESDAY, MAY 15, 9:00 A. M.

6. URINARY CALCULI ..... SMITH  
Paper by E. O. Smith, M. D., Cincinnati  
Discussion opened by Henry L. Sanford, M. D., Cleveland



- 7. A DEMONSTRATION OF A PAINLESS OFFICE TREATMENT OF HEMORRHOIDS.....DUNCAN  
 Paper by James A. Duncan, M. D., Toledo  
 Discussion opened by George B. Evans, M. D., Dayton
- 8. THE DERMATOLOGIST AS AN INTERNIST..... MURRAY  
 Paper by J. L. Murray, M. D., Toledo  
 Discussion opened by M. L. Heidingsfield, M. D., Cincinnati
- 9. THE VALUE OF THE LABORATORY IN THE DIAGNOSIS OF SYPHILIS.....BRUNDAGE  
 Paper by H. M. Brundage, M. D., Columbus  
 Discussion opened by E. D. Tucker, M. D., Dayton
- 10. CLINICAL OBSERVATIONS IN THE DIAGNOSIS AND TREATMENT OF HYDRONEPHROSIS.....HERRICK  
 Paper by Frederick G. Herrick, M. D., Cleveland  
 Discussion opened by John G. Keller, M. D., Toledo

## SECTION on HYGIENE, SANITARY SCIENCE

- J. H. LANDIS, M. D., CINCINNATI..... CHAIRMAN
- W. H. PETERS, M. D. CINCINNATI..... SECRETARY

### FIRST SESSION, MONDAY, MAY 14, 2:00 P. M.

*(Auditorium Graec Reformed Church, northeast corner of Plum and Main Streets, two doors west of Memorial Hall)*

- 1. PRINTERS' INK, PUBLICITY AND PUBLIC HEALTH..... McDOWELL  
 Paper by J. R. McDowell, M. D., Director of Public Health Education, Ohio  
 State Board of Health, Columbus
- 2. TERMINAL FUMIGATION—A FACTOR IN THE CONTROL OF COMMUNICABLE DISEASES.....PERKINS  
 Paper by Roger G. Perkins, M. D., Department of Hygiene and Bacteriology, Western  
 Reserve University, Cleveland  
 Discussion opened by A. L. Light, M. D., Health Officer, Dayton
- 3. INFLAMMATION OF THE EYES OF THE NEW-BORN — OBSERVATIONS UNDER THE NEW LAW..BAUMAN  
 Paper by James E. Bauman, Acting Secretary, Ohio State Board of Health, Columbus
- 4. CLASSES FOR THE CONSERVATION OF VISION IN THE CITY PUBLIC SCHOOLS — A NEW DEAL TO  
 PREVENT BLINDNESS AND DEPENDENCY..... IRWIN  
 Paper by R. B. Irwin, Supervisor of Schools for the Blind, Cleveland, To-  
 ledo, and Cincinnati
- 5. WHY DEATHS AND BIRTHS SHOULD BE REGISTERED..... MONGER  
 Paper by John Emerson Monger, M. D., State Registrar of Vital Statistics, Columbus  
 Discussion opened by J. H. Landis, M. D., Health Officer, Cincinnati
- 6. THE DENTISTS' RESPONSIBILITY IN PREVENTIVE MEDICINE.....BROWN  
 Paper by Homer C. Brown, D. D. S., Columbus
- 7. SOME IMPORTANT CONSIDERATIONS IN DETERMINING THE RELATION OF ORAL INFECTIONS TO  
 LOCALIZED AND SYSTEMIC DISEASES..... PRICE  
 Weston A. Price, D. D. S., Director The Research Institute of the National  
 Dental Association, Cleveland

### SECOND SESSION, TUESDAY, MAY 15, 9:00 A. M.

- 8. INDUSTRIAL HYGIENE — THE NEW FACTOR IN PUBLIC HEALTH WORK.....LOWE  
 Paper by D. B. Lowe, M. D., Director Medical Department, The B. F. Good-  
 rich Company, Akron
- Symposium:*
- 9. HEALTH INSURANCE.....HAYHURST  
 Paper by E. R. Hayhurst, M. D., Ohio State University College of Medicine, Columbus
  - 10. SOCIALIZATION OF MEDICINE AS A NECESSARY PRELIMINARY STEP FOR SOCIAL INSURANCE.....GEIER  
 Paper by Otto P. Geier, M. D., Director Department of Welfare, Cincinnati  
 Milling Machine Co., Cincinnati
  - 11. IS COMPULSORY HEALTH INSURANCE A JUSTIFIABLE MEASURE..... WELLS  
 Paper by C. H. Wells, M. D., Columbus

## SECTION on NERVOUS and MENTAL DISEASES

GEORGE G. KINEON, M. D., GALLIPOLIS.....CHAIRMAN  
 EARL E. GAVER, M. D., COLUMBUS..... SECRETARY

### FIRST SESSION, MONDAY, MAY 14, 2:00 P. M.

*(West Stage Room, First Floor, Memorial Hall)*

1. PRISON PSYCHOSES..... CLARK  
 Paper by Charles H. Clark, M. D., Superintendent Lima State Hospital, Lima  
 Discussion opened by William Deuschle, M. D., Columbus
2. OUR DUTY TO THE FEEBLE-MINDED.....EMERICK  
 Paper by E. J. Emerick, M. D., Superintendent Institution for Feeble-Minded, Columbus  
 Discussion opened by Carl M. Sawyer, M. D., Marion
3. HEREDITARY SPASTIC PARALYSIS.....WILLIAMS  
 Paper by Guy Williams, M. D., Columbus State Hospital
4. EPILEPSY .....AUSTIN  
 Paper by Mary L. Austin, M. D., Ohio Hospital for Epileptics, Gallipolis

### SECOND SESSION, TUESDAY, MAY 15, 9:00 A. M.

5. JUVENILE RESEARCH.....SHEPHERD  
 Paper by A. F. Shepherd, M. D., Columbus
6. THE RAVAGES OF ALCOHOL UPON THE CENTRAL NERVOUS SYSTEM.....DRYSDALE  
 Paper by H. H. Drysdale, M. D., Cleveland  
 Discussion opened by F. W. Langdon, M. D., Cincinnati
7. THE SIGNIFICANCE OF TREMOR IN DIAGNOSIS..... GEORGE  
 Paper by J. C. George, M. D., Dayton  
 Discussion opened by E. L. Braunlin, M. D., Dayton
8. THE PSYCHOLOGICAL CLINIC AND THE GENERAL PRACTITIONER.....HAINES  
 Paper by Thomas H. Haines, M. D., Ohio Board of Administration, Columbus  
 Discussion opened by William Ravine, M. D., Cincinnati

### LUNCHEON MEETINGS

#### *Tuesday Noon.*

Annual luncheon of the Hundred Per Cent. Club of the State Association will be held Tuesday, May 15, at 12 M. at the Grace Reformed Church, two doors northeast of Memorial Hall. This luncheon is given by *The Journal*, in compliment to those county society officials who have been particularly active in important work of increasing county society membership. Those who are invited to be guests of *The Journal* on this occasion are the presidents and secretary-treasurers of those county societies which, on or before May 10, 1917, had a total paid-up membership equal to or greater than the total paid-up membership of 1916. Dr. C. D. Selby will preside at this luncheon. There will be snappy three-minute talks by several live wires in the membership work. Admission by card.

#### *Wednesday Noon.*

Auxiliary legislative committeemen, who rendered the Association such splendid service during the recent sessions of the Legislature, will be the guests of the Committee on Public Policy and Legislation at a "get together" luncheon Wednesday, May 16, at 12 M. at the Grace Reformed Church, two doors northeast of Memorial Hall. Dr. J. H. J. Upham, chairman of the committee, will preside. During the luncheon there will be a number of informal talks on matters of legislative interest. Admission by card.

### PARKING ARRANGEMENTS

North Fountain Avenue, three squares north of Main Street, within five minutes' walk of Memorial Hall. Small park of five acres surrounded by cliffs. Sticker to members. Special police are provided. Special building for checking of valuables. Three garages handy.

# PRESENTATION OF NEW CLINICAL FILMS

As a special feature for both the entertainment and education of visiting members the Local Committee has arranged to show the wonderful clinical films, which by showing the operative field and the hands of the surgeon and his assistants give a close, uninterrupted view of the operation in all of its technical minuteae, magnified from thirty to fifty times.

As factors of educational value they have been indorsed by leading surgical teachers—particularly since the photography has been developed to its present state, where the blood flow appears semi-transparent and all the tissues, blood vessels, etc., appear with remarkable clearness.

The films may be viewed from the large balcony of Memorial Hall, Monday and Tuesday afternoons, immediately after the section meetings close. The films shown:

## MONDAY, MAY 14, ABOUT 4:45 P. M.

*(Viewed from balcony of Memorial Hall)*

*Bone Graft for Potts Disease*.....FRED. H. ALBEE, M. D.  
*Endoscopy and Cystoscopy*.....EDGAR G. BALLINGER, M. D., AND OMAR F. ELDER, M. D.  
*Collection of various Nervous Diseases taken at Montefiore Home, New York.* Arranged by S. Wachsmann, M. D., and S. P. Goodhart, M. D.

## TUESDAY, MAY 15, ABOUT 4:45 P. M.

*(Viewed from balcony of Memorial Hall)*

*Cystotomy, suprapubic, for removal of Stone Bladder*.....J. BENTLEY SQUIER, M. D.  
*Hysterectomy for Pyo-Salpinx*.....HOWARD A. KELLY, M. D.  
*Training of Nurses, New York Post Graduate Training School for Nurses*—Arranged by.....  
MISS MURDOCK

## REGISTRATION

General registration for all visitors and guests will be conducted at the main entrance to Memorial Hall. A badge will be issued on registration to every member and guest, and admission to all sections and general meetings, and to the special entertainments in connection with the meeting will be by badge only. This year there will be door-keepers at every meeting of every section, and those failing to show membership or guest badges will be excluded. In years past members who were in arrears with their dues—and were no longer members, in consequence—have been admitted to the various sessions. It has been decided to strictly enforce the provisions of the constitution on this point this year, so it behooves every member to see that dues for 1916 are paid in advance of the meeting.

## EVENING ARRANGEMENTS

### MONDAY EVENING

*High School Auditorium, Miller and Limestone Streets*

At 8:00 P. M. there will be a Public Health address by Dr. William C. Rucker, Assistant Surgeon General, U. S. P. H. S. The general public is invited. Subject:

“The Health of the Nation.”

The annual reception will start immediately following the address by Dr. Rucker. Registered members of the Association, and their wives, are invited.

A buffet luncheon will be served in an adjoining room, and there will be a general program of entertainment by the Glee Club of Wittenberg, and by a number of entertainers provided by the Clark County Medical Society.

### TUESDAY EVENING

The annual banquet will be served at the Hotel Shawnee at 7:00 P. M.

Following the plan that proved so successful at Cleveland last year, the usual program of after dinner speeches will be abandoned.

The sole speaker with one exception, will be Former Congressman J. Adam Bede, of Pine City, Minnesota, the well known humorist. His subject will be: “The Pursuit of Happiness.”

The one exception will be a short address by State Senator Howell Wright, of Cleveland. Mr. Wright, who is Secretary of the Ohio Hospital Association, will briefly detail some of the events in the recent session of the Legislature of interest to the medical profession.

Tickets for the banquet, at \$2.50, may be secured in advance at Registration Desk. Attendance is limited to 350. Ladies are invited. Formal or informal.

## PROGRAM FOR THE LADIES

Monday at 3:30, at Hotel Shawnee, reception and musicale.

All visiting ladies invited.

Monday night: Ladies invited to the reception in the High School Auditorium.

Tuesday: Auto trip to various fraternal homes—Masonic, Odd Fellows and Knights of Pythias Homes, and through beautiful Snyder Park. Automobiles leave Hotel Shawnee at 2:00 P. M. The trip will end at the Springfield Country Club, where lunch will be served at 4 P. M.

Tuesday night: Ladies invited to banquet.

## STATE ASSOCIATION OFFICERS

President.....Harmon B. Gibbon, M. D., Tiffin  
President-Elect....E. O. Smith, M. D., Cincinnati  
Secretary-Treasurer....C. D. Selby, M. D., Toledo  
Executive Secretary..Geo. V. Sheridan, Columbus  
Councilors, by Districts—

First.....Robert Carothers, M. D., Cincinnati  
Second.....John E. Hunter, M. D., Greenville  
Third.....W. B. Van Note, M. D., Lima  
Fourth.....Chas. W. Moots, M. D., Toledo  
Fifth.....M. J. Lichty, M. D., Cleveland  
Sixth.....Edgar J. March, M. D., Canton  
Seventh.....J. S. McClellan, M. D., Bellaire  
Eighth.....A. B. Headley, M. D., Cambridge  
Ninth.....J. S. Rardin, M. D., Portsmouth  
Tenth.....Wells Teachnor, M. D., Columbus

A series of lectures covering military hygiene and sanitation, organization of the sanitary service of the army, care of the recruit and military medicine and surgery was begun April 10 by Major Harry L. Gilchrist, Medical Corps, United States Army, at the Western Reserve School of Medicine.

The annual meeting of alienists and neurologists will be held at the La Salle Hotel in Chicago, July 10, 11 and 12, under the auspices of the Chicago Medical Society. Dr. George A. Zeller will act as chairman.

*Paulding*—Dr. A. G. Gorrell, who formerly practiced medicine in Paulding in partnership with Dr. A. L. Slager, died at his home in Ossian, Indiana, March 20. Dr. Gorrell was born in Trumbull County, Ohio, in 1840.

*Cincinnati*—The civil service commission announced March 22 that Dr. Earl Martin had passed the examination for assistant resident physician at the tuberculosis hospital and Dr. Ernest Zueblin had qualified as resident medical director at the institution. Both are now serving as provisional appointees.

## COMMITTEE ON ARRANGEMENTS

Appointed by the Clark County Medical Society:

W. B. Patton, M. D., Chairman.

W. P. Ultes, M. D., Secretary.

W. C. Taylor, M. D., Treasurer.

C. L. Minor, M. D.

C. S. Ramsey, M. D.

Chairmen of the local committees having charge of the details of the Annual Meeting:

Exhibits—W. P. Ultes, M. D.

Buildings and Hotels—C. L. Minor, M. D.

Transportation—C. W. Russell, M. D.

Badges—D. W. Hogue, M. D.

Women's Entertainment—Bennetta Titlow, M. D.

Banquet and Luncheon—H. B. Martin, M. D.

Finance—F. P. Anzinger, M. D.

Public Health Meeting—E. B. Starr, M. D.

Officers of Clark County Medical Society, 1916-1917:

President—C. L. Jones, M. D.

First Vice-President—W. H. Graham, M. D.

Second Vice-President—C. W. Evans, M. D.

Secretary—A. R. Kent, M. D.

Treasurer—W. C. Taylor, M. D.

Councilors—C. S. Ramsey, M. D.; W. B. Patton, M. D.; J. J. Moore, M. D., and E. B. Starr, M. D.

## Mike Will Retire From Active Practice

On a charge of practicing medicine without a license, Mike Wolf, patent medicine manufacturer and vender and "Indian doctor," was recently arrested in his office in Steubenville, fined \$25 and costs and sentenced to 60 days in the county jail. In addition, he was ordered to refund a "fee" of \$50 paid by one of his "patients" and to leave town as soon as his jail sentence expires. His stock of "medicines" was confiscated.

The "doctor's" favorite remedies were "Snaknen" and "Boneset," the former selling at two dollars a bottle and the latter at \$1. Those who examined the contents of the bottles declare that its principal ingredient is about two cents worth of crude oil. Complaint against Wolf was made by relatives of an Italian, whom the "doctor" is alleged to have treated in his office for three days for stomach trouble. A few hours after the patient's release, he was in the hands of the police in a sad mental state.

Steubenville police say they know half a dozen persons who paid from \$30 to \$40 for the "crude oil" treatment. Most of Wolf's business was done among foreigners.

# ANNUAL REPORTS

## Publication Committee Explains the "How" and "Why" of our Particular Kind of a State Journal

THE PUBLICATION COMMITTEE

C. D. Selby, M. D., Chairman.....	Toledo
L. L. Bigelow, M. D.....	Columbus
C. D. Morgan, M. D.....	Galion
C. W. Maxson, M. D.....	Steubenville
Geo. V. Sheridan.....	Secretary

*To the Ohio State Medical Association:*

The twelve issues of *The Journal* from May, 1916, to May, 1917, constitute our report to members of The Ohio State Medical Association. However, we welcome this opportunity to briefly review this work and to request further co-operation from the individual members of our great organization.

Our *Journal*, as it has been developed in the past two or three years, is different from any other publication. It is different, even, from any of the journals published by other state medical associations, although we have noticed, particularly in the past twelve months, that several of the more progressive of these are following our plan of publication in greater or less degree.

As we have stated before, our object in issuing the kind of a journal we do is four-fold:

(1) To present to the profession of Ohio scientific pages that will be of maximum value to the entire profession of the state.

(2) To keep the profession in touch, through our news columns, with the detailed workings of the newer developments in state government which have a direct bearing upon the practice of medicine, and which will have a much more important bearing in the future as we more quickly approach state medicine.

(3) The promotion of public health activities throughout the state and the maintenance of higher standards for Ohio in medical education and medical licensure.

(4) The development of *The Journal* as an organization medium through which the varied activities of the Association, as directed by the various standing and special committees, may be given broader scope.

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Our report, therefore, will be an effort to show that the twelve numbers of *The Journal* issued since our last report have been prepared in rather careful conformity to these four general principles.

1. During the year exceptional care has been taken to present scientific articles of *practical* value to the practicing physician. Your com-

mittee feels that a state medical journal should not be ultra scientific. Larger and better financed publications of national scope completely cover this field. However, a fairly large proportion of our membership does not have access to these larger journals, and for that reason we have endeavored to exercise unusual care to raise the standard of our scientific pages and make them of value to men engaged in the general practice of medicine. During the year we have published 70 original communications covering practically every branch of medicine and surgery, and, in the main, covering the newer developments in the special fields—particularly those developments that might be of interest and value in general practice. Further, your committee has endeavored to present these original communications in concise form. Experience has demonstrated that the short, concise article secures the widest audience and therefore does the most good. Knowing this, your committee has, time after time, requested authors to rewrite and curtail the length of submitted communications. For the most part our rather pointed suggestions have been accepted in good spirit; where the author has refused, we have suggested that he publish his paper elsewhere.

We have not confined our scientific pages to papers read before the scientific sections of our Annual Meeting. Through our Columbus office we have kept in close touch with the programs presented by component county societies and by the various district societies. Frequently we have requested the submission, for publication, of papers presented at these meetings, and from that source have secured some of our most valuable articles.

The abnormal cost of paper has made necessary the limitation of the size of our scientific section, but an effort will be made during the coming year to increase the number of articles presented, and further, we will insist even more emphatically upon adherence to the common-sense rules of brevity.

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2. We feel the second phase of our work is the more important—our effort to keep individual members of the profession in touch with governmental agencies that directly affect their general welfare and their professional practice. Probably the best example of this is the amount of space we have given to the problems arising in the administration of our Workmen's Com-

pensation Act. In common with others who have studied the remarkable growth of industrial accident compensation throughout the United States, the members of your committee feel that it is vitally necessary to secure an equitable administration of this law. This belief is not based primarily upon the immediate benefits to be derived, although, under the present state insurance plan the amount paid annually by the Industrial Commission of Ohio to the attending physicians in state cases has become very large, and this work constitutes an important factor in the practice of many of our members. Our prime motive in endeavoring to secure an equitable administration of the Workmen's Compensation Act has been to pave the way for securing fair treatment under compulsory state health insurance—if it may come. In all forms of state insurance it is absolutely necessary to impress upon the administrative officials thereof, that the *best* medical attention available is really the *cheapest* in the end. It is equally necessary to impress upon these officials that *first-class medical attention is dependent upon adequate compensation for medical service*. It has been our effort, therefore, to impress this one important fact upon the state officials charged with the enforcement of our Workmen's Compensation Act, with the ultimate view of establishing that fact so firmly that when Ohio adopts a system of complete health insurance, it will be accepted without question.

To accomplish this, *The Journal*, in common with the entire Association, has adopted the policy of complete co-operation with the Ohio Industrial Commission, and particularly with its medical department. Through our Columbus office *The Journal* has kept in close touch with this department. At the outset we found that much of the friction between the Commission and the medical profession was caused by a mutual lack of understanding. Individual physicians who had given state insurance little thought, and to whom the plan was entirely new and somewhat repugnant, failed to understand the principles under which the Commission is compelled to work. Many physicians failed to realize that a law of this sort must be of general application throughout the state, and that consequently it must inflict injustice in certain instances.

Your committee, two years ago, carefully compared the Ohio law with similar laws of other states, and arrived at the conclusion that so far as medical features are concerned it is the best Workmen's Compensation Act in the country. After determining this, and determining that the principle of workmen's compensation is here to stay, and realizing that the principle is certain to be broadly extended, your committee decided to use *The Journal* as a means of bring-

ing the individual members of the profession in harmony with this Act.

Throughout the past year we have worked consistently to that end. We have published short articles by Dr. White, chief medical examiner of the Commission, and by members of *The Journal* staff who have examined carefully the operation of the law and written with a view of eliminating the misunderstandings that existed. This work will continue in the future, as it has shown results that are marvelous and has placed the profession of Ohio far in advance of the profession in other states in dealing with this new system; and, as we noted before, our chief endeavor in this field is to pave the way for an equitable administration of state health insurance.

In a similar manner, through the columns of *The Journal*, we have presented carefully prepared and authentic interpretations of actions by other state departments. We mention, for example, our reports on supreme court decisions affecting hospitals, our brief articles from time to time relative to the rulings by the State Liquor License Commission affecting the prescribing of alcohol by physicians in dry communities, rulings by federal agents relative to the prescription of narcotics, etc.

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3. As a factor in promoting public health work and in maintaining high standards for medical education and medical licensure, we feel that *The Journal* has accomplished much practical good. In promoting public health propaganda, we have kept in close touch with the staff of the State Board of Health. Numerous timely articles on communicable diseases have been published through the courtesy of Dr. Boudreau. We have printed several articles by Mr. Van Buskirk in an effort to better familiarize the profession with the diagnostic facilities offered by the state laboratories. At the various public health conferences held throughout the state, and at Ohio meetings of national public health organizations, we have been represented by reporters who briefly covered the salient points of the discussion, and thus gave wide publicity to public health developments that otherwise would have reached comparatively few. We have printed each month a *resume* of public health activities in various cities and towns of Ohio, feeling that these reports might stimulate other communities to like effort.

In upholding the standards of medical education and medical licensure, we have co-operated with Dr. Matson and the State Medical Board. Through the columns of *The Journal* the profession has been advised of the details of the system of cult registration that has been established in Ohio. This has made it possible for the profession, through individual suggestions and co-operation, to aid the Board in this important and difficult work. Further, we have given wide

publicity to the actions of those who violate the Medical Practice Act and thus bring the profession into disrepute. In this connection we merely cite the publicity given during the past year to the so-called "United Doctors," to the Dr. Gorslene outfit in Cleveland, and to the activities of the so-called Van Walden Institute in Cincinnati. The lay press is strangely silent in cases of this sort and the publicity afforded by *The Journal* is practically the only method by which these disgraceful practices may be exposed to the state at large.

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4. The fourth division of our work—co-operation with the various committees of the Association—constitutes the real reason for maintaining a state medical journal. Every standing and special committee of the Association has profited by *Journal* co-operation. We have to cite only the work of the Committee on Public Policy and Legislation. Early last fall, before the general elections, we sounded the warning that caused physicians in many communities to scrutinize the qualifications of candidates for the General Assembly. Prior to the assembling of the legislators in Columbus, *The Journal* impressed upon the members of the profession throughout Ohio the extreme importance of this work. When the Legislature assembled, through the pages of *The Journal* every member of the Association was kept in close touch with the details of pending proposals. This made it possible for the entire profession to work in intelligent co-operation. Modern legislative machinery is so intricate that without a detailed knowledge of pending problems, attempts at co-operation often are useless. The results obtained in legislation prove the value of this work.

In like manner we co-operated with other committees. Publicity was given to the new problems arising from the inauguration of co-operative medical defense—editorials urging the necessity of resorting to the X-Ray in all fracture cases, etc. Full publicity was given to the group meetings conducted under the direction of the Committee on Medical Education. The Committee on Physical Supervision of Schools was enabled, through *The Journal*, to advise the profession relative to the possibilities of instituting school inspection under the provisions of our State School Code. In like manner practically every committee of the Association received valuable co-operation.

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The further development of *The Journal* along these lines and its material enlargement is contemplated. In this report we have reviewed our work in some detail, with one point in view—the enlistment of the professional co-operation of every member of the Ohio State Medical Association—and your co-operation may be best expressed by supporting our advertisers.

Because we have hammered home this point in the past, please do not feel that it is not deserving of most careful consideration. It is vital to the continued growth of *The Journal*, and, in a large degree, to the continued growth of the Association, for we believe we have shown in this report that a live journal is necessary to a live Association.

This appeal is especially necessary at this time because of the tremendous increase during the past eight months in the cost of everything that is necessary in the publication of a monthly magazine. Despite every economy, our printing bills are rapidly increasing every month.

Our necessity, therefore, is increased advertising revenue—and that is entirely dependent upon the amount of interest you show in *The Journal*.

Other conditions being equal, patronize those firms which patronize your *Journal*. Only high grade firms are admitted and you are thereby protected. *If every member of our State Association will give careful attention to this one point, the number of our advertising accounts will multiply and your committee will be enabled to send you each month a journal that will be far more interesting, far more valuable and much more creditable to the medical profession of Ohio.*

## OTHER REPORTS LATER

The reports of three important committees of the Association were not received in time for publication in this issue. They will be presented by the chairman to the House of Delegates during the Springfield meeting.

Dr. Charles Edwin Briggs of Cleveland, chairman of the Committee on Medical Education, will review the work of that committee during the past twelve months. This report will be exceedingly interesting as it covers the eleven group meetings that were held throughout the state for the purpose of discussing better methods of handling fractures and dislocations.

Dr. R. E. Skeel of Cleveland will report for the Committee on Service. This committee has been engaged in making a survey of the economic status of physicians in Ohio.

Dr. H. M. Platter of Columbus will present the report of the Committee on Physical Supervision in schools. This committee is working to stimulate plans for the physical supervision of school children, made possible by the provisions of our new school code.

## Legislative Committee Came Through Stormy Session of Legislature Without a Single Defeat

COMMITTEE ON PUBLIC POLICY AND LEGISLATION  
 J. H. J. Upham, M. D., Chairman.....Columbus  
 A. H. Freiberg, M. D.....Cincinnati  
 J. B. Alcorn, M. D.....Columbus  
 Harmon B. Gibbon, M. D.....Tiffin  
 E. O. Smith, M. D.....Cincinnati  
 C. D. Selby, M. D.....Toledo  
 Geo. V. Sheridan, Secretary.....Columbus

### *To The Ohio State Medical Association:*

To this report we append a brief review of the legislative bills which have a bearing on public health and medical practice, enacted or defeated during the session of the eighty-second General Assembly which adjourned on March 26, after three months of active work.

The Committee feels that no further report is necessary as the members of the profession throughout the state have been kept in close touch with the details of our work. In fact, our plan of campaign has been based upon the fundamental idea of keeping every member of the Association informed relative to the details of legislation pending at Columbus.

The legislative work of the Ohio State Medical Association has undergone a radical change in recent years. Not so very long ago the members of the Association were dependent upon the personal efforts of the State Committee on Public Policy and Legislation. Members of this committee appeared before committees of the General Assembly at the state capitol, and from time to time lawyers were employed to present our views to the legislators. The members of the profession at large were in almost complete ignorance of the details of proposed legislation, particularly in recent years since the amount of legislation introduced has so greatly increased that it is impossible for the newspapers to give the general public any intelligent idea of the details of the so-called minor legislative measures. For example, during the present session, 831 separate measures were introduced, and even the most voluminous reports gave adequate descriptions of less than 50 of these.

Three years ago your committee decided that lobbying at Columbus had relatively little or no value, and that best results might be obtained by intelligent cooperation on the part of local legislative committeemen in each county. To make this plan effective two things were necessary: First, the selection of a local committeeman who would be in close touch—geographically, politically and socially—with the Representative or Senator; and second, the development of a plan whereby this committeeman could be kept in touch with the intricate details of pending legislation so that he might discuss legislative

problems with his legislator in an intelligent manner. This plan was first tried out in 1915, and proved successful. It was greatly elaborated this year.

Early last fall organized effort was made through our Columbus office to induce county societies to select as local committeemen the physicians best qualified to present our viewpoint to the local legislators. County societies were requested to refrain from the selection of their committeemen until after the personnel of their legislature had been determined by the November elections. We are glad to announce that practically every county society realized the value of this plan, and entered into its spirit. The result was that before the legislature assembled in Columbus we had in the field a splendid legislative organization, representing practically every county in the state.

\* \* \*

This contrasted favorably with our experience in years past. For many years the Association has relied on auxiliary legislative committeemen, but the importance of using care in their selection had not been sufficiently emphasized. For example, in one county the society's auxiliary committeeman lived in the county seat near the southern border. The Representative from that county lived in a small town eighteen miles distant on the extreme northern border. The Representative seldom visited the county seat and our committeeman did not know him personally, and never had an opportunity to talk with him. In another county the Representative was a Democrat. Our auxiliary committeeman was a leader in the county Republican organization. In still other counties the post of auxiliary legislative committeeman seems to have been apportioned year after year as an honorary appointment. Of course, situations like these greatly hampered effective work. This year through the Columbus office, during the late Fall, every effort was made to secure the most influential connection in every county—special trips by the Executive Secretary being necessary in several instances.

After the auxiliary organization had been completed it was necessary to devise a plan through which their work could be made more efficient. It was necessary to keep the entire profession informed as to pending legislation in general, and to advise the local committeemen relative to the intricate details, and particularly as to the attitude indicated in Columbus by his Representative or Senator.

The first was accomplished through *The Journal*. In the November, December and January issues we endeavored to forecast proposed legis-



lation as carefully as possible. In the February and March numbers we printed detailed reports covering events at the capitol. The members generally were advised to keep in touch with their legislative auxiliary committeeman.

To accomplish the second need, we relied upon confidential bulletins, issued at times almost daily. The Executive Secretary's office is equipped with every modern facility for the quick printing of these bulletins. Additional help was employed and the mails were used with extreme freedom. Supplementing this the long distance telephone and the telegraph wires were brought into play. The result was that the auxiliary legislative committeemen in each county in the state were as carefully informed as to legislative developments at Columbus as if they had occupied seats in the galleries of the capitol.

This plan made it possible to do away completely with the so-called "lobbying" methods of the past. On only five occasions did members of the profession appear before committees on behalf of this Association—twice on the Christian Science bill, once in opposition to the optometry bill, once in opposition to the chiropractic bill, and once in opposition to the osteopathic bill, and throughout the session it was not necessary, excepting on exceedingly rare occasions, for any member of your committee, state or local, to visit the capitol. This of course does not apply to the Executive Secretary of the Association, who spent most of his time, night and day, throughout the three months, in either the House or the Senate. He did this to secure the information necessary for the bulletins to local committeemen, and to secure the necessary information bulletins for *The Journal*.

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Our plan presented a sharp contrast to the tactics adopted by the various groups of non-medical healers who endeavored to break down our Medical Practice Act. Without exception these groups were represented at Columbus until the session closed by numerous lobbyists who haunted the corridors of the House and Senate, night and day. Several of these groups—notably the Christian Scientists, the optometrists, the osteopaths, and the chiropractors, had in their constant employ prominent attorneys and well-known political leaders who "looked after their interests."

The value of home work as compared with lobbying at Columbus is clearly indicated by the fact that in a series of remarkable legislative battles, we defeated these well-financed interests time after time, and without exception, and the total cost of the work of your committee this year was far less than under the plan formerly followed by our Association. Past records show for example, that in one year our Association paid \$900.00 to a single firm of Columbus attorneys to act as our legislative representatives. This year, our total expense was about one-third

of this amount, including our assessment by the Ohio Public Health Federation. Our telegraph and telephone bill was high, but other expense was practically *nil*. It would be interesting to compare a frank statement of our legislative expenses during the past six months with a similar statement from any one of the non-medical healing groups whose plans we defeated. We have positive evidence to the effect that the Winter's legislative work cost some of these groups thousands of dollars.

Respectfully submitted,

J. H. J. UPHAM, Chairman,  
GEORGE V. SHERIDAN, Secretary.

Columbus, Ohio, May 5, 1917.

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\*\* SUPPLEMENT TO REPORT \*\*  
\*\* OF LEGISLATIVE COMMITTEE \*\*  
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The following is a brief *resume* of the various proposals affecting public health and medical practice that were acted on by the 82nd General Assembly of Ohio.

Committee on Public Policy and Legislation, Ohio State Medical Association.

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BILLS TO PERMIT VARIOUS HEALERS TO PRACTICE  
THE HEALING ART

*Christian Scientists*—In Ohio it is illegal for Christian Science "healers" to accept compensation for their work. Probably the most picturesque fight of the session was waged by a powerful lobby representing this church, which sought to pass Senate Bill No. 66—an amendment to the Medical Practice Act exempting from the provisions of the act "those who endeavor to prevent or cure disease or suffering by spiritual means or prayer." Christian Science "healers" have secured this exemption in 28 of the larger states and they fought desperately to pass this bill. It was passed in the Senate on February 8 by a margin of one vote, but was overwhelmingly defeated in the House on March 9th by a vote of 83 to 23, after four weeks of bitter legislative fighting. See *Journal*, 1917: March, Page 173; April, Pages 248 and 260.

*Optometrists*—For many years the opticians of the state have sought to provide a separate board of licensure in "optometry." This year a strong organization representing some 1200 opticians, many of whom would be profited by the exemption clauses of the bill, fought for the passage of Senate Bill No. 62 by Mr. Gilmore. It was defeated in the Senate on February 27 by a vote of 16 to 13. See *Journal*, 1917: Feb., Page 94; March, Page 172; April, Pages 255 and 260.

*Chiropractors*—The 400 chiropractors who are operating in Ohio—most of whom are licensed by the State Medical Board under the exemption clause of the Platt-Ellis law—made a desperate effort to secure a separate board of licensure, so

that chiropractors might be licensed under educational requirements that were ridiculously flimsy. On February 8 they introduced Senate Bill No. 125. This was defeated in the Senate by a margin of 4 votes on February 21. On February 27 they secured a reconsideration and the bill was again defeated by a margin of 1 vote. Transferring their activities to the House, where an exactly similar measure, House Bill No. 356, had been introduced, their lobby (aided by the Christian Scientists and other non-medical healers) secured a vote on March 1. The bill lacked 5 votes of securing the constitutional majority. On March 5 they secured a reconsideration of the previous vote and we again defeated the measure—this time by a majority of 10 votes. The chiropractic bill, one of the most dangerous of the entire session, was, therefore, defeated on roll call on four separate occasions—a legislative record for any bill. See *Journal*, 1917: March, Page 176; April, Pages 252 and 260.

*Osteopaths*—Indicating a desire to abandon the field of drugless therapy, the osteopaths, on January 31, introduced Senate Bill No. 78, which gave osteopaths a legal standing on a par with "other physicians and surgeons." The bill paved the way to their unrestricted practice of major surgery and extended to osteopaths (who are now prohibited from using drugs in any form) the unrestricted right to use any and all drugs. We fought this bill in committee and caused it to be entirely rewritten, with all of the dangerous features omitted. We then took an active part in the passage of the bill and secured its passage in both houses—while many osteopaths opposed the same. In its amended form, the bill permits osteopaths to use antiseptics in osteopathic procedures, and anaesthetics in obstetrics. It writes into the law a specific prohibition denying them the right to do major surgery, and defines major surgery. It makes our osteopathic licensure clause one of the best in the country. See *Journal*, 1917, Feb., Page 110; March, Page 177. April, Pages 245 and 260.

*Naturopaths*—This outfit, which includes all varieties of drugless therapists, had introduced, on January 2, House Bill No. 133, which provided for the licensure of any person who even thought he might like to be a drugless healer, regardless of educational qualifications. The bill was so bad that it was killed in committee and never reached the light of day. See *Journal*, March, 1917, Page 178.

#### WORKMEN'S COMPENSATION AMENDMENT

The Wright bill (Senate Bill No. 69), prepared by the Ohio State Medical Association, acting in conjunction with the Ohio Hospital Association and other interested groups, was passed in both houses late in the session. It modifies the provision in our Workmen's Compensation Act which limits to \$200 the amount that may be paid by the State Industrial Commission in any case for complete medical, surgical and hospital

attention. The bill provides that in special cases where the disability is long, the commission may, by unanimous vote, ignore this provision and pay as much as in their opinion is necessary. The amendment makes our Workmen's Compensation Act the best in the country from the standpoint of medical practice, as this \$200 limitation was practically the only serious objection to the old law. See *Journal*, March, 1917, Page 179.

#### STATE COMMISSION TO STUDY HEALTH INSURANCE

The Chapman bill authorizes the governor to appoint a non-salaried commission of seven members to study state health insurance and report to the legislature in 1919. The bill specifies the duties of the commission in these words:

"It shall be the duty of such commission to make an inquiry into the subject of sickness, and the causes thereof; the loss to individuals and to the public thereby; the adequacy of the present methods of treatment and care of such sickness and of meeting the losses caused by such sickness by existing insurance companies or associations, or otherwise; and the influence of working conditions upon the health of employed persons and methods for the prevention of such sickness.

"It shall be the duty of such commission to make an inquiry into the subject of old age in its relation to industry and of the adequacy of existing methods of caring for aged workers."

The bill has been approved by the Ohio Manufacturers Association, the Ohio Federation of Labor, the Ohio State Medical Association, the Ohio Public Health Federation, the Ohio Institute for Public Efficiency, the Ohio Society for the Prevention of Tuberculosis and other organizations.

It is a substitute for House Bill No. 151, by Mr. Chapman, which is the "model bill" prepared by the American Association for Labor Legislation, and which provided for a complete system of compulsory state health insurance. See *Journal*, 1917; Jan., Page 23; April, Page 246.

#### STATE HEALTH DEPARTMENT

Senate Bill No. 101, by Mr. Howell Wright, abolishes the present state board of health, and creates a state department of health, consisting of a state commissioner of health and a public health council of four members. The commissioner is also a member of the council. The commissioner and at least two other members of the council shall be physicians who have had training and experience in sanitary science. The new law provides that he shall devote all of his time to this work, and places no limitation on his salary—an improvement over the present law, which limits the salary of the executive officer to \$3500. The public health council, with the approval of the governor, is empowered to appoint a commissioner, and with the approval of the governor, fix his salary. The new budget allows \$5000. The present department organization plan is unchanged. See *Journal*, 1917: March, Page 131; May, Page 256.

## NURSE REGISTRATION AMENDMENTS VETOED

Under the present nurse registration law, adopted in 1915, the State Medical Board is authorized to recognize nurse training schools that meet the minimum requirements that have been established by the board. One of these requirements is that the school shall be connected with a hospital which maintains a daily average of 15 patients. Another provision requires that pupil nurses must have preliminary education equivalent to one year of high school. Further, the old law gives the State Medical Board power that has been interpreted by them to mean certain jurisdiction over the hospital with which the training school is connected. These were the three chief points of attack by the hospital executives and others who made an organized assault upon the nurse registration law. The net result was that both Senate and House finally passed amended Senate Bill No. 114, by Mr. Wright of Cleveland, which provided (1) lowering for a period of two years of the pre-educational requirements for pupil nurses, under which grammar school graduates might be admitted to training schools; (2) that hospitals maintaining a daily average of 8 patients might be recognized if other minimum requirements are complied with, and (3) the elimination of the clause which is interpreted to give the State Medical Board power over hospital activities other than those directly connected with the nurse training school. This bill was passed in the Senate by a close margin, but on March 9 passed the House 88 to 21. The bill was vetoed by Governor Cox on March 31. See *Journal*, 1917: March, Page 180; April, Page 254.

## LAW PERMITS TUBERCULOSIS DISPENSARIES

Important changes in the state laws affecting the public control of tuberculosis were made by the legislature. The bill by Senator Benedict of Toledo makes numerous corrections in our present laws. Its most important feature is the permission it extends to boards of county commissioners to establish one or more free tuberculosis dispensaries in each county. The extension of the dispensary idea is the logical development in the Ohio campaign against tuberculosis and will reinforce the work of the various tuberculosis hospitals and public health nurses. The permission extended by the Benedict bill links the dispensary plan to these other agencies. See *Journal*, April, 1917, Page 258.

## PUBLIC HEALTH ADMINISTRATION

The Billingslea bill (H. B. No. 7, transferred from the board of health to the city council the power of fixing salaries for health department employes, including health officers. Public health officers throughout the state fought it, as it emphasizes the influence of politics in the management of health department affairs. Charter cities are not affected, but many large places, including Cincinnati, are not under the charter

plan and would have been affected. Governor Cox vetoed the measure on March 31.

## THE PHARMACY BILLS

The Helfrich bill, which transfers the enforcement of the pharmacy laws from the state agricultural department to the state board of pharmacy—a plan heartily endorsed by the Association—passed both houses. The numerous other bills affecting the practice of pharmacy were never given consideration in either branch.

## CARE OF DEPENDENTS

The distinguishing feature of the \$44,000,000 general appropriations bill was the greatly increased amounts allowed to the 19 state hospitals and institutions for care of defectives. Provision is made for new dormitories at the various state hospitals for the insane and material increase in the Institution for the Feeble Minded and the Hospital for Epileptics. Literally hundreds are clamoring for admission to these institutions. Many are seriously over-crowded.

*Crippled Children's Hospital Provided*—By almost unanimous vote the legislature appropriated \$60,000 for the establishment of a state hospital for the treatment of indigent crippled children and for their polytechnic education. The governor is authorized to appoint a commission of five to superintend the building of this institution on state-owned land—probably in connection with Ohio State University, at Columbus. Senate Bill No. 104, which gives to the city of Columbus the right to build a \$25,000 municipal hospital for the treatment of contagious diseases on the Ohio State University campus, was passed and signed.

*Machinery for Dealing with Quackery*—Corrective measures made necessary by a recent decision of the Supreme Court and designed to perfect the machinery for dealing with those who abuse their license privileges under the State Medical Board and the State Board of Pharmacy, were passed during the closing hours of the session. A similar measure, designed to correct the Dental Practice Act, failed to pass owing to the crowded calendar.

*Dental Legislation*—No legislation was enacted affecting the practice of dentistry. Senate Bill No. 17, exempting dentists from jury service, was not acted on by the House. Senate Bill No. 141 by Lloyd, which strengthened the power of the State Dental Board in dealing with advertising quacks who cloak their identity and practices under high-sounding firm names, passed the Senate on March 5 without a dissenting vote, but was not reached by the House owing to the crowded condition of its calendar.

The Medical Department of the University of Cincinnati will receive an endowment of \$100,000 when the provisions of Mrs. Anna Heady's will have been carried out. Mrs. Heady was the widow of Dr. James F. Heady, former Glendale physician.

## Committee on Medical Defense Reports Details Inaugurating New Association Plan

### COMMITTEE ON MEDICAL DEFENSE

J. E. Tuckerman, M. D., Chairman.....Cleveland  
 W. J. Stone, M. D.....Toledo  
 C. T. Souther, M. D.....Cincinnati  
 Geo. V. Sheridan.....Secretary

#### *To The Ohio State Medical Association:*

The Committee on Medical Defense submits the following general report for your information and consideration.

The passage by the House of Delegates of the amendment to the constitution and by-laws establishing legal defense against civil malpractice suits for the members of the Association, and setting midnight of May 18, 1916, as the time on and after which such defense should be in effect, made it necessary for the committee to promptly perfect the necessary organization to put it into operation.

The component county societies which had not yet done so, were asked to appoint their local defense committeemen and to report to the office of the Executive Secretary in Columbus, where a complete list of the local committeemen is kept on file. It is the duty of these committeemen to keep in touch with matters of medical defense within their counties, to keep the state committee informed upon such matters, and to keep the local society in touch with the state committee.

The services of Smith, Baker, Effler & Allen of Toledo were secured as legal counsel. With their assistance application blanks to be filled out by those applying for medical defense were drawn up and the rules and regulations revised. In all legal matters before the committee the advice of the legal counsel has been followed. This applies not only to the rules and regulations and the application blanks, but to all questions of a legal nature which have arisen in inquiries directed to the committee. The attorneys also pass upon the selection of local attorneys whenever a suit or threatened suit make necessary such selection.

From the office of the Executive Secretary there has been sent to each local committeeman application blanks, copies of the rules and regulations in folder form, and other communications for his information and guidance. In those counties where suits or threats of suits have occurred the local committeemen have had plenty to do, for it is at such times that their services are in greatest demand.

Each member of the Association when his dues are received by the State Association receives together with his membership card, a copy of the rules and regulations governing medical defense.

\* \* \*

Whenever an application for medical defense is

received at the office of the Executive Secretary, the contents and particulars are certified at once by the secretary to our attorneys who are authorized to proceed at once with the matter. If there is any doubt as to the application of medical defense to any particular case, the matter is first referred to the members of the committee on medical defense, which takes it up with the local committeeman and decides whether it shall be certified to the attorneys. As was anticipated by the committee, its work this year has been directed almost entirely to the work of organization and to answering of numerous inquiries about the operation of the plan. At the present time there is but one suit in the hands of the committee, that against L. R. Fletcher of Pinegrove, Gallia County, filed on December 7th, 1916, summons being served on the 14th and the matter placed in the hands of our attorneys upon the 15th. We are advised that this suit comes up for trial April 19, 1917.

This by no means represents the number of suits that have been filed against members during the past year, but is the first one which has come to the committee, *the cause of action having occurred since May 18, 1916*. In a number of instances, however, the committee has been able to be of assistance to members who applied to the committee for information relating to suits in which they were involved which did not fall within the period since May 18, 1916. Obviously, this coming year, we may expect to be called upon to take care of a larger number of suits.

\* \* \*

The purpose of, necessity for, and effect on the operation of medical defense of two of the provisions in the rules and regulations have evidently been misunderstood by some. These relate to Rule Number 6 pertaining to suits brought on cross-petition and to Rule No. 7 governing the matter of X-Ray plates in fractures. Both of these provisions have been found essential by every state society which has medical defense in operation.

As to Rule Number 6, most of the discussion has been due to a misunderstanding, it being assumed by some that this provision would hinder a physician in collecting his accounts. There is nothing in the rule which prevents a physician from promptly rendering a bill for service. On the other hand it is manifestly poor judgment for a physician to press an account by suit until the lapse of a year from the time of rendering service, when by so doing he may precipitate a cross-complaint for malpractice. This has all the effect of a malpractice suit begun in the usual manner and even if defended by the state society, cannot fail to cause the physician much greater loss

through time consumed and the annoyance incident to such a suit, than the amount of the account can possibly be worth. The physician owes it to himself to wait the year and avoid the possibility of a cross-complaint alleging malpractice.

There has been a much greater discussion of the provisions in Rule Number 7. This rule is however essential in order that, in the event of a malpractice suit, the committee may possess an accurate record of the essential facts in the case. It makes it incumbent upon the physician, if for any reason an X-Ray plate is not taken, that he shall have an exact record of the circumstances and reasons why it was not taken. In all cases where by reason of attendant circumstances an X-Ray picture cannot be taken (distance from X-Ray machine, condition of the patient, refusal of the patient, etc.) the physician must have a complete record of all the circumstances, names of all individuals present witness to the fact, and in case of a refusal, the exact reasons for such refusal. The rule is designed to encourage the taking of X-Ray plates which are an essential part of the history of the case, and to make necessary the keeping of a proper record when an X-Ray was advisable but for some reason or other was not made.

\* \* \*

The objection raised that there are patients who cannot pay for an X-Ray should have little weight, for it is exactly in this class of practice that the possibility of gain to the patient through a malpractice suit is greatest and most liable to be insituted. Furthermore there is no physician specializing in X-Ray work who is not willing to give his services for the taking of such a plate in order that his confreres may be fully protected.

The suggestion was made that it might be possible to have some form of release which would be binding and which the patient, parent, or guardian could be required to sign. This matter was given serious consideration by the committee

and referred to our attorneys for opinion. They answered as follows:

“The difficulty arises from the fact that to be of any real value such a release should have the effect of waiving any cause of action which might accrue to the patient by reason of the negligence or lack of skill of the surgeon in the treatment which he would afterwards render him, and it is a well established principle in this state as in others that a man shall not be permitted to stipulate for a release of liability from his own future negligent acts. In addition to this, the circumstances surrounding the interview between patient and surgeon, at which such a contract would be signed, would be such that the claim could almost always be advanced by the injured or his legal representatives with a semblance of candor that the physician took advantage of the distress of the patient to compel him to sign a harsh contract.”

In view of the foregoing, it is best that this rule stand as it now is.

\* \* \*

The committee particularly desires to urge members of the Association to notify them early, not only of suits, but of threats of suit. Several instances have arisen in which threats of suit have been taken up by the committee and the suit prevented.

Medical defense for the members of the Ohio State Medical Association is an accomplished fact and the necessary organization for handling the various details has been established. It is for the members of the Association, by thoroughly acquainting themselves with the rules and regulations and complying therewith, to avail themselves to the fullest of the protection which it provides.

The annual report of the treasurer of the Association contains the financial report of the committee. Respectfully submitted,

J. E. TUCKERMAN, Chairman.

Cleveland, O., April 12, 1917.

## Committee on Public Health Education Recommends Important Work That Deserves Serious Consideration

COMMITTEE ON PUBLIC HEALTH EDUCATION  
John H. Landis, M. D., Chairman.....Cincinnati  
J. P. Baker, M. D.....Findlay  
Eleanora Everhard, M. D.....Dayton  
Geo. V. Sheridan.....Secretary

*To The Ohio State Medical Association:*

During the year since the last meeting of this Association your committee has followed the plan inaugurated two years ago of regularly supplying a list of 22 or more important daily papers of the state with short articles de-

signed to increase public interest in collective and individual protection of health. These articles were prepared weekly by your chairman, and were issued through the office of the Executive Secretary at Columbus. Our clippings show that they were used widely. Because the papers supplied have large circulations, these bulletins have regularly reached many thousands of readers.

We feel that this work should be continued, but we hereby recommend that it be taken over by the State Department of Health and per-

formed by the state in the future. The education of the people is properly a function of government, and we feel that the time has come when Ohio should enter upon a strong, systematic campaign of public health education, and that the department should use every effort to secure the co-operation of the strongest single force in modern public health education—the newspapers.

Ohio is particularly fortunate in having an unusual number of these papers, and our experience during recent years has shown that our editors are willing to use carefully prepared articles designed to aid their readers in health protection, providing the articles are prepared in conformity with the tenets of journalism and have the elusive but very necessary “news value.” Recent statistics show that in Ohio there are 174 daily and 279 weekly and semi-weekly newspapers. Their circulation ranges from 211,000 per day to 500 per week. Almost everyone reads newspapers. Therefore, if the complete co-operation of this tremendous force is enlisted, public health propaganda may reach the vast majority of our five million citizens.

The State Health Department now has that opportunity. The annual budget provides for a Publicity Director. We have consulted with the Acting Secretary and he approves a plan to retain a first-class newspaperman in that capacity, and develop in the department a regular bulletin service to all newspapers such as your committee has been furnishing for two years.

To do this work thoroughly will require the full time of one man employed by the state. In the Health Department he will have the constant direction and advice of the State Health Commissioner, and of the department heads—each of whom is an expert in some branch of public health work. By translating to “newspaper English” the work of these departments he can constantly produce “copy” that will be welcomed by the press.

Therefore, your committee recommends the transfer of this past activity to the State Health Department, and asks permission of your body to direct its efforts in a new and, we believe, a very important field.

\* \* \*

Some agency must immediately undertake the task of educating the general public as to the importance of a thorough specialized education as a qualification for those who treat the sick.

The strength shown in the last Legislature by the chiropractors, the Christian Science “practitioners” and similar varieties of “healers,” indicates that the public generally fails to realize why this education is necessary, and that it fails completely to understand that laws providing for the regulation of the practice of medicine are designed and enforced solely in the interests of the sick public.

Cunningly fostered by the promoters of these new “systems of healing,” the public has come to believe very generally that there is a “Medical Trust;” that medical licensure is merely “a weapon of the trust” to curtail competition and increase the income of those already practicing by limiting the number of new practitioners entering the field.

We should face the facts squarely. Those who represented us in medical legislative matters during the past winter heard this charge frequently. Several leading newspapers have made it editorially.

Its utter absurdity, apparent to those familiar with the history of medical education, does not alter the fact that its apparent plausibility catches the public fancy. Believing it, the public is ready to listen sympathetically to the mournful wail of the chiropractor. Why hasn't he as much right to practice chiropractic, under standards which he himself establishes, as has the doctor to practice medicine under self-established medical education standards?

It sounds plausible, doesn't it?

\* \* \*

The way to lay bare this fallacy, and remove the chief battle-cry of the uneducated but enterprising healer is to establish, publish, repeat and simplify this one outstanding fact:

*Before a man is qualified to treat the sick public he must be educated sufficiently to be able to make an intelligent diagnosis.*

*If his basic education is sufficient to permit this, the method of treatment he pursues is relatively unimportant.*

*But if he represents himself as one qualified to treat the sick and is unable through lack of education in the basic branches to make a diagnosis, he is a menace to the sick patient and the general public.*

Your committee hereby recommends that the Association take up this educational work, and that every honorable means of spreading propaganda be utilized to this end.

To carry on a systematic campaign it will be necessary for the Association to retain the full-time service of a publicity expert. The man selected should be familiar with the Ohio newspaper situation. He should be stationed in Columbus and work under the direction of the Executive Secretary. His work should be carefully supervised by the committee.

This, of course, would cost money. But the future of medicine in Ohio is at stake. If the present spread of misinformation continues, without correction, the sick people of Ohio will soon be made the prey of ignorant “healers” of every stripe.

We understand that the finances of the Association will not admit the institution of any elaborate plan this year; but there is pending before the House of Delegates a proposal to

change the plan of fixing the annual assessment. By placing this on a proportional basis, a greater annual revenue will be produced on and after January 1, 1918. We recommend the adoption of this or some other plan that will increase our budget so that our Association, in the near fu-

ture, will be enabled to enter upon a systematic public educational plan along the lines outlined above.

Respectfully submitted,  
 JOHN H. LANDIS, M. D., Chairman.  
 Cincinnati, Ohio, April 12, 1917.

## Committee on Auditing and Appropriation Explains System It Has Installed to Protect Our Finances

COMMITTEE ON AUDITING AND APPROPRIATIONS  
 Wells Teachnor, M. D., Chairman.....Columbus  
 Charles W. Moots, M. D.....Toledo  
 W. B. Van Note, M. D.....Lima  
 Geo. V. Sheridan, Secretary.....Columbus

### *To the Ohio State Medical Association:*

Probably no state association in Ohio, and probably no state *medical* association, operates under a more carefully developed budget plan of financing than that installed by your committee two years ago, under the provisions of Section 6 of Chapter VIII of the By-laws of the Association.

Before our Association reached its present state of development the handling of the finances was comparatively a simple matter. A single set of simple books permitted the Secretary-Treasurer to keep accurate account of the annual dues. The books and advertising accounts of *The Journal* likewise were comparatively simple.

As the activities of the Association developed, and the revenues increased, the bookkeeping became more complex. Therefore in 1915 the task of placing our finances on a sound business basis was assigned to this committee. We have adopted and now have in operation a budget system that has been approved by expert auditors and is as complete as any followed by large business corporations.

The committee meets shortly after the first of each year and apportions the revenue among the various committees of the Association, as their needs are shown. Every committee is advised in advance that it must demonstrate to the auditing committee that it has definite need for funds. Your committee, sitting in a judicial capacity, carefully reviews these requisitions, and apportions the probable funds for the year on a basis of these requests—providing the requests are supported by substantial data.

Following this plan of apportionment, those in charge of every committee and every activity of the Association know the exact amount of money which they will be permitted to spend during the year, and are thereby enabled to outline their work accordingly. The Secretary-Treasurer, who has custody of all funds of the Association, issues every month a statement showing the balance in each fund, and he is not

permitted to pay bills rendered by any committee in excess of that balance.

To render this plan mobile, and to meet emergencies, the committee meets from time to time to readjust the different balances. For example, if it is found that money assigned to a certain fund is proving more than sufficient, the unnecessary balance is transferred either to another fund, or to the contingent fund. If, on the other hand, a committee advises that its original apportionment is not sufficient to meet its needs, it is permitted to appear before the Auditing Committee to show cause why additional money should be granted.

To illustrate how this plan works out we herewith present the original apportionment of funds for the year 1917, as it was made at an all-day meeting in Toledo on January 14. The Executive Secretary of the Association, representing several of the committees, presented to this committee the needs of the various activities. In order to be conservative, this committee at that time made the 1917 apportionment on the basis of a membership of 4200. Following the original plan we divided the \$3.00 received from each member, rather than the gross amount. The following apportionment was made:

Activity	Cents	Net Amount
Journal .....	1.22	5124.00
Secretary-Treasurer Salary and Expense .....	.30	1260.00
Executive Secretary Salary.....	.70	2940.00
Executive Secretary Expense.....	.10	420.00
President Expense.....	.02½	105.00
Council Expense .....	.10	420.00
Annual Meeting Expense.....	.02½	105.00
Auditing and Appropriations.....	.05	210.00
Legislative .....	.08	336.00
Medical Education .....	.02½	105.00
Medical Defense .....	.25	1050.00
Stationery and Supplies.....	.05	210.00
Postage nad Telegraph.....	.07½	315.00
Total .....	3.00	12,600.00

The committee then voted to assign to the Medical Defense fund the sum of \$1062.05, which was the balance remaining in that fund December 31, 1916. This made available a medical defense fund for 1917 of \$2212.05.

The committee further adopted a resolution to the effect that the amount assigned to *The Journal* for 1917 is admittedly insufficient, and authorized the assignment of all additional revenue (obtained from dues in excess of 4200 members) and all unassigned balances to *The Journal* fund.

The committee at the same meeting adopted a detailed plan for the payment of all expense vouchers, establishing thirteen separate funds, and outlining the exact items of expense coming under each general head.

At a second meeting held in Toledo on April 2, the Secretary-Treasurer reported in detail on the unexpended balances. It was found that the fund covering postage and telegraph was running short, owing to the heavy legislative mailing expense, and \$150.00 was transferred from the contingent to the postage and telegraph fund.

In the meantime, Council had directed the committee to increase the salary of the Executive Secretary from \$3,000 to \$4,000 per year. To do this, the expense statements of all committees were carefully scrutinized, and a plan was worked out under which the Publication Committee was directed to curtail its expenses \$1,000 per year, and thus provide for the increase. It was found that this could be done without materially affecting *The Journal* by having editorial work that had been paid for performed on a voluntary basis.

Late in 1916 the Association was placed to considerable additional expense when the Ohio Society for the Prevention of Tuberculosis decided to change its plan of procedure and open separate offices. Since the establishment of our Columbus offices we had maintained them jointly with this organization—a mutually economical arrangement. We divided the rent and overhead charges, including stenographic service, and the Society paid part of Mr. Sheridan's salary. When the change was made your committee thought it best to move into more commodious quarters, to accommodate our increasing needs. As most of the furniture we had used belonged to the Society, an expenditure of several hundred dollars was necessary. The entire transaction was expensive, but the new arrangement, now that it has been worked out, is proving much more satisfactory.

The committee will hold at least two more meetings before the close of the year, when the financial status will again be carefully revised with a view of directing all expenses to channels where it will accomplish the most good.

Roughly speaking, the annual revenue derived from the Association from membership dues is in excess of \$13,000; the annual revenue from the sale of advertising in *The Journal* is approximately \$5,000. Your committee, therefore, directs the expenditure of approximately \$18,000 per year. A detailed report showing the disposal

of every dollar would require a voluminous monthly report. To avoid this, and at the same time assure the Association that its money is being carefully and honestly expended, we have retained the services of H. A. Keller of Columbus, and a colleague in Toledo, certified public accountants. These men are in constant touch with the books and accounts of the association, both those of the Secretary-Treasurer in Toledo, and *The Journal* in Columbus. All officers and employes of the Association who have the custody of funds are bonded. All moneys are paid on voucher setting forth in detail the exact reason for the expenditure.

The constitution provides, for example, for the payment of expenses of certain of the officers in the performance of their duties. These expense accounts are submitted in detail. Every item of committee expense must be approved by the chairman of the committee having charge of the work. The expense account is then submitted to the chairman of this committee who, after examination, certifies the same to the Secretary-Treasurer of the Association.

To better systematize our work, your committee provided during the past year for the transfer to the Columbus office, and to the direction of the Executive Secretary, the task of collecting membership dues. With a competent force of assistants, this work can be carried forward year after year in a uniform manner. However, it should be explained that the money so collected, and all other moneys of the Association, is immediately transferred to the Secretary-Treasurer, who is elected by the House of Delegates for this purpose.

In conclusion, your committee, speaking with a detailed knowledge of the financial needs of the Association, urges every member to consider very carefully some plan for increasing our annual revenues. If the Association is to develop in the future as it has in recent years, and is to meet the increasing needs of the medical profession in Ohio, and is to serve the great purpose for which the opportunity now offers, additional revenue is necessary. We direct your most careful attention to the proposal to place the annual per capita assessment upon a proportional basis under which all members would be charged a minimum fee of \$3.00, and those whose income from medical practice is in excess of \$3,000 would be assessed an additional amount in proportion to his income.

This matter will be before the House of Delegates at the Springfield meeting, and should be given very careful consideration. The possibilities of medical organization in Ohio are without limit, but money is needed.

Respectfully submitted,

WELLS TEACHNOR, M. D., Chairman,  
G. V. SHERIDAN, Secretary.



# Committee on Hospital Standards Suggests That Classification of Ohio Hospitals Be Made

COMMITTEE ON HOSPITAL STANDARDS

Frank Fee, M. D., Chairman.....	Cincinnati
L. G. Bowers, M. D.....	Dayton
J. C. Tritch, M. D.....	Findlay
S. D. Foster, M. D.....	Toledo
A. R. Warner, M. D.....	Cleveland
H. E. Patrick, M. D.....	Youngstown
J. C. M. Floyd, M. D.....	Steubenville
F. E. McKim, M. D.....	Marietta
Dan Gray, M. D.....	Ironton
C. W. Chidester, M. D.....	Delaware

3. Number of internes (licensed)?
4. Number of internes (not licensed)?
5. Resident or Non-Resident Pathologist and Bacteriologist?
6. Is pathological laboratory in hospital?
7. Is chemical laboratory in hospital?
8. Is Roentgenology laboratory in hospital?
9. Resident or non-resident anesthetist?
10. Nurse school?
11. Number of nurses?
13. Approximately, how many cases are treated annually: medical, surgical, obstetrical, etc.?
14. How many surgical operations annually?
15. What variety of operations predominate?
16. If no interne service, would such be desirable?
17. Is it the rule of the hospital that all pathological specimens are submitted to the laboratory for examination, and are complete records kept?
18. What is the source of the funds for the hospital?
19. Is there a dietetic department in charge of a graduate dietician?
20. What are the library facilities?

*To The Ohio State Medical Association:*

Following the appointment of this special committee by President Gibbon we met in the office of the Executive Secretary in Columbus, and decided that our work in a general way, should be developed along these general lines:

1. The organization of a well-equipped pathological department in every hospital, and the maintenance of a record system showing the use made of it by the staff.

2. The maintenance of an X-Ray laboratory under a roentgenologist, and the development of a record system, showing the use made of the X-Ray by the physicians who use the hospital.

3. The development of an anesthetic department so organized that no one may give an anesthetic in the hospital, except a qualified anesthetist or one who is acting under the eyes of a qualified anesthetist.

4. The organization of a school to properly train nurses.

Of course, this offers only the broad, underlying plan, and is the basis for our permanent work. After a conference with Dr. George H. Matson, secretary of the Ohio State Medical Board, your committee decided that it should first make a general survey of the hospital system in Ohio. This is particularly necessary at this time because it is probable that Ohio, at no distant date, will follow the lead of other progressive states, and require a fifth or interne year from medical graduates seeking licensure. Before this is done, it will be necessary to know that a sufficient number of hospitals in Ohio is equipped to offer adequate interne training.

To meet this immediate situation the committee decided to make an effort to collect this information. A sub-committee was appointed to draft a questionnaire. This in turn has been presented to the individual members of the committee, and approved by them. As soon as the returns from this questionnaire are made, we will be able to present to the state licensing board data as to the feasibility of requiring internship preliminary to licensure. The following points are included in the questionnaire:

1. Number of beds?
2. The number of staff members?

The members of the committee are located throughout the state, and each member will scrutinize the questionnaires returned from his district. By this method we will have available a fairly accurate survey of the hospital situation in Ohio. \* \* \*

We ask instruction from the house of delegates as to how this information shall be used. Shall we be authorized to use it as a basis for an unofficial classification of the hospitals of the state in relation to their ability to train internes? It has been suggested that the committee might establish and recommend to the State Medical Board a definite set of minimum standards for hospitals which seek to train internes. If such a plan is adopted, it will be necessary to give it the official support of the Association. Does the House of Delegates care to extend this authority to this committee?

Your chairman feels that a committee of this sort should be made permanent, as undoubtedly there is a broad field for constructive work. With the support of the Association, such a committee might co-operate with the weaker hospitals of the state, and aid them in securing better facilities, particularly in matter of records and X-Ray procedures, and in extending their diagnostic laboratory facilities.

The State Medical Board, since the inauguration of nurse registration, has co-operated with many hospitals along this line. The extension of its work to the supervision of internships will mean an extension of this helpful service. We feel that a committee of this sort, by keeping in touch with the work of the board, and thereby giving the board the moral support of the Association, could render exceedingly valuable service.

We particularly request that the House of Delegates make a specific recommendation relative to the future work of the committee, and particularly in reference to the proposal to establish a classification of hospitals. Respectfully submitted,  
 FRANK FEE, M. D., Chairman.  
 Cincinnati, Ohio, April 11, 1917.

## Committee on State Insurance Outlines Work of the New Bureau of Complaints Established at Columbus

### COMMITTEE ON STATE INSURANCE

John M. Thomas, M. D., Chairman.....Columbus  
 E. D. Helfrich, M. D.....Galion  
 N. R. Eastman, M. D.....Mt. Vernon  
 C. E. Gillette.....Secretary  
 Geo. V. Sheridan.....Executive Secretary

#### *To the Ohio State Medical Association:*

Your Committee on State Insurance during the past year made a thorough study of the Ohio Workmen's Compensation Act with a view to eliminating some of the friction which has developed between the medical profession and the Ohio Industrial Commission which is charged with the administration of the law, and to place the Association in a better position to meet any other form of state insurance which may be enacted in the future. This study resulted in the establishment last November of a Workmen's Compensation Bureau of Complaints in the office of the Executive Secretary, under general charge of Executive Secretary Sheridan, with C. E. Gillette, secretary of your committee, as manager.

Since its establishment, the bureau has handled more than 200 complaints coming from physicians who contended that their fee bills in workmen's compensation cases had been unfairly reduced, or payment had been unnecessarily delayed. In addition to this, scores of inquiries concerning certain provisions of the Workmen's Compensation Act, rules and regulations of the commission governing medical work, payment and collection of fees under the act, and the establishment of workmen's compensation cases with the commission have been answered.

Investigation of complaints by the bureau in the office of the commission has, in many instances, added considerable amounts to the complainants' income. This is particularly true in cases where clerical errors had been made on the part of the commission, where physicians had failed to file complete and adequate reports, and where the medical department of the commission admitted errors of judgment in handling cases. One physician, for whom the bureau obtained payment of overdue fee bills amounting to almost \$100, writes as follows: "I wish to thank you for the care you have taken in investigating my accounts and am more than pleased with the results." Another physician who submitted a number of unpaid claims for medical services against the commission, says: "We are in receipt of several letters regarding the Industrial Commission accounts and appreciate most highly your efforts in our behalf. The information contained in your letters will not only assist us in the collection of these old accounts, *but will en-*

*able us to follow more closely the future ones.* Other letters containing similar expressions are on file in the Executive Secretary's office.

Not all complaints submitted to the bureau have been adjusted in a manner satisfactory to the complainant. The commission argues that any administrative body whose jurisdiction covers an area as large as the state of Ohio must have uniform rules to guide it or the plan under which the body operates will collapse. The law itself and the rules and regulations adopted to carry out the idea of uniformity have in the past worked hardships on many physicians and the bureau has found it impossible to secure proper settlement of the accounts of these physicians, although the conditions under which the bills were incurred fully justified such action.

Partly through the efforts of your committee, some of the objectionable features in the act and the commission's rules and regulations have been modified or eliminated entirely, and your committee has every reason to believe that further changes will be made which will give additional relief to physicians who have felt the pinch of unfair provisions. Your committee was active in the campaign which resulted in the passage by the legislature of an amendment to the compensation act providing for an extension of the \$200 limitation on the amount of money the commission can expend for medical, hospital and nurse service in any single workmen's compensation case. This important piece of legislation is not retroactive but in the future will give much needed relief to physicians and hospitals called into industrial cases in which \$200 would pay for only a small per cent of the actual expenses for care and medical attention. The amount of money which it will save physicians and hospitals cannot be definitely estimated, but is well worth serious consideration.

\* \* \*

Study of cases submitted to the bureau for investigation soon revealed the fact that many physicians were experiencing considerable difficulty in adapting themselves to changed medical practice procedure brought about by the compulsory workmen's compensation act. It was found that ignorance of the commission's working plan frequently was the cause of failure to receive just remuneration for medical service in state cases. This, coupled with the discovery that failure of physicians to file promptly reports necessary to establish cases with the commission, errors on the part of either the auditing or medical departments of the commission, the operation of the \$200 limitation clause and lack of knowledge of conditions under which claims are dis-

allowed were other causes of complaint against the commission, led your committee to resort to publicity in an effort to eliminate misunderstandings and disputes. From time to time there have appeared in *The Journal* articles authorized by your committee and setting forth practical points designed to assist members of the Association in their dealings with the medical department of the commission. Both new and old rulings of the commission relating to medical practice have been explained and all proposed changes in the administration of the medical provisions of the act followed closely.

In the preparation of these articles and in the work of the bureau, your committee has enjoyed the hearty co-operation of the members of the commission and heads of the various departments under it and we take this opportunity to extend our thanks to the state officials who have been active in this work. These men have been impressed with the fact that the success of any state insurance plan rests in a large measure on the medical profession and have come to regard *The Journal* as a medium to be used in securing desired co-operation from the profession. In a communication to *The Journal* in which he directs attention to the delay on the part of physicians in filing medical reports and fee bills, Mr. H. H. Hamm, director of the commission's claims department, says:

"If you so desire, I shall be glad to co-operate with you in the matter of supplying data for the purpose of getting this matter before the physicians and hospitals of the state."

In justice to the commission, it should be said that in the face of increased industrial activity resulting in a tremendous increase in industrial

accidents, it has been forced to carry on its work in the best manner possible without a proportionate increase in funds for administrative purposes. During the last year this has resulted in great delay in the payment of bills and considerable confusion in the various departments. With adequate appropriations which will permit the employment of additional clerical help, this condition should soon be remedied.

Your Bureau of Complaints is in a position to furnish information on any phase of the workmen's compensation act and your committee suggests that if you have a complaint or want information, take up the matter with this new feature of the Association's executive office. Write Executive Secretary Sheridan at 131 East State Street, Columbus. To many physicians' offices throughout the state, the work of the bureau has returned amounts four or five times as large as the total cost of the privilege to make use of the bureau—his annual membership dues in the Association. Just the other day a surgeon in one of our large cities told the Executive Secretary that the Bureau is worth ten times the amount of his dues, to his office.

The important point, however, is that we are establishing a general plan for dealing with problems of state insurance—which problems, of necessity, affect both the pocket-book and the practice of every physician in the state.

And, we repeat, the work established during the past year by this committee through its Bureau of Complaints, will be of vastly greater importance if the state adopts a plan of complete health insurance.

JOHN M. THOMAS, M. D., Columbus, Chairman.

## Secretary-Treasurer Selby Comments on the Rapid Growth of the Association in His Report

Breaking annual records has become an annual accomplishment of the Ohio State Medical Association. Each year the organization is a little larger, and more powerful. Each year more is done for the medical profession and for society.

Fourteen years ago the State Association had 750 members. Last year there were 4,345, a gain of 480 per cent.

The annual dues for 1915 were \$1.50. The dues for 1916 were \$3.00. The membership gain for the year was 102. The increase of dues had no effect on the membership.

The net receipts for 1916 amounted to \$12,792.75. The disbursements were \$12,182.91, leaving an excess of receipts over expenditures of \$609.84. The cash balance carried forward from 1915 was \$1,390.22, making a net balance on hand December 31, 1916, of \$2,000.06.

The year of 1916 was unique in the history of the organization in that dues for 1917 in the

amount of \$8,385 were paid in advance and in the treasury of the Association December 31, 1916. Never before had dues been paid in advance to such an extent.

The net balance of \$2,000.06, with the 1917 dues paid in advance made a total balance on hand December 31, 1916, of \$10,385.06.

The growth of the association and the multiplication of its activities have resulted in a tremendous increase in the duties of the secretary's office. It became evident during 1916 that a permanent business office must be established and a permanent office force organized.

The offices of *The Ohio State Medical Journal* which were equipped and maintained by the Publication Committee of the Association, at 25 Ruggery Building, in Columbus, were made the official headquarters. These offices are now located at 131 E. State Street, Columbus.

The work of the secretary-treasurer, except

the disbursing of the funds, and the work of all of the committees, were centralized in the Columbus office. Mr. Geo. V. Sheridan previously an employee of the Publication Committee and known as news editor of *The Journal* was placed in charge of the office. His duties were broadened to include the execution of such activities as the committees might require and he was given the title of Executive Secretary.

The work of the Association, as indicated by the reports of the officers and committees, has grown. To carry on this work the full-time service of Mr. Sheridan, two assistants and two stenographers is needed.

It is evident from the foregoing that the Ohio State Medical Association has attained permanency. The detailed work of the society is now established. It continues automatically. Relieved of these details, the officers are able to devote their time and energies to the great problems of the medical profession.

From the standpoint of efficiency and ability to get results, the year of 1916 will stand out in the history of the Ohio State Medical Association.

Respectfully submitted,

C. D. SELBY, M. D.,  
Secretary-Treasurer.

## Committee on Cancer Control Outlines Plans for Extensive Campaign Against This Menace

### COMMITTEE ON CANCER CONTROL

Andre Crotti, M. D., Chairman.....Columbus  
E. H. Porter, M. D.....Tiffin  
Fred W. Lane, M. D.....Cambridge  
Geo. V. Sheridan.....Secretary

#### *To The Ohio State Medical Association:*

When this committee was appointed by President Gibbon, in August of 1916, it was directed "to devise ways and means for developing interest in county society work." After two detailed meetings it was found that this field is entirely too broad for any single committee, and it was decided to concentrate upon the development of one single line of activity. The need for organized effort to control the development of the cancer menace in Ohio was recognized as an important field for the development of county society work. After consultation with President Gibbon, he authorized your committee to take up this work in co-operation with the American Society for the Control of Cancer, and to change the name of the committee.

At about this time, the American Society for the Control of Cancer appointed its Ohio committee under the chairmanship of Dr. Joseph Ransohoff of Cincinnati.

On November 22, 1916, our committee met at the Deshler Hotel in Columbus, Ohio, Dr. Ransohoff's committee: Dr. D. Todd Gilliam and Dr. J. F. Baldwin of Columbus, Dr. A. Howard Smith of Marietta, Dr. Wm. Roush of Lima, Dr. Chas. G. Parker of Gallipolis, Dr. H. T. Sutton of Zanesville, Dr. Oscar Hasencamp of Toledo, and Mr. G. V. Sheridan of Columbus, were present. At that meeting it was decided that both committees would co-operate in order to undertake a state-wide educational campaign on cancer among the medical profession, among the nurses, and among the laity.

Under the auspices of Dr. Joseph Ransohoff of Cincinnati, the June number of *The Ohio State Medical Journal* will be devoted to a series of

papers on cancer, and under the auspices of the State Cancer Committee, a joint medical and surgical session will be held at the meeting of the Ohio State Medical Association in Springfield next May, and devoted solely to cancer and its phases.

It is also planned to have as many as possible of the presidents of the County Medical Societies of the state meet at the Springfield meeting and discuss plans to undertake an educational campaign on cancer among the medical profession itself. With that end in view, it is proposed to have all the County Medical Societies devote a certain number of their meetings to the study of cancer. A "Cancer Month" will be very likely set aside for that purpose. Papers on cancer will be read, and clinics will be held by the best men who can be secured; even outside speakers will be furnished, if so desired.

After securing the co-operation of Miss Helena Stewart, State Supervisor of Nurses, it is proposed to undertake a series lectures among the nurses. Indeed, it is a well known fact that a patient will often take a nurse into her confidence and tell her some of her troubles which she will keep from her doctor. Hence, the necessity to familiarize nurses with the history and symptoms of cancer.

Finally, an educational campaign among the laity will be undertaken throughout the state under the auspices of the Ohio Branch of the American Society for the Control of Cancer.

ANDRE CROTTI, M. D., Chairman

### CONSERVATION OF VISION.

During the Springfield Meeting there will be a conference of those interested in Conservation of Vision classes in the public schools. The meeting has been called by Dr. William H. Peters of Cincinnati. Professor R. B. Irwin, supervisor of Classes for the Blind in Cleveland, Toledo and Cincinnati, will have charge of the meeting. All interested are invited to attend.

## Committee on Sociology Discusses the Question of Medical Advertising and Advances New Suggestions

### THE COMMITTEE ON SOCIOLOGY

Sylvester J. Goodman, M. D., Chairman..Columbus  
 L. B. Zintsmaster, M. D.....Massillon  
 C. S. Hoover, M. D.....Alliance  
 Geo. V. Sheridan.....Secretary

#### *To the Ohio State Medical Association:*

There is not much that your committee can present to you in a written report at this time. The matter to be treated by this committee is one which necessarily demands a great deal of study and careful consideration. It would be manifestly unfair to your body for such an important subject to be considered without extensive investigation and consultation with other bodies. Therefore, the few months so far allotted to this committee has been too short a time in which to make a thorough study of the subject and permit of the presentation of a comprehensive and authoritative report in which might be offered the proper solution of the difficulties involved.

The chairman of this committee has taken it upon himself to consult with various members of our profession; also with various representatives of commercial and trade organizations, chambers of commerce, newspaper and advertising specialists, the legal profession, the clergy, advertising clubs and lay individuals.

The subject was discussed from many angles and while there seemed to be a wide difference of opinion regarding the methods to be pursued, there was an almost unanimous opinion that *the medical profession should advertise*. Those consulted were all of the opinion that *proper advertising in the newspapers was not only legitimate but that such advertising would benefit both the profession and the public*. They said that the reason for the spread of the cults and the healers was that they kept the public informed of their many activities and, even though their advertisements were most untrue, the fact that the newspapers printed such glowing *news reports* of their success lead the public to "take a chance."

The general opinion of the laymen consulted is that the medical profession has too long hidden behind the mystic wall of medical ethics. These ethics were probably entirely proper at the time they were first offered to the profession, but in these days of progress it seemed to all that even the sacred code of ethics might be revised to keep pace with the advance of human progress in other fields of endeavor. It has been said that "when we are in Rome we should do as the Romans do." Morals and ethics change and vary according to the age and geographic location in which we may happen to live. Even

certain interpretations of *The Bible* have been changed to meet the variations in the social and economic life of the different peoples. Thus I trust you will not be shocked when I suggest that it might be possible to change our code of ethics in such a manner as to meet the needs of ever advancing and changing habits and customs of the people and to *gain the good opinion of the public and that most powerful of all modern agents, the public press*.

\* \* \*

That public opinion is a thing to be most tactfully courted and won will be obvious to all who have kept informed of recent international events. No matter what certain sages have said in earnest jest, it is a fact that without the approval of public opinion no good or altruistic work can succeed. Before the public can give its approval it must understand. Before it can understand it must be *taught*. The most far-reaching and convincing primer for imparting knowledge to the public is the press. Therefore we must take a friendly stand with the press and show them the error of their ways.

This cannot be accomplished by scolding and criticising the newspapers. First, we must cast the beam from our own eyes before we attempt to pluck the mote from theirs. We must enter into a comradeship with the press and work side by side with them for the imparting of proper medical knowledge to the people and the advancement of sanitary and hygienic reforms needed by them. We cannot expect the press to give all and receive nothing. It costs money to publish newspapers. The publishers run their plants on business bases. They could never tell us all the latest war news of the world if they ran their businesses after the manner of the average practitioner of medicine. Thus, if we expect them to receive us in a friendly manner we must approach them in a constructive manner rather than the usual destructive one. Of course, the changing of the attitude of the press is a matter of education. But, until we reach that Utopian era in which the managers of lay newspapers shall have arrived at the acme of perfection in the understanding of the ethics of medical publicity, we must offer them something in return for their losses incurred by the censoring of such advertising as we may feel is detrimental to the public welfare. I think you will agree that we ourselves have not yet arrived at such a point. In other words, we *must pay for our advertising*.

We cannot expect the newspapers to show more altruism than we, a professedly altruistic profession, until they can run their own business without income. You must admit that times

have changed in the last few centuries until even a doctor must have at least a moderate income in order to feed his family and send them forth in such raiment as will make them fit subjects for the obedience to the laws of compulsory education.

But, you say, you have given us no definite method or technic of operation in order that we may arrive at the goal so devoutly desired. There is the rub. Your committee has had but a few short months to woo this sociological damsel and must perforce have much more time before leading you to the altar of a medico-ethical marriage. Heaven forbid that we should, after all these many years, alter our ethics in haste and repent in leisure. There is no civil service plan included in our hoary ethics but the committee suggests that the incoming administration class this committee with certain others which take much time to meditate, and continue it in office for another year so that we may arrive at definite conclusions by the time the association again meets in convention.

\* \* \*

In order that you may note that the subject under consideration has received some impetus from our committee I am appending to this report a letter which the chairman received from a member of this body and which is now receiving most earnest consideration from the council of the Columbus Academy of Medicine. Also there is appended clippings appearing in Gallipolis newspapers, and paid for by a member of the local society of that city. These advertisements undoubtedly do much good. They show that the medical profession is beginning to learn that no matter how altruistic one may be, there cannot be perfect co-ordination and co-operation in this life of brotherly love unless the butcher, the baker and the candlestick maker join us in this laudable endeavor.

Regarding our relations with the legal profession there is little that can be said at this time. The stench of the rotten condition of affairs related to expert testimony in our courts has reached the nostrils of both the medical and legal professions. It seems that some reform is near at hand. I have consulted with attorneys who are now officially concerned with this matter and they, like ourselves, have plans in the stage of gestation and hope to be able to deliver themselves of needed changes in court procedures in the near future. The shame of our specialists putting themselves up for auction as expert witnesses is attracting so much public attention that I am certain it cannot be continued for more than another generation. It seems that the legal profession is about to save us from further damnation. We wish them Godspeed.

If this report has seemed unduly long you must bear with your committee because you have presented such a gigantic subject to study.

\*\*\*\*\*  
\* CO-OPERATIVE PUBLICITY \*  
\*\*\*\*\*

The following advertisements are presented in connection with the report of the Committee on Sociology, to show a type of co-operative advertising that has proven successful in one Ohio community:

# WATCH YOUR DOCTOR BILL

Don't let it run for a year, for six months, even for three months.

*Think It Over*

# Pay Your Doctor Promptly and Cheerfully

By so doing you will get better service and get it for less money than you would otherwise.

More than that, when you need Quick Service, it will come to you. A tardy doctor bill payer is likely to have tardy service.

Besides, your doctor needs his money, and is going to treat you with the same degree of promptness with which you treat him.

# Make No Mistake About That

# More About That Doctor's Bill

Can you remember how many calls the doctor made at your house last year?

Do you know how much he has you charged with for each call?

Why not apply business principles to your dealings with the doctor, the same as with the grocer?

It will save you money to settle promptly with your doctor, and to demand a statement from him every month—at the longest every three months.

It is all to your advantage to get that doctor bill paid and off your mind. Don't delay and get hurt.

Professional bills are rarely cut.

**Don't Let Them Drag Along.**

While many of the opinions offered in this report seem to be the personal thoughts of the chairman, he wishes to assure you that the best ones are merely the reiteration of what he has been told by some very bright men. The others are reflections of expressions made by numerous persons consulted in regard to the subject under

consideration. If the chairman was as competent a master of the English language as some of his grateful patients think he is of the physic, the amount of applause for our efforts would be doubled.

SYLVESTER J. GOODMAN, M. D., Chairman.

## Supplement to the Report of the Committee on Sociology

DEC. 16, 1916.

Dear Dr. Goodman:—As you are a member of the Committee on Sociology of the Ohio State Medical Association, it seems appropriate to submit to you certain suggestions for the good of the Academy of Medicine before discussing them in public meeting.

Psychologists and authorities on publicity have established the fact that a minority group in society may wield a disproportionately wide influence by becoming vocal.

At present the Academy of Medicine has no way of making its force felt except by indirect and only slightly effectual methods. It is to propose more definite and more efficient methods to extend our influence as a body that I am writing to you. It is my impression that we should have a space in the press reserved for use at stated intervals. This space should be bought and all statements controlled by the Academy. The bulletins should be signed by the Academy of Medicine and not by any individual or individuals, and before publication they should be read before the Academy as a part of the programme to prevent possible dissatisfaction with statements made. After outlining the subjects to be covered, the work should be transferred to a publicity expert, the subject matter to be treated in such a way as to be readily understood by the simplest mind and at the same time presented in an attractive form. The final draft should be approved by the publicity committee and by the Academy itself.

The results to be expected by the adoption of a plan of this kind are:

1. The more rapid extension of definite information of an authoritative kind to the laity.

2. The establishment of definite and increased recognition by the people of organized efficient effort on our part in their behalf.

3. Demonstration to the Press that the profession has no intention of imposing on them, as indicated by the subsidy of the movement with our own funds.

4. A certain amount of collateral good will on the part of the Press.

5. An organized means to state authoritatively our position in public health matters, such as proposed new hospitals, hospital sites and matters of this kind.

6. An increased emphasis of our right to be consulted seriously in molding health insurance legislation.

7. Unification of the ideas of the Academy itself on various questions.

8. The heightening of the selfconsciousness of the Academy as a group.

9. Certain economic advantages to the members of the Academy.

10. The distinction among other academies of inaugurating a plan which sooner or later, in one or another form, must be adopted if the profession is to be a forward looking body.

Trusting that you may have some interest in the above plan, I am very sincerely yours,

IVOR G. CLARKE, M. D., Secretary.  
Columbus, O., Dec. 16, 1916.

## Committee on Venereal Diseases is Arranging to Operate a Speakers Bureau for Propaganda Purposes

### COMMITTEE ON VENEREAL DISEASES

M. L. Heidingsfeld, M. D., Chairman	Cincinnati
C. A. Coleman, M. D., Secretary	Dayton
C. M. Harpster, M. D.	Toledo
C. E. Chenoweth, M. D.	Lima
J. N. Weller, M. D.	Akron
H. L. Sanford, M. D.	Cleveland
E. H. Jones, M. D.	Youngstown
C. J. Shepard, M. D.	Columbus
C. L. Jones, M. D.	Springfield
W. F. Marting, M. D.	Ironton

To The Ohio State Medical Association:

Following the appointment last July of the

Committee on Venereal Diseases, a meeting was held in Columbus at which general plans for the year's work were discussed. There was abundant testimony to show that a campaign of popular education directed against the venereal peril is needed in Ohio.

The committee, realizing the difficulty of presenting this subject in a popular manner, and the necessity of exercising extreme care in such presentation, decided to proceed very slowly. For that reason little of a tangible nature may be reported at this time. However, during the meeting at Springfield we hope to perfect plans for the establishment, in connection with the office

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of the Executive Secretary in Columbus, of what will be, in effect, a speakers' bureau.

We have found that many organizations are willing and anxious to co-operate in this work, and that the greatest need is a central agency through which such organizations may secure qualified speakers. It is our intention to supply this need.

We hope within a short time to be ready to announce a list of speakers located geographically throughout the state, who will be available on reasonable notice, for addresses before lay organizations—women's clubs, schools, trade unions, church groups, etc. If we succeed in this we will ask every county society to co-operate in extending the scope of this service by making it known to these organizations in their respective counties.

In addition to this we hope, during the coming year, to interest county medical societies in the scientific phases of this question. Members of the profession who have had experience in this field will hold themselves available for papers on the programs of the societies. In this manner, we hope to reach both the general public and the physicians.

During the year the chairman has learned that members of the dental profession are ready and willing to co-operate in this work. For example, he recently addressed a meeting of the Cincinnati Dental Society. This work may be extended throughout Ohio, as the dentist frequently has the opportunity to recognize syphilis before either the physician or the patient is aware of the disease, inasmuch as the earliest manifestations of syphilis are frequently apparent in the oral regions. The dentist should be thoroughly familiar with these manifestations in order to protect himself from accidental infection, and should be in a position to advise the patient to seek immediate medical attention.

The Publication Committee has offered to co-operate through *The Journal*, and we believe this co-operation will be very valuable in emphasizing to physicians the need of extreme care in diagnosis. For example, in the November number (page 740) of *The Journal*, your chairman reported a case in which the physician failed to recognize a well-defined case of syphilis, after a lady who contemplated marriage had sought a certificate of good health from her intended husband for the purpose of protecting herself against possible marital infection. When syphilis manifested itself in her shortly after marriage, a second examination by another physician disclosed the mistake, which probably was due to an excusable error in diagnosis.

The general public is being educated to demand these pre-marital examinations and unless the examining physician exercises extreme care, the profession will be subject to severe and merited criticism.

We plan to continue this co-operation throughout the ensuing year. In the June issue, *The Journal* will publish a brief summary of the conclusions reached by the Royal Commission of Venereal Diseases in England. In subsequent issues, the committee hopes to present to the profession carefully prepared discussions and methods outlining plans for the control of the spread and infection of venereal diseases, and such suggestions of practical value which may reach the committee from the profession or the public at large.

We ask the co-operation of every member of the Association in this important work, and feel that during the next twelve months we will be able to accomplish results of material value. Respectfully submitted,

M. L. HEIDINGSFELD, M. D., Chairman.  
Cincinnati, Ohio, April 11, 1917.



# PHYSICIANS OF OHIO: YOUR COUNTRY NEEDS YOU

While this issue of *The Journal* was on the press we received confidential advices from Washington to the effect that there is immediate and serious need for a great increase in the enlistments by medical men of Ohio in the various branches of army medical service, and particularly in the Medical Officers Reserve Corps.

The War Department is driving ahead at full speed to organize an army of a million men. **THE FIRST NEED IS A SUFFICIENT NUMBER OF MEDICAL OFFICERS.** Realizing this, the Council on National Defense, through the Committee of American Physicians for Medical Preparedness, has issued an S. O. S. for immediate enlistments.

*Every medical man in Ohio under 55 years of age, except in those cases that would involve extreme sacrifice, should place his services at the disposal of the government.*

*Those who are in a position to know believe that this will be absolutely necessary before many months have passed; and they point out that it will be infinitely better to place this service on a volunteer basis.*

To facilitate the immediate mobilization of the medical forces in Ohio, with a view of recruiting the Medical Officers Reserve Corps to its necessary strength, the Ohio branch of the Committee of American Physicians is now organizing an auxiliary committee in each county.

To cut the red tape that preceded enlistments in this corps prior to the declaration of a state of war, the Department is commissioning a number of Ohio physicians as examiners for commissions in this service. Before this announcement reaches you, examiners will be stationed in the larger cities of the state.

Medical officers for field duty must be under 45 years of age. Older men are needed, however, for part time service in connection with the mobilization of the new army. Service salaries in the Corps range from \$2,000 upward. It is pointed out that the physicians who enlist immediately, and thereby "get in on the ground floor," will be in a position to receive rapid promotion as the Corps is enlarged to meet the increasing needs of the army.

\* \* \*

*The important thing to remember is that the nation is facing a great crisis, not comparable with anything in our past experience. Patriots are needed. And, it seems, the greatest need of practical patriotism is in the various branches of the medical service.*

The government, through bitter experience, has learned that the Medical Corps is perhaps the most important in the Army. In this troop movement it will be given recognition denied in the past.

\* \* \*

At this time we appeal particularly to the younger men in medical practice. This offers to you a great opportunity. *Enlist! Your country needs you.*

And the following notation of immediate needs will prove that middle-aged as well as young men **MUST VOLUNTEER IMMEDIATELY:**

About 1,200 officers are needed immediately in the regular Army Medical Corps—men under 35.

Between 20,000 and 30,000 physicians are needed immediately in the Medical Officer's Reserve Corps. Age limit of 45 for active service, but up to 55 for special work.

The Naval Medical Corps needs 350 immediately, and the Coast Defense Reserve Corps of the Navy requires several hundred.

The medical corps of the Ohio National Guard must be recruited to full strength.

\* \* \*

The Ohio branch of the Committee of American Physicians for Medical Preparedness is composed of the following, and information relative to enlistment will be supplied by these men: Chairman, Dr. William E. Lower, Osborne Bldg., Cleveland; Dr. George W. Crile, same address; Dr. C. A. L. Reed, Union Central Bldg., Cincinnati; Dr. Dudley W. Palmer, No. 4 W. Seventh St., Cincinnati; Dr. C. D. Selby, Spitzer Bldg., Toledo; Dr. Harmon B. Gibbon, Tiffin; Dr. L. G. Bowers, No. 140 W. Fourth St., Dayton; Dr. Joseph A. Hall, Adjutant General's Office, Columbus; and Dr. Charles Hamilton, 150 East Broad Street, Columbus.

Again: The nation—your country—needs every available medical man, and the need is greater than *ever* before.

## MAKE YOUR RESERVATIONS

If you are planning to attend the Annual Meeting of the American Medical Association, which will be held in New York, June 4 to 8, we suggest that you make your hotel reservations at once. New York hotels have been crowded for some months and there is every reason to believe that they will be taxed to their capacity during this meeting.

## Governor Asks Howell Wright and G. V. Sheridan to Survey Hospital and Licensure Situation in Ohio

The unusual amount of time devoted by the recent General Assembly to the consideration of matters relating to the practice of medicine directly and indirectly, has prompted Governor James M. Cox to make provision for a careful survey of the situation.

The members of the Legislature had under consideration nearly a score of proposals, providing for the licensure of various cult practitioners and non-medical healers, changes in the Medical Practice Act, and similar measures, and also a number affecting the operation of hospitals and nurse training schools.

There was available, for the benefit of the legislators, an immense amount of misinformation—furnished freely and gladly, by the lobbyists and special representatives of these groups. Many members, during the session, expressed a wish that a survey might be made of the whole question, so that future legislative action might be based upon more complete information. In fact, a bill was passed in the Senate (S. B. 146) providing for the appointment of such a commission and directing that a survey report be made to the next Legislature. The bill was near the top of the calendar in the House when that body adjourned, and would have passed.

Governor Cox, who has always taken a keen interest in legislative proposals designed to protect the sick public, expressed regret that the bill did not pass, and before the session closed announced that he would appoint such a commission. On April 6 he addressed the following letter to Executive Secretary Sheridan, of our Association, and to Senator Howell Wright, of Cleveland, who is Secretary of the Ohio Hospital Association:

*My Dear Sir:*

"The present Assembly seems to have been confronted with many problems having to do with public and private hospitals, medical licensure, and medical education. As one result of the deliberations of some of the various standing committees, it has been suggested that there is a considerable lack of available information relative to these matters and the laws pertaining to the same, and I have been urged to appoint a voluntary committee to study the subjects involved. I, therefore, wish to appoint such a committee of two members representing organizations and professions which seem to be most interested. I am therefore asking the following to serve on this commission:

"Mr. Howell Wright, Secretary of the Cleveland Hospital Council, and

"Mr. George V. Sheridan, Executive Ohio State Medical Association.

"I trust you will be able to serve upon this voluntary committee and that you will notify me

of your acceptance of this appointment at an early date.

"I suggest that you make the following survey and report to me with any findings or recommendations you desire to make, if possible, on or before January 1, 1918:

"1st: The present system and laws relating to the incorporation, licensing, inspection, supervision and regulation of public and private hospitals.

"2d: The present system and laws relating to medical licensure and medical education and the education and licensure of those who treat the sick public by systems of healing other than medical.

"I suggest that your committee make this survey in co-operation with the members and other committees of the respective organizations represented and that in your findings and recommendations you will endeavor to secure the co-operation and approval of the leading authorities of the state interested in such matters.

"Very truly yours,

"JAMES M. COX, Governor."

Mr. Sheridan and Mr. Wright have accepted and, in co-operation with the committees of the associations which they represent, will present to the Governor a general review of the situation. As there will be a special session of the Legislature next winter, the report will be made prior to December 31.

### Montgomery County Honors Late Dr. William J Conklin in Memorial Tablet

A memorial tablet, commemorating the life and work of the late Dr. William Judkins Conklin, has been erected in the medical room of the Dayton Public Library by the Montgomery County Medical Society. Inscribed on the tablet are the following words, written by Dr. J. C. Reeve, Sr., a life long friend of Dr. Conklin:

IN MEMORIAM  
WILLIAM JUDKINS CONKLIN, A. M., M. D.  
1844-1916  
AN HONORED PHYSICIAN,  
A GOOD CITIZEN, ACTIVE IN WELFARE WORK,  
AN UPRIGHT MAN.  
FOR THIRTY-SIX YEARS HE RENDERED  
VALUABLE SERVICE TO THIS LIBRARY  
AND GAVE LIFE LONG SERVICE  
TO THE FIRST HOSPITAL  
ESTABLISHED IN DAYTON.  
THIS MEMORIAL IS ERRECTED BY  
THE MONTGOMERY COUNTY  
MEDICAL SOCIETY.

At the time of his death, Dr. Conklin was president of the library board. He was a frequent contributor to medical literature and was always interested in education and civic betterment. He was born at Sidney.

## Annual Dues Based Upon Member's Professional Income is Proposed to Increase Budget

One of the most important matters to be considered at the Springfield meeting will be the determination of the per capita assessment for 1918.

Council, after careful consideration of the problem, on March 26 authorized Executive Secretary Sheridan to submit to the component county societies the tentative resolution appearing in the next column.

It provides for the determination of the per capita assessment for 1918 under a unique plan. It represents the work of Council in endeavoring to devise some system of raising adequate revenue for the growth and development of our State Association that will not work a hardship on any member of the Association and will distribute the burden among those who are better able to bear the same.

As the work of the State Association increases, the expense likewise multiplies, and to meet this increased expense it will be necessary to adopt one of two plans—either the flat rate for state membership, which is now \$3.00, must be raised, or some plan of proportional assessment such as is provided by the resolution must be adopted.

Many of the state associations are raising their state dues. For example, California state dues have been increased to \$6.00, Iowa to \$5.00, Indiana to \$4.00 and Michigan to \$3.50.

Council of the State Association, after giving careful attention to this problem, suggests this plan. Unless this or some similar plan is adopted it will be necessary for the State Association, at the Springfield meeting, to raise the flat rate for state membership to \$4.00.

This matter is entirely in the hands of the members of the House of Delegates, and it is the earnest wish of Council that each county society discuss this resolution and the alternative, in regular or called meeting prior to the State Meeting in May, and that delegates be instructed as to the wishes of your society relative to this matter.

With the additional revenue which the adoption of this plan would bring, the Association will be enabled to materially extend its service to its members. It would strengthen and reinforce our medical defense fund; would permit improvements to *The Journal*, and would permit us to further extend the activities of our bureau which adjusts claims under the Workmen's Compensation Act. Still more important, however, is the fact that the additional revenue would permit us to inaugurate and carry forward an organized state-wide publicity campaign, through which we could, in a measure, give the general public a better understanding of the difficult and intricate problems of medical practice, medical education and medical licensure. The growth in

Ohio of the healing cults, and particularly the strength they showed in the recent legislative sessions, has indicated clearly that such broad educational work is an important necessity. The Executive Secretary has outlined to Council a plan of public health education that the members believe is practical and would secure the desired results, and which is entirely contingent upon the raising of larger annual revenues by the Association.

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### UNIQUE PLAN OF ASSESSMENT

*Here is the proposed resolution fixing state membership assessment for 1918, which will be acted upon by the House of Delegates at the Springfield Meeting on May 14, 1917.*

*Resolved*, That the House of Delegates in session at Springfield May 14, 1917, shall, in accordance with Section I of Article VIII of the Constitution of the Ohio State Medical Association, fix the per capita assessment to cover the expense of the Association during the year 1918, on the following basis:

1. That the minimum per capita assessment for all members shall be three dollars for the year 1918, and that \$3.00 shall be the total assessment for members whose average gross income from professional practice during the three years preceding 1918 was not in excess of \$3,000.

2. That all members whose average of gross income from professional practice during the three years preceding 1918 was in excess of \$3,000 shall be assessed on the basis of one dollar per thousand dollars of gross income from their medical practice, as shown by the three year average.

3. That under the provisions of this assessment plan, each individual member of the component county society shall, on or before December 31, 1917, remit to the Treasurer or Secretary-Treasurer of the component county society with which he or she is affiliated the sum of three dollars, and such additional amount as the member shall determine is due the Association under the terms of the method of assessment stated above.

4. That, in every case, the individual members of the component societies shall fix their assessment; and that, the determination of this amount by the member shall be final.

*Submitted to component county societies by order of Council of The Ohio State Medical Association, in session at Springfield March 26, 1917.*

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Citizens of Napoleon and Henry County have appointed a committee to devise plans for raising a fund of \$50,000 to be used in the erection of a city and county hospital.

## One Hundred Per Cent Club Executives to Celebrate at Springfield Don't Miss the Party

There's to be a notable gathering in Springfield, during the State Meeting—the annual luncheon and jubilee meeting of the live-wire executives who comprise the One Hundred Per Cent club of the Ohio State Medical Association.

You all know about the club by this time, surely. It has become famous in medical organizations through the United States, and similar clubs have been formed by several state medical associations. It is made up each year of the presidents, secretaries and treasurers of those county medical societies which, by a given date, have secured a paid-up membership equal to or greater than that of the previous year.

This will be a red-letter year for the Ohio club, for we have accomplished something never equalled in the history of the Association; *In the first three months of the year we have increased the paid-up membership total of the previous year—as the figures on the opposite page will show.*

In years past a large number of members have not paid their State Association dues until just before, or after, the Annual Meeting in May. This year, most of them had paid up before the first of the year. Some record, yes?

In order to give another chance to the officers of the few county societies which have not yet qualified the committee had advanced the club's closing date to midnight of Thursday, May 10. All membership dues received by Executive Secretary Sheridan at the Columbus office before then will be counted in the 1917 standing.

Those officials who are qualified to attend the luncheon this year will be advised privately of the arrangements, as special plans are being made for their entertainment. Cards will be forwarded shortly to the fortunate ones. Take this tip: *If you are invited to the party, don't fail to come.*

## Springfield is Well Supplied with Hotels to Accommodate Even a Record-Breaking Convention Crowd

Do not feel that because Springfield is a comparatively small city, it is not fitted to entertain a large convention. Its hotel accommodations are unusually good. Probably they are not duplicated by a city of its size in the United States.

The hotels have entered into an agreement with the Chamber of Commerce to refrain from increasing rates to convention visitors. This will be adhered to strictly. The only concession made is that each room shall be occupied by two persons, excepting rooms with single beds; and that where one person desires the sole use of a room that might be used by two, he shall pay a double rate for the same. This rule is applied in even the largest cities when conventions are held.

There will be no official "convention headquarters" hotel. The principal hotels, recommended to convention visitors, are the Shawnee, Bancroft, Arcade, Bookwalter, Heaume and Roger. The Shawnee and Bancroft are new ones. The Heaume is under construction. Rates are as follows:

Shawnee—Single, \$1.50, \$2.00, \$2.50, \$3.00 and \$3.50; double, \$2.50, \$3.00, \$3.50, \$4.50 and \$5.00.

Bancroft—Single \$1.50, \$2.00, \$2.50; double, \$3.00, \$3.50 and \$4.00.

Arcade—Single, \$1.00, \$1.50, \$2.00 and \$2.50; double, \$2.00, \$2.50, \$3.00 and \$4.00.

Bookwalter—Single, 75c, \$1.00 and \$1.50, and the Roger, single, 50c, 75c and \$1.00.

In addition to the hotels, many desirable rooms are to be found in the down-town residence section. The local committee will maintain a bureau at registration headquarters, in Memorial Hall, where these rooms will be assigned. Before an assignment is made the room will be inspected by a member of the local committee, so that under this plan many visitors may be cared for comfortably at a rate cheaper than that offered by the hotels. Springfield's best citizens are throwing open their homes to the visiting doctors.

Should there be an unprecedented crowd, the overflow can be cared for very easily in Dayton, which is only 26 miles from Springfield, and which is equipped with four first-class hotels. Traction cars, running early and late, make the trip in 50 minutes.

Any possible congestion will be further relieved by the fact that hundreds of Central Ohio members, taking advantage of the excellent roads radiating from Springfield, will drive home each evening and return in time for the morning sessions.

A movement has been started in Marietta which may result in the building of a municipal hospital. The Sarah Warren bequest providing a considerable sum for such an institution on condition that a like amount be furnished by the city, provides a nucleus for a building fund.

# Here is the Detailed Story of the Membership Record of the Ohio State Medical Association

By April 10, this year, *all* previous records for paid-up membership had been broken. On that date our books showed a total of 4373; the 1916 total was 4348—at the end of the year.

Check your county society's record as shown

in cold figures. If there has been a slump, get busy and help!

The column headed "B. P. Y." is based on a review of the old books of the Association and indicates the best membership record in the history of each society prior to 1914.

FIRST DISTRICT					B. P. Y.—1914 1915 1916 1917						
Adams	30	23	23	23	17	Medina	23	23	21	21	22
Brown	28	15	18	9	6	Trumbull	34	28	28	32	39
Butler	64	51	57	50	47	SIXTH DISTRICT					
Clermont	30	12	15	9	5	Ashland	22	18	20	19	20
Clinton	27	24	24	23	24	Holmes	11	7	8	11	12
Fayette	24	18	18	10	14	Mahoning	93	93	100	109	119
Hamilton	451	451	474	468	449	Portage	28	28	28	22	26
Highland	28	18	23	25	27	Richland	32	29	31	51	53
Warren	33	30	35	29	30	Stark	119	119	126	130	133
SECOND DISTRICT					Summit	130	130	160	144	175	
Champaign	33	29	29	24	18	Wayne	34	26	25	27	30
Clarke	67	59	64	64	64	SEVENTH DISTRICT					
Darke	50	50	57	56	51	Belmont	51	44	55	58	63
Greene	34	32	32	33	34	Carroll	20	—	—	—	—
Miami	48	45	46	49	47	Columbiana	62	37	39	45	59
Montgomery	158	158	168	161	166	Coshocton	28	17	21	24	21
Preble	27	5	12	18	16	Harrison	20	6	14	22	15
Shelby	21	16	18	19	19	Jefferson	43	36	40	49	47
THIRD DISTRICT					Monroe	21	12	14	6	9	
Allen	75	75	83	83	82	Tuscarawas	48	41	43	47	49
Auglaize	38	22	26	26	35	EIGHTH DISTRICT					
Hancock	43	37	37	36	40	Athens	57	57	51	54	57
Hardin	23	23	29	26	26	Fairfield	39	39	44	39	38
Logan	40	23	37	29	31	Guernsey	27	27	29	32	25
Marion	32	27	29	38	43	Licking	59	41	35	30	37
Mercer	27	27	29	26	28	Morgan	19	12	16	11	13
Seneca	34	30	37	40	35	Muskingum	58	22	38	49	51
Van Wert	28	24	27	26	31	Noble	15	9	12	10	7
Wyandot	24	10	16	16	11	Perry	28	23	19	24	24
FOURTH DISTRICT					Washington	46	41	40	53	46	
Defiance	19	11	6	16	12	NINTH DISTRICT					
Fulton	25	25	25	25	26	Gallia	29	25	31	31	29
Henry	22	2	19	23	25	Hocking	14	14	11	13	11
Lucas	213	213	214	206	200	Jackson	31	22	21	19	19
Ottawa	17	13	15	15	15	Lawrence	31	18	17	23	20
Paulding	14	14	23	21	20	Meigs	14	11	11	14	14
Putnam	27	18	32	31	31	Pike	17	13	13	13	10
Sandusky	27	21	21	30	27	Scioto	48	48	48	48	53
Williams	38	31	34	25	28	Vinton	10	9	9	7	7
Wood	39	12	30	42	46	TENTH DISTRICT					
FIFTH DISTRICT					Crawford	32	31	28	32	30	
Ashtabula	32	28	27	38	38	Delaware	36	26	26	28	30
Cuyahoga	518	484	523	512	501	Franklin	305	305	313	332	315
Erie	27	27	24	24	24	Knox	31	31	33	30	27
Geauga	18	8	9	10	10	Madison	28	16	9	21	20
Huron	28	9	13	18	19	Morrow	19	13	15	15	14
Lake	22	10	16	19	21	Pickaway	26	21	22	26	25
Lorain	62	46	51	63	64	Ross	39	19	21	31	36
						Union	24	15	13	12	20

## Program of the Annual Meeting of the Ohio Hospital Association: Columbus, May 22, 23 and 24

We are able to present this month the program for the annual meeting of the Ohio Hospital Association, which will be held in Columbus during the week following our state meeting in Springfield. Rev. A. G. Lohman, of Cincinnati, is president.

A glance at the program will show that it will be of considerable interest to physicians, particularly those who are connected with the administration of hospitals. The meeting of this Association in Cincinnati last year attracted a number of medical men, who were well repaid.

Headquarters will be at the Hotel Hartman, and the meetings will be held there and at Memorial Hall.

For additional details concerning any of the arrangements write Miss Mary Jamison, Supt. of Grant Hospital, Columbus, who is chairman of the local committee on arrangements.

The preliminary program is as follows:

### TUESDAY, MAY 22, 1917

Morning—Registration at 11 o'clock.

Afternoon, at 1:30 P. M.—Convention called to order by the President. Prayer by the Rev. Washington Gladden, D. D. Address of Welcome by Mayor Karb. Response by the President and President's Address. The Rev. A. G. Lohmann.

Papers (20 minutes):

"State Resources and Needs for the Care of the Sick who cannot be Properly Cared for in the General Hospital."—Dr. Robert G. Paterson, Secretary, The Ohio Society for the Prevention of Tuberculosis. Discussion (10 minutes): Dr. C. H. McFarland, Jr., Superintendent City Hospital, Cleveland.

"The Place of the Individually Owned and Operated Hospital in the Community,"—Dr. Ben McClellan, Member State Medical Board, Xenia. Discussion (10 minutes): Miss Mary M. Roberts, Superintendent Holmes' Private Hospital, Cincinnati.

Reading of minutes of the last convention, reports of committees, and announcements.

Evening—8:00 Symposium—Papers (15 minutes.)

"The Building of the Modern Hospital."—From the Viewpoint of the Superintendent, —Mr. F. E. Chapman, Superintendent Mount Sinai Hospital, Cleveland.

From the Viewpoint of the Architect—Mr. C. F. Owsley, Architect and Designer of St. Elizabeth's Hospital, Youngstown, and others.

Discussions (10 minutes):

From the Viewpoint of the Visiting Staff—Dr. Andre Crotti, Member Medical Staff, St. Francis Hospital, Columbus.

From the Viewpoint of the Nurse Staff—Miss Harriet L. Friend, Chief Nurse Examiner, State Medical Board.

### WEDNESDAY, MAY 23, 1917

Morning—9:30—Round Table Discussions: (10 minutes) Chairman, Dr. A. C. Bachmeyer, of Cincinnati.

"Care and Control of Hospital Linen,"—Dr. A. R. Warner, Superintendent Lakeside Hospital, Cleveland.

"How to Meet Recent Increased Cost of Hospital Operation,"—Mr. P. W. Behrens, Superintendent The Toledo Hospital, Toledo.

"Labor Saving Devices in Hospitals,"—Sister M. Genevieve, St. Elizabeth's Hospital, Youngstown.

"Economy in Preparation and Saving of Food,"—Miss Lulu Graves, Dietitian Lakeside Hospital.

"The Hospital's Responsibility for Giving out Prompt and Reliable Information,"—Mr. F. S. Bunn, Superintendent Youngstown City Hospital, Youngstown.

Additional Subjects by Request. 12:00—Luncheon at Memorial Hall.

Afternoon—2:00 Automobile ride and visit to state institutions.

Evening—6:30 Banquet Hartman Hotel—(Informal or formal dress according to individual and personal wishes).

Speakers: John G. Bowman, Ph.D., Director American College of Surgeons—"The Place of the Modern Hospital in Medical Education." Speaker to be Announced Later—"The Responsibility of the Hospital as a Community Social Agency."

### THURSDAY, MAY 24, 1917

Morning—9:30—Reports of committees and election of officers.

Consideration of, and voting upon, proposed constitutional amendments.

Papers: "The Importance and Need of State-wide Hospital Organization."—Howell Wright, Secretary, Cleveland Hospital Council, Cleveland.

"Qualifications Demanded of the Nurse as a Hospital Superintendent,"—Miss M. A. Lawson, Akron City Hospital, Akron.

Adjournment.

A new surgical wing erected at Charity Hospital, Cleveland, at a cost of \$300,000, was formally opened April 15. The addition has 150 beds which more than doubles the present capacity of the hospital. It also contains five modern operating rooms. Funds were raised by popular subscription.

## The Irrespressible "United Doctors" Suffer More Bumps; Ohio Editors Are Taking Their Measure

Another blow has been dealt the United Doctors "specialists."

The state medical board, at its meeting in Columbus, April 3, revoked the license of Dr. Robert B. Fee of Georgetown, the only member of a group of three physicians operating in Ohio under the name "United Doctors" holding a license to practice medicine and surgery in the state. The licenses of the other members—G. W. W. Walker of Roseville, and Theodore Jacobsen of Cleveland—were revoked last year for brazen violation of state law and a seeming utter disregard for the welfare of the public.

Rejecting as unworthy of their notice the warnings of the medical board and the federal court, the "United Doctors," under the leadership of Jacobsen, effected a reorganization early in 1917 and immediately reopened their campaign of extravagant advertising in the newspapers and arranged an itinerary which carried them to most of the county seats in the state. Their most recent trouble had its beginning on March 26, at Cadiz, where the itinerants unexpectedly and much against their wishes entertained Dr. George H. Matson, secretary of the board.

Quartered in a hotel at Cadiz, the "specialists," Walker and Fee, were doing a thriving business, largely among the poor and uneducated of the neighborhood, when the secretary arrived. In his talk with them and some of their patients, Dr. Matson learned many interesting things regarding their mode of operation and connection with Jacobsen at Cleveland, where the "United Doctors" are supposed to maintain extensive "laboratories."

Fee contended that he was ignorant of the fact that Jacobsen's and Walker's licenses had been revoked and Walker declared that he had never informed Fee of the board's action. Fee became associated with the "United Doctors" through an advertisement placed by Jacobsen.

Financial arrangements also were discussed. For his services, Fee received 20 per cent of the net money he collected from patients, "net" in this case meaning the amount remaining after traveling expenses had been deducted. Walker, acting merely as a clerk for the organization, according to their story, also received 20 per cent of the money collected by Fee. All other money collected by the outfit was shipped to Jacobsen, who paid for the advertising and directed the movements of his associates. Medicines prescribed by the specialists were purchased from the "laboratories" in Cleveland and shipped to the patients, the proceeds from these sales going to Jacobsen.

Two typical cases of victims of the "United

Doctors" were uncovered by Dr. Matson at Cadiz. One was that of a man who had visited "the specialists" on February 22 in Steubenville and had traveled to Cadiz for further counsel and advice. In Steubenville, the patient paid Fee \$10 and later forwarded \$20 to Jacobsen for medicine. His condition, he informed the secretary, was not improved. On Dr. Matson's suggestion, the "specialists" refunded his money.

The other case was that of a six-year-old child, speechless and unable to walk. The child's parents were farmers. Physicians had declared the case a hopeless one but the "specialists" made an examination, prescribed some pills and accepted \$5 from the farmer, who was to pay another \$5 for one month's treatment. After the methods of the "United Doctors" had been explained to him, the farmer decided he would like to have his money back and, again on Dr. Matson's suggestion, his \$5 was refunded.

Soon after Dr. Matson's arrival, both Fee and Walker promised to "quit the business," pack their grips and return to their respective homes. Instead of heading for home, however, they made arrangements with the railroad ticket agent for transportation to Canton, where, according to their advertisements, they were scheduled to appear the next day, but when advised by the secretary to cancel their engagement there, they did so.

Dr. Matson instructed Fee and Walker to appear before the state board, April 3, then returned to Columbus and drew up charges on which Fee's license was revoked. Fee was accused of having professional connection with an illegal practitioner, splitting fees and allowing his name to be used in connection with extravagantly worded advertising. While he was acting, as the United Doctors claimed, "in a clerical capacity" for the organization, Walker had an application for reinstatement before the medical board. After he and Fee had appeared before the board and described in detail their connection with Jacobsen, his application was promptly rejected.

Jacobson now is without a leg to stand on as a "United Doctor." And he will have difficulty in obtaining the services of a registered physician to continue his carefully-planned exploitation of the sick if all registered physicians acquaint themselves with the light in which the medical board views the activities of the "United Doctors." A careful watch will be kept on these fly-by-night quacks in the future.

### NEWSPAPERS ARE AROUSED

The protection of the sick public from medical fakers organized to prey upon credulity which

grows out of suffering and lack of proper information, lies in a large measure with the editors and publishers of our daily and weekly newspapers. The better class of newspaper publishers are coming to realize that the general cause of advertising is damaged by the advertising campaigns conducted by quacks. Truth in advertising has become one of the sound underlying principles of our business life and the publisher who is blinded by the temporary financial profit coming from the flowery announcements of quack doctors, is leading the intelligent public to distrust honest announcements of legitimate firms.

Barred from the newspaper columns, firms similar to the "United Doctors" outfit would be forced to disband because of lack of business. In Cadiz, Dr. Matson found the editors ready to co-operate with the medical profession in riding the state of such characters as made up the United Doctors' organization. The editor of the *Cadiz Republican*, which had carried the United Doctors' well-known "Coming Back" advertisement, published under date of March 29, the following:

"THE UNITED DOCTORS"

Dr. George H. Matson, secretary of the State Medical Board, of Columbus, was in town on Monday, looking up the standing and methods of the so-called United Doctors who visited Cadiz on that day. While we printed one of the two advertisements submitted us by this firm of doctors, we omitted it from our paper last week, awaiting developments. If they had proved to be a bona fide firm, and could be trusted to give faithful and conscientious service to their patients, with the chances besides of being able to secure damages should they be found guilty of any irregularities in their methods, we would feel that in printing their advertisements in the future we would not be doing our readers an injustice. But it seems that the two men who came here, one of them, a man 79 years of age, had his certificate revoked in October of 1916, while the other man, Robert B. Fee, has been cited to appear before the State Medical Board on revocation charges. It is always better to patronize our home physicians, as they are here to help build up our community, paying taxes here, helping to sustain our churches and all that goes to make our town a desirable place to live. Moreover, they are always here, and have to abide the consequences of their treatment of patients, should anything go wrong.

Another instance of this sort developed in Minerva, Stark County, where Mr. H. D. Williams edits and publishes the *News and Clay City Times*, a bright newsy weekly, representative of the better things in rural journalism.

The "United Doctors" itinerary included a visit to Canton "for one day only" on March 27th. As Minerva is sixteen miles southeast of the Stark County metropolis, the "United Doctors" outfit figured that it would be a rich territory to tap, and sent copy to Mr. Williams ordering publication of a four-inch advertisement in his issue of March 16 and a ten-inch advertisement in his issue of March 23.

Mr. Williams promptly advised the Victor-Leonard Advertising Company of Cleveland, which handles the "United Doctors" advertising, that his space is not for sale for such purposes.

We suggested some time ago that physicians might render their communities a service by explaining to editors the methods pursued by traveling quacks. We pointed out that editors as a class are very decent citizens who are interested directly in the welfare of their respective communities. The public-spirited action of Editor Williams and others of his profession bears out our prediction.

DEATHS IN OHIO

*John W. Keppel, M. D.*, Western Reserve University School of Medicine, Cleveland, 1886; aged 61, died at his home in Youngstown, March 20. A complication of diseases was the cause of death. Dr. Keppel had practiced in Youngstown for 16 years. His wife and one son survive.

*Philemon D. Githens*, for 40 years a practicing physician in Switzerland Township, Monroe County, died March 10. Dr. Githens was 84 years old. He studied at Rush Medical College, Chicago, and began the practice of medicine at Cameron in 1859. He is survived by his widow and three sons.

*Frederick P. Minton, M. D.*, University of Louisville Medical Department, Louisville, 1893; aged 64; died at his home in Millbury, Lucas County, March 8, from injuries sustained in an automobile accident last fall. He was unconscious from the time of the accident until his death, approximately six months. For many years, Dr. Minton lived in Toledo and was an active member in the Toledo Academy of Medicine. He moved to Millbury three years ago.

*Oliver Prescott Sook, M. D.*, Cleveland University of Medicine and Surgery, Cleveland, 1871; aged 74; died while consulting with a patient in his office at Newark, April 1. Dr. Sook had practiced in Newark since his graduation. He was born in Steubenville and was a veteran of the Civil war. His wife and four children survive.

RECENT MARRIAGES

Dr. Jeremiah E. Kerschner of Columbus, and Miss Wilson of Raymond, at Chicago, March 29. Dr. and Mrs. Kerschner will be at home at 196 E. Long St., Columbus, after May 1.

Dr. H. T. Martin of Lafayette, and Miss Leah Hall on March 20.

Dr. Fred V. Gammage of Savannah, and Miss Leah Iris Coulson of Ashland, on February 24.



## Ohio Supreme Court Decision Defines Right of State to Tax Charity Hospitals--Decision Covers Several Points

Ohio's Supreme Court has given a clear definition of a public charitable hospital exempt from taxation.

The case in which this term is precisely defined was one in which the Physicians Hospital Association, which operates Grace Hospital in Cleveland, sought to permanently enjoin the Treasurer of Cuyahoga county from collecting taxes and penalties assessed against the institution. Exemption from taxation was claimed by the association, which is a corporation not for profit, on the ground that the hospital is an institution of public charity only. The association was successful in the lower courts and the Supreme Court, to which the case was carried in error proceedings, affirmed their decisions.

The following are some of the important points brought out in the court's opinion in the case:

Public charitable hospitals, which are exempt from taxation, have the right to accept pay patients on condition that the money derived by hospitals from the pay patients becomes a part of the trust fund and is devoted to the purposes for which the trust was created. The money cannot be diverted to private profit.

Public charitable hospitals cannot receive pay patients to such an extent as will exhaust its accommodations so that it cannot receive and extend hospital service to the usual and ordinary number of indigent patients applying for admission under proper rules and regulations adopted by the authority managing and controlling the operation of the hospital.

When funds are donated for the purpose of establishing and operating a public charitable hospital, such a hospital when established, must be conducted as a public charitable hospital. Neither the property nor the income derived from its use can be diverted to private profit.

Physicians, who are members of a corporation operating a public charity hospital, may accept fees for the treatment of pay patients in such a hospital and the acceptance of such fees does not in any way affect the character of the institution.

The trustees of real estate purchased with funds donated for a specific public charity cannot legally use the property so purchased for purposes other than the administration of the trust imposed by donors of the fund.

The opinion was written by Associate Justice Donahue and concurred in by all other members of the court.

The Physicians Hospital Association in its original petition contended that Grace Hospital, as an institution of public charity, is exempt from taxation; is open to the public to the extent of its facilities, and that all monies received by the association are applied toward

the discharge of its outstanding indebtedness, payment of current expenses and advancement and promotion of the objects and purposes of its incorporation.

Judge Donahue states in the opinion that although the articles of incorporation and the constitution adopted by the association do not show that the purpose of the organization is a public charity, oral evidence in the case "fairly establishes the fact that this hospital is conducted as a public hospital, open at all times to the public, regardless of color, and at the service of any reputable physician of any school of medicine to the extent of its facilities, without limitation or discrimination as to the individual applicant, except cases of contagious disease and mental diseases requiring restraint," and "maternity cases except emergency or surgical cases and such cases where it is suspected that the hospital is being used to cover up criminal practices. Accident and other emergency cases are admitted without recommendation, regardless of the ability of the patient to pay."

"It also appears from the evidence," the opinion says, "that the expenses of operating the hospital are largely in excess of the revenues derived from patients; that the physicians who are members of this corporation, and one outsider, donated the original fund necessary for the purchase and equipment of the hospital, and that since that time, further donations have been made, for all of which, certificates of stock were not issued, and cannot be issued under the charter."

The fact that physicians, who are members of the association, receive pay for the treatment of patients in cases where the patient is able to pay does not affect the character of the institution, according to the opinion. The hospital purports to furnish only hospital accommodations and not professional treatment by physicians and surgeons. Whatever services are rendered indigent patients without charge is a matter of charity on the part of the physicians who may or may not be members of the hospital association. The opinion further states that the fact that a public charitable hospital receives pay from a patient for lodging and care does not affect its character as a charity institution.

No claim is made by the county treasurer that the association was organized by its promoters for the purpose of diverting profit under the guise of a charitable institution. If such a question had been raised, the court holds that it hardly could have been answered in this case, but in a case brought by the state, or on behalf of the state, to revoke the association's charter either for fraud upon the state in procuring the

charter or for an abuse of its corporate powers. This association or any similar corporation can be compelled by a court of competent jurisdiction to administer a trust according to the intent and purposes of the donors, and upon its failure to do so, can be removed and another trustee appointed.

Another point brought out in the opinion is that when private property is temporarily used exclusively for purposes of public charity, it may be withdrawn from such use at any time. This, however, the court holds, cannot be done with the property of the association for the reason that it was purchased with trust funds donated for a public charitable hospital. The association, however, is not compelled to use the property for hospital purposes. It may find it inadequate for its needs, Judge Donahue says, and purchase other property for this purpose. It may also find that it is not necessary to occupy the entire property for a hospital, and may sell the same, or rent the whole or any part thereof, as may be for the best interest of the trust. Funds obtained from the sale or rentals would still be trust funds which could not be devoted to any other purpose except the purposes of the trust. Referring to the admission of pay patients, the opinion says:

"The fact that it may receive pay patients without losing its character as a public charitable hospital does not authorize it to receive pay patients in such numbers as would exhaust its accommodations so that it cannot receive and extend hospital service to the usual and ordinary number of indigent patients applying for admission under proper rules and regulations of the board of trustees, except, of course, the cases it has no facilities for handling as described and defined by the evidence in this case. The first concern of a public charitable hospital must be for those who are unable to pay. If after taking care of these, it still has further accommodations there can be no objection to making use of the same for pay patients in order to increase the fund which may be at its disposal for the benefit of the poor. It may be, however, that it cannot always nicely measure these demands. It is sufficient if it conforms its conduct along the lines of its experience as to the ordinary and usual demand made upon it by charity patients, provided always that it act in good faith and consistent with the purposes of its organization."

We quote from the decision rather liberally, as it is regarded as having an important bearing on future taxation disputes. There has been a noticeable effort recently, throughout the state, to tax hospital property—due, probably, to the need of municipalities for constantly increasing taxation revenue.

*Martinsburg*—Dr. and Mrs. J. F. Shrontz have returned after spending the winter in Florida.

### Cincinnati May Invite American Medical Association for 1918

The Academy of Medicine of Cincinnati has about decided to invite the American Medical Association to hold its 1918 meeting in the Queen City of the South.

President Landis has commissioned Dr. E. O. Smith to investigate the situation, and Dr. Smith has consulted with the Chicago officials of the Association. The board of trustees is now investigating to ascertain the exact facilities that Cincinnati may offer for the entertainment of this great meeting.

*The Journal* sincerely trusts that Cincinnati will secure this honor as we feel that Ohio is entitled to this recognition by the medical profession. Cincinnati has a number of excellent hotels; it has railroad facilities that are unexcelled in the west, and that is made particularly important by reason of the fact that the city is near the center of population in the United States. Furthermore, Cincinnati's famous Music Hall is so large that registration, exhibits, general meetings and most of the section meetings could be cared for under one roof—something that few cities in the United States could offer.

If Cincinnati decides to go after this meeting in earnest, every Ohioan who attends the Annual Meeting of the American Medical Association should constitute himself a committee of one to bring this great convention to our state.

### Plan Special Program for U. of C. Commencement

Clinics and class reunions will be features of graduation week at the Medical Department of the University of Cincinnati this year. All alumni of the several medical colleges forming the new medical department of the university are urged by the committee on arrangements to attend. Physicians of other colleges are also invited to the clinics which will be held June 14, 15 and 16. June 16 is Commencement Day.

Morning clinics will be conducted by Prof. John O. Pollak of Brooklyn (Obstetrics), Prof. Thayer of Baltimore, (Medicine), and Prof. Abt of Chicago, (Children). A surgeon of national reputation will conduct a surgical clinic. Cincinnati men will fill out the program in demonstrations of cases and operations.

An old-fashion doctors' banquet will be held at the Zoological Gardens, Thursday evening, June 14, and visitors will be entertained at luncheons at Cincinnati clubs on Thursday and Friday. A ladies committee will provide entertainment for visiting ladies. The new medical college now near completion will be open for inspection during the week.

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 \* STATE MEDICAL BOARD \*  
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The Ohio State Medical Board, meeting in Columbus, April 3, set June 11, 12, 13 and 14 as the dates for holding the next examination for applicants for licenses to practice medicine and surgery in Ohio. The examination will be held in Columbus.

**TWO MEMBERS REAPPOINTED**

Before the 1917 session of the legislature adjourned, the senate confirmed the appointment of two members of the state medical board. Dr. Lee Humphrey of Malta, reappointed by Governor Cox, will serve until 1924. The appointment of Dr. C. E. Sawyer of Marion, by former Governor Willis in May, 1916, was favorably received by the Senate. Dr. Sawyer's term will expire in 1923.

**THREE OSTEOPATHS FAIL**

Failing to receive licenses to practice osteopathy in Ohio in the last examination, three applicants—W. H. Mills of Warren, O., L. D. Perry of Philadelphia, Pa., and L. N. Sowers of Sharon, Pa.—filed with the board a request for reconsideration of their examination papers. At the April meeting, the board went over their papers and in each case confirmed the grades of the examiners.

**THREE SCHOOLS RECOGNIZED**

Following an inspection by board members, the Medical College of the State of South Carolina, Charleston, S. C., the Baylor University College of Medicine, Dallas, Texas, and the John A. Creighton Medical College, Des Moines, Iowa, were placed on Ohio's list of recognized medical schools. All are class A, American Medical Association.

**WATCH "LIMITED PRACTITIONERS."**

A collection of newspaper advertisements in which limited practitioners exceeded the limits prescribed by law, was placed before the board by Secretary Matson. In an effort to curb the use of misleading advertising, the board instructed the secretary to direct the authors of the ads to appear before the board and explain their advertising campaigns.

Opportunity to explain his action in treating a workmen's compensation case in which the claimant's toes were crushed also will be given J. L. Wyek, a Toledo chiropodist. The case was called to the attention of the board by Dr. W. H. White, chief medical examiner of the Ohio state industrial commission. The claimant's application for compensation was signed by "Dr. J. L. Wyek, attending physician," and in the "attending physician's" report the nature and extent of the injury was described as follows: "Removed nails on both great toes and dressed finger nails."

On recommendation of the medical department, the industrial commission refused to pay the chiropodist's bill for medical services. The cases of other limited practitioners, who have not been confining their practice to the branches designated in their certificates are being investigated by the board.

**PREPAREDNESS MEASURE**

Acting on the request of Secretary of the Navy Daniels, the board adopted a resolution stating that full credit will be given medical students excused by medical colleges from further academic work to enter governmental service in case war demands the services of all available physicians and surgeons. The resolution follows:

"Whereas, there may arise a national emergency requiring the services of all available physicians and surgeons,

"Whereas, the Navy through its proper officers has expressed a desire that state boards of medical registration co-operate with the Government and the medical schools by excusing those seniors who, through meritorious work, appear worthy of graduation,

"Be It Resolved, That the Ohio State Medical Board will look with favor upon any credit which the medical colleges see fit to allow such students as may be accepted into the governmental service, and that full credit will be given by the Ohio State Medical Board to those who are thus excused from further academic work by the medical schools."

**PLEASE NOTE THIS**

Ohio physicians are requested by the board members to co-operate with them in notifying medical students and those preparing for medical courses that after July 1, 1917, the board will not accept for registration a diploma of graduation from the Chicago College of Medicine and Surgery. In October, 1911, the board refused to place the Chicago college on its recognized list but since then it has been informed that a number of Ohio residents have obtained diplomas from the institution and that others are now in attendance there. In order not to work a hardship on these graduates and students, the board adopted the following resolution, which is published at the request of the board:

"WHEREAS: The attention of the Board has been called to the fact that several students, residents of Ohio, have obtained diplomas of graduation from the Chicago College of Medicine and Surgery since June, 1912, and other students residing in Ohio are now in attendance at the same institution, and,

"WHEREAS: The Board in October, 1911, declared this institution unworthy of recognition and refused to accept for registration diplomas granted subsequent to June, 1912,

"THEREFORE, BE IT RESOLVED: That in order to work no undue hardship on such graduates, or the students now in attendance at the Chicago College of Medicine and Surgery, a diploma of graduation from this institution, granted prior to July, 1917, will be accepted for registration provided the applicant presents with it a certificate of interne service from a hospital approved by the Board as competent to teach internes, which certificate must indicate a full and satisfactory service of not less than twelve months.

"BE IT FURTHER RESOLVED: That the Secretary of this Board be directed to cause the publication of this action in order to prevent any further misunderstandings on the part of those now in attendance at the Chicago College of Medicine and Surgery."

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 \* NEWS NOTES OF OHIO \*  
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*Cincinnati*—Drs. Edgar C. Steinharter and David A. Tucker addressed the Cincinnati Research Society, April 15.

*Youngstown*—Dr. C. R. Clark addressed a social center meeting, March 28, on the abatement of the smoke nuisance.

*Jackson*—"The United States Obligation to France," was the subject of an address delivered by Dr. W. S. Hoy at a patriotic meeting, April 2.

*Tiffin*—Dr. E. H. Porter and family returned home recently after spending part of the winter in California.

*New Philadelphia*—After spending several weeks at Old Point Comfort, Va., Dr. J. M. Smith returned to his home April 1, much improved in health.

*Orrville*—Dr. J. C. Dreher, who formerly practiced medicine here, died at the home of his son in Battle Creek, Mich., March 22, according to word received by friends. Smithville was Dr. Dreher's home.

*Norwalk*—Dr. Sarah Bebout returned home recently from Florida where she spent the winter.

*Bloomsville*—Friends of Dr. W. O. McLeod have received word of his death in Santa Anna, Calif., March 5. He practiced in this city many years ago.

*Cambridge*—Dr. C. C. Headley, formerly of Holloway, has located here. He recently completed a post-graduate course in New York.

*Ashland*—Dr. W. M. McClellan, who has been seriously ill with an attack of heart trouble, is reported improved.

*Fremont*—Dr. C. A. Henry is a member of a party touring the Hawaiian Islands. Born to Dr. and Mrs. C. I. Kuntz, March 26, a son.

*Toledo*—Dr. C. C. Kirk, for 13 years a member of the staff at the Toledo State Hospital, has resigned to accept the position of superintendent of the Hospital for Nervous and Mental Diseases at Little Rock, Ark. He assumed his new duties, April 1.

*Bellefontaine*—Officers elected by the Logan County Health Officers' Association are Dr. Guy Kent of West Liberty, president; E. L. Coverstone of Quincy, vice president and Dr. C. K. Startzman of Bellefontaine, secretary.

*Akron*—Dr. F. B. Livermore, who has been in New York City taking a course in surgery, returned home March 17 and resumed his practice. Dr. H. L. Smallman, who looked after Dr. Livermore's practice during his absence, will open an office in Barberton.

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Dose, 3 to 15 grains.

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## Baby Week in Ohio: How Physicians in Every County May Co-Operate

Frances M. Hollingshead, A.M., M.D., Columbus, Ohio

Director, Division of Child Hygiene, Ohio State Department of Health

OHIO is once again in the toils of the national movement for the reduction of infant mortality and morbidity. The campaign for this year will be along the same general lines as the last one but the age period has been extended to cover the first six years of life, and although there has been a special week designated for the celebration, May 1st-6th, inclusive, the greatest amount of leeway will be exercised in the actual time of the celebration for individual communities. Any campaign which shall be held during the spring and summer will be regarded as part of Ohio's activity. Last year Ohio had a very creditable record for work accomplished but she must have a much better one this year. The Federal Bulletin gives to Kansas the credit for holding one hundred and eighty-six celebrations last year while Ohio is only credited with sixty-five. This is, we know, not a correct estimate, but Ohio did not send in reports properly. Let us this year come much nearer the top of the list and let every place in the state make a careful report.

The two special features of interest will be the matter of birth registration and the mothers' health conference for babies. Ohio must be put

on the map as a birth registration state. We have the model law and let us all help to enforce it. This is a part of the responsibility of the members of the medical profession. The slogan adopted for the present campaign is "Complete Birth Registration for Ohio's Baby Population."

*The men and women of the entire medical profession are needed to help in the work of the babies' health conference.* Now is the time to begin to save the babies whose lives will be needed to fill the gaps which will inevitably follow after the terrible war which we are facing. The mothers must be taught not how to care for the children when they are ill so much as to prevent their becoming ill. This is a purely economic problem. If every physician in the state will do his or her mite to teach prophylaxis to mothers in the community, Baby Week will bear fruit in a very practical and rapid manner.

The State Department of Vital Statistics will aid in the work of publishing a leaflet bearing a reprint of the actual certificate which will be used in the campaigns over the state.

It is the natural thing for the women in these clubs to turn to the members of the medical pro-

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Since these morbid conditions are usually the result of constipation, and are aggravated by straining, Stanolind Liquid Paraffin aids by rendering the intestinal contents less adhesive, by allaying irritation and thus by permitting the diseased tissues to become healed.

Where a contraindication for operative treatment exists, the use of Stanolind Liquid Paraffin in these conditions will frequently give relief from distressing symptoms and may even permit the parts to be restored to a condition where operative procedure may be postponed.

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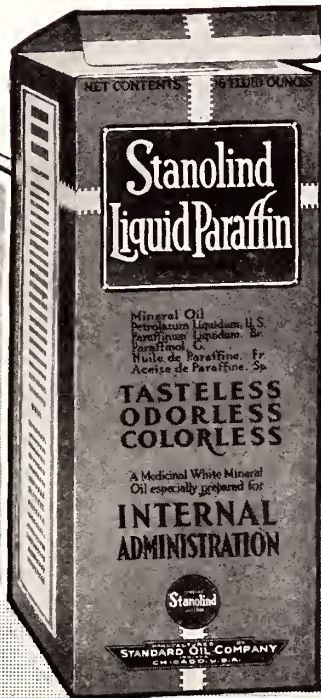
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fession for help in the work, and we feel confident that a generous response will be forthcoming wherever help is sought. There are a number of practical ways in which physicians, dentists, aurists and ophthalmologists may help. There is the public address along the line of the routine care of babies, the methods for the reduction of infant mortality, children and the tuberculosis problem, medical supervision of schools, and other kindred subjects. There is the health conference where the baby is registered and brought by the mother at the appointed time for conference as to its physical statistics, the birth registration test, the study of the local milk supply, the dental clinic, and the health work in schools. Any or all of these may command as much or as little time from the generous physician as he or she is willing to give. Nothing will do more to bring about tangible results in public health work than will the widest possible public education.

This is not a small local affair but is a part, however small, of a nation-wide movement and as such deserves the consideration of every thoughtful physician or health officer. Let us hope that when the call comes for the individual assistance the whole profession will be ready to respond. It is, after all, only the first step in an aggressive campaign for the conservation of the child which the most sanguine person can no longer regard as a dream of the social worker but which is now a national necessity. It is more

than ever necessary that we shall spend time, money and strength to bring into the world and to develop therein a race of strong, healthy children. Ohio can respond in a wonderful way if she will for she has within her boundaries the necessary resources. It is surely fair to expect that in the great national crises she will do her full share in the preventive work, and the initial impetus in very many of the communities will, in all probability, come from the medical workers.

#### Dr. Shepard Retires From Administration Board

Dr. A. F. Shepard of Columbus, resigned March 30 as a member of the state board of administration, a position to which he had been appointed by Governor Cox a month before to succeed Dr. E. H. Rorick of Fayette. In a statement issued in connection with his resignation, Dr. Shepard declared that he was "out of sympathy with his work" and felt that he could "no longer be loyal to those about him." He also said the board of administration law is unworkable for the reason that it is too far in advance of public opinion and official morality." Dr. Shepard was one of the original members of the board appointed during the first administration of Governor Cox. On February 1, 1916, he was replaced by Dr. Rorick. As the law indicates that one of the members shall be a physician, several medical men have applied for the vacant post.

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 \*\* OHIO HOSPITAL ASSOCIATION \*\*  
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A. G. LOHMAN, Cincinnati, President.  
 HOWELL WRIGHT, Cleveland, Secretary.

*The program for the annual meeting of the Ohio Hospital Association, which is to be held in Columbus May 22, 23 and 24, is printed on another page of this issue.*

In accordance with the provisions of the constitution of the Association, several important changes to the constitution will be considered at this meeting. As forwarded to us by Secretary Wright they are as follows:

**MEMBERSHIP.**

Amend Section 2 of Article III of the Constitution to read as follows:

"Active members shall be those who are trustees or executive heads of hospitals or superintendents of nurses, without reference to sex, title or denomination. Active members may be represented in the convention by duly authorized proxy in writing."

Amend Section 3 of Article III of the Constitution by striking out the words, "and superintendent of nurses."

**NOMINATIONS.**

Amend Section 3 of Article IV of the By-laws by adding the words, "for President," after the word, "candidates," in the third line, and strike out the words, "The President shall be nominated from the floor of the Convention," to read as follows:

"The Committee on Nomination shall nominate to the Convention the names of candidates for President, for three (3) Vice-Presidents, and Secretary-Treasurer, and members of the Executive Committee. The action of this Committee is at all times subject to the approval of the Convention."

**DUTIES OF PRESIDENT.**

Amend Section 1 of Article III of the By-laws by adding the following words after the word "committee," in the last line, "and shall be the chairman of the Executive Committee," to read as follows:

"The President shall preside at all meetings of the Association. He shall appoint all standing committees, except the Executive Committee, unless by vote of the Association other provisions shall be made. He shall be ex-officio a member of all standing and special committees and shall be the chairman of the Executive Committee."

**THE EXECUTIVE OFFICERS.**

Amend Article IV of the Constitution by adding the words, "who shall be the chairman of the Executive Committee" after the word, "President," to read as follows: "The executive officers of the Association shall consist of a President who shall be the chairman of the Executive Committee, three (3) Vice-Presidents, a Secretary and Treasurer, and an Executive Committee of five (5) members elected at large; the President and the Secretary-Treasurer to be members ex-officio."

A splendid commercial and scientific exhibit, of great interest to hospital executives, will be shown in connection with the meeting.

The White Hospital at Ravenna was closed April 1. The institution was established in 1894, by Dr. W. W. White.

Work has been started on the first of eight units to be added to the Akron City Hospital this year at a cost of approximately \$300,000.

The new nurses' home at St. Vincent's Hospital, Toledo, was dedicated March 19. Dr. W. W. Coldham, chief of staff of the hospital, Dr. W. H. Fisher and Dr. James Lawless, Sr., were among the speakers.

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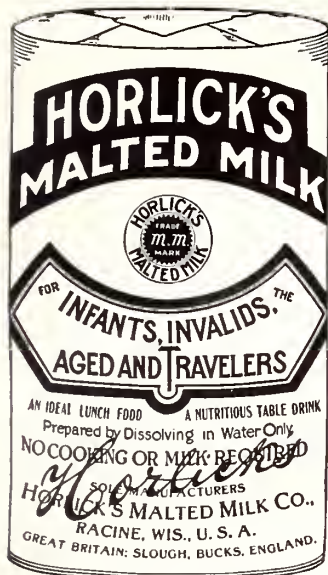
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## Public Health Notes of Interest

Preliminary reports of the 1916-17 Red Cross seal sale in Ohio indicate that a total of 6,200,000 seals were disposed of.

The report of Courtenay Dinwiddie, superintendent of the Cincinnati Anti-Tuberculosis League, submitted at a recent meeting of the League, shows a steady decline in the annual death rate from tuberculosis in Cincinnati from 2.91 per 1000 population in 1910 to 2.26 in 1916.

Steps are being taken by the Federation of Women's Clubs in Coshocton to raise funds to employ a public health nurse.

The Canal Dover board of education has decided to establish a system of medical and dental inspection in the city schools.

Plans for the \$50,000 hospital building to be erected at the Ohio State Tuberculosis Sanatorium, Mt. Vernon, are complete. The appropriation for the structure was made by the 1915 legislature.

A tuberculosis dispensary in charge of Miss Mary Lloyd, Jefferson county public health nurse, has been opened at Steubenville.

## POSTPONED ACTION

Action on the following applications for reciprocity licenses was postponed by the State Medical Board at its April meeting:

*Fred L. Andrews*, registered in Illinois; graduate Chicago College of Medicine and Surgery, Chicago, 1915; residence, Niles City, Montana; new in hospital practice in Cleveland.

*Oscar M. Unger*, registered in Michigan; graduate University of Michigan, 1915; residence, Dundee, Mich.; intended residence, Toledo; in interne service in Minneapolis City Hospital, 1915 to 1916.

*Edwin O. Jones*, registered in West Virginia; graduate University of Louisville, 1907; intended residence, Akron.

The following applications for reciprocity licenses have been filed with the board:

*Harry R. Baremore*, registered in Vermont; graduate University of Vermont, 1913; residence, Akron, where he is in hospital practice; practiced in St. Johns Hospital, N. Y., 1913 to 1915, and in Red Cross Hospital, N. Y., March to September, 1915.

*Eugene D. Geer*, registered in Pennsylvania; graduate Eclectic Medical Institute, 1891; residence, Centerville, Pa.; intended residence, Sweden, O.

*Henry E. Caldwell*, registered in Pennsylvania; graduate of Medical College of Ohio, 1879; residence, Wellsboro, Pa.; intended residence, Cincinnati; practiced 37 years in Tioga County, Pa.



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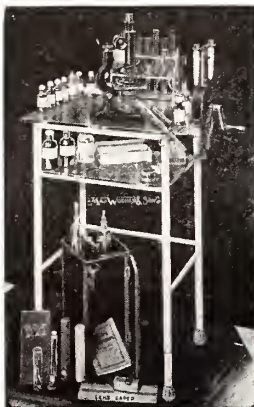
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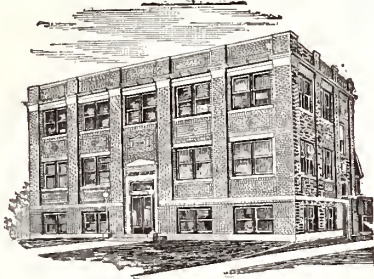
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(1591)

## Anti-Tuberculosis Meeting Offers Program Interesting to Physicians: Cincinnati May 9, 10 and 11

Ohio physicians should avail themselves of the opportunity to attend the thirteenth annual meeting of the National Association for the Study and Prevention of Tuberculosis, which will be held in Cincinnati, May 9, 10, and 11—the week prior to our State Meeting at Springfield.

General meetings will be held on Wednesday but the scientific sections, with one exception, do not start until Thursday, May 10. The programs in several of these sections are of direct interest to physicians. For example, the Chemical Section, under the chairmanship of Dr. Roger S. Morris of Cincinnati, offers the following:

*Thursday, May 10, 9:00 A. M.*—"The nose in the tuberculous," G. W. Wagner, M. D., Chicago, Ill. "Tuberculosis and pregnancy," Stephen A. Douglass, M. D., Mt. Vernon, Ohio. "The diagnosis and surgical treatment of tuberculosis of the bowel developing in the course of pulmonary tuberculosis," Edward Archibald, M. D., Montreal, Canada. "A comparison between the skin tests using various tuberculosis antigens and the complement fixation phenomenon," F. W. Wittich, M. D., Minneapolis, Minn. "The Wasserman reaction and pulmonary tuberculosis," James S. Ford, M. D., Wallingford, Conn. "Tuberculosis preventoria for infants," Alfred F. Hess, M. D., New York.

*May 10, 2:00 P. M.*—"Medical aspects of the Michigan tuberculosis survey," V. C. Vaughan, Jr., M. D., Detroit, Mich. "The etiology, pathology and treatment of tuberculous abscesses of the chest wall," Samuel Robinson, M. D., Rochester, Minn. "The primary and secondary lobules of the lung and their relation to tuberculosis," W. S. Miller, M. D., Madison, Wis. "The X-Ray study of the lungs in tuberculosis," H. Kennon Dunham, M. D., Cincinnati, O. "The interpretation of pathology visualized by the Roentgen examination of the chest," L. G. Cole, M. D., New York. "Diaphragmatic pleurisy (with lantern slides)" Gerald B. Webb, M. D., Colorado Springs, Colo.

*May 11, 9:00 A. M.*—"Are state sanatoria worth while?" Miss Bernice W. Billings and John B. Hawes, 2nd., M. D., Boston, Mass. "Prognosis in tuberculosis from the standpoint of the occurrence of hemoptysis and tubercle bacilli in the system," Fred H. Heise, M. D., Saranac Lake, N. Y. "Localized pulmonic and miliary tuberculosis," A. H. Garvin, M. D., Ray Brook, N. Y. "Deductions from four and one-half years use of pneumothorax in pulmonary tuberculosis," Charles L. Minor, M. D., Asheville, N. C. "Undergraduates' instructions in tuberculosis," Allen K. Krause, M. D., Baltimore, Md. "Seasonal var-

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COLUMBUS, OHIO

iations in the weight curve," Karl Schaffle, M. D., Harrisburg, Pa. "A definite relation between inflammatory conditions of the postnasal sinuses with cough and signs over the lungs," Walter Fischel, M. D., St. Louis, Mo.

PATHOLOGICAL SECTION

Under the chairmanship of Dr. Paul G. Woolley of Cincinnati, this section offers the following program:

Thursday, May 10, at 2:00 P. M.—"Unsolved problems in the pathology of tuberculosis," H. E. Robertson, M. D., Minneapolis, Minn. "Gold therapy in tuberculosis," Lydia DeWitt, M. D., Chicago, Ill. "The destruction of tubercle bacilli in the sewage from tuberculosis sanatoria," A. T. Laird, M. D., Duluth, Minn.

Friday, May 11, 9:00 A. M.—"Experimental liver tuberculosis," W. B. Soper, M. D., Saranac Lake, N. Y. A paper by H. Kennon Dunham, M. D., Cincinnati, O.; "The pleural reaction to inoculation with tubercle bacilli in vaccinated and normal guinea pigs," Robert C. Paterson, M. D., Saranac Lake, N. Y. "Chronic pulmonary leptothricosis," by a staff man from Johns Hopkins University, Baltimore, Md., and a paper by J. E. Pottenger, of Monrovia, Cal.

Papers dealing with the sociological and administrative phases of the tuberculosis problem will be presented before other sections by Dr. Robert H. Bishop, Jr., Health Commissioner of Cleveland, Wilbur C. Phillips of Cincinnati, Dr. Boris D. Bogen of Cincinnati, Homer Folks of New York, Dr. J. N. Hurty of Indiana, and others.

MID-WINTER MEETING OF COUNCIL OF STATE SOCIETY

Columbus, Ohio, January 8, 1917.

Council of the Ohio State Medical Association met in regular session at the office of The Journal of the Association at Columbus, Ohio, January 8, 1917, with President Gibbon in the chair. Members present: Drs. Carothers, Hunter, Moots, Lichty, Rardin, March, McClellan and Teachnor. Dr. C. D. Selby, Secretary-Treasurer, Dr. E. O. Smith, President-elect, Dr. J. H. J. Upham, Chairman of the Legislative Committee, and Mr. G. V. Sheridan, Executive Secretary of the Association, were also present.

The minutes of the previous meeting were read and approved.

The report of the program committee for the Annual meeting was read by the Secretary. The report showed the program is rapidly nearing completion. Dr. W. B. Patton, Chairman of the Committee on Arrangements for the Annual Meeting at Springfield, Ohio, was present and made a brief report of the plans for the entertainment of the Association at its Annual Meeting.

The Committee appointed by the President at

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the last meeting to make a canvass of the Eighth district and recommend to the Council the names of members to fill the vacancy in Council caused by the resignation of Dr. H. M. Hazelton, of Lancaster, submitted the following names to the Council for election: Dr. Charles H. Higgins of Zanesville; Dr. John J. Silbaugh of Lancaster, and Dr. A. B. Headley of Cambridge. On ballot by the Council, Dr. A. B. Headley was elected to fill the unexpired term.

The Executive Secretary made a brief report for the various committees of the Association, which was received and accepted.

On motion, the Executive Secretary was empowered to draft the plan necessary for the regulation of certain features laid down by the Industrial Commission relative to fees. Discussed by Drs. Lichty, Moots. Carried.

The following resolution presented against the efforts of the Ohio State Legislature to amend the statutes so as to legalize the administration of anesthesia by others than licensed physicians was unanimously adopted by the Council:

WHEREAS an effort will be made during the coming session of the Ohio State Legislature to amend the statutes governing the practice of medicine so as to legalize the administration of anesthesia by others than licensed and registered physicians and dentists; and

WHEREAS such an amendment would be subversive of all legal control of the practice of medicine now in force for the protection and benefit of the people of Ohio; and

WHEREAS such an amendment would infringe on the rights and privileges now accorded physicians and dentists who have complied with the existing law; and

WHEREAS such an amendment is against the legislative policy of all other governments and in contravention to the decisions of foreign and American courts of last resort; and

WHEREAS such an amendment jeopardizes the integrity of state insurance funds under the workmen's compensation law; therefore

BE IT RESOLVED, that the Council of the Ohio State Medical Association hereby urges the Legislature of the State of Ohio to promptly defeat this amendment legalizing the administration of anesthesia by nurses, if introduced; and further requests the Governor of the State of Ohio to veto such amendment should it pass the Legislature.

The formal charges submitted by Dr. F. H. McMechan, of Avon Lake, Ohio, against the action of Dr. George W. Crile, of Cleveland, Ohio, was referred back by Dr. McMechan on a question jurisdiction of the charges.

Dr. Upham, Chairman of the Legislative Committee, made rather an extensive report on the status of health insurance for Ohio before the State Legislature.

There being no further business the Council adjourned to meet in Springfield, Ohio, on Monday evening of March 25th, at 7:30 p. m.

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## Text of New Law Which Creates a State Public Health Council, and Provides For a Health Commissioner

Much interest has been shown throughout the state in the law enacted at the last session of the legislature, which abolishes the present state board of health and creates a state public health council to be composed of a commissioner of health elected by four other members appointed by the governor. The following is the text of the new law in its complete form:

Section 1. There is hereby created a state department of health which shall exercise all the powers and perform all the duties now conferred and imposed by law upon the state board of health and all such powers, duties, procedure and penalties for violation of its sanitary regulations shall be construed to have been transferred to the state department of health by this act. The state department of health shall exercise such further powers and perform such other duties as are herein conferred. The state department of health shall consist of a commissioner of health and a public health council.

Section 2. There shall be a commissioner of health, who shall be the administrative and executive head of the state department of health. The public health council, hereinafter provided for, shall with the approval of the governor, appoint a commissioner of health, who shall be a physician, skilled in sanitary science, who shall serve for a term of five years and until his successor is appointed and qualified. The commissioner of health shall perform all executive duties now required by law of the state board of health and the secretary of the state board of health, and such other duties as are incident to his position as chief executive officer. He shall administer the laws relating to health and sanitation and the regulations of the state department of health. He shall prepare sanitary regulations for consideration by the public health council and shall submit to said council recommendations for new legislation. During his term of office, the commissioner of health shall devote his

entire time to the duties of his office. The salary of the commissioner of health shall be fixed by the public health council, subject to approval by the governor.

Section 3. There shall be a public health council, to consist of the commissioner of health, and four members, hereinafter called the appointive members, to be appointed by the governor. Of the appointive members, at least two shall be physicians who shall have had training or experience in sanitary science. Of the appointive members first appointed, one shall hold office until July 1st, 1918, one until July 1st, 1919, one until July 1st, 1920, and one until July 1st, 1921, and the term of office of members thereafter appointed, except to fill vacancies, shall be four years. Vacancies shall be filled by appointment by the governor for the unexpired term. The public health council shall meet four times each year and may meet at such other times as the business of the council may require. The time and place for holding regular meetings shall be fixed in the by-laws of the council. Special meetings may be called upon request of any three members of the council, or upon request of the commissioner of health, and may be held at any place deemed advisable by the council or commissioner. Two members of the public health council and the commissioner of health shall constitute a quorum for the transaction of business. The governor shall, on or before July 1st, designate the member of the public health council who shall act as its chairman for the ensuing fiscal year. The commissioner of health shall, upon the request of the public health council, detail an officer or employe of the state department of health to act as secretary of the public health council, and shall detail from time to time such other employes as the public health council may require. The appointive members of the public health shall receive ten dollars a day while in conference and shall be reimbursed their necessary and reasonable traveling and other expenses incurred in the performance of their official duties.

Section 4. It shall be the duty of the public health council and it shall have the power:

(a) To make and amend such sanitary regulations as are to be of general application throughout the state. Such sanitary regulations shall be known as the Sanitary Code;

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(b) To take evidence in appeals from the decision of the commissioner of health in a matter relating to the approval or disapproval of plans, locations, estimates or cost or other matters heretofore required to be submitted to the state board of health for approval;

(c) To conduct hearings in cases where the law heretofore required that the state board of health shall give such hearings; to reach decisions on the evidence presented, which shall govern subsequent actions of the commissioner of health with reference thereto;

(d) To prescribe by regulations the number of divisions and qualifications of directors of divisions;

(e) To enact and amend by-laws in relation to its meetings and the transaction of its business;

(f) To consider any matter relating to the preservation and improvement of the public health and to advise the commissioner thereon with such recommendations as it may deem wise.

The public health council shall not have nor exercise executive or administrative duties.

Section 5. Every regulation adopted by the public health council shall state the date on which it takes effect, and a copy thereof, duly signed by the secretary of the public health council, shall be filed in the office of the secretary of state, and a copy thereof shall be sent by the commissioner of health to each local board of health, health officer or person performing the duties of health officer, within the state, and shall be published in such manner as the public health council may from time to time determine. Every provision of the sanitary code shall apply to and be effective in all portions of the state.

Section 6. The commissioner of health shall publish and distribute to every health officer in the state a public health manual, which shall contain all laws relating to the powers and duties of health officials, the sanitary regulations adopted by the public health council and such other information and instructions as he may deem advisable. He shall keep health officials and the general public fully informed in regard to the work of the state department of health and on the progress that is being made in studying the cause and prevention of disease and such kindred subjects as may contribute to the welfare of the people of the state.

Section 7. The commissioner of health shall appoint and, subject to the approval of the public health council, fix the compensation of a deputy commissioner of health and directors of divisions. He may also employ such clerical and other assistants as are necessary for the proper performance of the powers and duties of the department and fix their

compensation within the amount appropriated therefor. The compensation of the commissioner and employes, the per diem of members of the public health council and other expense of the state department of health shall be paid by the treasurer of state on warrants of the auditor of state when certified by the commissioner of health.

Section 8. The commissioner of health and any person authorized by him so to do may, without fee or hindrance, enter, examine and survey all grounds, vehicles, apartments, buildings and places within the state in furtherance of any duty laid upon the state department of health or where he has reason to believe there exists a violation of any health law of this state or of any provision of the sanitary code.

Section 9. The commissioner of health and any appointive member of the public health council may be removed by the governor, after a hearing; provided, that charges against him have been submitted, in writing, signed by a majority of the members of the council; and, provided, further, that the governor finds such charges to be true in fact and their nature such that, in his opinion, the best interests of the state shall demand such removal.

Section 10. Suitable rooms for conducting the business of the state department of health shall be provided and maintained by the state.

Section 11. That original sections 1232, 1233, 1234, 1235 and 1236 of the General Code be, and the same are hereby, repealed.

#### NOT AN IDLE THREAT

The announcement in the April issue of *The Journal* by Dr. John E. Monger, new state registrar of vital statistics, that physicians would be prosecuted for failure to comply with the birth registration law, was not an idle threat. On April 10 the department secured the conviction of a Crooksville physician, who had failed to report a number of births. He paid his fine and promised to report all births in the future. The prosecutions will be continued.

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## SPECIAL CANCER NUMBER

This issue of The Journal constitutes a special Cancer number. On the following pages appear a series of short practical articles designed to cover the more important phases of the cancer problem and to impress upon the medical profession of Ohio the necessity for greater care in dealing with this growing menace.

The Publication Committee is indebted to Dr. Joseph Ransohoff of Cincinnati who, some months ago, assumed editorial charge of a special cancer number, and who arranged for the articles that appear in this issue. The articles were prepared with a view of presenting a general symposium on this subject, and are worthy of your very careful consideration.

Dr. Ransohoff is chairman of the Ohio Committee of the American Society for the Control of Cancer. For some months his committee has been preparing for a state-wide campaign to bring this matter more forcibly before the citizens of our state.

A campaign to control the cancer problem must be divided into two general divisions: First, the general public must be educated so that early attention may be directed to the conditions that result in cancer; secondly, the medical profession of the state must be brought to improved methods of diagnosis through which incipient cancers may be detected.

Dr. Ransohoff's committee will have charge of the work of educating the lay public. This will

be done through addresses before Women's Clubs and other lay organizations, and by other propaganda methods. The important work of stimulating medical interest in this subject will be carried forward by the committee on Cancer Control of the State Association. Dr. Andre Crotti of Columbus is chairman of this committee and for some months has been engaged in mapping out a comprehensive campaign which was formally launched in Springfield during the State Meeting.

Dr. Crotti's committee will seek to interest county societies in devoting particular attention during the coming year to the subject of cancer diagnosis. Program committees of the component organizations are urged to get in touch with Dr. Crotti's committee and to give particular attention to this work before new programs are issued. An effort will be made to have available a number of medical authorities on this subject for addresses before the component societies.

Certainly this is a movement that deserves most careful cooperation of every physician in Ohio. Cancer mortality is on the increase in this state, as our vital statistics show. Cancer diagnosis in the past has been one of the points against which severe criticism has been directed—and not without cause. A whole-hearted, state-wide propaganda should be effective in Ohio, and certainly such an accomplishment is well worth while.

## Original Articles

## The Cancer Problem

D. Tod Gilliam, M. D., Columbus, Ohio

CANCER is the disease par excellence of adult life. It kills more adults of both sexes than any other. In its collective phenomena, it is the most terrible of diseases. With its agonies, its intolerable odors, its hideous disfigurements, and above all, its uninterrupted progress toward a fatal issue, it is the premier affliction of the human race. Tuberculosis in the aggregate kills more people than cancer but it takes it heaviest toll from the initial period of life. The initial period of all life is the least to be depended on—in the springtime the tree is burdened with immature fruit which promises an enormous yield but much of it is blighted and only a small portion of it fructifies. The older books used to tell us that more than half the children born into the world die before the completion of their first dentition, or, in other words, more than half the human race die in infancy. Nowadays we prevent the blight of fruit by spraying the trees with some form of germicide and tide the children over the initial period of life by strict attention to hygiene. Nevertheless, the initial period of life is still attended by an appalling mortality and is of immeasurably less value than at a more advanced age both by reason of its uncertainty and of the unpreparedness of youth for the sterner experiences of life.

Some conception of the prevalence of this dread disease may be had when I tell you that one out of every eight women and one out of every fourteen men die of cancer. Between the ages of 55 and 65 the death rate among women from this cause increases at a fearful rate, being three times that of men, but later in life this disparity is less pronounced. But as though this was not enough we are informed by authorities that cancer is increasing in frequency and some think in virulence.

The intimate cause of cancer is unknown despite the fact that more brains, more money and more times has been given to the research than to any other subject in the whole field of medicine. More is known, however, concerning the exciting causes of cancer and it is with the view of correcting and avoiding such causes that the supreme efforts of today are concentrated. Chief among the exciting causes of cancer are the long continued and oft repeated irritations incident to certain occupations and habits of life. Instance the cancer of the tongue, lip and throat as the result of inordinate smoking. Cancer of the stomach is often the result of long continued gastric ulcer and cancer of the gall bladder is the result of gall stone irritation. But of all the exciting causes

there is none so manifestly patent as the cancers of the fingers and hand following a long series of exposures to X-Ray burns. A single gross insult like a hard blow or a squeeze seldom if ever leads to cancer, though such may be the harbinger of a sarcoma. Cancer of the breast or other external part, or even cancer of the stomach, liver or pancreas has been ascribed to a fall or blow on the part when in reality no such relationship exists. That irritation is not the basic or intimate cause of cancer is attested by the fact that it will not produce it in all people alike. Thousands are exposed to the same kind of irritation in the same or greater degree than the victims of cancer and remain unscathed. We say they are immune because they have not in their organism that subtle something which we call the intimate cause. May not the intimate cause be in itself sufficient to produce cancer?

Possibly in some cases, but in the main, no. A mole or a mother's mark may, unfretted, take on the characters of a cancer, but usually a cancer is the result of the intimate cause plus the exciting cause. The powder is there but it needs the spark to set it off. In the foregoing I have drawn a picture so sombre that you instinctively draw back from it, but there is another point of view and from this angle we see it in the rosy light of a hopeful dawn.

How far this transformation may be carried we cannot even conjecture, but I am a firm believer in the inexhaustable resources of the human intellect and am persuaded that sooner or later cancer will be a plaything in the hands of man, as subject to his will as smallpox and typhoid fever are today. See what has been accomplished in other directions—in diphtheria, yellow fever and the devastating plagues of the world. Biblical students will remember how the Assyrian army came down on the Israelites "like a wolf on the fold" and how, in one short night, 185,000 of them died, so that when they got up in the morning "behold they were all dead corpses." Such a thing, I am sure, could not occur today. And here we pause to say that although the day of complete deliverance has not arrived, a concerted effort on the part of the profession and laity would result in scaling down the mortality of cancer to a degree undreamed of by the most sanguine optimist of yesterday. And this leads to the enunciation of a couple of aphorisms as the basis of present day work:

1. In the early days of X-Ray practice many



of the operators acquired cancer from repeated exposure of the fingers and hands to X-Ray burns. When, in the course of time, they came to recognize the nature and cause of their trouble and protect themselves from it, the number of such cases rapidly diminished to near the vanishing point. There are few diseases in which the sequence is so direct and the relationship so manifest as in the case of cancers originating from this source. Smoker's cancer has much in common with the X-Ray cancer and may be placed in the same category with it.

Heat and the products of combustion—soot and smoke—are prolific causes of cancer. A stove carried against the abdomen, according to the custom of certain half savage tribes of Kashmir, stands in a causative relation to the prevalent form of cancer among this people. The cancer of chimney sweeps is not yet so archaic as to have passed out of memory even in this age of gas and electricity. Habits of life and occupational exposure are responsible for legions of cancers which need only to be understood to be guarded against.

2. Many growths that in their incipiency are perfectly innocent eventually, if left alone, become cancerous. Especially to be suspected are warts and moles. It has been my observation, however, that multiple lesions seldom become cancerous and that warts and moles, or any other form of growth that makes its appearance in numbers, may be tolerated with complacency. People generally have learned the tendency of warts and moles to degenerate into cancer and when they find themselves in possession of a crop of them become unduly alarmed. It is better for them to know that in this multiplicity there is safety, and it is also better for them to know that any kind of growth that comes in multiples, however sinister in appearance, is and will continue innocent. Likewise any painful growth, that is, any growth that is painful from the start, almost never become cancerous.

The lesson in this is that cancer is the most sneaking and insidious of diseases, and, like a snake in the grass, lies waiting to bury its poisoned fangs in the flesh of its victim when he least suspects danger. All insensitive growths are not cancer, but all cancers are insensitive until they have progressed so far as to be practically ineradicable. If a woman comes to you with painful growth of the breast and tells you it has always been painful, send her home with the injunction to nurse it carefully but not to fret it by medication; but if a woman comes to you with painless growth of the breast, lose no time in getting it away. In the foregoing we have touched on a few of the better known exciting causes of cancer. If we could know all of them and take measures to avoid them there would be very little cancer left in the world. I have tried also to caution you against unfound-

ed alarm, for if there is to be a cancer control crusade there will be enough to look after in the legitimate field of precaution without cumbering the subject with a lot of junk that is not germane. If you are to have the co-operation of the laity, it will be necessary for you to cut out all unessentials, else they will be appalled at the complexity and take their chances with the disease. Even after the cause is known it might require so much of self sacrifice, so much attention to detail, the relinquishment of such habits, the abandonment of so many occupations, so much risk in surgery, especially of deep surgery, that many people would rather run the risk of the disease than comply with the requirements. This is a phase of the subject that will have to be handled with the utmost delicacy if any great good is to be achieved.

It is only in the knowledge of the intimate cause and the possibility of removing that cause that complete immunity from cancer can be expected. But sufficient unto the day is the evil thereof, and, inasmuch as we are not prepared to combat cancer from the standpoint of immunizing the subject, it behooves us to make the most out of the means at hand.

We have already spoken of the danger of smoking. Smoking of an old fashioned white clay pipe, made in one piece, is incomparably more dangerous than smoking in any other way. If in addition, as frequently happens, the stem is broken off so that the smoke comes hot in the mouth, it is all the more damaging. The white clay stem adheres to the lip and every time it is withdrawn it carries the epithelium with it. This raw surface is subjected to the irritating effects of pressure, attrition and hot tobacco smoke, so that the wonder is not so much that cancers frequently follow as that any escape.

In fighting cancer the first and most important thing is to forestall it. Nowhere is that old saw about prevention more trite than when applied to cancer. As we have seen that oft repeated petty irritations are the exciting causes of cancer, it becomes us to avoid such irritations even if it necessitates the abandonment of a habit or change of occupation. We have already stated that cancer in the beginning is a purely local disease, as amenable to treatment as any other local disease. This means that all cancers in the initial stage should be promptly and thoroughly eradicated.

For this purpose the knife in the hands of a competent surgeon is the best weapon, especially for the more extensive lesions. It is the cleanest, quickest method of dealing with them and has the advantage of definiteness, because the surgeon can cut to the line with absolute precision. By the use of the knife the surgeon can avoid or tie the more important vessels and avoid or draw aside the more important nerves. As

the cancer travels by way of the lymphatics the surgeon can usually do this outside the infiltrated area without jeopardizing results. This method is especially applicable to the more extensive and deeper operations and to operations in the vicinity of important structures which it is necessary to safeguard. On the other hand, there is much to be said in favor of cauterization in easily accessible minor operations and in operations not involving risk to contiguous parts. People as a rule have a dread of the knife and will often postpone an operation where the knife is to be used, whereas they would readily submit to a bloodless operation, especially where that operation is attended with little or no pain. Thus, in dealing with warts and moles and the smaller neoplasms, there would be little difficulty in getting the patient's consent to an ablation. Then again, by the use of the cautery, you can go deeper, take in a broader area of tissue without

appearing to do so, than one would feel justified in cutting out with the knife. The claim of these bloodless surgeons, that the cautery has a predilection for the cancerous growth and will eat it out of healthy tissue, has no foundation in fact farther than that most cancers are composed of embryonic and immature epithelial cells with less resistance to the cautery than healthy tissues and hence come away in the form of a spider. As to the actual cautery and to a less extent the electric cautery, I would be chary of using them where the diagnosis is marked for the reason that scars of burns are particularly prone to cancerous degeneration. All areas of long continued, low grade inflammation, all warts and moles and mother's marks, indolent sores, ulcers and unhealed wounds, pimples, plaques, scales and scabs should be watched narrowly and on the first sign of an anomalous activity subjected to prompt and radical treatment.

## Evidence of the Infectious Nature of Carcinoma

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THERE is still no answer as to whether the cancer cell is or is not stimulated to proliferate by the action of some microbic agent.

Nevertheless, much evidence has been accumulated in the study of other malignant growths which points strongly to the probability that this question will be answered some day in the affirmative. This evidence has been given by Gaylord<sup>1</sup> and Smith<sup>2</sup> and may be summarized as follows:

1. While there is no evidence that the inclusion bodies in cancer are of parasitic nature it is significant that very similar bodies arise in the lesions of the acute exanthemata in man (Pfeiffer, Guarnieri, etc.) and in sheep pox (Bosc). Borrel has shown that the virus of sheep pox will pass through the Berkefeld and the coarser grade of the Chamberland filters. Likewise the virus of vaccinia and smallpox will pass the Chamberland filter. In 1911, Goldberger and Anderson<sup>3</sup> showed that the virus of measles will pass the Berkfield filter.

These facts have become extremely pertinent since the demonstration by Rous<sup>4</sup> that the virus of transplantable sarcomas of chickens will resist glycerinization, freezing and drying, and will pass through the Berkefeld filter.

2. In answer to the general belief that trans-

planted tumors are composed of cells which have descended from the transplanted cells, it may be cited that in a study of the infectious venereal granuloma of the dog, Bashford concluded that the implanted tissue entirely disappeared before the new growth manifested itself. This growth is believed by many investigators to be a true round-celled sarcoma.

Further, von Dungern<sup>5</sup> apparently demonstrated by agglutination experiments that when a round-celled sarcoma of the dog was grafted upon a fox, only fox cells grew.

3. The extensive studies of Erwin F. Smith have demonstrated that the crown gall of plants is a metastasizing tumor growth due to the stimulation furnished by *Bacterium tumifaciens* (Smith and Townsend).

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THE SEARCH FOR THE IDEAL ANTISEPTIC.—R. A. Lambert has followed the effect of the same chemical agent on bacteria and tissue cells growing together in vitro. He finds that the growth of tissue cells is more easily affected by potassium cyanide, phenol, tricresol, hydrogen peroxide and alcohol than was the growth of bacteriae. Iodin stands out as the one chemical tested to which tissue cells were found more resistant than were staphylococci. A good growth of cells was seen after exposure to a 1 in 2000 solution of iodine for an hour—a strength sufficient to sterilize the tissue completely in most instances. Lambert points out that the power of iodine to dissolve fibrin may be an objection to its use as an antiseptic wound dressing. (Jour. A. M. A., Jan. 6, 1917, p. 40).

<sup>1</sup> H. R. Gaylord—Contributions to the Subject of Immunity in Cancer. From the Annual Reports of the New York State Cancer Laboratory, Albany, N. Y., 1910, p. 17.

<sup>2</sup> E. T. Smith—The Structure and Development of Crown Gall; A Plant Cancer. Bulletin No. 255, 1912, U. S. Dep't of Agriculture.

<sup>3</sup> Peyton Rous, Jour. A. M. A., 1911, 61, p. 198, and various articles up to date in the Jour. Exper. Med.

<sup>4</sup> (J. A. M. A. 1911, 57, p. 971).

<sup>5</sup> (Muen. Med. Woch. 1912, 59, p. 238).

## Malignancy in the Genito-Urinary Tract

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**M**ALIGNANT neoplasms develop in any part of the genito-urinary system. The kidneys, bladder, prostate, testicles and glans penis are the organs most likely to be the location of these malignant changes. Rarely are the seminal vesicles, spermatic cord, the urethra or ureters primarily involved. Statistics given out by the Frankfurt Medical Society shows a decided increase in this malady in the genito-urinary system. The report, which was made from statistics gathered over two equal periods of time, shows that there was an increase, per 100,000 population, of 19.4% in the male urinary organs and of 22.2% in the male generative organs, while in the female the increase in the urinary organs was 283.3%, with only 11.1% increase in the generative organs. These findings are suggestive of a positive increase in frequency of malignancy in the organs under consideration, but the percentages cannot be universally applied. General statistics regarding cancer of genito-urinary organs are difficult to obtain as they are not separately tabulated in the Bureau of Vital Statistics. Another reason for the apparent increase is the more accurate methods of diagnosis now at our command. No cancer of the bladder can go unrecognized if one competent to use the cystoscope is given opportunity to examine the patient. Neoplasms of the kidney cannot be recognized by either the cystoscope or the X-Ray alone. Using the two together in making a radiographic picture of the kidney pelvis, it is frequently possible to diagnose a kidney tumor, which, with the clinical symptoms, will often suggest renal malignancy.

*The Kidney:* The predominant form of malignancy of the kidney is the hypernephroma, occurring at any age, but almost entirely limited to the period between 30 and 60 years of age. Sarcoma may also be found at any time of life, but it more frequently develops in those under 30 years of age and seems to have a predilection for children from 6 months to 12 years of age. A true carcinoma of the kidney is rare, as is the malignant adenoma. About 63% of all kidney malignancies occur between the ages of 40 to 60 years, and about 64% are found in the male. No favoritism is shown for either the right or left kidney.

*Hematuria, tumor and pain* constitute the triad of clinical symptoms which suggest renal malignancy.

The most frequent initial symptom is blood in the urine which is particularly true of *hypernephroma*. This growth develops so insidiously that an early diagnosis is difficult. Late recognition minimizes the value of surgical treatment. Beginning as it does in a "rest" of suprarenal tissue that was included in the kidney during

embryonic development, it grows slowly without pain until it has attained considerable size. Blood appears in the urine rather early in the history of this growth and may be noticed for only a day or so and disappear. Usually the patient does not seek advice at this time. A few weeks or months later blood again appears in the urine in a greater quantity and for a longer time. The hemorrhage may be so copious that it fills the bladder with a coagulum. The patient now becomes alarmed and consults a physician. The renal tumor may not be palpable and there is probably little, if any, pain. The pyelographic X-Ray is our greatest diagnostic aid.

These early cases should have the benefit of careful examination as early operative treatment means a much more favorable prognosis. It is not fair to the patient to temporize until a large palpable tumor is present and the patient is suffering great pain.

*Sarcomata* develop more rapidly and do not bleed into the urine stream so readily as do hypernephroma. Within a few weeks a sarcoma of the kidneys may fill almost the entire one-half of the abdomen without pain or hematuria. A rapidly growing tumor of kidney suggests sarcoma.

The appearance of varicocele on the same side as the kidney tumor suggests that the tumor has either involved the adjacent blood vessels, or that it is pressing upon them.

*The Bladder:* Malignancy of the urinary bladder is not uncommon. It may occur as early as 22 years of age, as it did in one case that came under my observation, or at any time thereafter. The first suggestion is painless hematuria. As soon as possible the patient should be cytoscoped. At this time the growth is small and may be amenable to treatment. Bladder tumors can be as plainly seen and as certainly recognized as a growth on the face. It matters not how small the growth, it not only can be seen through the cystoscope, but can also be treated through the same instrument. A single small growth does not suggest malignancy, yet in view of the fact that many pathologists claim that every vesical papilloma is potentially malignant, it behooves us to destroy these growths in their incipiency. If seen early they can be completely destroyed by one to six fulguration treatments with the high frequency current. This is usually done in the office and the patient loses practically no time from his work.

There is perhaps nothing more discouraging than advanced cancer of the urinary bladder. Surgery offers but little except where the growth is limited to the vertex of the bladder and wide removal is possible. Radium introduced into the bladder has stopped the bleeding and allevi-

ated the pain in many cases. Just how much permanent good will follow the radium treatment remains to be seen, but the rendering of the patient more comfortable and making life tolerable is worth while.

*The Prostates* A considerable number of men past 50 years of age who are supposed to be suffering from prostatic hypertrophy really have malignancy of the prostate, which is seldom recognized early in its development. A fixed, hard, nodular prostate found in men of advanced years suggests malignancy. If this hardened mass can be felt between a metal sound in the urethra and the examining finger in the rectum it is nearly always malignant. Because a malignant prostate is not early recognized the prognosis is not favorable.

*The Testicles:* Persistent enlargement of the testicle subsequent to a traumatism of the organ at least suggests a sarcoma. This is especially true if the patient is under 40 years of age. In early adult life the development is very rapid. At all ages, syphilis must not be forgotten, and the patient given heroic anti-syphilitic treatment. The earlier the diagnosis can be made and the testicle removed the more favorable the prognosis. Massive X-Ray treatment of the groin following orchidectomy may prevent early intro-abdominal development of the malignancy.

Carcinoma of the testicle is rare, comes late in life, is of slow growth, is more firm and rarely attains the large size of the sarcoma.

*The Penis:* Epithelioma of the penis should seldom be the cause of a diagnostic error, yet it has so happened that a portion of this organ has been amputated for malignancy when the lesion was really due to syphilis. In case of doubt give heroic anti-syphilis treatment. If doubt still lingers in the mind of the medical attendant, cocaineize the ulcer or growth, remove a small portion and have it examined by a competent pathologist. A diagnosis of malignancy of the penis calls for radical removal of the entire organ and as much of the lymphatic system in the groin as is possible. Any operation short of this is worse than useless.

*The Ureter:* Primary malignancy of the ureter is sufficiently rare to make the following case worthy of consideration. Mrs. X., widow, 55 years of age, consulted me for blood and pus in the urine. She gave the rather remarkable history of having had blood in the urine at the age of 5. During the subsequent 50 years there were attacks, at varying intervals, of severe pain in left loin and inguinal regions. After suffering from 6 to 36 hours, considerable blood would appear in the urine for a day or two and the patient would again become comfortable. For a few attacks preceding the time I first saw her there was considerable pus with the blood in the urine. A mass about twice the size of a normal kidney could easily be palpated in the left renal region.

Radiographs were negative as to calculi. It was determined by ureteral catheterization that all of the pus and blood was coming from the left side. Functional test proved a normal right kidney and showed no urinary function from the left. Diagnosis of pyonephrosis was made and surgical removal advised, which the patient readily accepted. Exposure of the mass through a lumbar incision extraperitoneally revealed a large pyonephrotic sac, which was dissected from adjacent structures. The ureter was found to be more than one inch in diameter. This enlargement extended to the brim of the bony pelvis, where it abruptly became almost normal in size. It was ligated and severed below the enlarged portion and removed with the pyonephrotic sac. Convalescence was uneventful.



Examination of the specimen removed showed that all renal tissue had been destroyed and that the very large ureter was filled with a grumous material resembling a broken down sarcoma. Washing this away, it was seen that the interior of this dilated ureter was almost covered with papillomatous growths. Upon microscopic examination these were typically malignant.

Evidently this patient's trouble began at the age of 5 years with a small papilloma in the ureter which gradually involved a large portion of the interior of the ureter, and after many years had caused sufficient back pressure damage to the kidney to precipitate infection with total destruction to the renal tissue.

#### SUMMARY

Early diagnosis of malignancy of the kidneys and bladder depends on a full realization of the significance of hematuria, and the value of early cystoscopic and X-Ray examination. Malignancy of the external male genitalia should be suspected in traumatism of the testicle and chronic ulcers of the penis, always excluding lues by serologic and therapeutic tests. Treatment is surgical and to be most efficient must be applied as early as it is possible to make a diagnosis.

## Cancer of the Uterus

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CANCER of the uterus is one of the most frequent forms of cancer occurring in women. Twenty-five thousand women die annually in Germany from cancer of the genital organs. Twelve thousand and five hundred women died last year in the United States from cancer of the uterus and 20,000 from cancer of the breast. Cancer in general is on the increase. We can truly speak of a cancer menace. If we consider that about 30 or 35% of the cases of cancer which we see are inoperable, and if we consider that more than 75% of all these cases come to us in advanced stages, there is certainly room for improvement. There always will be cases, of course, where the only thing we can say is, "Too late," but this number can certainly be reduced if all our energy is directed toward such diminution.

The classical belief that cancer of the uterus occurs only at the time of menopause is erroneous. It is often seen about the thirtieth year of life; it has been observed at twenty, fifteen, ten, eight years, and even at seven months. So far as the etiology of cancer of the uterus is concerned, we are no further advanced today than we were in time past. However, chronic irritations, inflammations, tears of the cervix, erosions, endometritis, etc., must be unquestionably regarded as contributory factors of cancer of the uterus.

Cancer may develop in the cervix or in the fundus. In the cervix it may have its starting point on the outer lip, or it may be entirely intra-cervical at first. There are several varieties of cancer of the uterus:

1. The *papillary form*, which takes place mostly in the cervix and gives rise to papillary formations of various sizes. These papillary formations are firm, friable, bleed easily, and often involve the vagina. This cancer is known as the "cauliflower cancer."

2. The *ulcerative form*. This form of cancer has no papillary formations. Its chief characteristic is to ulcerate the cervix progressively and to form an excavation instead of giving rise to papillary formations.

3. The *hypertrophic form*. This variety of cancer, less common than the other two, is characterized by a cancerous ulceration accompanied, at the same time, by a marked hyperplasia of the cervical portion.

Symptoms:—The most important symptoms found in the history of cancerous patients are: (1) hemorrhage; (2) white discharge; (3) pain.

*Hemorrhage.* The first danger sign of cancer of the uterus is hemorrhage. It may be caused by fatigue, a long walk, or any strenuous physical exercise, but sometimes without cause at

all. If the patient is in the full activity of her genital life, she thinks that the menstrual period is coming too soon. If menopause is only of recent date, she thinks this hemorrhage is still in connection with the "change of life." This hemorrhage is scant; exceptionally, it may be quite profuse. It does not last long and appears again after a short interval and so on until weeks and months have passed during which the patient hopes in vain that it will stop. In other instances the hemorrhage takes place at the menstrual time, in the form of a menorrhagia. In this case the menstrual flow is decidedly more profuse than usual, lasts longer and terminates by a discharge of yellowish, pink, or bloody fluid. The same thing happens at subsequent menstruations and so on until finally the patient begins to worry. The bloody discharge may alternate with a reddish, rusty discharge which may be fetid or may not. Most treacherous are the cases where there is no hemorrhage, and where the only symptom found is a yellowish, white discharge. As a vaginal discharge does not particularly frighten the majority of women, such patients are bound to wait until the cancer has become inoperable before they seek medical attention. In a few cases the hemorrhages may be accompanied by pain.

In cancer of the uterus, especially of the cervix, the hemorrhage is due to the rupture of the small bloodvessels in the cancerous mass. A simple friction, like coitus, the vaginal douche, or a vaginal examination, is enough to rupture such vessels; this rupture is very apt to take place when congestion of the pelvic organs is increased, as in menstrual time, fatigue, efforts of defecation, etc. The amount of hemorrhage is in proportion to the number of bloodvessels ruptured. The pink, reddish, or rusty serous discharge is due to a secretion from the cancer itself. Such patients seek advice too late because some friend, some neighbor, some midwife, the grocer, or even a doctor, told them that the hemorrhages were due to the change of life. They miss the opportune moment for cure, not because of some wrong diagnosis, but because of a wrong physiological conception, which is not only erroneous but dangerous, since it ascribes to a normal process, the menopause, what is in reality a symptom of the deadly *cancer of the uterus*. Any other diagnosis would be infinitely better, because, at least, the chances for seeking medical attention and consequently of getting a correct diagnosis would be greatly increased.

It cannot be too strongly emphasized that during a normal menopause the menstrual periods become less and less frequent, less and less abundant, and finally stop. Just like a small

fire, they gradually die away without struggle, without flaring up. This period of transition usually runs a course of a little over a year.

So you see that we are far away from these so-called "hemorrhages of the menopause." Hemorrhages at the time of the normal menopause do not exist, and every hemorrhage, be it menorrhagic or metrorrhagic, is the result of a pathological process. When we meet with such cases it is our duty to find out what disease we have to deal with, remembering that hemorrhages at the time of menopause can be found in connection with various diseases of the uterus, especially in endometritis and metritis, in fibromyoma, in malignant diseases, cancer, sarcoma, or in conditions where no material lesions are to be found.

*White Discharge.* Leucorrhœa associated with cancer of the uterus may be very abundant or may not be so. Usually, leucorrhœa affects the type of a fluid secretion more or less reddish in color and often with a marked peculiar odor of its own. This discharge is very apt to cause irritation of the external genitalia on account of its corrosive character. In some other instances, the discharge is more or less abundant and is of a watery type. The white and yellowish discharges are due to infection of the cancerous ulcer and to an endometritis, which so often accompanies or precedes the disease. The fetidity is due to beginning necrosis of the cancer.

*Pain.* Pain, which in the last stage of uterine cancer is the dominant feature, is scarcely ever present in the early development of cancer of the uterus. It would be a fatal mistake to wait until that symptom is present before making the diagnosis of cancer of the uterus. In the late stage, the pain may become excruciating. It is then caused by the involvement of the sacral and lumbar plexuses of the cancerous masses.

*Diagnosis.* The diagnosis of cancer of the uterus ought to be made early. Whenever the cancer has passed a certain stage, the outcome of the case is more than dubious. For that reason every little symptom ought to be carefully analyzed; physicians ought to have always in mind the possibility of a malignant degeneration of the uterus whenever a patient complains of some genital trouble. It is not enough to simply perform a vaginal examination. The speculum should be applied, as often a beginning ulceration may be passed unnoticed by the fingers, whereas it can be easily seen by the naked eye. Whenever there is any suspicion curettage should be performed. If a suspected part is found, a V-shaped piece ought to be cut out for microscopical examination, always remembering that the value of the pathological report depends very much upon the "man who is behind the gun." Even an expert pathologist is sometimes unable to give a definite opinion in certain cases. It should not be forgotten that sometimes simple erosions give apparently the same microscopical picture as a ma-

lignant degeneration, that the glandular canals are enlarged, hypertrophic, increased in number, and that these small nodules may be spread in a more or less irregular way, thus suggesting the possibility of cancer. It is the size and form of these cells and more especially the mitotic figures which are most valuable for diagnosis.

When once the diagnosis of cancer of the uterus has been made, we ought to go a step further and establish its relation to the surrounding structures in order to determine its degree of operability, as it is from that standpoint that the prognosis will be ascertained. Three factors must be taken into consideration to determine operability: (1) pain; (2) mobility of the uterus; (3) the involvement of the broad ligaments.

As said before, pain is a late symptom, one showing that the sacro-lumbar plexuses have been involved; it is consequently of doubtful prognosis so far as operability is concerned.

Mobility of the uterus is determined by the vaginal examination. In normal conditions the uterus is easily displaced, the cervix is firm, and the cul-de-sacs of the vagina are elastic. When the uterus is imbedded in a fibro-cancerous mass, it has lost its mobility, it is no longer possible to move it freely and to pull it down with the tenaculum. Under such conditions the degree of operability is greatly reduced.

Involvement of the broad ligaments. This, of course, is not always easily determined as it depends upon the ease with which the vaginal examination may be performed. When present it is always a sign of a bad prognosis, as the cancer has progressed beyond its boundaries. Here, again, the chances for a successful operation have almost vanished. However, it is a consoling fact to know that involvement of the broad ligaments is not always as extensive as it at first appears to be. Of course, too, the relation of the rectum and bladder to the cancer must be determined in order to ascertain the degree of operability.

When discussing the problem of cancer of the uterus, the mortality is not the only factor which should be taken into consideration. There is a humanitarian side to it. We cannot forget the prolonged agony which the patient must endure and the awful death which terminates that condition. There is also the sociological point of view. The injustice of it all is that cancer of the uterus usually strikes women who just have fulfilled their duties as childbearers, and who are swept away at a time when their life is most necessary to the welfare of their families. All these considerations should be a great incentive to the medical profession, and to the public, to begin a well organized campaign against cancer. We know that, so far, the only chance for permanent success lies in an early operation. We have no other means. So far as the surgical technique is concerned, we can say that it has

reached its perfection. If we are to better our results all our efforts should be directed toward improving our diagnostic means, as an early diagnosis will give the greatest safety.

The campaign of education should be three-fold: first, we ought to educate the medical profession; second, the nurses, and third, the laity.

*Medical Profession.* Like all things, a cancer must have a beginning, one that is minute and cannot be seen. At first it is a local affair; only later does it become systemic. When it is small no lymphatics are involved, and if we find it thus early and cut it out, the system is free of it and continues so. Hence, at the present time, the whole question of cure resolves itself into an early diagnosis; and the question of early diagnosis depends almost entirely upon the physician who sees the patient first.

Physicians should always make a complete examination of the genital organs as soon as a symptom, even trifling, is complained of. Even now, we sometimes see women with cancer of the uterus, who have consulted in due time one or more physicians who have failed to perform the only examination which would enable them to make a correct diagnosis, namely, the vaginal examination. This education ought to start early. It ought to start while the doctor is still on the benches of the university. How many graduates know what and how a cancer of the uterus feels and looks? How many of them know the differentiation between the pathological and normal cervix? Of course, anybody can make the diagnosis of an advanced cancer of the uterus. This is no longer the point, because it is too late. It is not when the cancer has involved the vagina, rectum, bladder, and the sacro-lumbar plexuses, etc., that the diagnosis of cancer is of value. It is before. The presence of an ulceration with a raised and indurated edge, with firm bottom, will be enough to warrant the diagnosis of cancer. If the ulceration is friable, bleeds easily, doubt is no longer permissible. If the starting point of the cancer is intracervical, inaccessible to the finger, the uneven consistency of the cervix is of good diagnostic value. In that case a hard area will often be found in contradistinction to the remaining portion of the cervix which may be more or less soft. The vaginal examination ought to be performed with bare fingers, as a slight difference in consistency, a slight erosion, will be much more easily appreciated than if the fingers are covered with thick rubber gloves. Furthermore, we must remember that the majority of cancers of the cervix are at the onset intracervical and liable to be overlooked. For that reason the speculum examination should be accompanied with a probing of the uterus, and if necessary a dilatation of the cervix.

When once the diagnosis has been made, the duty of the physician is to avoid temporizing or to avoid any sort of therapeutic measures which are not surgical. He ought to use his authority

and power to convince the patient that an operation is necessary at once. To be sure, his duty is not always an easy one, but he should remember that the outcome of a case of cancer rests upon him. His efforts should not cease until the patient is safely in the hands of a competent surgeon.

*Nurses.* Oftentimes a patient will talk more freely about her troubles with a nurse than with a doctor. The nurse acts then as a "go between" between the patient and the doctor. She too should be taught the early symptoms of cancer of the uterus as well as of cancer of the other organs.

*What the Public Ought to Know.* A campaign of education for the public should be started, because if it is true that sometimes the medical profession is guilty of negligence or ignorance, it is far more true of the public. They do not yield readily to the advice given them by their physicians. How many deaths could be avoided if the people only knew, if they had confidence in the advice given them, if they knew especially that procrastination means prolonged and awful agony which terminates in death.

*What Every Woman Should Know:*

(1) That cancer of the uterus is a common disease which may occur at any time, but is far more frequent between the ages of forty and fifty years.

(2) That cancer of the uterus is fatal, and that the average duration of the life of a woman afflicted with this disease is about two years.

(3) That the only means we have at hand for cure is the surgical treatment.

(4) That the cure can be complete and permanent provided it is performed in the early development of cancer.

(5) That the woman holds her destiny in her own hands, and the sooner she consults a physician the better her chances will be.

(6) That she ought to consult a physician at once and submit to a physical examination as soon as she notices some hemorrhage of abnormal character, as soon as she has prolonged menstruation or hemorrhages occurring between the menstrual periods, or bloody discharge succeeding sexual intercourse.

(7) That there is no such thing as the hemorrhage of change of life.

(8) That any white, yellowish, reddish, or watery discharge ought not to be considered in a light manner, and that its true significance should be obtained as soon as possible. This can be done only by consulting a physician.

(9) That cancer in its beginning is absolutely painless. That it affects the general health only in the last stage so that to wait for pain or cachexia would be a fatal mistake.

(10) That she should not consult quacks nor take patent medicine, as she is thereby losing precious time during which she could be saved permanently.

## Cancer of the Larynx

George W. Crile, M.D., F.A.C.S., Cleveland, Ohio

IN view of the strategic position and importance of the larynx in its relation to the respiratory tract, it is not surprising that the encroachment upon or within it of a malignant growth should be viewed by the layman with peculiar and almost hopeless dread, or that the successful removal of the larynx should be one of the later achievements of surgery. Yet the complete extirpation of an intrinsic cancer of the larynx is one of the most successful operations for cancer as far as the ultimate cure of the cancer is concerned, and the comparative safety of the laryngectomy itself is attested by the fact that in my own series of cases the mortality rate compares favorably with that of excisions of the tongue or of the rectum for cancer.

The ultimate cure of a given case of cancer of the larynx depends principally upon whether it is primary or secondary; and if primary, whether it is intrinsic or extrinsic. If secondary, the cancer is an extension through the lymph channels from the tongue, throat or some other part of the head or neck, and it is obvious that, in such a case, the removal of the larynx would almost inevitably be futile.

*Extrinsic cancer* of the larynx, as the term implies, has its origin in some part or parts outside the larynx proper, such as the epiglottis or the arytenoids. Because of the abundance of lymphatic connections, this form of laryngeal cancer extends rapidly and is rapidly fatal, and operation for its relief is at best but a desperate palliative remedy.

*Intrinsic laryngeal cancer*, on the other hand, starts within the larynx itself, in the vocal cords, the ventricular bands or the parts below. Since the walls of the larynx consist of hyaline cartilage, and cancer cannot penetrate cartilage, intrinsic cancer of the larynx is contained as it were in a safe deposit box. Its only avenues of egress are through the thymus hyoidean membrane, through mucous membrane invasion upward, and to a very limited extent through the sparsely supplied lymphatics. Because of the early involvement of the vocal cords, the presence of the cancer is early made known by every spoken word and there is a persistent hoarseness which promptly leads the patient to seek relief. Not every instance of chronic hoarseness, however, is due to a cancer.

The tumor disclosed by the laryngoscope may be a papilloma, a fibroma, or other benign growth which can be readily removed; but the diagnosis of the benign character of the neoplasm should be established beyond question, the same axiom applying here as in the case of a doubtful tumor anywhere else in the body—in case of doubt proceed as if the diagnosis of cancer were established.

In 16 of my own 34 laryngectomies, the laryngeal box was so choked with the growth that tracheotomy was required to prevent suffocation. Most of these patients gave a long history of hoarseness followed by gradual though intermittent obstruction to respiration. In two cases there was associated lues, one of these cases illustrating well the clinical difficulty of making a final diagnosis. The lesion was first diagnosed correctly as luetic, and under a course of treatment the greater part of the growth disappeared. The residual growth, however, showed a progressive tendency, and was later diagnosed as cancer. Laryngectomy was performed and the patient was alive and well when last heard from, five years after his operation. The special lesson taught by this case is that cancer of the larynx, like cancer of the tongue, may follow local luetic lesions. There is danger, therefore, that the hope of a luetic cure may defer too long the laryngectomy which is the only hope for the cure of the cancer.

### LARYNGECTOMY FOR INTRINSIC CANCER.

A study of the leading factors which contributed to the fatal outcome in laryngectomies reported in literature and in my own series has led me to adopt a plan of procedure, by means of which, not only are these special dangers obviated but the resistance of the patient is increased.

Two of the greatest dangers which attend the complete extirpation of the larynx are mediastinitis or mediastinal abscess, and vagitis. To obviate the first of these, in a preliminary operation the deep planes of the neck on each side of the trachea are packed with iodoform gauze. This causes a local reaction which fixes the trachea and protects the mediastinum, thus eliminating the great danger of mediastinal infection which, after pneumonia, has caused the greatest number of deaths following laryngectomy.

The danger of vagitis also may be eliminated if the dissection is carried on one side of the larynx all the way to the upper margin of the field of final operation, this territory being packed with iodoform gauze just as the deep planes of the neck are packed. By this procedure one vagus must take the brunt of exposure and adjustment before the larynx is removed. By the time the laryngectomy is done the vagus thus treated will be readjusted and ready to resume its function.

The second stage of the laryngectomy is then safely and easily accomplished, although it is followed usually by a brisk local reaction. But, since the mediastinum has been protected by the previous gauze packing, and the broncho-pul-

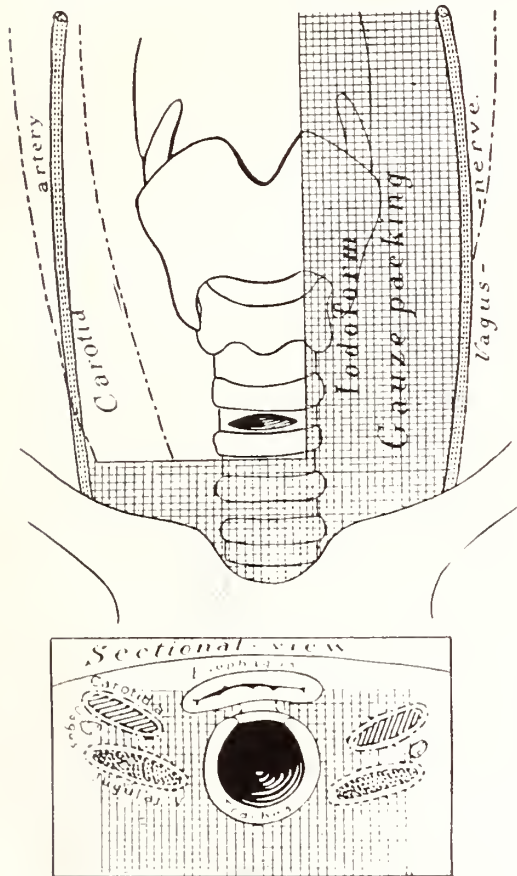


monary tract has been given a special defense by the preliminary tracheotomy, the patient is well equipped to meet the new condition. In my series of 34 laryngectomies, 29 have been thus graded with but two deaths.

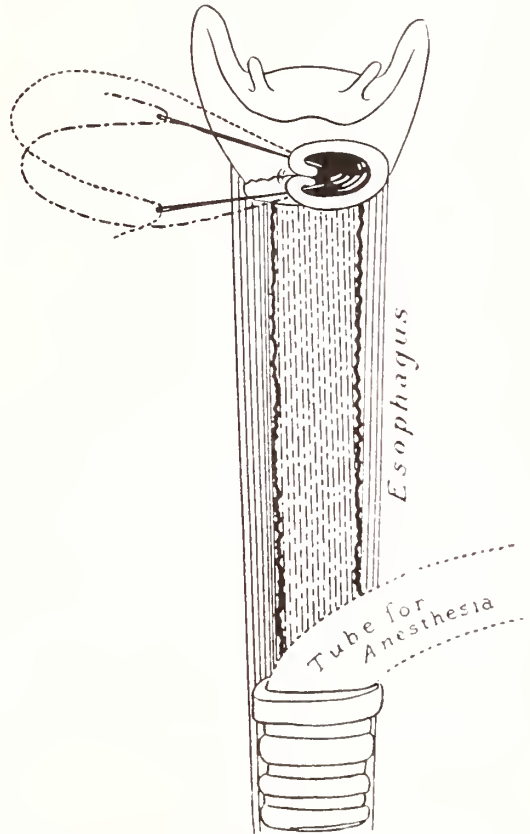
As for the permanent disability of the patient—impairment of speech, disfigurement, and pre-

to my knowledge there has been no instance of a foreign body in the respiratory tract of any of my laryngectomized patients, nor has there been a single case of pneumonia. In fact, not only have these patients shown no tendency to pneumonia and bronchitis, but they have been remarkably free from nasal colds.

From the point of view both of the surgeon and of the patient, therefore, the special difficulties and dangers of the operation and even the greatest of the permanent disabilities are far more than compensated by the early relief of



A. Schematic drawing to illustrate the method of packing the lateral planes of neck with iodoform gauze at preliminary operation.



B. Shoemaker's stitch used in closing pharyngeal opening.

disposition to pulmonary diseases and accidents—this is an important consideration but is readily met. The speech defect, to be sure, is great, but it can be compensated to a remarkable degree by the development of a buccal whisper, the use of gestures and the adaptation of those individuals who come into daily contact with the patient. One of my patients is at the head of a large industrial corporation, another is a judge, one is a noted writer, one a foreman in a public works department, one became a popular barber, still another is managing a small coal sales agency, one housewife apparently gets on well enough, and a farmer has successfully managed his flocks and his teams in silence.

The disfigurement may be covered by cravats or other neckwear so arranged as not only to allow free breathing, but also to diminish the sibilant sounds of the changing air currents.

As to a predisposition to accident and disease,

distressing symptoms and the complete cure of the disease.

EXTRINSIC CANCER OF THE LARYNX.

As has already been stated, on account of its position and the wide involvement of the neighboring parts, extrinsic cancer of the larynx presents an entirely different and a more desperate problem than does intrinsic cancer, but nevertheless extrinsic laryngeal cancer is as accessible as cancer of the base of the tongue—more accessible than cancer of the tonsil or of the pharynx.

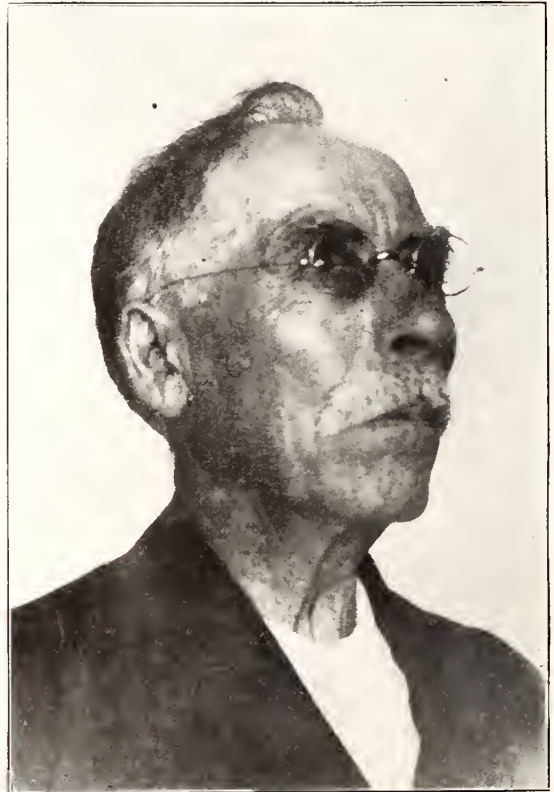
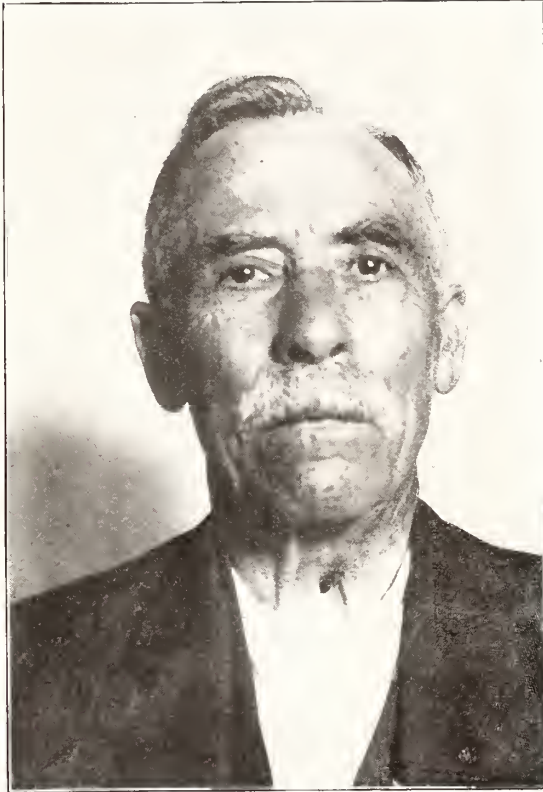
In attacking cancer here, a preliminary tracheotomy is essential, and it is necessary to make wide incisions in order that if an ulcer area exists it may be cautiously exposed and thoroughly thermocauterized. In the further dissection great care must be exercised not to disturb the eschar.

After the cancer has been completely and widely excised, the wound should be left open for the free use of the X-Ray.

In one of the author's cases, the excision included the base of the tongue, the pillars of the pharynx, the pharynx itself, the entire larynx, the hyoid, all the tissues lying between the juncture of the posterior and the middle third of the tongue, the upper ring of the trachea, and the upper end of the esophagus, only a slight cover-

drink, and smoke with ease and comfort.

In another instance, the operation in the local field was less extensive, but the lymphatic involvement was much greater. In this case the larynx was so clearly filled with the growth that the obstruction had caused asphyxia. An emergency tracheotomy was performed, at which time one of the lymphatic glands was removed for diagnosis. At the later operation all the lymphatic gland-bearing tissues on both sides of



Photographs of patient, aged 70 years, five years after laryngectomy for cancer of the larynx.

ing of the vertebræ being left. For a long time, during which the X-Ray was used freely, this enormous wound looked hopeless, but it finally closed completely.

About four years later, a metastasis developed in one of the submaxillary glands. When the author saw it, this growth was quite large, and hugged the jaw closely, and the skin above it was swollen and inflamed. Again a wide excision was made, so extensive that it would have been impossible to close the wound had its closure been desired. The lower jaw was so closely hugged by the cancer that about one-third of the bone was sawed off longitudinally. During the process of healing the X-Ray was used freely and in due time the wound was skin grafted and closed. Eleven years after the first operation and seven years after the last, this patient died of pneumonia. Up to the time of his last illness, he was able to work, could converse with a kind of buccal whisper, and was able to eat,

the neck were removed *en bloc* with the larynx and the base of the tongue. This patient is well and hale nineteen years after the operation.

These cases have taught me that no one can tell when a case is hopeless. The repair of the extensive mutilations produced by these operations, especially the first, in which so many important structures were removed, and the complete recoveries, have ever since been a source of encouragement.

#### SUMMARY

I. Intrinsic cancer of the larynx is perhaps more curable than cancer of any other part of the body.

II. Operation should be early.

III. Laryngectomy is most safely performed in two stages.

IV. Even if an extrinsic cancer of the larynx seems hopelessly extensive, the patient should be given a fighting chance by as far reaching a dissection as is possible.

## Carcinoma of the Breast

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CARCINOMA of the breast offers the best opportunity for studying this disease in its incipiency and for bringing about a complete and radical cure. The external, easily accessible location of the breast affords, in marked contrast with the stomach and uterus, ample opportunity for the early recognition and wide removal of malignant neoplasms. Because of these facts the prognosis in carcinoma of the breast should be fully as good, if not better, than when the growth is present in any other locality.

The great bar to successful treatment of carcinoma of the breast lies in the oft-time futile attempt to make a differential diagnosis of the various tumors that may be found in this organ. Too many physicians permit hope to displace judgment and experience, and while they flounder around in a hopeless maze of pathological details lose sight of the fact that the symptoms, as ordinarily given as characteristic of this disease, are the terminal ones—those which frequently indicate that the disease has passed beyond the stage of successful treatment. A breast presenting the classic symptoms of puckering of the skin, retraction of the nipple and palpable enlargement of the axillary lymphatics is one that has passed beyond the likelihood of cure by any measure known to us at the present time.

Puckering of the skin may be an *early* symptom, but only when the neoplasm originates in the more superficial portions of the gland, the area lying immediately under the cuticle. When the growth is superficial, puckering of the skin may be of value in diagnosis, but its absence when the growth is in the body of the gland is by no means an evidence that the growth is benign. Puckering of the skin will be a *late* symptom when the growth originates in the parts of the gland away from the under surface of the skin.

Retraction of the nipple is apt to be a late symptom unless the cancer is located in close proximity to that structure, the retraction being due to the contraction of the fibrous bands or ducts running to the nipple. When the tumor is, as is most often the case, located in the upper, outer quadrant of the breast, death may occur without retraction of the nipple, and an eccentrically located growth may pass through its entire course without appreciable drawing in of the nipple.

Enlargement of the axillary glands means that the disease has broken out of its original bounds and that the patient now has many foci of cancer instead of the original one. It also means that there is a possibility, or even a probability, that the disease has been transported from an easily

accessible locality to others that are inaccessible. Fortunately all enlarged axillary glands associated with carcinoma of the breast are not cancerous, but we must always assume that they are. Unfortunately we have no means of determining in advance which are, and which are not, cancerous. The strong presumption in an individual case is in favor of their being malignant. If the foregoing is true, and every physician should know that it is true, one would be highly culpable were he to await infiltration and enlargement of the axillary glands before recommending surgical intervention.

If we eliminate the above symptoms from our consideration, what other symptoms shall we have for our guidance? Can one make a *positive* diagnosis of cancer of the breast when one or all of the symptoms mentioned above are absent?

One is practically compelled to rely upon a change in the texture or consistence of the organ to know that the breast is not a normal one. Examination of the breast by palpation will reveal one or more areas of increased density which will stand out in contrast with the softer areas of normal mammary tissue. If these hardened areas are multiple they will most likely prove to be inflammatory or cystic. Should there be a single indurated area the diagnosis is narrowed down to a neoplasm or a single cyst. The amount of induration may vary from stony hardness to a soft fluctuating mass, but one may be deceived as to whether the mass is fluctuating or not.

No difficulty should be experienced in recognizing as malignant those masses which present the marked induration characteristic of malignant disease. No physician who has once felt the inimitable hardness of a scirrhus breast can ever fail to recognize it upon a second acquaintance. There need, therefore, be no hesitation in this class of cases.

A single tumor lacking the characteristic feel of scirrhus may be a soft, succulent, rapidly growing and very fatal form of carcinoma, or it may be a fibro-adenoma of the breast, and the differential diagnosis may be very difficult or even impossible. A very close observation of the mass, extending over a limited time—say six weeks—may lead one to favor one or the other diagnosis. If the tumor is in a woman under thirty-five and shows no tendency to increase in size in six weeks, one may assume that the tumor is fibro-adenomatous in character, but the woman should be kept under careful observation with repeated examinations until one can satisfy himself that the tumor is stationary. If on the other hand the woman is over thirty-five the evi-

dence will be strongly in favor of the tumor being malignant in its nature. The best interests of the woman will be served by assuming that the tumor is carcinomatous.

The status of fibro-adenomata of the breast is by no means clear. Some writers assume that they have done their full duty after making a diagnosis of benign disease of the breast, but further experience will convince them that many of the so-called innocent tumors of the breast ultimately become malignant. Time after time women will give histories of lumps in the breast which remained unchanged for years, and then for some unknown reason assumed all of the features of malignant growths. The original tumors in this class of cases were fibro-adenomatous in character, as is proved in not a few instances in which adenomatous tumors have been excised only to be followed by the appearance at a later date, of a tumor having the characteristics of cancer. In many instances the malignant growth has appeared on the site from which the so-called innocent tumor had been removed previously. This fact certainly suggests the possibility of relationship between the two growths, and this possibility is converted into a certainty by the cases in which a tumor, long dormant, assumes a malignant nature. Fewer cases of well-marked cancer of the breast will be met with if we assume that the so-called benign adenomata possess the property of being converted into malignant tumors. The adenomata must be regarded as precursors of cancer or carcinoma in the making.

Polycystic disease of the breast is not infrequent. In our personal experience this condition has been encountered more frequently in women under thirty-five than in later life. Various opinions have been expressed as to the significance of this condition and this difference of opinion has led to a disagreement as to treatment. Opinions range all the way from very conservative to very radical.

In this class of cases one must be very careful to discriminate between the best interests of the woman and a desire to display great diagnostic acumen. The primary interest of the patient is to secure the treatment which promises the best and most lasting results. She is not interested in the purely scientific aspects of her trouble.

My individual experience based upon quite a considerable number of cases, and checked by very careful microscopic examinations of the specimens, has resulted in the conviction that a very large proportion of polycystic breasts show undoubted evidences of malignant changes, and are to be regarded as malignant in their nature. A polycystic breast is potentially, if not actually, malignant.

Multiple cysts are not infrequently bilateral. Occasionally the second breast becomes cystic in a variable time after the other one. The only safe course to follow is the early removal (pre-

ferably by enucleation) of any breast the seat of multiple cysts.

Tuberculosis of the breast is not a common affection. When it does occur it is seldom the primary focus, but should it prove to be the initial infection no one would question the advisability of removing the breast as a preventive measure against the dissemination of the disease.

A careful consideration of the whole subject of tumors of the breast forces one to the conclusion that the vast majority of breast tumors are either actually or potentially malignant. If this deduction is correct the logical treatment is to destroy the disease while it is still local, i. e., the original focus of disease. Any well-defined lump in the breast may be, and most likely is, malignant and should be treated radically unless one is able to adduce preponderating evidence of its innocence. The rule should be to regard every breast tumor as malignant unless it can be proved innocent.

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**BINIODOL.**—The Council on Pharmacy and Chemistry reports that Biniodol is claimed by the manufacturer, Charles C. Yarbrough, Memphis, Tenn., to be a solution of 1 per cent mercuric iodid and 2.75 per cent guaiacol in a vegetable oil and that it is marketed with the implication that it is new and superior to other oil solutions of mercuric iodid. The Council found that the claims of novelty and of superiority were not substantiated by the evidence. Clinical investigation did not demonstrate the effects of Biniodol to be different from those of solutions prepared in the A. M. A. Chemical Laboratory, with and without guaiacol. The Council declared Biniodol, inadmissible to New and Non-official Remedies because claims of superior efficiency were not established; and because it is an unessential modification of an established non-proprietary article marketed under a proprietary name (Jour. A. M. A., Feb. 24, 1917, p. 650).

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**FATE OF TRYPSIN IN THE STOMACH.**—Judging by recent experiments, it appears that the proteolytic enzyme of the pancreas isolated as trypsin is capable of withstanding a rather long digestion in presence of hydrochloric acid and pepsin provided that sufficient protein is present to combine with all or a part of the acid and so bring the free acid down to a certain level. From the observation it seems possible that some tyryptic digestion may occur within the stomach when the free acid is low from combination with protein. The results do not, however, even remotely suggest that the administration of a few grains of the various commercial products claimed to contain trypsin or pancreatin would have the slightest therapeutic significance (Jour. A. M. A., Feb. 17, 1917, p. 554).

## The Surgical Treatment of Cancer of the Stomach

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THE surgical treatment of cancer of the stomach offers the only hope of cure to patients suffering from this formidable disease. The degree of curability is dependent upon the situation of the growth in the stomach and upon the early recognition of the disease.

The classic rule for radical operation for cancer, i. e., the removal of the involved organ, the contiguous tissues and the regional lymphatic glands, is applicable to the surgical treatment of cancer of the stomach. The usual type of operation presents one exception to this rule—the entire organ is not removed. Partial gastrectomy, the operation of choice, is as a rule sufficient for the majority of cases on account of the peculiar arrangement of the stomach lymphatic channels and the situation of the growth.

In recent years the radical operation for cancer of the stomach has been extended and broadened in its scope. We read not infrequently in our literature reports of successful removal of portions of the colon with its mesocolon, portions of the pancreas, and even the left lobe of the liver.

It is a lamentable fact that most cases of gastric cancer come to the surgeon too late for radical operation. This is not always due to improper recognition of the disease by the internist or the general physician. Probably the most important factor which influences early diagnosis is the situation of the growth on the stomach wall. In general, it must be said that whenever the growth is situated near the orifices, so as to interfere with the mechanical functions of the stomach, the earlier will the symptoms appear and the earlier a diagnosis can be made. It is well known that cancers effecting other portions of the stomach may develop to a state of inoperability before the condition is even suspected. Fortunately most cancers of the stomach are located at the outer portion of the organ, involving the pylorus or the lesser curvature. It has been estimated that fully 80% of all cancers of the stomach are to be found either on the pylorus or the lesser curvature; the remaining 20% on the cardiac or other portions of the stomach. Smithies' in an analysis of 854 cases gives 66.7% effecting the pylorus and lesser curvature.

The relation of gastric ulcer to cancer has been the subject of much discussion. It is known that cancer often develops on an old ulcer base, but how frequently this occurs is not definitely determined. It occurs in 71% of the cancer cases according to Wilson and McCarty of the Mayo Clinic, and in only 7 to 23% according to Friedenwald's observations based on a review of 1000 cases of stomach cancer. Kuttner<sup>3</sup> states that

only 15% of cancers of the stomach can be traced to ulcer.

Although it is not the scope of this paper to enter into the details regarding the early recognition of gastric malignancy, the writer wishes to emphasize the necessity of utilizing every means at command to arrive at an early diagnosis. We must place great stress upon a carefully written clinical history, the chemical and microscopical examination of the stomach contents, and particularly the fluoroscopic X-Ray examination by a competent roentgenologist. If these measures were routinely adopted in all gastric cases, earlier diagnosis would be made, and more patients would receive the benefit of the radical operation.

In order to make an early diagnosis of cancer of the stomach by fluoroscopic examination, there must be an eroded or ulcerated surface in the stomach wall sufficient in extent to produce variation in the normal contour of the organ. Diseases of the gall bladder and ulcers of the stomach and duodenum also produce abnormalities in the gastric outline, rendering positive differentiation difficult and at times impossible. It is for these reasons that we must occasionally resort to the exploratory laparotomy for diagnosis. With our modern aids to diagnosis the necessity for exploratory laparotomy should be lessened. The infrequency of radical operation for cancer of the stomach, because of difficulties in diagnosis, is well illustrated in Friedenwald's<sup>2</sup> review of 100 cases. In all 265 operations were performed; of these 138 were exploratory, 98 were gastro-enterostomies, 21 gastrotomies, and only 9, or 3.3%, were radical in nature, i. e., pylorotomy and gastrectomy.

Physicians as a rule are in the habit of thinking that gastric cancer is essentially a chronic disease, when in reality a large per cent of these cases have an astonishingly rapid and acute clinical course. Kuttner speaks of a case in which symptoms were only of three weeks duration, yet at operation the condition was found to be inoperable. Patients in the cancer period of life, especially those past forty-five, who have never had a serious gastric disorder and who suddenly develop stomach symptoms, should be carefully examined for cancer.

One of the most important lessons gained from the modern research in cancer pathology is that all cancers do not have the same degree of malignancy. We are in the habit of thinking that cancer is the same process no matter where we find it in the body. Clinical experience has shown that in each organ frequently the seat of cancer, the disease does not always have the same histologic structure, nor does it always manifest

the same degree of malignancy. The situation of the growth may have much to do with retarding its spread to other organs. The variations in malignancy of cancer effecting the various portions of the body, as the uterus, the breast, the colon, the rectum and the larynx, are well known. Whether such differences in the malignancy of cancer are due to certain inherent benignant qualities in the cancer itself, or to the immunity or resistance of the patient, is not yet determinable. Cancer of the stomach is no exception to this rule and has in different individuals its varying degrees of malignancy.

In general it may be stated that there are four types of gastric carcinoma: (1) adeno carcinoma, (2) scirrhus, (3) medullary, and (4) colloid.

*Adeno-carcinoma* or ulcerating cancer of the stomach, may result from the cancerous change in preexisting ulcer of the stomach. This is a very common type of cancer, and metastases are frequent and early.

*Scirrhus cancer* is usually a dense, hard growth, usually circumscribed, often annular in type. The tendency to ulceration is not great.

*Medullary tumor* is a so-called cauliflower type, very vascular, and is a very rapidly growing form of cancer. The disease spreads rapidly and ulcerates early and adjacent organs are early involved.

*Colloid cancer*, or mucoid cancer of the stomach, is a diffusely infiltrating type possessing mucoid degeneration of the cells which compose it. It ulcerates rarely and may form metastases. It is the less frequent of gastric carcinoma.

Borman<sup>4</sup> who wrote extensively on the pathologic examinations of cancers removed at the clinic of the late Professor Mickulicz, endeavored to separate and describe six different forms of carcinoma of the stomach, viz.:

- (1) The carcinoma solidum, no particular cell type, firm in consistency, of rapid growth, and characterized by the formation of connective tissue.
- (2) The colloid cancer which sometimes grows rapidly, sometimes slowly, characterized by colloid degeneration.
- (3) Diffuse polymorphocellular carcinoma which cannot be differentiated macroscopically and infiltrates the wall of the stomach.
- (4) The cylindrical-celled cancer which grows very slowly, presenting many tubules, lined with cylindrical cells.
- (5) Adenoma malignum, possessing a typical microscopic picture of glands presenting one layer of epithelial cells. This form has a tendency to grow into the lymph spaces.
- (6) Mixed forms.

Whatever classification we study, we are impressed with the fact that all malignant neoplasms of the stomach do not have a similar clinical course. It therefore seems evident that cancer of the stomach varies in its degrees of

malignancy—the slower the growth the more favorable the condition for radical surgical treatment.

If one asks the average general physician "Does it pay to perform an operation for the radical cure of cancer of the stomach?" almost invariably the reply is negative.

The advisability of operation on apparently inoperable patients is well illustrated in the following case report.

Mrs. F., Age 65, Polish. Admitted to St. Vincent's Hospital April 3, 1911. Family history negative. For several years previous to admission to the hospital patient presented stomach symptoms. All symptoms had become worse during the last two months, frequent emesis, occasionally vomited blood. Former weight 160 pounds, weight at time of admittance to hospital 130 pounds. Examination of heart and lungs normal. A tumor was palpable in the upper gastric region. Examination of the stomach contents showed HCL 20, total acidity 52, the presence of blood and sarcinae. Operation was performed April 4, 1911, under ether anaesthesia. A large carcinomatous mass involving the outer one-third of the stomach, causing stenosis of the pylorus and some enlarged glands in the lesser and gastro colic omenta were found. Through a right rectus incision a posterior gastro enterostomy was first made which was immediately followed by a partial gastrectomy. The lesser omentum was removed well up towards the oesophagus beyond the reach of any palpable glands. The gastro colic omentum was divided and removed. The duodenum was divided by clamping and cautery. The stomach was also divided by application of Kocher stomach clamp in Hartman's line. Both divided ends were burned off to the surface of the clamps and a continuous suture of catgut placed underneath the clamps before their removal. The stumps of the stomach and duodenum were inverted with linen sutures. Closure of the abdomen.

The specimen removed at operation represented approximately the outer one-third of the stomach, the walls of the stomach were enlarged and thickened, and near the pylorus there was a large ulcerating carcinoma with a very marked crater. This patient made an uninterrupted recovery, and is alive and well at the present time, March, 1917.

Statistics regarding the end results of operating for any form of cancer are difficult to obtain. It is even more difficult to classify the reports which are found in the literature. There is great need for a method of standardization of methods for compiling statistics of cancer operations. Table 1 gives the results of resection operations for cancer of the stomach, which fairly represent the available end results after radical operations for gastric cancer. In all there are tabulated 1550 operations by 16 surgeons, with the death rate 20%, leaving 1162 who survived the operation. Taking the 5 year period as the standard for the test of cure for cancer, there were 63 patients, or 5.42%, alive five or more years after operation. The number who survived periods ranging from one to five years have not been added together. It will seem however that lasting results are obtained in a large number of cases. While the mortality in this series of cases was 20% in the hands of individual operators, in recent years it has been greatly lessened and should not exceed 10%.

W. J. Mayo,<sup>5</sup> writing in 1912, puts the matter tersely when he says, "The patient with cancer of the stomach which is sufficiently localized to be removed radically, has better than a 90% chance to recover from the operation, and better than 36% chance of a three year cure, and at least a 25% chance of a five year cure." Mayo also states that comparatively few patients who

TABLE I  
RESECTION OPERATIONS FOR GASTRIC ULCER

Operator	Number of Operations	Post-Operative	Mortality	No. Surviving Operation	Ave. Survival After Operation	SURVIVALS																	
						NUMBER OF YEARS AFTER OPERATION.																	
						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			
1	Waldenstorm 1888-1909	(8)	96	£2	74	17					1	1							1				
2	Hoffman 1895-1910	(9)	95	49	46				13	12			1					1					
3	Spassokonkotskil 1898-1910	(10)	34	10	24	23			1	1	1	1											
4	Fuerer 1889-1911	(11)	58	11	47				1	1	1		1				1						
5	Temoni 1899-1911	(12)	168	49	119	13			15	3	5	4	3	5	4	1		1	1				
6	Kelling 1905-1911	(13)	72	12	60		21	14															
7	Sherren 1911	(14)	17	3		18																	
8	Altschul 1895-1911	(15)	64	26	38	15								5									
9	W. J. Mayo 1912	(16)	307	20	90						15			More than 5 Years.									
10	Kronlein 1881-1902	(17)	50	14	36		6	2	3	1				1									
11	Von Mickuliez 1891-1901	(17)	100	37	58			17	10	4				Twenty Alive Between 6 Months and 8½ Years.									
12	Zars 1911	(19)	12	5	7		1		1		1												
13	Wiel	(3)	135	31	104				10%	16%			2 to 3% Permanently Cured.										
14	Kausch 1914	(3)	1																	1			
15	Kuttner 1914	(3)	166	41					18% of These Living From 3 to 7 Years Without Recurrence														
16	Myike	(20)	175	58	117	19			15% in Good Health More Than 3 Years.														
Totals			1550	388	1550	1162					32	6	13	4	1	1	2	3		1—63			

Sixty-three patients or 5.42% of survivors alive five or more years after operation.

recover following resection fail to get more than one year of relief. A careful review of the end results following the radical operation for gastric cancer can only lead to the logical conclusion that such an operation is indicated for the reason that permanent cures can be obtained. The entire matter rests upon the early recognition of the disease.

The average duration of life following the palliative operation of gastro enterostomy has been variously estimated from six months to about one year. I have seen many such cases live in perfect comfort for many months after operation. In the following case the patient lived one and one-half years after gastro enterostomy.

Mr. F., Age 40, Polish. Entered St. Vincent's Hospital August 24, 1907. Patient presented no previous

history of stomach trouble, but stomach distress began one year before admittance. For three months he had vomited all food and all stomach secretions had been aggravated. Patient had lost greatly in weight. On examination patient presented a greatly emaciated appearance, typical cachectia, an indefinite mass was palpated in the pyloric region. Gastric analysis showed absence of HCL and the presence of lactic acid.

Through an upper right rectus incision a cancer about the size of a small orange was found obstructing the pylorus. Glandular involvement was found in the lesser and great omentum with an enlarged and nodular pancreas. The condition was considered unfavorable for radical operation, and an anterior gastro-enterostomy was quickly performed. The patient made a rapid and uninterrupted recovery, gained greatly in weight, resumed his former occupation and declared that he was well. Death ensued one and one-half years later from metastases of the abdominal organs.

In the development of the surgical treatment for gastric cancer mention must be made of the noteworthy contributions of Billroth, Mickuliez, Kocher and W. J. Mayo. Much credit is due to Billroth, that masterful Viennese surgeon, who in

1881 first pointed the way for successful resection of the stomach, and to each of the others who not only improved the operation, but practiced it extensively.

In the surgical treatment of this disease we employ as a rule the operation of gastro-enterostomy and partial gastrectomy. The former as a palliative operation, and the latter as both a palliative and a radical procedure. The operation of total gastrectomy as first successfully performed by Schlatter in 1899, on account of its technical difficulties, has never become practical. No permanent cures from this operation have been recorded, probably owing to the fact that the disease is well advanced when such operations are performed.

Regarding the preparation of patients for these operations, it is highly important that the stomach be thoroughly emptied by a stomach tube an hour or so before the operation is to take place. In my earlier work I have had the disagreeable experience of losing a patient on the operating table from regurgitation of the stomach contents into the trachea and lungs as soon as the stomach was lifted into the incision. It is perfectly astonishing how much fluid can be retained in the stomach in cases of pyloric obstruction from cancer without either the surgeon or patient being aware of it. According to Friedenwald<sup>2</sup> gastric dilatation was present 467 times in 1000 cases of cancer of the stomach.

In performing the operation of gastro-enterostomy as a palliative measure we now employ routinely local anaesthesia. Such patients are usually greatly debilitated and do not tolerate general anaesthesia with ether or chloroform well. Nitrous-oxide-oxygen-gas anaesthesia, on account of the rigidity of the abdominal muscles, does not give the surgeon the proper facility for rapid operating. Local anaesthesia after the method of Braun is sufficient for gastro-enterostomy in these desperately sick patients. The operation proceeds painlessly and produces practically no discomfort to the patient, unless undue traction is exerted on the stomach or small intestine.

The following case is an illustration of the value of gastro-enterostomy under local anaesthesia:

Mr. B., Age 65, French. Admitted to St. Vincent's Hospital Feb. 7, 1917. As patient could not speak English, satisfactory history was unobtainable. Patient's friends stated that he had been unable to retain food for the past three months. Vomited continually after eating. Vomitus contained blood. Examination revealed an extremely anemic patient with oedema of the lower extremities and a palpable tumor mass in epigastrium. He presented a picture most unfavorable for operation. Under local anaesthesia an anterior gastro-enterostomy was made by suture method. The patient experienced no pain during the operation. The recovery from the operation was complete. Patient has been able to retain food ever since. At the present writing he is up and around, eats everything and is feeling very well.

To increase the resistance of cancer patients, blood transfusion which can now be so easily and quickly performed with the Kimpton-Brown

tubes, is of considerable value in preparing such patients for operation.

Experience has shown that as a palliative procedure an anterior gastro-enterostomy seems to give the patient as much relief as a posterior one, and as it is much easier to perform under local anaesthesia, it should be the operation of choice for these desperately sick patients. The operation should, however, be limited to those cases which show a definite obstruction in the pylorus. It is only in such patients that the best results are obtainable.

The gastrectomy operation for the radical cure of cancer which is now performed, is the Billroth II. method, i. e., resection of the stomach combined with a posterior gastro-enterostomy. In this connection the contribution of Cuneo<sup>6</sup> relative to the distribution of lymphatics in the stomach and of Hartman of Paris, who has indicated the line through which a resection of the stomach must pass, are of particular importance. In recent years the two-stage operation has been emphasized by Crile.<sup>7</sup> The two-stage method is an important addition to the operation in reducing the primary mortality.

There are many methods of resecting the stomach and duodenum in the operation of partial gastrectomy. The procedure which I have found to be of particular value is Kocher's method, which not only renders the operation safe on account of a minimum amount of soiling, but also permits a maximum amount of the stomach to be removed. In this technique the stomach and duodenum are severely crushed with a Kocher's stomach clamp, and the incisions in the stomach for the removal of the pathology are made with the cautery. The stumps are burned off until they are flush with the forceps and thoroughly sterilized. A running suture of chronic catgut underneath the clamps closes the stomach and duodenum. The clamps are then removed and the stumps are inverted with two or three layers of linen.

It has been my custom to make the posterior gastro-enterostomy before the resection of the stomach proper is undertaken. In this manner anastomosis can be more easily and quickly made than after the resection has taken place. It also has the additional advantage of permitting the operator to postpone the resection part of the operation to a later period should the patient's condition not permit the completion of the operation in one stage.

Regarding the post operative treatment, it is quite necessary that such patients receive food as soon as possible, usually in the first twenty-four or thirty-six hours. They should sit up and be out of bed at the earliest possible moment. It is of particular importance that the sutures be not removed too early. There should always be a few through and through tension sutures in the abdominal wall which should not be removed under fourteen days. The healing



of wounds in the cachectic is not always the same as in other patients. Our literature records instances of spontaneous opening of abdominal incisions after operations on such patients. The following case report is a personal experience with such a patient.

Mrs. N., Age 32. Admitted to St. Vincent's Hospital Sept. 18, 1912. Family history negative. Present illness began one and one-half years before with indefinite pain in the abdomen. Vomited irregularly. Pain, vomiting and stomach distress had become progressively worse in the last two months. Lost about 35 pounds in weight. Examination presented a poorly nourished, emaciated individual. Heart and lungs were normal. Tenderness in abdomen about epigastrium and umbilical regions. Gastric analysis showed the presence of blood in the stomach contents, HCL 10. Patient was operated September 18, 1912. An upper right rectus incision was made and general carcinosis of the abdominal viscera and peritoneum was found. A large tumor mass was found at the outer portion of the stomach, evidently the primary seat of the disease. As the case was inoperable, the abdomen was closed. Patient made an uneventful recovery, healing of the wound was primary, sutures were removed and patient left the hospital in twelve days. Three weeks from the date of operation this patient was about her home when she was suddenly seized with pain from an apparently spontaneous rupture of the abdominal incision. Her physician was hastily summoned and found her in bed with a large portion of the small intestine out on her abdomen. On examination of the incision he found that there apparently had been no union of the various layers. The wound had the appearance of being freshly made. The intestines were carefully cleansed and replaced in the abdomen and the incision again closed. Patient recovered from this secondary operation but eventually died as a result of the carcinoma.

### SUMMARY

In summarizing the surgical treatment of gastric cancer we must emphasize the all important fact that successful treatment or cure is dependent upon the early diagnosis.

Not all cases of cancer of the stomach show the same degree of malignancy; some are more favorable for operation than others.

The vast majority of cases which now come to operation are of an exploratory or palliative nature. There is great need for a uniform method of compiling statistics to determine accurately end results following cancer operation.

Lasting cures for five years or more following resection operation are actually obtained in 5.42% of those surviving the operation. This percentage will be increased when earlier operations are performed, and when we attain a greater degree of perfection in our method of diagnosis.

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ORGANIC STRUCTURE OF THE URETHRIA.—The following conclusions reached by C. L. Begg in the December number of the *American Journal of Surgery* are well worth careful consideration.

I. Urethritis is the cause of organic structure in 90 per cent. of the cases. The careful treatment of this disease from its inception, especially avoiding the use of strong, irritating injections or irrigations, tends to lessen stricture formation.

II. The early recognition of inflammatory infiltrations and the treatment of these before fibrosis takes place, prevents the bad forms of organic stricture so common in the past.

III. The flexible bougie-a-boule is the most suitable instrument for detection of the number, location, calibre and character of strictures.

IV. Gradual dilation is the method of choice in the treatment of stricture in the vast proportion of cases.

V. When a stricture is undilatable or when sepsis, retention of urine or extravasation, make operation obligatory, no amount of time, labor and patience should be spared to accomplish the passage of a guide prior to operation, thereby preventing the injury produced by long anesthesia on the kidneys which are frequently already damaged.

VI. When a filiform cannot be introduced, the use of methylene blue solution is of marked service as an aid in finding the opening in the strictured urethra.

VII. Post-operative dilations are necessary over a long period of time to prevent recontraction.

In the same number of the *Journal of Surgery* is a semi-critical commentary by Chas. C. Mapes of Louisville, on the "Therapeutic Uncertainties Concerning Neisserian Urethrorrhea in which he reviews a number of the more or less accepted methods of treating gonorrhoea. The fact that so many diverse claims are made by the different authorities quoted, shows that we have as yet no very satisfactory method of treating gonorrhoea. The one lesson that we have learned by the study of all the methods is perseverance in the treatment whatever it may be, and the refusal to discharge a case as cured unless it has been proved so by thorough microscopic examination or serological test.—Hugh A. Baldwin.

## Recent Literature on the Pathology of Cancer

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WE know that "the real difference between tumors and normal tissue is not the increased energy of growth, but the emancipation of the tissue from obedience to the laws which govern the growth of normal tissue. That this is closely related to the abnormality in form of the cells is probable. It is as a direct expression of this complete lawlessness that the tissue produced by these cells has no regular architectural arrangement, that it never forms useful organs, and that it pays no regard to the rights of other organs, but bursts its way recklessly through their boundaries and their tissues destroying their cells as it goes. Its behavior is like a complete disregard of international law, which has been established for the welfare of the world."<sup>1</sup> One may add that the causes of this lack of regard for law are not known. Is it a result of an absence of international balance? Ribbert has suggested it. Is it a question of a national habit of disregard, a habit of growth which tends to transcend legal bounds? Adami would have it so. Is it a question of isolation of a small community that, buried for years, at last rises in revolt? Cohnheim believed it. Does the inception of the overgrowth depend upon the irritation provoked by external factors, which, like strange spell-binders or demagogues, incite revolt? Or is the malignant process one which springs from within the cells themselves, as evidence of an awakening analogous to a social strike, meaning well but surpassing the dreams of the originators and breaking all bounds as the momentum increases? No one has yet perceived the answer to these questions, though many have guessed, and it is these vital questions which the scientific workers are attempting to answer.

By far the most vital pathologic work concerns itself with the etiology of the neoplasms, and by far the most valuable work follows the biologic experimental methods. Yet all methods have their part to play. A certain group of workers emphasize, for instance, the statistical method. They hope that very broad general information may be obtained, and that concentrated effort in one direction will result. Hoffman<sup>2</sup> emphasizes this method and exhibits a tremendously interesting group of tables.

Weller<sup>3</sup> has studied, statistically, the age incidence of carcinoma and sarcoma. He has found that "up to the age of 37 the incidence of carcinoma increases gradually until, at that age, it reaches the point at which the incidence is the same as it would be if carcinoma were uniformly distributed throughout the entire population. From this point the rise is rapid until the apex

of the curve is reached at the age period of 58 to 62. The incidence is then 4.5 times as great as it would be were carcinoma uniformly distributed at all ages, but from this point on the curve falls very definitely, indicating an actual reduction in carcinoma incidence. In the case of sarcomas, on the other hand, the incidence shows a relatively low level until the period of puberty is reached. At this time there is a rather sharp increase, but the ratio of percentage of sarcoma to percentage of population does not become unity until the age of 35. The ratios of sarcoma incidence remain above unity until the eighth decade, and are at their highest level in the age period 48 to 52, at which time sarcoma is three times as prevalent as it would be were the disease met with equal frequency at all ages." Both groups of tumors therefore have their greatest incidence in middle age. This study indicates that "the malignant process must be essentially the same no matter in what type of tissues it may develop," and that the etiologic agencies probably have much in common.

Another group of workers dealing almost exclusively with animal tumors is studying the factor of inheritance in connection with the incidence of spontaneous growths. One knows that the feeling has existed for a long time that a cancer heredity might be a very real thing, a belief which is expressed in the usual question in taking a clinical history—"Is there any history of cancer in your family?" The fact that Karl Pearson found no statistical evidence of such a heredity has not influenced the belief of many of us. But then comes Dr. Slye,<sup>4</sup> with her thousands of mice, who tells us that there are strains of mice in which tumors appear beyond the common—normal—number. Slye compares the results she has obtained in tumors with sarcosporidiosis. "When mice are allowed to stay in the same cage, every mouse at autopsy shows some degree of sarcosporidiosis, whereas members of the family kept elsewhere are no more liable to it than any other strain of mice. But among members of cancer strains, cancer crops out no matter where the mice are kept. A daughter frequently develops cancer before the mother does, and months after they have been separated. A granddaughter will develop cancer who was not born until after the death of the tumorous grandparent." "Whether or not cancer shall eventually prove to be an infection," says Slye, "it has one profound difference from any infection known to man. It follows the laws of heredity with an inevitableness which makes it a character that can be manipulated. It can be bred into and out

of strains at will. It can be put into a strain where it has never existed before and it can be drawn out in extracted lines which can produce nothing else, and which in turn will carry cancer into any line with which they are hybridized; or it can be bred out of a line one side of which originally carried one hundred percent of cancer." Slye is very definite concerning infections and cancer. Ervin Smith<sup>5</sup> is as definite from another series of experiments with plants of which we can say nothing here.

A series of researches, which to many minds suggests infection as the cause of at least one type of tumor, is that of Rous<sup>6</sup> and his collaborators. Their work concerned itself with a remarkable sarcoma occurring in fowls which was readily transmissible by transplantation and by carefully prepared sterile filtrates. In such a case there seems to be but two possibilities, i. e., that in such filtered extracts there is an ultramicroscopic organized virus or that the growths which follow inoculation with the filtrates are due to a chemical stimulation which upsets the law-abiding cells of the fowl and makes criminals of them. Of the Rous tumor Ewing<sup>7</sup> says that one must either discard the process from the group of neoplasms or alter the experimental criteria, for it violates the central criterion of tumor growth by being transmissible by means of a filtrate. He concludes that, for himself, the growth is a neoplasm the cause of which is a chemical virus, possibly a ferment. Just where to stop in this progression from organized viruses to chemical viruses we cannot say. Because we cannot cultivate a virus, is it chemical? If a cultivatable virus does not produce a disease, is it certain that it is not the cause?

Adami<sup>8</sup>, in a recent article, comments upon the fact that tradition is ingrained in the research institutions and that there is a tendency to overlook possibilities that only institutional heretics will study. He discusses heretic work in bacteriology which, he suggests, points to cycles of development among the bacteria which speak for infectious and non-infectious stages of growth. Are the viruses which produce cancer perhaps of the organized type which depend primarily upon a certain stage of development of the virus—a stage which is absent when we attempt inoculation—except in such cases as those of Rous?

The opportunities for infection at certain anatomic points in the body are suggestive. At such points cancers are prone to develop. Some say the cause is frequent trauma, more or less continuous irritation; some say it is infection. Chronic irritation is frequently attached to tumor growth. We note the overgrowths at points where there is evident microscopic irritation, in the case of condylomata; we see, as Borrel did, the ova of cestodes and trematodes in certain tumors of mice; we see the tumors of the intestines and bladder in the different types of schistosomiasis;

and we remember that Fibiger was able to cause cancers in the gastro-intestinal tract of rats by means of nematode ova. Stenstrom's<sup>9</sup> cases of malignant tumors of cattle and horses are not yet proved to be due to his *B. pyogenes bovis*, but the superficial evidence is good. Not less interesting are the tumors connected with chemical substances, such as anilin and paraffin, and those which follow the use of X-Rays. So, connected in some sort of etiologic way we have an etiologic possibility in everything from parasites to light. In such a series where shall we stop, what shall we say? Shall we still try to find the common etiology for all tumors, and while we do that shall we admit the benign growths, or shall we say that, for the purposes of investigation, each tumor is in a class of its own, to be studied individually? Progress seems to demand this latter method.<sup>10</sup>

Immunity in cancer is a phase of the pathology of neoplasms which engages many workers. One knows of such a thing as organal immunity, meaning by the expression that one or another tumor rarely invades one or another organ, or conversely, that certain tumors are more apt to appear in or metastasize to certain organs. Tyzzer<sup>11</sup> and others have busied themselves with this problem of tumor immunity which they accept as an established fact, and Tyzzer says, both susceptibility and non-susceptibility or the ability to acquire immunity, are inherited. How this immunity comes about is the subject of further study. In certain cases there seems to be evidence that the disappearance of an implant in non-susceptible mice depends upon an inflammatory reaction which surrounds the graft and isolates it. In animals which have previously been implanted, the inflammatory reaction is more prompt. Murphy<sup>12</sup> and his associates have expressed the belief that tumor immunity has to do with the lymphocytes of the body. They showed that the avian embryo has no defensive mechanism against the tissues of a foreign species, and that such a mechanism is developed at about the time of hatching.

Previous to hatching there was no round cell infiltration about the foreign tissues. At the time of hatching this occurred. In other words, the only difference in the two periods was one involving the lymphocytes. After a good deal of intermediate work it was shown that the X-Ray which damages the lymphoid system also brings about a decrease of resistance to the growth of tissues in a foreign host. In non-susceptible animals this does not happen. In other words, resistance to tumor growth was marked by a noticeable lymphocytosis. Resistance could be removed by roentgenization.

Finally, there is, particularly from the clinical standpoint, the question of the production of metastases, a subject studied by Tyzzer<sup>13</sup>, using the Japanese dancing mouse. Tyzzer says that

the production of metastases depends upon several factors: (1) the character of the tumor; (2) the time elapsing after inoculation; (3) the size of the primary growth; (4) the application of pressure, such as massage or gentle pinching; and (5) the character of the soil in which the tumor grows, i. e., the quality of the animal affected by the growth. In relation to physical examinations the fourth item is of exceptional interest, for Tyzzer's observations make it seem probable that the mild traumas incident to handling tumors by clinicians and students in clinics may play an important role in the production of metastases, and hence in making more grave the prognosis.

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## Cancer of Rectum

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IT is an incontestable fact that cancer of the rectum is becoming more and more prevalent. It adds each year a larger and larger proportion to the general mortality. The maximum frequency is between the ages of 50 and 60. While cancer is more frequently found in women, cancer of the rectum is more frequently found in men.

Kelsey and Tuttle have done much to improve the technique of the operation for rectal cancer. Among foreign surgeons we are indebted to Edwards, Ball, Cripps, Hartman and Allingham, who did much to place the operation on a sound footing.

In order to estimate the true value of operation for cancer of the rectum, we must know the object of the operation and its results. It is often assumed that there is only one reason for operation, namely, removal of all diseased tissue. This is the so-called radical operation. It includes not only the visible diseased tissues, but also those tissues which have in them seeds of disease for future development. A wide dissection is made, which includes especially the adjacent lymph glands. This type of operation may justly be said to have denominated the surgical mind. It is absurd to follow blindly the technique for a radical operation, when the possibility of a radical operation does not exist. One should shape the operation to the objects to be gained.

To regard excision of the rectum as the ordinary treatment for all cases of rectal cancer is to throw discredit upon the method. The same rule that would guide a careful surgeon in undertaking a severe operation must hold good in rectal cancer. The age of the patient, his general health, strength and the condition of his kidneys and cardio-vascular system must be taken into consideration. An operation which is of small risk in middle age and comparative health be-

comes extremely hazardous in the aged and feeble.

A reasonable prospect of entire removal without serious damage to the neighboring organs must first be determined. If the examining finger fairly passes beyond the growth in an upward direction, the case may be considered favorable for operation. It is of the greatest importance to determine with some degree of precision the extent to which the urethra, prostate and bladder in the male, and vagina in the female, are involved.

In the male, although the disease may be in the bowel, close to the prostate, it is a long while before the postate itself becomes involved; in women, on the contrary, when the disease is situated on the anterior aspect of the bowel, the vagina quickly becomes implicated. So long as the mucous membrane of the vagina remains free, it is possible to dissect the anterior wall of the rectum from the vagina without making an opening into the latter. If the growth is adherent to the upper portion of the vagina in the immediate vicinity of the uterus, the peritoneal membrane of Douglas' pouch is pretty sure to extend down to it, and the growth cannot be removed without opening the peritoneum. Under these circumstances it is better, save in exceptional cases, that no operation be undertaken, as the disease is fairly certain to have spread along the course of the lymph paths beyond the reach of complete removal. If operation is to be done, it should be the combined operation.

Yet, in one of my cases, the anterior wall was involved and the patient lived for more than seven years, enjoying the best of health. In a second similar case the patient lived five years with no return in the rectum, and was in the best of health; but shortly afterward the vagina, uterus and bladder became involved, pneumonia followed and she died within a few days.

If the disease is confined to the posterior wall, the case is in every respect more favorable for operation than when situated anteriorly. There are no anatomical difficulties to prevent the thorough removal of the disease to the extent of four or five inches. As a rule glandular infiltration comes on later, and even extensive, hard, nodular masses lying behind can be easily removed. Should there be any doubt, a second examination under an anesthetic should be made before deciding absolutely against an operation.

Delay in diagnosing rectal cancer and of realizing the necessity of an early operation cannot always be placed to the charge of the patient. It is often the result of the surgeon's or physician's omission to practice careful digital, proctoscopic and sigmoidoscopic examination in every case. Then again mistakes occur on the other side of the ledger, diagnosing cancer when no cancer exists.

Last summer a lady about sixty years of age was told by her physician, and a good one, that she had an extensive cancer of the rectum; he felt faecal nodes which he thought were malignant. While preparations were being made to take her to the Mayo Clinic she grew suddenly worse and a neighboring physician was called. At his suggestion I examined her on the following day and found extensive ulcerative condition of the rectum and sigmoid, associated with hemorrhage and muco-purulent discharges. Silver applications of various strengths were of no avail until I used the drop method, after which she began to improve, and two months after her infected rectum was perfectly well and continues so. Here was inefficient examination. It caused untold misery to the patient, worry and fear to the family.

I am unable to make satisfactory examinations of rectum with rubber gloves and do not see how any one can.

In deciding whether extirpation is justifiable in a given case, let us remember we may be dealing with a benign ulceration. Some years ago I met with a case presenting an ulcerated condition of the middle chamber of the rectum on the proximal side of the middle rectal valve. The patient's condition was most miserable. I did a complete proctotomy, thereby securing drainage, and he finally made a complete recovery. In a second case I was content to do the operation of proctotomy, believing I had a benign ulceration to deal with. I finally did a curettement and removed a polypus which was pronounced by the pathologist as benign; but there was a prompt return of the disease.

I give these two cases to show how one may be deceived, and especially the latter to emphasize the fact that the mucosa and sub-mucosa involving a polypus may be benign, while the muscular coat of the gut is malignant. This fact is agreed upon by all proctologists at the present day. It is this hypertropic ulceration in the mid-

dle and upper rectal chambers, associated often with polypoidal masses of varying sizes, many of them ulcerated, which can easily be improved and often apparently cured by curettement. But often there is a recurrence. Why? Because we have only removed the mucosa and submucosa. We must respect the whole gut, for carcinoma is usually, if not always, located in the muscular coat.

A growth that is limited to the rectum, however high it may extend along the gut, may be removed by one of the various methods of operation. Extension beyond the rectal wall to the surrounding parts, as shown by fixation of the growth to the sacrum on the one hand, or to the bladder, prostate, urethra, vagina, or uterus on the other, constitutes a contradiction to a radical operation as a rule. The degree of adhesion may be most difficult to estimate.

In doubtful cases the patient himself may choose to undergo an operation of unusual risk, hoping to obtain relief of symptoms and prolongation of life, although the chances of a permanent cure may seem poor. Before the introduction of aseptic surgery the immediate mortality from extirpation or resection of the rectum and sigmoid for cancer was so high that many surgeons claimed the operation was never justifiable. This mortality has been reduced, and those surgeons who formerly condemned the operation now favor it in selected cases. If the ultimate were proportionately as good as the immediate results, few surgeons would deny patients the opportunity of a radical cure with four chances out of five in their favor. Unfortunately recurrences are so frequent after these operations that one cannot promise, with any degree of certainty, that the growth will not return within one or two years. Fortunately for me and my patients few have had recurrences at the original site.

The experience of any one surgeon is always too limited to be of value. Some have operated 40 to 50 cases, or not more than 100, while a large majority who report cases have operated from one to fifteen times. I myself have operated only 33 cases, and yet I believe that is as large a number as the most of Ohio surgeons. The only just estimate of this procedure must be deduced by collecting large numbers of operations done by different surgeons. By this means the average results, in average hands, and in average classes of patients, are obtained.

Three years ago I made a most strenuous effort to secure the results of a number of surgeons, but failed entirely to get a uniform report. They gave me the number of cases, but uniformly failed to state recurrences, length of life after operation, and technique. Some answered one question, some two, but none all.

Tuttle collected from literature and private communications a total of 6598 cases of extirpation done between 1880 and 1902, with a mor-

tality of 319, or 20.2%. In 1897 he reported 249, with a mortality of 13.5%, and at that time he firmly believed that this mortality would be materially reduced as the technique of the operation improved and our knowledge of how to select suitable cases increased. In 1902 he admitted that his hopes had not been realized. He said that the mortality from this operation in the five years, 1897 to 1902, had increased rather than decreased. Just a short time before his death we were discussing this subject in Atlantic City, and he said, "I regret that I cannot give, as a result of my work, a more encouraging report." Recently, however, recurrences have been observed six, eight and more years after operation, and these cases are added to the mortality from recurrences. It is a question whether such tardy recurrences, except when in sight, ought not to be considered new developments and not returns of the old disease.

The perineal route in my cases was chosen as the method of operation, except in two cases, and in these cases I did the combined operation; both died within the first year. The youngest was 26 years old, and the other 77 years. The number of my cases who declined operation, and I concurred in their decision, was about equal to those I operated. I have seen many of my patients survive from one to three years in comparative comfort through the persistent application of palliative methods, and by this I mean absolute cleanliness.

Abstract of the following table from Tuttle, page 787, I find of value and special interest:

<i>Operator.</i>	<i>No. of Cases.</i>	<i>No. Years Without Recurrence.</i>
Cripps .....	2	4
Cripps .....	1	5
Cripps .....	2	6
Cripps .....	1	12
Ball .....	1	6
Ball .....	1	8
Keen .....	4	4
Keen .....	1	3½
Tuttle .....	1	10
Tuttle .....	1	8
Tuttle .....	1	6
Tuttle .....	2	5½
Tuttle .....	2	4
Evans, 18 female; 15 male.		
	6	Died within 1st year—no return.
	1	Died within 2 years—no return.
	21	Over 3 years
	4	Over 5 years—no return.
	1	Died in 9 years—8 years without recurrence; recurrence in bladder.

Hirschman, of Detroit, Michigan, reports the following:

<i>Method.</i>	<i>No. Cases.</i>	<i>Death.</i>	<i>Mortality Per Cent.</i>
Sacral .....	1	0	0
Perineal .....	27	2	8%
Abdominal .....	4	1	25%
Combined .....	8	2	25%
Vaginal .....	2	0	0
Anal .....	9	1	11%
	—	—	—
	51	6	11.7%

In 1914, Adler of Philadelphia, reported 217 cases under his observation; excised 3; curretted the growth in 7; colotomized 27; and 35% declined operative measures. Relative to the three cases of excision, one died of cancer of the liver within the first year; the second died five years after operation at the age of 77, no recurrence; the third is still alive and active, past 70 years of age.

From the above statistics one is forced to the conclusion that perineal operation should be the operation of choice.

Henri Hartman (A. M. A. J., 1915), collected 1665 cases, with a mortality of 16%. The results known in 982 cases were: 16% died from immediate effects of the operation; 58% died within three years of metastasis, and 26% lived three years or more.

In the Annals of Gynecology and Obstetrics, Paris, December, 1913, Hartman records the following: The records from 18 surgical clinics, including his own, show with the perineal operative technique an immediate mortality of 15.8% in 1665 cases of rectal cancer; 68% of the survivors succumbed to recurrence in a few years. This shows that 84% of the patients with rectal cancer, operated on by the direct technique, are destined to die within a comparatively short time. The outcome is decidedly better when the perineal technique is supplemented by laparotomy, the immediate mortality in 260 cases being only 37%, and the later mortality only 18%. The aim, he says, should be, therefore, to perfect the technique for the combined operation. He advises laparotomy as the first step, and closure with a colostomy. Patients over 60 years of age, the obese, and those with defective kidneys, are not operated. He removes with the cancer all the linked lymphatics.

Miles, in 1913, reported the abdomino-perineal operation in 42 cases, 22 men and 20 women. Of these 17 died from the operation, or 40% mortality. Of the 22 men, 8 died, mortality 36%; of the 20 women, 9 died, 45%. Causes of death after operation were as follows: Peritonitis, 5; hypostatic congestion of lungs, 2; intestinal obstruction, 1; gangrene of proximal end of colon, 1; shock, 3; cardiac failure, 4; surgical kidney, 1. Of the 25 who survived the operation 4 suffered recurrence. One died three and a half years afterward of general peritonitis carcinomatosis.

Another suffered from recurrence in the prostate, nine months after the operation; another of liver metastasis six months after operation; another, recurrence in the margin of the colotomy opening seventeen months after operation. Of the remaining 21, one, a female, died of pneumonia one year afterwards, no recurrence. Nineteen are alive at the present time. The length of time ten of them have survived the operation without manifesting any recurrence is as follows: Over four years, 3; over three years, 3; over two years and a half, 2; over two years, 2.

He draws the following conclusions:

- (1) Cancer of the rectum spreads both intramurally and extramurally.
- (2) The extramural spread takes place in three distinct zones.
- (3) A cancer situated in the lower part of the rectum may give rise to early metastasis in the pelvic meso-colon.
- (4) A growth in the upper part of the rectum or in the terminal portion of the pelvic colon, may give rise to spread situated in the perianal skin and ischio-rectal fat.
- (5) That the tissues of the three zones of spread are vulnerable to spread wherever the primary growth may be situated in the rectum.
- (6) That although perineal operations can eradicate the tissues comprising the zones of the lateral and downward spread, they are quite inadequate for reaching the tissues of the zone of upward spread.
- (7) That the only operative procedure which completely eradicates the tissues forming the three zones of spread is the radical abdomino-perineal."

The above quotation is quite extensive, I grant, but it was so valuable and instructive I could not resist the temptation to give it.

I fully agree with the gentleman, so far as the operation is concerned, theoretically, but I do not believe it is practical so far as the patient is concerned; it should only be adopted in selected cases. I have never seen a patient survive the operation twenty-four hours, and I have seen several surgeons do this operation. I have made this operation on one patient myself. It is tedious, lengthy, and one of great shock to the patient.

DEDUCTIONS

1. It has been proven statistically that cancer of the rectum is on the increase.

Table No. 1—Federal Statistics.

Statistics from the Federal Bureau show that carcinoma of the intestines and rectum have increased:

Deaths.				Rate Per 100,000.			
1911	1912	1913	1914	1911	1912	1913	1914
5824	5923	6625	6745	9.8	9.8	10.5	10.2

2. The operative mortality has not been decreased, notwithstanding the improved operative technique and asepsis—probably due to the fact that we have become bolder in our dissections.

3. The limits of free and radical intervention in cases of extensive and advanced malignant disease are now very wide, and every case of rectal cancer ought to be submitted to operation, if such course be possible, after the patient has been fully and honestly made acquainted with the facts and is willing to take the chances, small as they may be.

4. The author is opposed to intervention if the prostate and bladder are involved in the male, and vagina, Douglas' pouch and peritoneum in the female.

5. Intervention is contradicted if the kidneys are defective, and especially if sugar in abundance is present.

6. The Kraske method, the author believes, should be condemned emphatically. The perineal-abdominal operation, as laid down by Tuttle, supplants it.

7. Theoretically the combined abdomino-perineal operation is the operation of choice, whether in one or two stages. Practically the mortality is too high except in selected cases.

8. What can be done to improve our results:
- (a) The education of the laity and the profession.
  - (b) Improvement of our technique.

The first of these is of far greater importance than the second. A little education will save a great many more lives than a great improvement in our technique.

9. The transplantation of the levatonani muscles to the gut, as detailed by the author in Cook's book of Rectal Diseases, pages 411-417, to produce third sphincter after the removal of the growth, is a step in advance in rectal surgery.

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CASTA-FLORA.—The Council on Pharmacy and Chemistry reports that Casta-Flora, put out by the Wm. S. Merrell Chemical Co., is one of those complex preparations which are offered to the medical profession with plausible arguments in support of the claims made. The Council finds the claims made for this mixture of drugs—which is said to contain or represent chestnut leaves, passion flower, gelsemium, elecampane, "iodized lime," menthol and yerba santa—and for the individual ingredients thereof, extravagant and misleading. Even if the ingredients, or certain of them, were useful in the treatment of those conditions for which Casta-Flora is recommended, no one could possibly foresee the effects in any given case from this jumble of drugs. The Council holds that the prescribing of such mixtures, the action of which cannot be foreseen, is plain charlatanism and declares Casta-Flora inadmissible to New and Non-official Remedies. (Jour. A. M. A., Jan. 27, p. 303).

The nurses' home in connection with St. Vincent's Hospital, Toledo, was dedicated March 18. It can accommodate 120 nurses.



E. OTIS SMITH, M. D., of CINCINNATI

President of The Ohio State Medical Association for 1917 and 1918, who assumed his official duties on May 16, at the close of the Seventy-Second Annual Session at Springfield.



## “The Largest and Best in the History of the Association”: General Verdict of Those Who Attended the Springfield Session

The seventy-one physicians who comprise the Clark County Medical Society have covered themselves with glory. The hospitality which they extended to the members of the Ohio Medical Association assembled in Springfield on May 14 for the seventy-second annual session, was so genial and the arrangements were so comfortable that the meeting always will remain a particularly bright spot in the history of the Association. Hundreds of delegates left Springfield with a profound admiration for the splendid little city whose citizens had acquitted themselves so admirably in the preparation for our annual meeting.

Again the Ohio State Medical Association smashed all previous records. When the convention was called together for the opening session, Secretary-Treasurer Selby announced that the paid up membership for 1917 stood at 4528, which was 532 larger than the paid membership at the corresponding period in 1916, and was even 283 in excess of the total 1916 membership—and therefore the largest in the history of the Association.

Despite the sinister influence of the war which has already requisitioned the services of many of our members and despite further the fact that the local registration was of necessity small in comparison to the local registrations during the Cleveland and Cincinnati meetings, the total registration in Springfield eclipsed that of any previous session. Exclusive of guests and visitors, it reached 1113. The total registration at Cleveland in 1916 was 1108. The total registration at Cincinnati in 1915 (the previous high mark) was 972. These figures are more significant when it is understood that the 1916 registration included 281 from Cuyahoga county, while Clark county this year mustered but sixty.

The 1917 meeting really was inaugurated on Sunday, when 21 of the city's pulpits were occupied by members of the Association who preached “the gospel of good health.” They drew large audiences and the plan was very successful.

On Sunday evening the Council of the State Association met at the Shawnee, and attended to considerable routine business. The convention proper was opened at 10 o'clock Monday morning, in the beautiful Clark County Memorial Hall, where the section and general meetings were held.

Delegates to the convention were welcomed to Springfield by C. E. Ashburner, city manager, and by Dr. C. L. Minor, president of the Springfield Chamber of Commerce.

Dr. Isaac Kay, dean of the Clark County medical profession, and for 65 years a member of the Clark County Medical Society, attended the opening session and delivered a brief address. Dr.

Kay is 87 years old, but is unusually active for a man of that age.

The chief event of the opening session was the annual address by Dr. Harmon B. Gibbon, which will be presented in full in the July issue of *The Journal*. Dr. Gibbon reviewed the past history of the Association and discussed some of the work that has made his administration memorable. He made several recommendations that later were acted upon favorably by the Reference Committee.

Immediately following the close of this session the House of Delegates took up its work. Its three meetings were the best attended in the history of the Association and the volume of work transacted was by far the largest.

The growth and importance of the Association is clearly indicated by the summarized report of its general governing body, as printed on another page (Page 421.)

The local committee did splendid work in providing entertainment for the two evening ses-

### THE HIGH LIGHTS.

President.....	E. O. Smith, Cincinnati
President-elect.....	J. F. Baldwin, Columbus
Meeting, 1918.....	Columbus
Council.....	All present members re-elected
Registration.....	1113
Total membership.....	4528
Dues for 1918.....	\$4.00

sions. Several hundred members were the guests of the Clark County Medical Society at the reception and smoker held Monday evening in the magnificent new High School building. The social features of the program were preceded by a public health address delivered by William C. Rucker, M. D., assistant surgeon general of the United States Public Health Service.

The entire lower floor of the large auditorium was reserved for members of the Association and their guests, and was comfortably crowded. The spacious galleries were thrown open to the citizens of Springfield and were taxed to their capacity.

Dr. Rucker's subject was “The Health of the Nation.” In a stirring manner he drove home his theme: That now, with the United States entering upon a great world war, we must pay more attention than ever to this most important of all subjects. The following excerpts from the closing period of his address indicate the tenor of his remarks:

“The fight in which we have engaged cannot be won by weaklings. We need vigorous, able bodied, robust, clean thinking men to fill our army, to man our battleships and to operate our industries. We need strong, healthy, active

## NEW STATE OFFICERS.

President, E. O. Smith, M. D.....Cincinnati  
 President Elect, J. F. Baldwin, M. D.....  
 ..... Columbus

## DELEGATES TO A. M. A., NEW YORK, 1917

J. H. J. Upham, M. D.....Columbus  
 H. C. Haning, M. D.....Dayton  
 A. B. Walker, M. D.....Canton

## ALTERNATES.

L. D. Allard, M. D.....Portsmouth  
 D. H. Morgan, M. D.....Akron  
 R. C. M. Lewis, M. D.....Marion

## STATE COUNCIL.

Second District, J. E. Hunter, M. D.....  
 ..... Greenville  
 Fourth District, C. W. Moots, M. D.....  
 ..... Toledo  
 Sixth District, Edgar J. March, M. D.....  
 ..... Canton  
 Eighth District, A. B. Headley, M. D.....  
 ..... Cambridge  
 Tenth District, Wells Teachnor, M. D.....  
 ..... Columbus

COMMITTEE ON PUBLIC POLICY AND  
LEGISLATION.

J. H. J. Upham, M. D.....Columbus  
 Albert Freiberg, M. D.....Cincinnati  
 J. B. Alcorn, M. D.....Columbus

## PUBLICATION COMMITTEE.

C. W. Maxson, M. D.....Steubenville  
 A. W. Lueke, M. D.....Cleveland

COMMITTEE ON PUBLIC HEALTH EDUCATION  
 J. H. Landis, M. D.....Cincinnati  
 A. O. Peters, M. D.....Dayton  
 C. H. Higgins, M. D.....Zanesville

## COMMITTEE ON MEDICAL DEFENSE.

C. T. Souther, M. D.....Cincinnati

women to care for our homes and rear our children. It is absolutely essential that the American people meet the accident of battle untainted by the alloy of disease, unhampered by ill health and its resultant inefficiency. We must be so prepared that we can withstand the shocks of war firm and secure in the knowledge of our moral, mental and physical strength. We have entered into combat with the most highly organized, thoroughly equipped, and ruthlessly tenacious people on the earth. Unless our national health has as its basis a people thoroughly committed to the practice of personal and public hygiene; unless we each and every several one of us try with every breath we draw to maintain ourselves at the highest standard physical efficiency, unless we resolutely propose that disease shall not exist within our borders, this war for world freedom will be needlessly delayed in its successful fruition and the human sacrifice will be wantonly increased.

Following the address by Dr. Rucker, the members of the Association were escorted to adjoining parlors where a buffet luncheon was served. Returning to the main auditorium they were entertained for the balance of the evening by a well-selected vaudeville program.

On Tuesday evening a really magnificent ban-

quet was served at the Hotel Shawnee, to 350 members and guests. Dr. Charles L. Bonifield, of Cincinnati, acted as toastmaster. State Senator Howell Wright, of Cleveland, who led the fight for decent medical legislation in the last General Assembly, outlined the serious legislative situation that seems to be facing the medical profession in Ohio. Former Congressman J. Adam Bede, from Minnesota, followed with an address that sparkled with wit. It was one of the most enjoyable functions ever held in connection with the state meeting.

The section work this year was unusually good, despite the fact that several vacancies were made necessary by the call to the colors. On Monday and Tuesday mornings, all sections held meetings. Tuesday afternoon was devoted to general section meetings by the medical and surgical sections, and an eye, ear, nose and throat clinic at City Hospital.

The program for the final day was somewhat changed this year and the innovation proved successful. On Wednesday morning all sections joined in a general symposium dealing with the cancer problem. This was particularly timely as the Association during the coming year will devote unusual attention to the development of a propaganda to control this growing menace.

The general closing session of Wednesday afternoon was probably the largest meeting ever held by the Ohio State Medical Association—it being necessary to requisition the largest church in Springfield to accommodate the crowd. Dr. E. P. Davis, of Philadelphia, presented the oration in obstetrics, which was one of the most able addresses ever made before the Association. Dr. Victor E. Vaughan, who was to have delivered the oration in medicine, was prevented from attending by reason of the fact that he has been called to the colors.

After the oration the audience adjourned to Memorial Hall, where they witnessed a showing of the wonderful moving pictures taken in the war hospitals along the Western front. Despite the fact that these films were injured by the light in the hall, they presented an exceedingly impressive and sinister view of the end results of war. The films showing the nervous types developed by trench life were exceptionally impressive. Those who witnessed this showing left the hall with a new conception of the horrors that have been precipitated by Hohenzollern greed.

## AN IMPORTANT MATTER

Physicians changing their office location should immediately notify the Internal Revenue Office of the change, otherwise they are subject to fine under the provisions of the Harrison narcotic law.

Dr. Louis H. Frechtling has been elected president of the Hamilton Anti-Tuberculosis League.

## Here is a Brief Summary of the Main Points Covered by House of Delegates at Springfield Session

The following is a brief summary of the work of the House of Delegates which held three unusually busy sessions during the Springfield meeting:

1. By roll call vote adopted a resolution calling upon Congress "to conserve the health of our armies and the food of our people by the abolition of the liquor traffic."

2. Unanimously adopted a resolution calling upon county societies to pay the state dues of all members who are engaged in Army service when the same become due January 1, 1918. This has already been arranged for by several component societies.

3. Adopted a resolution demanding that Congress abrogate patents which prevent the manufacture of salvarsan in this country, during the progress of the war.

4. Passed a resolution urging increased state appropriations for district and county tuberculosis hospitals, to provide for the increase in tuberculosis caused by the war.

5. By resolution urged the Council to give particular attention to the cancer propaganda and the work of the Committee on Sociology.

6. Adopted a number of constitutional changes proposed at the Cleveland meeting. Two of these recommend slight changes in membership regulations; a third provides for the payment of dues prior to January 1, and a fourth makes the retiring president a member of Council for a period of two years immediately following his administration.

7. Received additional proposals to amend the constitution and by-laws, which provide for the constitutional office of executive secretary and authorize Council to direct the work of the Association in accordance with the new plan.

8. Passed resolution authorizing Council to "conduct the business of the Association, hire its employes and act for the best interests of the Association with the authority of the House of Delegates" until the pending amendment can be acted upon in 1918.

9. Refused to adopt a proposal providing for the establishment of the annual per capita on a sliding scale based upon the member's gross professional income. Instead, the annual per capita for 1918 was increased to \$4.00. The 1917 assessment is \$3.00.

10. Adopted a resolution providing that in the future the arrangements for the annual sessions should be placed entirely in the hands of the Council, thus relieving local committees of an increasing burden, and that the Association shall bear all expenses connected with the meeting.

11. Adopted a resolution declaring that the sentiment of the State Association is that the present State Medical Board requirement for maintenance of nurse training schools, particularly the requirements of a daily average of 15 patients, is too high, and urging that the State Medical Board waive this particular requirement.

12. Adopted a resolution to protect the practice of physicians who may enter the Army and providing for the refunding of 30 per cent of the fees so collected.

13. Voted to join with the Cincinnati Academy of Medicine in requesting the American Medical Association to hold its 1918 session at Cincinnati.

14. Extended a hearty vote of thanks to the Clark County Medical Society for the splendid entertainment afforded.

Owing to the extreme length, the detailed minutes of the House of Delegates were crowded out of this issue and will be presented in the July number of *The Journal*. The above is a general summary of the delegates' work. Officers elected are given in another column. The minutes of the Council meetings will be presented in July.

### Let's Help Cincinnati Land A. M. A. Meeting!

Remember the dates of the New York meeting of the American Medical Association—June 4-8. Let's send a record-breaking delegation from Ohio.

Every Ohioan who attends the session should exert every effort to bring the 1918 meeting of the A. M. A. to Cincinnati. An invitation will be formally extended by the Cincinnati Academy of Medicine and it has been endorsed by the Ohio State Medical Association. It will be a fine thing to have this great meeting here in the Middle West, where every doctor in Ohio will have an opportunity to attend.

No particular hotel in New York has been designated as headquarters for the Ohio delegation. Advance reservations have been made by Ohioans at hotels scattered throughout the city, but we should all get together and keep in touch with the sessions of the House of Delegates. Talk Cincinnati, 1918.

The new nurses' home, erected at a cost of \$38,000 in connection with the German Deaconess Hospital at Cincinnati, was occupied May 2. The building is a four-story structure with a capacity of 50.

## Here is the Complete Registration for the Springfield Session; Also the Contest Prize-Winners

Following is the complete registration for the 1917 meeting and shows that every county society in the state was represented by one or more members.

The "live wire" committee on arrangements, in order to stimulate a large attendance, conducted a unique membership contest. Three separate prizes of \$50.00 in gold were awarded to secretaries of three county societies which made the best showing—considering both number present and number of miles traveled.

The prize of the first class—for county societies having a membership under 35—went to Dr. W. B. Andrews, of Kent, secretary of the Portage County Medical Society. This society had seven registered and each man traveled a distance of 172 miles, giving them a total mileage of 1,204. Highland county stood second with 13 registered and a gross mileage of 1,118, while Van Wert's 9 members registered 1,044.

Dr. J. S. McClellan, secretary of the Belmont County Medical Society, won the prize in the second class of county societies—those having a membership between 35 and 100. Nine members of his organization each traveled a distance of 196 miles, registering a total mileage of 1,764. The prize in this class would have gone to Dr. E. D. Sinke, secretary of the Allen County Medical Society, had he been present at the meeting, as 38 of his members were registered, making a total mileage of 2,660.

Dr. J. E. Tuckerman, of Cleveland, won the \$50.00 prize in the third class—which includes the eight counties having a membership of 100 or over. Cuyahoga county's 46 members registered a total mileage of 8,418. In this class Hamilton county was second with 93 registered and a total mileage of 7,172. Stark was third with 33 registered and a total mileage of 5,775. The detailed registration by counties follows:

*Adams*—S. J. Ellison, J. W. Irwin, R. W. E. Irwin, O. B. Kirkpatrick, R. Y. Littleton, O. T. Sproull, T. Stevenson.

*Allen*—A. C. Adams, A. F. Basinger, H. L. Basinger, Fred L. Bates, W. W. Beauchamp, Andrew W. Bice, N. E. Brundage, Charles H. Clark, G. R. Clayton, Edward Edwards, Burt Hibbard, R. E. Hughson, J. R. Johnson, T. M. Johnson, R. D. Kahle, Iva M. Lickly, M. J. Longworth, K. L. Parent, W. H. Parent, J. B. Poling, O. S. Robuck, William Roush, Albert S. Rudy, A. V. Sibbert, Charles Smith, M. D. Soash, C. E. Stadler, I. C. Stayner, Oliver S. Steiner, J. S. Steiner, F. P. Stafford, F. G. Stueber, J. R. Tillotson, T. R. Terwilliger, H. A. Thomas, T. R. Thomas, B. Frank Thutt, W. B. Van Note, F. V. Dotterweich.

*Ashland*—W. F. Emery, G. B. Fuller, W. M. McClellan, George Riebel, A. L. Sherick.

*Ashtabula*—S. H. Burroughs, C. E. Case, C. C.

Crosby, O. A. Dickson, G. T. Wasson, J. H. Heileman, S. M. Lynn.

*Athens*—C. H. Andrews, D. H. Biddle, Emmett L. Hooper, T. A. Copeland, Charles S. McDougall, J. L. Henry, C. C. Hill, Nathan Hill, W. D. Rhodes, Wiley T. Sprague, J. F. Weber.

*Auglaize*—R. C. Hunter, G. L. Lynn, Charles P. McKee, H. S. Noble, C. S. Ruhlmann, J. H. Schaeffer, F. A. Shuffelton.

*Belmont*—E. C. Cope, Diego Delfino, E. W. Woodruff, James S. McClellan, Carroll McGinnis, D. M. Murphy, Ewing D. Piper, D. O. Sheppard, E. W. Turner.

*Brown*—A. W. Francis, G. C. Gilfillen.

*Butler*—Malcolm Bronson, F. W. Brosius, H. L. Burdsall, A. C. Carney, Edward Cook, R. Harvey Cook, T. A. Dickey, D. F. Gerber, Wilmer E. Griffith, G. A. Hermann, Henry Krone, G. D. Lummis, Mark Millikin, Lewis R. Mundhenk, P. M. Sater, Bryan Sharkey, W. T. Shipe, Harry Silver, E. T. Storer.

*Champaign*—F. F. Barger, E. D. Buhner, J. H. Bunn, E. R. Early, D. C. Houser, Mark Houston, H. H. Hunt, E. D. Ludlow, C. M. McLaughlin, O. A. Ninceheler, C. A. Offenbacher, H. M. Pearce, M. L. Smith, William A. Stoutenborough, Vogt G. Wolfe, W. A. Yinger.

*Clark*—C. F. Adams, C. L. Augustus, Howard H. Austin, J. M. Austin, F. P. Anzinger, T. F. Bliss, R. G. Boehme, W. E. Bright, P. W. Brown, E. R. Brubaker, M. S. Collins, P. E. Gomer, E. F. Davis, J. O. Davy, A. W. Detrick, John P. Dugan, J. C. Eastman, Charles W. Evans, Thomas G. Farr, W. H. Graham, George D. Grant, W. A. M. Hadley, Charles B. Hamma, F. A. Hartley, J. H. Harris, R. C. Hebble, Horace Heistand, D. W. Hogue, S. R. Hutchings, Clement L. Jones, R. H. Jones, Clarence H. Kay, Isaac Kay, A. Richard Kent, J. A. Link, Alexander Mac Gregor, Tom W. Mahoney, H. B. Martin, O. M. Marquart, John R. McDowell, C. L. Minor, Arthur Pancake, W. B. Patton, Richard E. Peteford, Alfred H. Potter, Robert C. Rind, J. H. Rinehart, G. C. Rodebaugh, C. W. Russell, C. S. Ramsey, C. G. Scruggs, E. H. Smith, E. B. Starr, J. E. Studebaker, L. L. Symon, W. C. Taylor, Bennetta Titlow, H. E. Vogel, Wallace A. Ort.

*Clermont*—J. H. Andrews, R. C. Belt, F. H. Lever.

*Clinton*—E. C. Briggs, T. E. Craig, Robert Conard, J. F. Fisher, Kelley Hale, V. E. Hutchens, C. E. Kinzel, F. A. Peelle, Elizabeth Shriver, C. A. Tribbett, G. W. Wire.

*Columbiana*—S. A. Conrad, R. E. Smucker, E. M. Wilson, H. K. Yaggi.

*Coshocton*—B. O. Burkey, J. D. Lower, Jesse McClain, E. M. Wright.

*Crawford*—W. A. Koch, C. A. Lingenfelter, C. D. Morgan, C. E. Trimble.

*Cuyahoga*—W. J. Abbott, A. W. Anderson, H. B. Ormsby, George Bennett, H. A. Berkes, S. L. Bernstein, C. E. Briggs, L. S. Bookhart, W. B. Chamberlin, B. B. Colvin, H. H. Drysdale, W. E. Dwyer, A. A. Eisenberg, R. E. Fisher, G. E. Follansbee, F. J. Gallagher, C. L. Graber, C. A. Hamann, E. A. Hannum, F. C. Herrick, J. M. Ingersoll, R. B. Irwin, I. M. Jarzynski, L. G. Knowlton, F. G. Leonard, W. I. LeFevre, M. J. Lichty, A. W. Lueke, Roy B. Metz, S. H. Monson, J. M. Moore, R. G. Perkins, D. A. Prendergast, F. A. Rue, W. E. Shackleton, I. E. Seward, A. J. Skeel, S. W. Smolik, C. C. Stuart, J. J. Thomas, C. W. Thompson, J. E. Tuckerman, W. C. Tuckerman, W. H. Tuckerman, Frederick Wood.

*Darke*—J. B. Ballinger, A. M. Brandon, J. A. M. Clark, W. T. Fitzgerald, W. C. Guteruth, S. A. Hawes, J. E. Hunter, E. G. Husted, F. M. Kissell, W. A. Layer, E. E. Lowry, W. H. Matchett, B. F. Metcalfe, J. E. Monger, O. P. Wolverton, J. S. Niederkorn, J. C. Poling, E. G. Replogle, H. C. Riegel, D. Robeson, A. F. Sarver, C. I. Stephen, J. W. Van Lue.

*Defiance*—G. W. Huffman.

*Delaware*—O. W. Bonner, A. H. Buck, C. W. Chidester, M. W. Davies, N. Gorsuch, W. G. Hyatt, J. C. Johnson, G. W. Morehouse, A. J. Willey, Mary A. Wilson.

*Erie*—C. B. Bliss, Charles Graefe, C. H. Merz, H. D. Peterson, P. F. Southwick.

*Fairfield*—C. G. Axline, H. F. Bigony, C. W. Brown, C. R. Fishel, C. H. Hamilton, R. H. Smith.

*Fayette*—R. M. Hughey, L. W. Pine, D. H. Rowe, H. L. Stitt, C. A. Teeters, E. F. Todhunter.

*Franklin*—J. B. Alcorn, H. L. Arnold, J. F. Baldwin, W. F. Bay, H. G. Beatty, C. H. Benson, H. R. Beery, L. L. Bigelow, H. B. Blakey, M. W. Bland, F. G. Boudreau, C. F. Bowen, G. W. Brehm, A. K. Buell, E. L. Carlton, J. S. Carlton, E. H. Chapin, C. F. Clark, I. G. Clark, Andre Crotti, W. C. Davis, V. A. Dodd, W. D. Deuschle, John Donley, S. D. Edelman, W. E. Edmiston, R. P. Elder, E. J. Emerick, H. H. Emerson, E. W. Euans, T. A. Evans, E. E. Gaver, E. M. Gilliam, E. E. Gillilan, S. J. Goodman, C. W. Hadley, T. H. Haines, C. S. Hamilton, G. T. Harding, Jr., I. B. Harris, H. L. Harris, A. M. Hauer, E. G. Horton, E. R. Hayhurst, E. F. Heffner, A. G. Helmick, F. M. Hollingshead, J. E. Holmes, P. M. Holmes, Herman Hoppe, C. D. Hoy, W. D. Inglis, R. R. Kahle, Louis Kahn, G. W. Keil, R. A. Kidd, B. R. Kirkendall, O. E. Kline, F. F. Lawrence, J. W. Leist, C. P. Linhart, H. Y. Masefield, G. H. Matson, C. S. Means, J. W. Means, Hugh Means, W. J. Means, A. C. Miller, W. H. Miller, W. H. Morgan, C. W. McGavran, G. B. Nessley, L. W. Neiswonder, W. A. Noble, W. E. Obetz, M. F. Osborn, C. D. Postle, Joseph Price, C. O. Probst, T. W. Rankin, John Rauschkolb, J. M. Rector, L. J. Regan, J. M. Rhodes, J. A. Riebel, Rush Robinson, Andrews Rogers, E. H. Ryan, D. G. Sanor,

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*Geauga*—A. E. Bohm.

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*Hardin*—W. A. Belt, C. R. Blosser, D. H. Bowman, C. D. McCoy, A. S. McKittrick, C. C. McLaughlin, D. P. Phillips, Jr., D. P. Phillips, Sr., E. S. Protzman, W. H. Rabberman, Omar H. Tudor, A. N. Wiseley, Jr.

*Harrison*—W. W. H. Curtiss, S. B. McGavran, *Henry*—C. E. Burgett.

*Highland*—W. H. Ambrose, Hugh W. Chaney, C. C. Cropper, O. R. Eylar, J. H. Frame, F. M. Granger, R. E. Holmes, F. A. Johnson, J. C. Larkin, H. H. Lowe, W. B. Roads, T. W. Roberts, K. R. Technor.

*Hocking*—M. H. Cherrington, Jacob Hyman.

*Holmes*—A. T. Cole, A. L. Pritchard.

*Huron*—H. G. Blaine, J. D. Coupland, F. M. Kent, W. W. Lawrence, R. L. Morse, S. E. Simons, Lehr H. Whistler.

*Jackson*—E. T. Dando, D. W. Davis, Haldor L. Gahm, J. S. Hunter, J. J. McClung, W. J. Ogier, W. H. Parker, A. G. Ray, J. H. Ray, John E. Sylvester.

*Jefferson*—J. C. M. Floyd, Perry Laughlin, Robert Laughlin, W. G. Lyle, C. W. Maxson, S. F. Paul.

*Knox*—Francis W. Blake, S. A. Douglass, Virgil L. Fisher, Frank C. Larimore, James F. Lee, William W. Pennell.

*Lake*—E. S. Jones, Vine H. Tuttle, J. V. Winans.

*Lawrence*—W. S. Eakman, Dan Gray, W. F. Marting, O. U. O'Neill, John S. Wiseman.

*Licking*—H. B. Anderson, R. G. Downs, Leland Baxter, Carl E. Evans, W. L. Evans, C. B. Hatch, Harry E. Hunt, E. H. Johnston, H. P. Martin, J. R. McClure, J. G. Shirer, W. E. Shrontz.

*Logan*—J. C. Banning, V. F. Barrett, A. C. Brindle, Robert H. Butler, James W. Croft, Frank E. Detrick, J. P. Harbert, E. R. Henning, F. B. Kaylor, Guy J. Kent, Ben S. Leonard, E. C. Louthan, F. R. Makemson, J. S. Montgomery, A. J. McCracken, R. C. McNeil, W. C. Pay, W. S. Phillips, W. B. Stinchcomb, Guy H. Swan, J. H. Wilson, John H. Wolfe.

*Lorain*—Waite Adair, S. V. Burley, W. F. Dager, Frank B. Gregg, H. W. Powers, Edwin E. Sheffield.

*Lucas*—K. C. Becker, P. J. Bidwell, W. W. Brant, Burt G. Chollett, Thomas M. Crinnion, Fred M. Douglass, James A. Duncan, Frank D. Ferneau, S. D. Foster, John Gardiner, William J. Gillette, C. M. Harpster, W. H. Hartung, Oscar Hasencamp, J. H. Jacobson, J. G. Keller, L. A. Levison, Charles Lukens, J. L. Murray, Edward J. McCormick, M. B. McGonigle, E. I. McKesson, Earl R. Mellott, C. H. Mills, Charles W. Moots, H. J. Morgan, John T. Murphy, F. W. Piliod, A. J. Richie, C. D. Selby, R. E. Sinkey, W. H. Snyder, Wilard J. Stone, P. George Tait, C. W. Wagoner, James L. Watson, Theodore Zbinden.

*Madison*—H. V. Christopher, C. T. Gallagher, A. F. Green, E. S. Holmes, George M. Kerr, J. F. Kirkpatrick, J. M. Morse, M. L. Naughton, F. E. Rosnagle, W. F. Smeltzer, A. J. Strain, R. H. Trimble, Frederick L. Wilson, R. B. Wittich.

*Mahoning*—R. B. Dobbins, J. F. Elder, Abram E. Frye, R. D. Gibson, David B. Phillips, W. W. Ryall.

*Marion*—C. L. Baker, D. W. Brickley, Maud L. Bull, J. W. Jolly, R. C. M. Lewis, H. K. Monser, E. O. Richardson, Sheridan W. Mattox, D. D. Shira, H. F. Tilton, H. C. Uhler, D. O. Weeks.

*Medina*—E. L. Crum, H. P. H. Robinson.

*Meigs*—Byron Bing, D. B. Hartinger, P. A. Jividen, J. A. Miller.

*Mercer*—M. L. Downing, J. E. Hattery, D. H. Richardson, J. P. Symons, P. F. Weamer, J. O. Wickersham.

*Miami*—Charles Baker, John H. Baker, A. J. Bausman, J. F. Beachler, M. M. Brubaker, Warren Coleman, J. Robert Caywood, C. R. Coate, J. J.

R. Echelbarger, J. B. Francis, C. E. Gaines, M. R. Haley, John F. Hamsher, S. D. Hartman, C. E. Hetherington, Gainor Jennings, H. W. Kendall, I. C. Kiser, F. D. Kiser, J. H. Lowe, G. E. McCullough, James E. Murray, H. R. Pearson, John H. Prince, L. A. Ruhl, Robert M. Shannon, J. S. Shinn, R. D. Spencer, O. H. Stuhlman, Francis W. Thomas, W. R. Thompson, W. N. Unkefer, Thomas M. Wright, E. A. Yates.

*Monroe*—E. W. Lowe.

*Montgomery*—R. W. Adkins, W. E. Allaman, E. R. Arn, R. C. Austin, E. A. Baber, T. R. Baldrige, F. D. Barker, B. W. Beatty, S. M. Beck, R. S. Binkley, D. M. Blizzard, E. E. Bohlender, Horace Bonner, L. G. Bowers, E. L. Braunlin, E. S. Breese, A. B. Brower, W. B. Bryant, R. A. Bunn, H. W. Burnett, A. W. Carley, C. N. Chrisman, W. C. Claggett, C. A. Coleman, D. B. Conklin, L. R. Courtright, M. E. Coy, F. D. Crowl, R. H. Davis, J. A. Davison, J. M. Deam, W. H. Delscamp, T. H. Dickinson, M. W. Duckwall, A. H. Dunham, H. V. Dutrow, E. S. Everhard, G. B. Evans, J. H. Farber, Gertrude Felker, M. B. Floyd, F. F. Freytag, J. C. George, G. D. Gohm, George Goodhue, N. D. Goodhue, F. C. Gray, T. L. Gregg, O. C. Griep, P. L. Gunkel, H. C. Haning, H. B. Harris, S. E. Hendren, P. H. Hilbourne, J. A. Hodkins, H. H. Hatcher, J. M. Howell, C. A. Hull, C. H. Humphrey, E. M. Huston, C. T. Hunt, C. A. Ihle, L. M. Jones, L. G. Klepinger, J. D. Kramer, H. H. Lane, W. F. Lauterbach, A. L. Light, E. H. Mallow, E. B. Markey, W. C. Marshall, J. H. McCassy, H. H. McClellan, J. W. McKemy, E. F. McSherry, C. C. McLean, D. E. Miller, J. W. Millette, D. C. Mills, A. J. Moorman, H. F. Patten, C. L. Patterson, R. W. Pennywitt, A. O. Peters, Matthew Porter, W. H. Riley, William Roehm, W. A. T. Ryan, S. N. Salume, R. R. Shank, A. F. Shepherd, C. E. Shepard, F. L. Shively, C. D. Slagle, L. E. Stutsman, W. S. Smith, C. H. Tate, F. S. Thomson, J. L. Travis, A. V. Weinberger.

*Morgan*—J. F. Hill, Lee Humphrey, C. E. Northrup.

*Morrow*—T. P. Johnson, R. L. Pierce.

*Muskingum*—R. B. Bainter, E. R. Brush, J. D. Davis, O. I. Dusthimer, H. R. Geyer, C. U. Hanna, C. H. Higgins, M. A. Loebell, W. A. Melick, C. M. Rambo, H. T. Sutton.

*Noble*—F. R. Dew, J. L. Gray.

*Ottawa*—C. C. Starkes.

*Paulding*—A. H. Monser, D. F. Russell.

*Perry*—F. J. Crosbie, H. W. Shaw, J. H. Wright.

*Pickaway*—B. R. Bales, R. A. Brown, G. H. Colvill, D. V. Courtright, O. H. Dunton, A. O. Ervin, A. W. Holman, Howard Jones, A. F. Kaler, J. A. Knight, G. G. Leist, J. B. May, C. R. McConnell.

*Pike*—O. C. Andre, R. C. Bingaman, G. W. Deem, E. M. Dixon, J. R. Hilling, G. B. Nye, I. P. Seiler, E. W. Tidd, L. E. Wills.

*Portage*—W. B. Andrews, E. B. Dyson, B. E.

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*Putnam*—C. O. Beardsley, P. D. Bixell, C. F. Douglass, J. F. George, E. P. Lemley, Frank Light, H. A. Neiswander, A. F. Sheibley.

*Richland*—Charles G. Brown, M. J. Davis, W. S. Mecklem, John Maglott, J. Lillian McBride, F. A. McCullough, Edward Remy, Jr., George C. Smith, J. L. Stevens, R. C. Wise, A. M. Zebold.

*Ross*—R. E. Bower, H. R. Brown, A. Henry Dunn, Ralph W. Holmes, W. D. Jones, Frank T. Marr, J. H. Pake, D. A. Perrin, Josephine Riley, G. E. Robbins, V. T. Scott, W. B. Smith.

*Sandusky*—Albert G. Eyestone, W. Van Nette.

*Scioto*—L. D. Allard, J. N. Ellison, J. W. Fitch, Stephen S. Halderman, J. D. Jordan, F. G. McCormick, H. F. Rapp, Joseph S. Rardin, W. A. Ray, O. W. Robe, Oral D. Tatje, A. L. Test.

*Seneca*—Charles F. Daniel, D. W. Fellers, H. B. Gibbon, R. R. Hendershott, John D. Howe, G. L. Lambright, R. G. Steele.

*Shelby*—J. W. Costolo, A. W. Grosvenor, A. B. Gudenkauf, M. F. Hussey, F. R. McCoy, A. W. Reddish.

*Stark*—A. C. Ball, D. F. Banker, B. C. Barnard, H. H. Bowman, L. A. Buchman, J. F. Campbell, S. J. Feingold, B. J. Ferciot, C. E. Fraunfelder, D. S. Gardner, C. H. Goodrich, Frank E. Hart, J. D. Holston, C. F. Hoover, C. M. Hoover, G. A. Kelley, Fred G. King, George L. King, W. C. Manchester, E. J. March, J. F. Marchand, E. O. Morrow, W. A. McConkey, John D. O'Brien, H. P. Pomerene, C. A. Portz, R. J. Pumphrey, J. A. Rhiel, R. T. Shipley, J. E. Shorb, John J. South, Alonzo B. Walker, W. H. Weaver, George F. Zinninger.

*Summit*—Robert B. Chamberlin, William R. Dabney, H. H. Jacobs, D. B. Lowe, David H. Morgan, D. M. McDonald, Samuel E. McMaster, U. D. Seidel, Robert Simms, Jay D. Smith, G. W. Stauffer, David W. Stevenson, S. St. J. Wright, C. E. Jelm.

*Tuscarawas*—G. E. Calhoun, H. A. Coleman, A. C. Dempster, G. I. Goodrich, Tracy Haverfield, L. H. Hughes, George B. Kistler, B. A. McConnell, S. B. McGuire, E. B. Shanley, D. W. Shumaker, J. M. Smith.

*Trumbull*—Melville D. Ailes, W. D. Cunningham, O. T. Manley, H. G. Meek, J. Ward, D. R. Williams.

*Union*—S. J. Bown, A. Boylan, A. L. Burson, F. C. Calloway, H. C. Duke, L. Henderson, C. W. Hoopes, D. J. Jenkins, P. D. Longbrake, Charles D. Mills, Angus MacIvor, H. G. Southard, A. B. Swisher, F. M. Wurtsbaugh.

*Van Wert*—J. H. Bender, C. G. Church, A. C. Flemming, E. V. Hall, J. A. Hines, R. J. Morgan, W. E. Reeder, W. C. Roller, S. S. Tuttle.

*Vinton*—W. H. Henry.

*Warren*—Mary E. Cadwallader, Mary L. Cook,

H. J. Death, Herschel Fisher, N. A. Hamilton, Charles S. Hough, W. F. Moss, Leonard Mounts, C. G. Randall, Thomas Sherwood, S. S. Stahl, A. T. Wright.

*Washington*—J. L. Mason, A. Howard Smith, C. B. Ballard, H. P. Gillespie.

*Wayne*—J. W. Irvin, George W. Ryall.

*Williams*—D. S. Burns, M. V. Replogle, A. E. Snyder, J. A. Weitz.

*Wood*—A. A. Babione, D. R. Barr, E. W.

Fisher, C. C. Greiner, C. B. Hatfield, Ellsworth Sheldon.

*Wyandot*—Theodore C. Greist, G. W. Sampson, T. A. Spittler, I. N. Zeis.

*Guests*—C. E. Cotton, Asheville, N. C.; L. G. Cromer, Union City, Ind.; E. P. Davis, Philadelphia, Pa.; D. H. Kress, Takoma Park, D. C.; R. D. Mussey, Rochester, Minn.; W. C. Rucker, Washington, D. C.; R. H. Skillern, Philadelphia, Pa.

## Outline Definite Plans for Campaign to Curb the Cancer Menace in Ohio

The dominating note in the work of the Association during the coming year will be the control of cancer.

House of Delegates specifically recommended a continuance of the work inaugurated by the State Committee on Cancer Control, of which Dr. Andre Crotti is chairman. During the Springfield meeting the committee held a conference with presidents of county societies, at which the following general outline was adopted:

First: It was suggested that the component county societies give a prominent place to cancer problems in making up their annual program.

Second: April was set aside as "Cancer Month," with request that all societies devote particular attention to cancer on their April program.

Third: In selecting their cancer program the secretaries of the county societies are urged to always give preference to papers dealing with early recognition and diagnosis. Whenever possible they are urged to have clinics held on cancer cases, and to have lantern slides of all possible available material to show as well as specimens. They are urged to call as often as possible upon every progressive surgeon and internist of the state to deliver lectures on the various phases of cancer.

Fourth: The members present pledged themselves to always examine carefully patients whose history was suspicious of cancer before giving any medicine. They, furthermore, will use all their influence to let it be known that such a pledge has been taken, and will urge their fellow practitioners to do the same and to insist upon proper surgical treatment when once "suspicion" has been aroused.

Fifth: All practitioners and specialists are urged to report all their cancer cases at their respective medical meetings, dwelling especially upon diagnosis, prognosis, pathology, etc.

Sixth: The State Committee on Cancer Control will gladly help any county society, which wishes us to do so, in selecting the program and furnishing speakers, if necessary. The editorial staff of our *Journal* will gladly co-operate in the campaign by throwing open the columns of *The Journal* to any commendable papers or suggestions concerning the cancer problem.

Seventh: Dr. Ernest Scott, head of the Pathological Laboratory of the Ohio State University, will gladly examine any specimens whenever they are sent to him.

Eighth: The county societies are each advised to appoint a special sub-committee to undertake in collaboration with the Ohio branch of the American Society for the Control of Cancer an educational campaign among the laity.

Ninth: In order to avoid undignified and unwarranted personal advertising, all articles and papers intended for the daily press ought to go through either the State Committee for the Control of Cancer or the Ohio Branch of the American Society for Cancer Control.

Tenth: The State Committee for the Control of Cancer will endeavor to secure the co-operation of the deans and presidents of the medical schools of the state and induce them to give special attention to cancer phases in clinics or otherwise, and possibly, if it meets their approval, to have a special short course on the subject given to the students.

### Do We Need Food Inspection?

Here is a story which clearly demonstrates the necessity of intensive food inspection: A citizen of an Ohio city recently assisted a garbage wagon driver for the privilege of removing from the loads dead poultry, which had been condemned as unfit for food. Several deceased chickens were taken to the home of the pilferer, dressed and then sold to a restaurant keeper, who hung out this sign: "STEWED CHICKEN DINNER—25c."

A few days later, the restaurant keeper pleaded guilty to a charge of having in his possession with intent to sell decomposed, diseased poultry and was fined \$50 and costs—the maximum. The man who gathered the poultry suffered the same penalty. Both were victims of an efficient food inspection system.

Dr. W. W. White has closed the White hospital at Ravenna, owing to his ill health. Efforts are being made to have the institution reopened as a county hospital.



STANDING OF COUNTY SOCIETIES, MAY 10, 1917

THE ONE HUNDRED PER CENT CLUB CONTEST FOR 1917 CLOSED AT MIDNIGHT ON MAY 10, WITH THE FOLLOWING RESULT:

	Members			Members	
	1916	1917		1916	1917
Allen	83	83	Madison	21	21
Ashland	19	20	Mahoning	109	119
Ashtabula	38	38	Marion	38	43
Athens	54	57	Medina	21	22
Auglaize	26	35	Meigs	14	14
Belmont	58	63	Mercer	26	26
Butler	50	53	Miami	49	51
Clark	64	71	Monroe	6	9
Clinton	23	24	Montgomery	161	171
Columbiana	45	61	Morgan	11	13
Crawford	32	33	Muskingum	49	53
Cuyahoga	512	521	Ottawa	15	15
Delaware	28	30	Paulding	21	21
Erie	24	24	Perry	24	24
Fairfield	39	39	Portage	22	27
Fayette	10	14	Preble	18	18
Franklin	332	333	Putnam	31	31
Fulton	25	27	Richland	51	54
Geauga	10	10	Ross	31	37
Greene	33	36	Scioto	48	53
Hancock	36	40	Shelby	19	19
Hardin	26	27	Stark	130	136
Henry	23	25	Summit	144	176
Highland	25	28	Trumbull	32	40
Holmes	11	12	Tuscarawas	47	50
Huron	18	19	Union	12	20
Jackson	19	19	Van Wert	26	31
Lake	19	21	Vinton	7	7
Licking	30	38	Warren	29	30
Logan	29	35	Wayne	27	30
Lorain	63	66	Williams	25	28
Lucas	206	215	Wood	42	48

THESE HAVE NOT YET QUALIFIED—SOME ARE NEARLY THERE

	Members			Members	
	1916	1917		1916	1917
Adams	22	18	Knox	30	28
Brown	9	8	Lawrence	23	20
Champaign	24	20	Morrow	15	14
Clermont	9	6	Noble	10	7
Coshocton	24	21	Pickaway	26	25
Darke	56	51	Pike	13	10
Defiance	16	13	Sandusky	30	27
Gallia	31	29	Seneca	40	35
Guernsey	32	27	Washington	53	49
Hamilton	468	465	Wyandot	16	12
Harrison	22	15	Total Paid-up Membership to Date		4512
Hocking	13	12	Total Prior to State Meeting, 1916		3996
Jeffeson	49	47	Total last year		4345

SPRINGFIELD, WE THANK YOU

We cannot close this issue of *The Journal* without calling particular attention to the splendid work of the committee on arrangements which handled the local affairs in connection with the Springfield meeting. It was a topic of general discussion on all sides. Dr. W. B. Patton, general chairman; W. P. Ultes, secretary; W. C. Taylor, treasurer, with C. L. Minor and C. S. Ramsey constitute the committee.

Dr. Patton deserves great credit. He devoted months to arranging the details necessary to make successful a large convention. Dr. Ultes had charge of the scientific and medical exhibits and they were by far the largest ever held. Dr. Taylor assumed his usual role of handling the finances and in this he was ably supported by Dr. F. P. Anzinger as chairman of the special finance committee. No expense was spared. Dr. Minor, as chairman of the committee on buildings and hotels, faced the task of providing for the physical comfort of the meeting, and he accomplished wonders. Certainly no city of its size in the state could handle our annual meeting so successfully. Dr. Ramsey, in general charge of transportation facilities, saw to it that the hotels and interurbans met the special situation. Dr. Harry B. Martin, chairman of the committee on banquets and luncheons, acquitted himself admirably. No better managed functions have ever been held in connection with our state meetings. Dr. D. W. Hogue was responsible for the beautiful badges, particularly the readable name plate, and this was no small task. Dr. Bennetta Titlow provided the series of entertainments for the visiting ladies, caring for an unusually large number. It was due to the energy of Dr. E. B. Starr that "Public Health Sunday" proved a success.

The above are merely those who served on the general committee and the heads of the special committees. The entire membership of the society co-operated to the fullest extent and almost without exception devoted most of the week to looking after visitors. Our hats are off to Springfield.

A pleasing innovation was the service of a corps of nurses from the Springfield hospitals, who appeared at the registration headquarters in uniform and assisted in registration. They lent a pleasing touch to the scene and rendered very efficient and valuable service.

\* \* \*

Elaborate scientific and commercial exhibits were provided for convention visitors by the Springfield Committee on Arrangements. The list of commercial exhibitors ran up to 60, a record for State Association meetings, and the committee's arrangement of the displays in the main auditorium of Memorial Hall brought forth

many commendatory remarks. Exhibitors were delighted. They presented Chairman Will Ultes, who was chiefly responsible for their success, with a handsome present.

The introduction of scientific displays established a precedent which will undoubtedly be followed up at future conventions. This new feature was made possible by the hearty co-operation of the Ohio State University College of Medicine, the Western Reserve University Medical School, the Ohio State Board of Health and Dr. H. Kennon Dunham, of the Cincinnati Tuberculosis Sanitarium.

Ohio State supplied a series of most interesting microphotographs, while the Western Reserve exhibit consisted of microscopic demonstrations of the development and structure of the teeth; slides and photos used in teaching histology and embryology and pathological bone specimens. Dr. Dunham's display was a demonstration of diseased lungs, and the underlying pathology of tuberculosis.

The public health exhibit of the State Department of Health, consisting of charts and aphorisms on various phases of health work, models designed to teach sanitation, and educational films, attracted much attention.

\* \* \*

The live wires of the Association represented in the One Hundred Per Cent Club got together at noon on Tuesday at one of the most interesting luncheons ever held by that most interesting organization. There were 86 gathered around the luncheon tables. Part of the time was spent in throwing bouquets, but a serious undercurrent ran through the meeting—emphasis of the need of real medical organization in Ohio to meet the serious situation which the medical profession is facing.

On Wednesday, 54 of the 88 legislative committeemen assembled for a luncheon conference with the State Committee on Public Policy and Legislation. Dr. J. H. J. Upham presided. Brief talks were made by Drs. A. H. Freiberg, of Cincinnati; J. A. Weitz, of Montpelier; Gaior Jennings, of West Milton; J. E. Tuckerman, of Cleveland, and by the Executive Secretary.

These luncheon meetings do not need an extended report. They speak for themselves.

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#### HOSPITAL AT O. S. U.

The College of Medicine at Ohio State University will be strengthened by an act of the legislature which grants to the city of Columbus the right to erect on the university campus a new municipal hospital for the treatment of contagious diseases. Funds for the erection of this hospital were voted by the citizens of Columbus several months ago. Its erection on the campus will afford medical students excellent clinical material.

## Governor Cox Delegates Medical Phase of Conscript Board Work to Ohio State Medical Association

One-third of the work of supervising war service registration and drafting in Ohio in accordance with provisions of the selective conscription bill will be performed by physicians. Signal recognition of the Ohio State Medical Association was given by Governor James M. Cox, who called to his office on May 4 the ten members of the Council of the Association and explained to them the important part they were to take in the conscription work.

Under the plan outlined in President Wilson's proclamation of May 19, a board of three, sitting in each county of the state, will have full charge of the service registration and draft. One member of each county board is a physician of high standing, appointed by the governor but recommended for appointment by the councillor of the district in which the physician's county is situated. Common pleas judges in each county recommended the other members of the boards, who must be of opposite political faith.

Duties of the medical members of the boards will include the work of determining the validity of exemption claims based on deformities or physical unfitness for war service. However, the fact that a man has been passed by the draft board does not necessarily mean that he is acceptable to Army officers. He must pass regular army tests and examinations after leaving the draft board. The county board plan, rather, is to weed out the known unfit and thereby lighten the work of the army recruiting officers.

Registration cards of all men between the ages of 21 and 30 inclusive (as they are secured on June 5), will be scrutinized by the board. After all exemptions have been removed, the cards will be placed in a jury wheel and each county's quota, plus ten per cent., will be drawn. Those whose names are drawn will be notified immediately to prepare for physical examination. If they pass the physical examination, they will be told to hold themselves in readiness to proceed to a training camp. As soon as conscription becomes effective, the War department will assume complete control of the acceptance and assignment of all men drafted. They will be assigned to the various services according to their adaptability.

It is estimated that in Ohio there are more than 400,000 men within the draft age limits. To make up the first army of 500,000 to be called out by the president, Ohio's quota will be about 34,000.

In delegating the important medical phase of this work to the executive body of our Association, Governor Cox deviated from the plan suggested by the War Department officials. Their plan was to use existing county officers

as a draft board. The governor, after making a careful investigation of the organization of our Association, and the method by which our councillors are selected, decided that they were more representative of the medical profession and could better enlist the co-operation of the physicians of Ohio.

The medical member of the county draft board is authorized to call to his aid such physicians as he may select—in sufficient number to carry forward the work rapidly. Neither the board member nor the co-operating physician is to receive any compensation. It offers merely another chance to "do your bit."

The Governor has delegated to the Ohio State Medical Association the most important task it has ever undertaken. We know that his confidence has not been misplaced!

### Springfield Observed Good Health Sunday

Ministers were willingly crowded from their pulpits by physicians and public health workers, who "preached the gospel of good health" in 21 Springfield churches on Sunday, May 13, the day preceding the formal opening of the 1917 convention of the Ohio State Medical Association.

On that date, Springfield citizens observed "Good Health Day" and thousands heard the health messages which 15 speakers traveled to the city to deliver. Almost all phases of public health promotion work were covered by specialists in their respective lines, who aroused deep interest among the laity in the proceedings of the convention.

Arrangements for "Good Health Day" were made by a committee composed of Dr. E. B. Starr, Springfield's director of health; Dr. F. A. Hartley and Dr. Stanley Hutchings, and the program was carried out without a break. The speakers, their subjects and the churches in which they talked follow:

Dr. Benjamin McClellan, of Xenia, "Public Health and Its Relation to the Church," United Presbyterian; Dr. J. C. M. Floyd, of Steubenville, "Some Preventable Diseases and Means of Prevention," East Side Chapel (morning) and Heavenly Rest Episcopal (evening); Dr. C. D. Selby, of Toledo, "Springfield's Meanest Economy and Springfield's Greatest Extravagance," Third Lutheran (morning) and Oakland Presbyterian (evening); Dr. C. L. Bonfield, of Cincinnati, "Progress of Medicine Since the Civil War," First Lutheran (morning) and East High Street M. E. (evening); Dr. J. R. McDowell, of Columbus, "The New Public Health," Heavenly Rest Episcopal (morning) and Columbe Ave. U. B. (evening); Dr. E. O. Smith, of Cincinnati, "A Healthy Mind and a Healthy Body," Church of the Good Shepherd (morning) and Second Lutheran (evening); S. P. Kramer, of Cincinnati, "Alcohol," Central M. E.; Dr. John E. Monger, of Columbus, "Vital Statistics," Grace M. E.; Dr. A. L. Light, of Dayton, "Preventive Medicine," Calvary Lutheran (morning) and the Church of the Living God (evening); Dr. Frank G. Boudreau, of Columbus, "Prevention of Communicable Diseases," Grace Reformed (morning) and St. John's Baptist (colored) (evening); Dr. J. H. J. Upham, of Columbus, "Modern Preventive Medicine," Second Presbyterian; Rev. D. V. Garland, director of public welfare, Dayton, "Economic Loss from Preventable Disease," St. Paul M. E.; Dr. Gilbert E. Robbins, of Chillicothe, "Waste of Life from Tuberculosis," First Presbyterian; Dr. William Ravine, of Cincinnati, "Laws of Moses in Relation to Modern Public Health," Ohezdukah Congregatio.

## Don't Be a Slacker; If You are Young and Without Dependents, Remember Your Country Needs You!

Accurate figures showing the actual need for enlistment in medical service in the Army are not available at this time, but the consensus of opinion is that *many more young physicians are needed*. In the work to date the older men are responding with far greater rapidity than are the younger men—men under 35.

Col. Willcox, U. S. A., stationed at the Columbus Barracks, strongly emphasized the need for younger men in his brief addresses during the Springfield sessions. He made a particular plea for enlistment by strong, vigorous men under 35, and particularly for enlistment of every man in good health whose circumstances will permit service without too great a sacrifice of the interests of his dependents.

In addition to this, every physician under 55 who is fitted for service and who will not leave helpless dependents and who is not vitally needed at home should at least make application for enlistment in the Medical Officers Reserve Corps. This will place your services at the disposal of the government if they are actually needed.

"The present international crisis presents a situation which the younger man in general practice must face," an army officer said to the writer in discussing the medical service enlistments. "Very shortly the public is going to learn of the seriousness of this war, and the doctors who hang back for selfish reasons are going to be branded in their communities as slackers. And they'll carry that brand to their graves.

"In England and particularly in France, today, they have reached that point. Those physicians who have hung back thinking to build up practice through the absence of their competitors, are finding that war is no time for selfishness. They are not only failing to gain practice, but they are losing their old patients, and it is not an uncommon occurrence to hear them hissed in the streets."

"Answering the call to colors must be considered on a personal basis—it must be made a matter of conscience," the army man continued. "It isn't right for the doctor who has a large family with helpless dependents, to go—at least at this time. If he is an important factor in hospital work at home he must take that into consideration, for the civilian population must be cared for. But if he is young, healthy, unattached, and lacking direct dependents, he should at once place his services at the complete disposal of his country.

"If he doesn't it is not improbable that later he will be drafted, for a medical corps in a first necessity; and if he isn't drafted he'll be

busy the remainder of his life trying to explain why he failed to respond."

"You can't lay down hard and fast rules as to who shall go and who shall remain at home. You must make it a matter of individual conscience."

During May, enlistments in the Medical Officers Reserve Corps were rapid. In the country at large, where 20,000 physicians are needed, about 9,000 have responded. The greatest immediate need is for examining physicians at the recruiting stations, to care for the great army that is being raised. In the Fall many will be needed in the concentration camps.

There is a lack of clarity relative to information. If in doubt on any point, we suggest that you write the Secretary of the American Medical Association at Chicago. He has available a number of circulars giving detailed information as to army requirements. Colonel Willcox, Columbus Barracks, advises us that he will be glad to furnish information or to personally confer with physicians who contemplate enlistment. Similar information is available at Fort Thomas, near Cincinnati.

### Baby Week Observed Throughout Ohio

Means of conserving baby life was considered throughout Ohio during "Baby Week," observed in most cities and communities from May 1 to May 6. Physicians, public health workers, women's clubs and many commercial establishments co-operated in making the week productive of much good for babyhood. It is expected that the number of meetings held in the state will break all records.

More than usual attention was given to birth registration and as a result hundreds of babies under one year were registered with local health boards. Public schools were used to good advantage in holding meetings and the activity of many county medical societies in behalf of the baby was thoroughly appreciated.

In most communities, special programs for each day of the week were carried out. An excellent program, arranged by the city health division and the Federation of Women's Clubs, was carried out in Cleveland. It follows: April 27, Physician's Day; April 28, Baby Week Observance in Jewish Churches; April 29, Baby Week Observance in Catholic and Protestant Churches; April 30, School Day; May 1, Birth Registration Day; May 2, Movie Day; May 3, Father's Day; May 4, Visiting Day.

Chief credit for the success of "Baby Week" should be given Dr. Frances Hollingshead, chief of the Division of Child Welfare, State Health Department.

## Medical Corps of Ohio National Guard is Ready for Service--Few Vacancies to be Filled

Declaration of a state of war found the Medical Department of the Ohio National Guard well organized as a result of the mobilization along the Mexican border. Lieutenant Colonel Joseph A. Hall, of Cincinnati, chief surgeon, has been widely commended for the state of preparedness prevailing in his branch of the service.

The Medical Corps of the Ohio National Guard is larger than the writer anticipated. There are in Ohio ten complete regiments of infantry, with four physicians attached to each—a major, captain and two lieutenants, or in some instances two captains and one lieutenant. In addition, there is a complete regiment of cavalry with a similar complement of medical officers, a battalion of field artillery and a battalion of signal troops, with medical officers on their staffs. There are four complete field hospitals, each in charge of a major and five subordinate medical officers, and four complete ambulance companies with similar medical attaches. In addition to Lieutenant Colonel Hall, the headquarters staff consists of Captain Charles E. McClelland, of Columbus; Major Charles A. Neal, of Norwood; Major John D. Spelman, of Cincinnati, and Lieutenant Harry D. Jackson, of Circleville.

When the representative of *The Journal* called at the Adjutant General's office on May 8, he found very few vacancies to be filled by enlistment. They are as follows: Seventh Regiment, one lieutenant; First Regiment, two lieutenantcies; two lieutenantcies open in each of the following: Second Field Hospital, Third Field Hospital and First Ambulance Company. Dr. William P. Love, of Youngstown, former major in the medical service, has been commissioned to organize a Tenth Regiment of infantry. When this organization is completed there will be five medical staff vacancies.

Salaries of medical positions in the National Guard, which will be federalized, correspond to those in the medical corps of the Army: major, \$3,000; captain, \$2,400; lieutenant, \$2,000. There are but three grades in the service. The salary includes mounts and quarters but does not include uniforms or mess.

During the past few months there have been numerous promotions in the service. We print herewith the complete roster of the medical department of our National Guard as of May 8, 1917, which gives the revised rankings of the various members.

**SIXTH INFANTRY**  
 Major, Adolph J. Girardot-----Toledo  
 Captain, Daniel Hord-----Toledo  
 First Lieut., Robert E. Lawless-----Toledo  
 First Lieut., Henry M. Brown-----Toledo  
 First Lieut., Lester Kishler----- (Dental Corps)

**SECOND INFANTRY**  
 Major, Chas. D. Gamble-----Spencerville  
 Captain, Arthur M. Harrison-----Bowling Green  
 Captain, Chas. G. Church-----Van Wert  
 First Lieut., Virgil H. Hay-----Lima

**THIRD INFANTRY**  
 Major, Wm. C. Gill-----Dayton  
 Captain, Fred Kislig-----Dayton  
 First Lieut., Arthur Silver-----Sidney  
 First Lieut., Wm. B. Mansur-----Dayton

**EIGHTH INFANTRY**  
 Major, Harry B. Bertollette-----Shreve  
 First Lieut., H. J. Gordon-----Cleveland  
 First Lieut., Joseph H. Boutwell-----Galion  
 First Lieut., R. J. Caton-----Bucyrus  
 First Lieut., John A. Sites----- (Dental Corps)

**FIFTH INFANTRY**  
 Major, Charles Stone-----Cleveland  
 Captain, James T. Norton-----Cleveland  
 First Lieut., James A. West-----Cleveland  
 First Lieut., Harold Wagner-----Cleveland

**FOURTH INFANTRY**  
 Major, Angus MacIvor-----Marysville  
 Captain, Floyd V. Miller-----Delaware  
 First Lieut., Harry D. Jackson-----Circleville  
 First Lieut., Franklin D. Postle-----Delaware  
 First Lieut., Carroll A. White----- (Dental Corps)

**SEVENTH (UNATTACHED) INFANTRY**  
 Major, John B. C. Eckstorm-----Columbus  
 First Lieut., James Lantz-----Lancaster  
 First Lieut., Alvin E. Walters-----Zanesville

**FIRST (UNATTACHED) INFANTRY**  
 Major, John D. Spelman-----Norwood  
 First Lieut., Mathew Applegate-----Cincinnati

**NINTH (SEPARATE) BATTALION OF INFANTRY**  
 Captain, Phillip M. Johnson-----Toledo

### AUXILIARY TROOPS

**SIGNAL TROOPS**  
**Field Battalion**  
 Captain, Paul R. McLaughlin-----Guysville

**ENGINEER TROOPS**  
**First Battalion**  
 Major, Charles W. Stone-----Cleveland

**CAVALRY**  
**First Squadron**  
 Captain, Dora V. Burkett-----Columbus  
 First Lieut., Harry W. Brown (Vet.)-----Columbus  
 Captain, James Bentley-----Cincinnati

**FIELD ARTILLERY**  
**First Battalion**  
 First Lieut., Edward W. Barton-----Akron  
 Second Lieut., Frank R. Lunn (Vet.)-----Payne

**First Field Hospital**  
 Major, Frank W. Hendley-----Cincinnati  
 First Lieut., A. C. Bachmeyer-----Cincinnati  
 First Lieut., Chas. A. Stammel-----Cincinnati  
 First Lieut., Charles Metz-----Cincinnati  
 First Lieut., Russell H. Paden-----Cincinnati  
 First Lieut., Wm. M. Hicks-----Cincinnati  
 First Lieut., Reed A. Shank-----Cincinnati

**Second Field Hospital**  
 Major, Harry H. Snively-----Columbus  
 Captain, Elijah J. Gordon-----Columbus  
 First Lieut., Nicholas A. Albanese-----Columbus  
 First Lieut., Morse F. Osborne-----Columbus

**Third Field Hospital**  
 Major, Charles G. Souder-----Toledo  
 First Lieut., John W. Parker-----London  
 First Lieut., Earl W. Cliffe-----Youngstown  
 First Lieut., Dave H. Smetzler-----Youngstown

**First Ambulance Company**  
 Captain, Dale Wilson-----Toledo  
 Captain, August Schade-----Toledo  
 First Lieut., George A. Hetler-----Toledo

**Second Ambulance Company**  
 Captain, Dudley T. Dawson-----Columbus  
 First Lieut., G. P. Lawrence-----Columbus  
 First Lieut., Edward E. Smith-----Columbus  
 First Lieut., Edwin F. Shaffer-----Shawnee  
 First Lieut., Howard E. Boucher-----Columbus

**Dental Corps**  
 First Lieut., Earl G. Swan  
 First Lieut., John A. Sites  
 First Lieut., Lester F. Kishler  
 First Lieut., Paul J. A. Auferheide

Volunteer nursing organizations to take the place of trained nurses, who will be called to war hospital or Red Cross work, were formed by the Cleveland Health Division and the Cleveland Federation of Women's Clubs during the week of April 27.

## Notes on the War

Ohio has the honor of furnishing one of the first war organizations called to service on the European battle field. The Red Cross base hospital unit organized by Lakeside Hospital of Cleveland, was one of the first two called. The complete organization left Cleveland on Sunday, May 6, under sealed orders, with France as its destination. Major A. J. Gilchrist, of the Army, was placed in command of the unit; Dr. Geo. W. Crile sailed as director; Dr. W. E. Lower as assistant director of surgical service, and Dr. Charles F. Hoover as assistant director of medical service. Dr. Howard Karshner serves as assistant director in charge of the laboratory section. Miss Grace Allison, superintendent of nurses, is chief nurse.

Drs. Henry L. Sanford, H. K. Shawan (Detroit), T. P. Shupe, W. B. Rogers, Allen Graham, B. I. Harrison, Samuel Brock and Drury Hinton accompanied the unit as staff surgeons, Drs. C. B. Christie, Herbert D. Weihrauch, Harry Paryzek and Marion A. Blackenhorn as staff physicians, and Walter C. Hill, roentgenologist; A. B. Eisenbrey, bacteriologist; Gordon N. Morrill, orthopedist; Leroy B. Sherry, registrar, and William R. Barney, unit adjutant.

Drs. John F. Stephan and Bertram S. Rothwell accompanied the unit as staff dentists, while B. H. Lonnsbury and John F. Blanchfield will serve as staff pharmacists. The anesthetists corps will be headed by Miss Agatha Hodgins, Miss Amy Rollin, Dr. Crile's editorial secretary, Miss Mary A. Foley, dietitian, and four expert stenographers were included in the unit.

The unit landed in England May 17 and proceeded directly to France. A reserve unit is being organized in Cleveland to fill vacancies.

The Lakeside base will afford 500 beds and commands the services of 196 people, all of whom were recruited and trained in Cleveland. It was organized by Dr. Crile in 1914 following his return from France, where with a corps from the Lakeside staff he spent several months in base hospital work.

Cincinnati has a Red Cross base hospital equipped and ready to take the field. It is headed by Dr. Joseph Ransohoff and its staff is composed chiefly of physicians and surgeons of the Cincinnati General Hospital.

It is probable that no other base hospital organization will be formed in Ohio. The Army seems inclined to discourage such organizations, unless they can be equipped and maintained by a single hospital. Some weeks ago the Toledo Academy of Medicine voted to equip a complete base hospital unit with two staffs for alternating service, and authorized Drs. Walter H. Snyder and Charles G. Souder to assume charge as alternating directors. The

Commerce Club, of Toledo, promised to raise the necessary money. After conferences with Colonel Kean of the Red Cross, the offer was declined. A movement is now on foot in Toledo to develop a base hospital in connection with St. Vincent's Hospital. Two hospital units also are being organized under the direction of the Academy of Medicine.

In Columbus the army maintains one of the largest recruiting depots in the country at Columbus Barracks. When mobilization was started it was necessary to summon to service a number of members of the Medical Officers Reserve Corps for recruit examination, to supplement the work of the four regular army surgeons stationed there. Late in April Captain Verne A. Dodd and Lieutenants Frank Winders, Jack Means, E. F. McCampbell, E. C. Ludwig, George C. Schaeffer and C. E. Pfeifer were called to active service. Later Captain S. J. Goodman was added to the list. All are Columbus men.

Dr. Ellis R. Bader, radiologist at Cincinnati General Hospital, has resigned and has left for England to serve with the Harvard base hospital unit.

Soon after the declaration of war, the Columbus Academy of Medicine appointed a committee, headed by Dr. Andre Crotti, to investigate the feasibility of organizing a Red Cross base hospital but word from the War Department informed the academy that such an organization was not needed at this particular time. A standing war hospital committee, also headed by Dr. Crotti, was named to act in an emergency. Dayton made an application to form a base hospital.

The staff of the Springfield City hospital has offered its services to the government but has received no instructions. Dr. W. A. Ort is chief of staff.

Most of the county medical societies have held medical preparedness meetings either for the purpose of appointing committees to form hospital units or to encourage enlistment through cooperation with a state committee appointed for that purpose. Many talks on military matters have been delivered before the societies by experts.

Youngstown has an army hospital unit ready for service on call. C. R. Clark is director and chief of medical service and J. A. Sherbondy, chief of surgical. Sidney McCurdy is registrar and Mr. Fred Bunn, superintendent of the city hospital, is adjutant. The complete equipment and complement of nurses and orderlies is ready for service.

## First of Group Meetings to Consider Subject of Obstetrics is Held at Chillicothe

The first of the 1917 series of group meetings to be held throughout the state under the auspices of the Committee on Medical Education of the State Association was held in Chillicothe on Tuesday, May 8, and gave definite promise that the group meetings this year will be even more successful than the series presented during 1916, when the subject of "Fractures and Dislocations" was demonstrated. Nearly 100 southern Ohio physicians attended.

The topic for consideration this year is "Obstetrics" and the work is in charge of Dr. William D. Porter, Clinical Professor of Obstetrics of the University of Cincinnati College of Medicine. The Chillicothe meeting was held for the benefit of physicians of Highland, Pike, Jackson, Ross, Fairfield, Pickaway and Fayette counties, *and was attended, with one exception, by nearly 50% of the membership of each county society.*

As this was the first meeting of the new series, a careful check was made by the officers of the Association to ascertain the opinion of the lecture of those who attended. The audience represented both rural communities and smaller cities. The physicians in attendance were practically unanimous in declaring that the obstetrics demonstration is of the greatest practical value and should be given in every section of the state.

Dr. Porter covered the general subject in a lecture that continued from 4:00 until 5:30 p. m. At six o'clock a subscription dinner was served by the ladies of the First Methodist Church in the large dining room of the Masonic Temple. At seven Dr. Porter resumed lecturing and devoted nearly two hours to demonstrating technique, using a foetus, numerous and large charts and the pelvic bones for demonstration of the various conditions encountered. Every effort was made to make the lecture and demonstration of practical value to the members in general practice. That Dr. Porter accomplished this was indicated in no uncertain terms by the thunderous applause at the close of the evening. Almost without exception the visiting doctors stayed to the finish, and would have given much longer time to a continuance of the subject.

"I would not have missed this meeting for a good many dollars, and I believe that it is going to mean better obstetrics in our country," the president of one of the county societies told the writer at the conclusion of the meeting.

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Unusual credit for the success of the initial meeting—the crowd and the splendid arrangements—is due the Ross County Medical Society by reason of the fact that less than a week was allowed for completion of the arrangements. At a meeting of the Committee on Medical Education in the office of the Executive Secretary on

May 1, it was decided to hold the first of the series in advance of the state meeting, so that the Association might have an estimate of the value of the work outlined for this year. Recognizing the fact that Ross county is noted for quick action and result getting, the Executive Secretary that evening requested the Ross County Society to take charge of the meeting. A special committee was appointed, consisting of G. E. Robbins, R. E. Bower, F. T. Marr, A. E. Merkle and R. W. Holmes. The committee immediately got in touch with physicians of the district and the large crowd was the result of their splendid work.

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Immediately after the State Meeting similar group meetings will be held during June, the early part of July and during the Fall months in from twelve to fifteen other geographic centers—larger cities that are easily reached from the surrounding counties. The itinerary has not been completed, but will follow the general plan adopted last year—although cities not included in the 1916 series will be used this year as far as possible.

Dr. Porter has arranged his work in Cincinnati so that he can attend one or even more meetings each week during the Summer and Fall. All arrangements will be made through the Executive Secretary's office. Any city of 10,000 or over desiring one of these meetings should immediately file a request with the Executive Secretary.

The State Association bears the expense of the meeting, issues the announcements, etc. The local society is required to provide a committee on arrangements which will secure a suitable hall and will arrange for the serving of a dinner or supper at from fifty cents to one dollar per plate.

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The direct and indirect value of the propaganda planned for the next few months by the Committee on Medical Education (as inaugurated at Chillicothe) cannot be estimated. First, it means better obstetrical technique. Dr. Porter brings to the general practitioner what is practically a tabloid graduate review of the subject. With a man who has been out of school for several years it is of great practical value in meeting the difficult cases that are presented in his obstetrical practice. A second and very material benefit to the profession is the impression made on the public. These meetings are given considerable publicity and the citizens of the community are made to realize that they will benefit directly from any movement that means better medical practice.

The following registered at the meeting:

CIRCLEVILLE—O. H. Dunton, B. R. Bales, C. G. Stewart, D. V. Courtright, H. C. Allen, A. W. Holman, George

Heffner, C. H. Colville, H. D. Jackson. WASHINGTON, C. H.—Roy Brown, L. M. McFadden, D. H. Rowe, H. T. Stitt, E. F. Todhunter, N. W. Blakely, Charles A. Teeters, L. P. Howell. WAVERLY—J. L. Caldwell, O. C. Andre, F. C. Metzger, L. E. Willis. COLUMBUS—Wells Teacher, W. D. Deuschle, W. I. Jones, Sylvester J. Goodman. HILLSBORO—W. M. Hoyt, W. B. Roads, J. C. Larkin, C. C. Cropper, J. D. McBride, W. W. Glenn. LEESBURG—R. E. Holmes, H. H. Lowe, R. R. Teacher.—JACKSON—J. J. McClung, H. J. Ray, J. S. Hunter, R. W. Caldwell. CHILLICOTHE—R. H. Brown, R. W. Holmes, G. E. Robbins, Josephine Riley, F. T. Marr, L. Hoyt, J. M. Leslie, J. M. Hanley, L. D. Rickey, C. D. Leggett, L. T. Franklin, R. E. Bower, W. L. Counts, Glen Nisley, J. W. Maxwell, O. P. Tatman, D. A. Perrin, A. E. Merkle, A. H. Dunn. GREENFIELD—W. H. Wilson, J. B. Glenn. PIKETON—I. P. Seiler, George W. Deem. KINGSTON—R. E. Lightner, S. C. Lightner.

J. H. Frame of Highland; R. D. Robinson of Hallsville; O. R. Eyles of Rainsboro; W. H. Henry of Hamden; J. S. Rardin of Portsmouth; J. H. Ray of Coalton; J. H. Pake of Bainbridge; T. J. Roberts of Bell; H. W. Chaney of Sugartree Ridge; F. E. Ginder of Darbyville; E. W. Tidd of Stockdale; W. H. Ambrose of New Petersburg.

### Hancock County Honors Veteran Members

Honoring Drs. J. A. Kimmell, F. W. Firmin and W. N. Yost, who have practiced medicine actively for fifty years, the Hancock Medical Society held a jubilee session in the banquet room of the Y. M. C. A. building at Findlay, May 2. After an elaborate banquet, at which covers were laid for 51, Dr. Cyrenus G. Darling, Professor of Surgery at the University of Michigan, gave the principal address of the evening, speaking on "The Treatment of Wounds." President Gibbon of the State Medical Association delivered a brief address, in which he congratulated the honor guests on their achievement. Each of the guests responded to toasts, reminiscent of their 50 years of practice.

Dr. Kimmell was graduated from Western Reserve University Medical College in 1869 and from Bellevue Hospital Medical College, New York, in 1875. He began the practice of medicine at Cannonsburg, Ohio, in 1867. As a member of the Seventy-second General Assembly of Ohio, he succeeded in securing the passage of the bill which created the State Board of Medical Examination and Registration.

Dr. Firmin was graduated from Western Reserve University Medical College in 1867 and immediately began the practice of medicine in Findlay, which he has continued without interruption up to the present time. He has always been active in municipal affairs. Dr. J. M. Firmin, President of the Hancock Medical Society, is his son.

Dr. W. N. Yost, the oldest of the trio, is a graduate of the Miami Medical College, 1867. He began to practice at Jacksontown, Licking county, later moved to Houcktown and then to Mt. Blanchard. In 1892 he located in Findlay and at the age of 80 is still doing a general practice. He recently served as County Coroner and is now Pension Examiner, a position he held under Cleveland's administrations.

The three men are veterans of the Civil War and two of them, Drs. Kimmell and Yost, taught school before taking up the study of medicine. All are active in county society work.

### Additional Help in Industrial Commission Offices

Action by the State Emergency Appropriation Board and the Legislature in granting increased appropriations for administrative purposes in the Medical and Claims Department of the State Industrial Commission is expected to give considerable relief to physicians who have suffered delays in payment of their fees for bills for services rendered in workmen's compensation cases.

For the period between May 1 and July 1, the Emergency Board has provided the Commission with funds for the employment of two additional medical examiners and a medical clerk in the medical department and 18 examiners, inspectors and clerks in the claims department, where help was badly needed. Most of the clerical positions in the claims department have been filled but the appointment of the medical examiners who must be registered physicians, had not been made late in May.

Appointments made possible by the action of the Emergency Board are permanent ones, since the Legislature in its regular appropriation act, provided funds for the employment of two medical examiners, a medical clerk, and 18 claim examiners, inspectors and clerks after July 1, the date the appropriation act becomes effective.

"With the additional help we hope to be able to keep our work up to date," H. H. Hamm, Director of the Claims Department, stated recently. "Doctors of the state, however, can assist us greatly by filing reports promptly. They are paying more attention to the filing of reports but there is still room for improvement."

Most delay is caused by the failure of physicians to report promptly in cases of minor injuries where no compensation is paid the employee. In such cases, only medical and hospital expenses are paid from the insurance fund. The doctors frequently delay sending in their fee bills and reports in such cases over three months. At the expiration of that time, the cases are closed and filed away. When the fee bills and reports finally arrive at the office of the Commission, the files must be searched for records and the cases presented to the Commission for re-hearing. All this consumes much time which prompt reporting would save.

The appointment of 16 internes at the City Hospital, Cleveland, has been announced by Welfare Director Beman. The first eight are to enter the hospital July 1 and the remainder October 1. They are: L. T. Crane, J. C. Monnier, A. D. Cook, W. R. Goff, M. M. Mahrer, A. J. White, J. M. McCleary, Leslie Merrill, H. A. Mahrer, C. W. Bray, J. J. Selman, D. L. Reese and W. H. Wright, of Western Reserve University Medical School, and E. C. Schoolfield and W. P. Lowry, of the University of Texas, and R. T. Sanders, Ohio State University.



## State Association Wins First Suit Tried Under Plan of Co-Operative Defense Against Civil Malpractice Suits

Gallia county produced the first test of the Ohio State Medical Association's plan for co-operative defense of its members against civil malpractice suits, as provided for in an amendment to the Constitution adopted by the House of Delegates at the 1916 convention.

A member in good standing in the Gallia County Medical Society was the defendant. The plaintiff—an aged woman—sought \$5,000 damages for malpractice but the case never reached the jury. It was dismissed by the court because of lack of evidence before the defendant had an opportunity to present a single witness.

Legally and medically, the case against the doctor was a weak one, but it served to bring to the attention of the medical profession more clearly than printed matter or speeches could have done, the value of membership in the State Association and aroused interest in County Society work. When the case was called for trial, a dozen or more physicians from all parts of the county were on hand to testify if needed.

On September 4, 1916, the plaintiff sustained an injury to her left arm in a fall. Eighteen hours after the accident occurred the defendant doctor, her neighbor, was called. He diagnosed the case as a Colles' fracture, but on account of the swelling in the hand and wrist, was unable to determine the extent of the injury to the wrist and hand and so informed his patient.

Because of the patient's advanced age, 87 years, the doctor thought it would be unwise for her to travel 10 miles to the closest X-Ray. He treated the injury as a Colles' fracture and a dislocation of the ulna for about four weeks. His patient improved and at the time treatment was discontinued, she was able to do some housework.

Later she visited Gallipolis where an X-Ray photograph of her wrist and forearm was taken. The photograph showed she had suffered a Colles' fracture with considerable deformity of fragments and a dislocation of the ulna with no formation of callous. Suit for damages on the ground that she had lost the normal use of her arm through the failure of the attending physician to treat her injury properly was then filed by the woman's attorney in the Gallia county common pleas court on December 7, 1916.

Hon. H. C. Johnson, a Gallipolis attorney, was retained by the Medical Defense Committee of the State Association to defend the doctor. As soon as the latter learned of the filing of the suit, he notified the Medical Defense Committeeman of the Gallia County Medical Society, who in turn notified the State Association's Committee on Medical Defense. An application for medical defense was made out and filed with the Executive Secretary, who immediately certified it to the Association's general legal counsel,

Smith, Baker, Effler and Allen, of Toledo. The Association's counsel kept in close touch with developments in the case, but for obvious reasons, left the defense entirely in the hands of Mr. Johnston.

The case came up for trial on April 19, 1917. Two local physicians were among the witnesses called by the plaintiff. Both testified that in their opinion the attending physician had done everything possible in treating the woman's injuries. Other witnesses for the plaintiff had no testimony to offer which would bear out the allegations made by the plaintiff and, on motion of the attorney for the defense, the court dismissed the case.

Dr. J. E. Tuckerman, of Cleveland, chairman of the Association's committee, attended the trial. He calls our attention to the fact that the case indicates a desire on the part of the Association to defend its members regardless of technicalities—where the facts warrant such aid. In this case, the attending doctor failed to meet one of the requirements of the committee—that an X-Ray be made in every fracture. In deciding to take up the defense, the committee took into consideration the fact that it would have been a difficult and possibly dangerous procedure.

The Association paid all bills connected with the case. The defendant doctor, by virtue of his membership in the Association—and the fact that he had paid his dues promptly—was relieved from a heavy financial burden.

The physicians of Gallia county are "strong for" the new plan of co-operative medical defense.

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### AFLOAT AND ASHORE

Two new products which are attracting unusual attention, both in this country and abroad, are (Abbott), Dakin's New Antiseptic, and (Abbott), the improved hot-wax dressing for burns. Both of these remedial agents have been passed by the Council of Pharmacy and Chemistry of the American Medical Association, and have been ordered by the United States Navy to be placed on every ship.

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### DR. CRILE HONORED

Dr. George W. Crile, of Cleveland, has been appointed a member of the General Medical Board by the National Council of Defense. The board will direct mobilization of medical resources for the war with Germany.

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*For Sale*—A \$3,000 country and village practice, good house, barn and garage, all for \$2,800, \$1,000 cash balance to suit purchaser. Address W, care of *The Journal*.

NEWS NOTES OF OHIO

Columbus—Dr. Morton W. Bland, former State Registrar of Vital Statistics, has opened an office at 206 East State street. He formerly practiced at Bellevue.

Mansfield—Dr. and Mrs. J. A. Yoder have returned from Florida, where they spent the winter months.

Hamilton—Dr. S. M. Schell suffered a stroke of paralysis April 25 while traveling from Trenton to Hamilton on a traction car. His condition is serious.

Coshocton—Dr. E. C. Cone left for Chicago, April 29, where he will spend the next two months taking advanced work in eye, ear, nose and throat.

Tiffin—Dr. and Mrs. E. H. Porter, who spent the last four months in California, arrived home April 19.

Dayton—Drs. A. J. Willey and W. G. Hyatt left April 17 for Rochester, Minn., to attend the Mayo clinics.

Steubenville—After spending the winter in Florida, Dr. and Mrs. McLaughlin arrived home April 16.

Bellaire—Dr. C. W. Kirkland is in Chicago doing post-graduate work.

Ashtabula—Dr. and Mrs. H. Milton Brown have returned from a trip to Porto Rico.

Cumberland—Dr. A. F. Latta, formerly of Columbus, has located here.

Galena—Dr. I. T. McCarty left April 12 for New York to take post-graduate work. He expects to be gone six weeks.

Cumberland—Dr. E. D. Kackley, formerly of Adena, has opened an office in Cumberland.

Canton—Dr. C. C. Waltenbaugh left April 9 for Chicago to take post-graduate work. Dr. A. C. Brant has been appointed a member of the Board of Health to succeed Dr. C. A. McConkey, resigned.

Toledo—Dr. and Mrs. P. H. Schreiber announce the marriage of their daughter, Hedwig, to Mr. Philip Sampliner, of Cleveland.

St. Marys—Dr. F. A. Shuffleton left April 10 for Chicago, where he will spend a month doing post-graduate work.

Gallipolis—Dr. and Mrs. J. T. Hanson are home from Florida, where they spent several months.

Columbus—Dr. Ernest Cox, who sustained a fracture of his leg several weeks ago, is able to attend to his practice.

Niles—Dr. H. C. Paden recently underwent an operation for removal of his tonsils and infected glands.

Wilmington—Dr. D. V. Ireland has sold his practice to Dr. J. R. Davis, who has been associated with him for some time.

Fredericktown—Dr. Ernest V. Ackerman underwent an operation for the removal of his left eye at Columbus, April 13. Dr. Ackerman was shot last Hallowe'en night by a farmer, who mistook him and a friend for a party of youths engaged in Hallowe'en pranks. One of the shots entered the doctor's eye.

Columbus—Drs. J. F. Baldwin and R. B. Drury are members of a commission appointed by Dr. A. E. Griffin, President of the City Council, to study vice conditions in Columbus and recommend methods of correcting the conditions.

Cincinnati—Friends of Dr. Joseph M. Good, formerly of Cincinnati, were informed recently of his death in an automobile accident near his home at Williston, Pa. The Doctor's machine was struck by a train while he was returning from a visit to a patient.

Urbana—Dr. Frank W. Brand left for Chicago, April 30, where he will take a four weeks' post-graduate course in eye, ear, nose and throat before reopening his office here. Dr. Brand gave up his practice five years ago to study abroad.

Athens—Dr. Alfred G. Farmer has resumed his practice after eight months' active service as an officer of the medical section, Officers Reserve Corps, United States Army, stationed at the Army and Navy General Hospital, Hot Springs, Arkansas.

Toledo—Dr. Walter Cary has been appointed assistant superintendent of the Lucas County Tuberculosis Hospital. He will have charge during the army service of Dr. Souder.

Columbus—Dr. Walter A. Noble, diagnostician of the State Bureau of Juvenile Research, is on a four months' leave of absence, which he will spend in New York, taking special work in eye, ear, nose and throat.

Ravenna—Dr. B. H. Nichols is at the Chicago Polytechnic taking six weeks' special work in orthopedics and radiography.

Kent—After an illness of six weeks, Dr. W. B. Andrews is again able to look after his practice.

The American Academy of Medicine will hold its annual session in New York June 4 and 5 under the presidency of Dr. J. E. Tuckerman, of Cleveland.

Milk was studied by the Columbus General Practitioners Medical Society at a meeting held April 26 at the Budd Dairy plant, Columbus. Pasteurization of milk was discussed by W. H. Budd. Members of the society inspected the plant and enjoyed a milk luncheon.

Dr. Andre Crotti of Columbus, delivered a lecture on "Goiter" at the quarterly meeting of the Canton Medical Society April 28.

# Tables, Furnished by Vital Statistics Bureau, Show Monthly Death Rates for Counties and Cities

Reorganization of the work in the State Bureau of Vital Statistics under Dr. John E. Monger, state registrar, has made it possible for *The Journal* to publish monthly death rates of each county and of each of the 37 largest cities in Ohio. The following table, furnished by the bureau, shows the number of deaths and the death rate per 1,000 population in each county for January and February, 1917:

Counties	Jan.	Rate	Feb.	Rate
Adams	35	1.4	30	1.2
Allen	85	1.4	78	1.2
Ashland	34	1.4	29	1.2
Ashtabula	99	1.5	80	1.2
Athens	64	1.2	57	1.1
Auglaize	29	.9	25	.8
Belmont	96	1.1	119	1.4
Brown	31	1.2	39	1.6
Butler	105	1.3	111	1.4
Carroll	18	1.1	20	1.3
Champaign	37	1.4	47	1.8
Clark	89	1.2	87	1.2
Clermont	42	1.4	57	1.9
Clinton	27	1.1	33	1.4
Columbiana	118	1.4	121	1.5
Coshocton	21	.7	23	.7
Crawford	44	1.3	50	1.5
Cuyahoga	1139	1.5	1104	1.4
Darke	53	1.2	61	1.4
Defiance	37	1.5	21	.9
Delaware	29	1.0	48	1.7
Erie	61	1.6	65	1.7
Fairfield	44	1.0	52	1.2
Fayette	33	1.5	21	1.0
Franklin	402	1.5	432	1.7
Fulton	35	1.4	36	1.5
Gallia	39	1.5	41	1.6
Geauga	15	1.0	15	1.0
Greene	48	1.6	34	1.1
Guernsey	58	1.2	50	1.0
Hamilton	819	1.7	688	1.4
Hancock	39	1.0	33	.9
Hardin	39	1.3	33	1.1
Harrison	31	1.6	19	1.0
Henry	26	1.0	24	1.0
Highland	40	1.4	35	1.2
Hocking	26	1.1	30	1.3
Holmes	19	1.1	20	1.1
Huron	55	1.6	55	1.5
Jackson	35	1.1	51	1.7
Jefferson	115	1.4	81	1.0
Knox	29	.9	29	.9
Lake	33	1.4	26	1.1
Lawrence	55	1.4	53	1.3
Licking	63	1.0	84	1.3
Logan	48	1.6	36	1.2
Lorain	74	.8	83	.9
Lucas	387	1.8	319	1.5
Mahoning	219	1.5	218	1.5
Madison	11	.6	24	1.2
Marion	45	1.2	39	1.0
Medina	31	1.3	29	1.2
Meigs	33	1.3	36	1.4
Mercer	28	1.0	28	1.0
Miami	56	1.2	48	1.0
Monroe	23	.9	23	.9
Montgomery	285	1.5	286	1.5
Morgan	30	1.9	28	1.7
Morrow	19	1.1	14	.8
Muskingum	77	1.3	89	1.5
Noble	19	1.0	30	1.6
Ottawa	20	.7	22	1.0
Paulding	14	.6	16	.7
Perry	24	.6	32	.8
Pickaway	33	1.3	30	1.1
Pike	18	1.1	21	1.3
Portage	52	1.7	47	1.5
Preble	25	1.0	34	1.4
Putnam	42	1.4	27	.9
Richland	78	1.6	57	1.1
Ross	52	1.3	64	1.6
Sandusky	45	1.3	35	1.0
Scioto	96	1.8	84	1.6
Seneca	53	1.2	73	1.7
Shelby	19	.8	25	1.0
Stark	182	1.3	214	1.5
Summit	225	1.7	263	2.0
Trumbull	71	1.2	81	1.4
Tuscarawas	75	1.3	70	1.2
Union	34	1.6	33	1.5

Van Wert	26	.9	31	1.1
Vinton	24	1.8	14	1.1
Warren	43	1.8	35	1.4
Washington	60	1.3	36	.8
Wayne	53	1.4	56	1.5
Williams	37	1.5	23	.9
Wood	52	1.1	47	1.0
Wyandot	21	1.0	25	1.2
Total	7225	1.4	7072	1.4

The following table shows the number of deaths and the monthly death rate per 1,000 population, in each of the thirty-seven largest cities for the months of January and February, 1917:

Cities	Jan.	Rate	Feb.	Rate
Akron	158	1.2	197	2.3
Alliance	29	1.5	36	1.9
Ashtabula	30	1.4	18	.8
Bellaire	22	1.5	21	1.4
Canton	64	1.0	97	1.5
Cambridge	22	1.6	14	1.0
Chillicothe	21	1.4	27	1.7
Cincinnati	733	1.8	698	1.5
Cleveland	1023	1.5	983	1.4
Columbus	337	1.5	357	1.6
Dayton	197	1.4	194	1.4
E. Liverpool	45	2.0	36	1.6
Elyria	20	1.1	29	1.5
Findlay	16	1.1	14	1.0
Fronton	19	1.4	27	1.9
Hamilton	52	1.2	45	1.0
Lakewood	24	1.5	30	1.9
Lancaster	18	1.1	20	1.3
Lima	45	1.4	43	1.3
Lorain	21	.6	21	.6
Mansfield	41	1.8	26	1.1
Marietta	21	1.6	17	1.3
Marion	26	1.2	25	1.1
Massillon	18	.8	19	.9
Middletown	19	1.2	27	1.7
Newark	37	1.2	45	1.5
Norwood	15	.7	18	.8
Piqua	19	1.3	24	1.7
Portsmouth	54	1.9	52	1.9
Sandusky	30	1.5	33	1.6
Staubenville	59	2.1	37	1.3
Springfield	70	1.3	58	1.1
Tiffin	17	1.4	25	2.0
Toledo	355	1.9	282	1.5
Warren	21	1.6	25	2.0
Youngstown	168	1.6	166	1.6
Zanesville	43	1.5	55	1.8

## Many Physicians are Locating in Ohio

Fifteen reciprocity licenses were granted by the State Medical Board at its April meeting. Those receiving licenses are:

*Olga J. Pickmann*, registered in Illinois; graduate University of Zurich, Switzerland, 1911; intended residence, Cleveland; now practicing in Chicago.

*Carl Mulky*, registered in Iowa; graduate Chicago Homeopathic Medical College, 1899; intended residence, Cleveland; practiced in Knoxville, Iowa, from 1901 to 1916.

*Frank H. Weidemann*, registered in Maryland; graduate Western University, London Ont., intended residence, Chillicothe, where he is now living; examiner for the B. & O. railroad since 1909.

*Leo C. Bean*, registered in Maryland; graduate Johns Hopkins Medical School, Baltimore, 1915; intended residence, Gallipolis; served 11 months as interne at Union Protestant Infirm-

ary, Baltimore, and 7 months as residence physician at that institution.

*William R. Olmsted*, registered in Michigan; graduate Western University, London, Ont., Canada, 1903; intended residence, Toledo; practiced in Chicago from 1906 to 1916.

*Howard Lee Smallman*, registered in Michigan; graduate University of Michigan, 1916; residence, Barberton; has been in hospital practice in Cleveland.

*Josiah Glenn Wilmore*, registered in Michigan; graduate University of Michigan, 1916; residence, Cleveland, where he has been in hospital practice and where he intends to locate.

*George W. Hedgepeth*, registered in Missouri; graduate Meharry Medical College, 1915; residence, Kansas City; intended residence, Dayton.

*Max Friedlander*, registered in New York; graduate of Long Island College Hospital, 1894; residence, Woodlawn, Pa.; intended residence, Akron; licensed in Pennsylvania by reciprocity from New York.

*Ernest Zueblin*, registered in Pennsylvania, 1916; graduate University of Lausanna, Switzerland, 1904; intended residence, Cincinnati; now in hospital practice in Cincinnati.

*Robert B. Pratt*, registered in Pennsylvania; graduate Jefferson Medical College, 1910; residence, Philadelphia; intended residence, Bellefontaine; practiced from 1913 to 1917 as resident physician in Jefferson Hospital.

*Delmont D. Grimm*, registered in Pennsylvania; graduate Jefferson Medical College, 1915; residence, Lorain, where he is employed in emergency hospital of National Tube Company as assistant.

*Andrew J. Nellans*, registered in Indiana; graduate Bennett College of Eclectic Medicine and Surgery, Chicago, 1896; residence Shelburn, Ind.; intended residence, Elmwood Place, Cincinnati; practiced in Shelburn, 1897 to 1917.

*Frank Broughton*, registered in Indiana; graduate Rush Medical College, 1884; residence, Kendallville, Ind.; intended residence, Toledo; practiced in Kendallville since 1914.

*Edward N. Walker*, registered in Missouri; graduate College of Physicians and Surgeons, Kansas City, 1899; residence, Springfield, Mo.; intended residence, Akron; practiced in Springfield, 1914 to 1916.

### Cleveland Has the Lowest Death Rate in 1916

Vital statistic figures for 1916 for the four largest cities in Ohio—Cleveland, Cincinnati, Columbus and Toledo, with populations of 674,073, 410,676, 214,878 and 191,554 respectively—are given as follows:

Death rate per 1000	Cleve.	Cin.	Col.	Tol.
all causes .....	14.96	16.41	15.48	18.72
Birth rate.....	28.20	18.67		27.66
Typhoid fever death rate .....	5.3	3.1	13.5	22.9

Diphthera death rate	16.3	15.0	9.8	17.7
Scarlet fever death rate .....	5.9	10.0	2.3	4.2
Tuberculosis death rate .....	1.51	2.25	1.54	2.01
Pneumonia death rate	1.82	1.16	1.59	1.63
Diarrhoea and enteritis deaths under two .....	742	211	55	208
Deaths, all causes, under one year.....	2,034	730	393	594
Infant mortality.....	107	95		114

The population on which these figures are based, is the United States Census Bureau estimate.

### Cleveland Journal's New Editorial Policy

The editorial policy of *The Cleveland Medical Journal* is now in the hands of a board of editors, composed of 23 Cleveland physicians, with Miss Ruth F. Stone acting as managing editor. The change was made in March.

Unable to find a man who was willing to assume the duties of editor of *The Journal* on account of the amount of labor the post demanded, the directors of the publication decided to adopt a plan which has been followed by several similar publications with considerable success. They accordingly named an editorial board and assigned to each member definite duties and responsibilities.

Members of the board are: W. B. Chamberlin, H. N. Cole, C. L. Cummer, Richard Dexter, A. A. Eisenberg, A. B. Eisenbrey, Harold Feil, W. D. Fullerton, T. S. Keyser, H. C. King, C. H. Lenhart, R. B. Metz, J. E. McClelland, J. B. McGee, H. O. Ruh, R. W. Scott, T. P. Shupe, J. T. Smith, Jr., C. W. Stone, A. Strauss, Lester Taylor, H. R. Wahl, C. W. Wyckoff.

The purpose of the board, as expressed by its members, is "to publish original articles of merit not only from the local profession but also from sound writers from all parts of the country; to provide abstracts of current literature, and reviews of important books and to publish medical news which will be of interest to the readers of the Journal. In brief, the Board of Editors desires to serve the medical profession of Cleveland and to represent the best current thought and the highest aims of the profession at large."

### OHIO HOSPITAL ASSOCIATION.

The annual meeting of the Ohio Hospital Association was held in Columbus during the last week in May. The sessions occurred too late for an extended report in this issue of *The Journal*. They will be reported in detail in the July number.

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 \* MEETINGS OF THE TOLEDO \*  
 \* ACADEMY OF MEDICINE \*  
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(Report by E. M. Latham, M.D., the Secretary)

At the meeting of the Academy of Medicine of Toledo and Lucas County, March 30, J. H. Jacobson took up the subject of local anesthesia in general surgery. The speaker advocated local analgesia in every case where the operation can be performed equally as well as under general anesthetic. This would include surgery of brain, cosmetic surgery, surgery of thyroid, benign tumors of breast and operations on abdominal wall, including hernia, skin graft and operations on the extremities.

The Braun method of analgesia is to be recommended. The entire field of operation is surrounded by a barrier of the solution. Novocain in one-half, one and two per cent is best. Adrenalin chloride, three drops of the standard solution to one ounce of the solution, should always be used in conjunction. The solution should be fresh and sterilized by boiling for three minutes. A preoperative hypo of morphine and atrophine or pantoon is unnecessary except in nervous patients.

Fifteen minutes should elapse between the injection and beginning of the operation. All superficial blood vessels should be tied off. There are four advantages in local anesthesia: (1) absolute safety to patient; (2), greater relaxation of the tissues; (3), more delicate handling of tissues by the operator; (4), patients will be more willing to undergo operations, especially for hernia. Local analgesia should be employed in all hernia operations except in children, extremely nervous patients and in large incarcerated forms.

A. L. Steinfield discussed local anesthesia in special surgery. He uses a 4 per cent dilution of cocain for cataract operation. In plastic operations on the lid, a one per cent solution is strong enough. There is pain only when pulling the tissues. On enucleation, there is a flash of light when the optic nerve is cut. In submucous operations the patient objects to the pounding. Local anesthesia is unsatisfactory in ethmoidal and sphenoidal operations. In adults, the tonsils can be removed locally very well. Adenoids are best handled under a general anesthetic. Peritonsillar abscesses do not require any anesthetic, local or general.

The papers were discussed by Drs. Sosse, Burgess, Lukens, Long, Booth and Keller. Several had been operated upon under local anesthesia and had suffered pain. Dr. Sosse said the cases should be selected and the technique carefully carried out if success is to be secured.

L. A. Levison closed the program with a review of recent literature in tuberculosis. X-Ray plates have been interpreted more fully. The

man who interprets the plate is the real factor. Reviere presents a new sign in percussion reflex in origin and not structural. His observations have not been confirmed in differential diagnosis. Landis and Lewis discuss syphilis of the lungs. Lung cases may improve under anti-syphilitic treatment, but that does not prove the process in the lungs is due to syphilis.

Davis, in an article, says streptothrix is a common lung infection and cannot always be differentiated from tuberculosis.

In treatment, tuberculin is coming to be used less in pulmonary than in other forms of tuberculosis. Litzner advises against tuberculin in walking patients where there is a marked focal reaction and no general reaction. Crofton urges a short course in tuberculin to prevent later developments in exposed cases. Howell says enlargement of the bronchial glands is not necessarily due to tuberculosis. Stall claims d'-Espines' sign indicates enlarged bronchial glands are not necessarily tubercular. Pneumothorax should be used only when the patient is under supervision for a long period of time.

Rulow and Wurtzen report favorable results with the Finsen ray. The body is exposed gradually. Pettit discusses tuberculosis due to trauma. The medico-legal phase of this form makes it very difficult to decide how far trauma may contribute to the development of the disease. The courts have decided that the tuberculosis must bear a definite relation in time and in other ways to the alleged injury.

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 \* MEETINGS OF THE DAYTON \*  
 \* ACADEMY OF MEDICINE \*  
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(Report by Edgar L. Braunlin, M.D., the Secretary)

The regular meeting of the Dayton Academy of Medicine was held at the Academy's quarters in the Rauh Building, March 23. Program: "X-Ray Diagnosis," by A. J. Moorman, who showed a number of plates showing unusual conditions diagnosed by the X-Ray; "X-Ray Therapeutics," by Lynne Jones, who reviewed the experimental work that had been done on animal life with the X-Ray and spoke of its field in therapeutic work.

The 19th annual meeting of the American Proctologic Society will be held at Hotel Astor, New York, June 4 and 5. Dr. Alfred J. Zobel of San Francisco, Cal., is president of the society. The medical profession is cordially invited to attend all meetings.

The Anti-Tuberculosis and Disease Prevention Society in Canton has opened a dispensary in the offices of the city health department.

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## COUNTY SOCIETIES

### FIRST DISTRICT.

*Clinton County* Medical Society met in Wilmington, March 9. Two of the essayists failed to appear as scheduled, but the evening was profitably spent in the discussion of Dr. Austin's paper on "The Diagnosis of Malarial Fever." The discussion brought out the fact that malaria is practically an extinct disease in this locality, except for occasional imported cases. Dr. Briggs called attention to the fact that in malarial districts there is apparently an acquired immunity to the disease among persons who have been long resident in such districts. Dr. Yoakley reported a personal experience with malaria, bringing up the point that there is a tendency to recur from year to year at about the same time. Dr. Gibson reported an epidemic of malaria occurring near Norfolk, Virginia. Dr. Peele gave an account of a lecture on malaria given by Dr. Osler at the Cincinnati Hospital, and quoted his rules as to the time of giving quinine for the control of the paroxysm. Dr. Hale made the point that typhoid and malaria cannot be differentiated except by blood examination, as they may be clinically similar. He called attention to urticaria as an occasional symptom of malaria. He mentioned a case of gangrene of the foot caused by malaria, the dorsalis pedis artery being occluded by parasites. R. Conard reported a case of typhoid and a case of aestivo autumnal malaria occurring simultaneously in the same house, confirmed by blood examination. The malaria was resistant to quinin, but yielded promptly to methylene blue.

The society held another well attended meeting at Wilmington, April 13, when Robert Carothers, of Cincinnati, talked on the general subject of joint and bone diseases. Other speakers and their subjects were: J. F. Fisher, "Tuberculosis of the Spine"; G. W. Wire, "Acute Inflammation of the Bones," and Kelley Hale, "Surgery of the Joints." ROBERT CONARD, Correspondent.

*Butler County* Medical Society met in the Y. M. C. A. Building at Hamilton, March 21. "The Puerperal Insanities" was the subject of a paper read by Frank W. Zerfass. The venereal peril in Hamilton was discussed by the society.

At the meeting of the society April 18, C. J. Broeman, of Cincinnati, exhibited 200 slides of pre-cancerous conditions. A preparedness committee appointed by the society consists of F. E. Griffith, Mark Millikin, A. L. Smedley and J. H. Roll. MARK MILLIKIN, Correspondent.

*Adams County* Medical Society held its regular meeting on April 25 in the court house at West

Union with 13 of its 18 members present. At the morning session, Charles E. Kiely, of Cincinnati, read a paper on "Newer Methods in the Diagnosis and Treatment of Cerebro-Spinal Syphilis." Luncheon was served at the palace Hotel. At the afternoon session several clinical nervous cases were presented and S. J. Ellison addressed the Society on "Medical Preparedness." O. T. SPROULL, Correspondent.

*Highland County* Medical Society held an all-day session at the Parker Hotel, Hillsboro, April 25. Program: President's address, J. C. Larkin, Hillsboro; "Some Remarks on Surgery of the Gastro-Intestinal Tract," C. L. Bonifield, Cincinnati; luncheon at Parker Hotel; "Heart Irregularities," J. W. Griewe, Cincinnati. K. R. TEACHNOR, Correspondent.

*Warren County* Medical Society will study the gastro-intestinal system this year. At the April meeting, the Society took up the stomach and the intestines. Henry W. Bettman and J. H. Schroeder, of Cincinnati, being the essayists. Robert Carothers, of Cincinnati, councillor of the First District, addressed the society on State Association work. Emily Wright, a former member of the Illinois Medical Society, who has moved to this county, was invited to avail herself of the privilege of the floor at the society meetings. HERSCHEL FISHER, Correspondent.

### SECOND DISTRICT.

*Montgomery County* Medical Society held its regular meeting at Dayton, March 2. Program: "The Present Status of the Wassermann Reaction," H. M. Brundage, of Columbus. The author especially emphasized that too much must not be taken for granted with a negative Wassermann, but that a strong positive meant syphilis. "Blood as a Diagnostic Measure," R. L. Barnes, of Columbus. The author reviewed all the various blood pictures usually found in pathological conditions with especial emphasis in the anaemias.

The society held an interesting meeting March 16. Harold E. Egan, chief inspector of the Dayton Bureau of Food Inspection, spoke on the work that is being done locally in food inspection. A. L. Light, Health Officer of Dayton, gave a history of ancient public health work and the progress which has been made up to the present time, showing by statistics that the growth of our modern cities was possible only through the present high standard of public health measures. A. O. Peters, epidemiologist of the Health Department, spoke on the quarantine measures in the common contagious diseases. He stated that the aims of the Health Department is to cooperate with the attending physician and to make the quarantine practical, that is, as short as possible so as to inconvenience the other members of the family, particularly wage earners, only

long enough to avoid the dangers of contagion. Particularly in scarlet fever, he stated, he did not feel that it was necessary to maintain quarantine until desquamation ceased, inasmuch as it was now recognized that the danger of contagion was not associated with this condition. The society was also addressed by a representative of the Fort Wayne Medical Protective Company on "Medical Insurance."

On April 6, the following program was carried out: "Care of Pregnancy," A. H. Dunham; "Care During the Puerperium," W. G. Claggett. H. H. McClellan was elected to membership. EDGAR L. BRAUNLIN, Correspondent.

*Champaign County* Medical Society held its regular meeting March 9 at the home of Dr. and Mrs. Wolf in Urbana. Dr. Rhoads, the essayist of the evening, discussed "Pituitrin in Obstetrics." H. M. Brundage, of Columbus, addressed the society at a meeting in Urbana, April 13. (From a news clipping.)

*Greene County* Medical Society met in regular session April 5 in the rooms of the Xenia Business Men's Association. The name of Jessie Bogle, of Yellow Springs, was proposed for membership. A vote of thanks was tendered to Hon. W. B. Bryson for his action on matters of a medical nature in the recent legislature. "Diphtheria" was the general subject discussed by the Society. Warren Hewett, of the O. S. and S. O. Home, read a splendidly prepared paper, based on conclusions reached in treating an epidemic of diphtheria at the home during the last winter. In a report of 1,100 children given anti-toxin, 51 developed skin eruptions in varying degrees, coming on from 15 minutes to two days after injections. Dr. Hewett found that cases with large tonsils experienced a more severe type of diphtheria than those without tonsils.

At a special meeting of the society at Xenia, April 11, an Auxiliary Medical Preparedness Committee was named as follows: R. R. Richison, president; H. C. Messenger, secretary; W. A. Galloway, Paul Espey, R. H. Grube, C. G. McPherson, A. C. Messenger, W. H. Finley, P. Reed Madden and B. R. McClellan. H. C. MESSENGER, Correspondent.

*Shelby County* Medical Society, at its regular meeting in Sidney, March 1, was addressed by L. G. Bowers, of Dayton, on "Abnormalities of Female Genital Tract," and by A. F. Sarver, of Greenville, on "Tuberculosis in Pregnancy." Both papers were well received and thoroughly discussed. J. E. Hunter, of Greenville, was a visitor and gave an interesting talk on medical legislation. Drs. Hunter and Bowers called attention to the "medical chautauqua" to be given in Dayton next September in connection with the regular meeting of the Second District. Several members signed cards for attendance. O. O. LEMASTER, Correspondent.

*Miami County* Medical Society met in regular session at the Piqua Club, at Piqua, March 1. J. E. Murray read a valuable paper on "Infantile Paralysis." Discussion was opened by R. M. Shannon.

The regular meeting of the society was held at the Troy Club, Troy, April 5. E. A. Yates gave an interesting discussion on "Why Drops?" showing the importance and use of "drops" in eye work. A general discussion followed. R. D. SPENCER, Correspondent.

### THIRD DISTRICT.

*Mercer County* Medical Society met in Celina, March 27, with a fair attendance. F. E. Ayres read an interesting paper on "The Protection of the Public from the Spread of Contagious and Infectious Diseases." Discussion was led by W. C. Stubbs. C. J. Schirack, of Cold Water, and John T. Gibbons, of Celina, were elected to membership. J. E. Hattery was elected delegate to the state meeting. A resolution was introduced to change the time of meeting, but consideration was postponed. D. H. RICHARDSON, Correspondent.

*Hardin County* Medical Society elected the following officers at a meeting held in Kenton, April 12: President, H. R. Wynn; vice president, B. L. Johnson; secretary and treasurer, W. A. Belt; board of censors, J. L. Hedrick, W. H. Rabberman, B. J. Jones; delegate to state meeting, A. S. McKittrick; alternate, C. R. Blosser; member of legislative committee, W. A. Belt; member of medical defense committee, Elmer Protzman. W. A. BELT, Correspondent.

*Van Wert County* Medical Society, in session at the Van Wert County Hospital, Van Wert, April 9, was addressed by F. C. Duckwall on "Addison's Disease." Discussion was opened by Dr. Good. At the meeting of the Society on April 23, papers were read by E. J. McOscar, of Fort Wayne, on "Tubal Pregnancy," and by R. J. Morgan, of Van Wert, on "The Prostate." L. P. JACKSON, Correspondent.

*Logan County* Medical Society met at Bellefontaine on March 2. Eighteen members were present. C. N. Miles, D. D. S., read a paper on "Cooperation." Claude Davis talked on "Acute Myocarditis," and W. H. Carey presented a paper on "Urticaria." The papers were well discussed. The secretary was instructed to write a letter expressing the appreciation of the society to Senators Byron E. Baker and Frank Miller for their work in the state legislature. The Society offered its services for war in a resolution adopted at a meeting held at Bellefontaine, April 7. Papers were read by J. P. Hobert on "Ancient Healers," L. C. Pratt on "Lobar Pneumonia," and W. S. Phillips on "Recent Medical Legislation." C. K. STARTZMAN, Correspondent.

*Auglaize County* Medical Society, at its regular meeting in Wapakoneta, was addressed by E. S. Breese on "Lumbar Puncture." His paper was thoroughly discussed. The society then adjourned to Hotel Steinberg where a banquet was served. Eighteen members were present at the regular meeting held at St. Marys, April 19. William Roush, of Lima, read a paper entitled "Remarks on Cancer." The Auglaize county delegate to the Springfield meeting was instructed to vote for a straight increase in annual dues instead of graded increases based on incomes. In a resolution adopted by the society, State Representative Cartmell was commended for voting against the bill to legalize Christian Science practitioners.—(From a news clipping.)

*Hancock County* Medical Society, at its regular meeting April 4, gave thorough consideration to legislation, amendments and resolutions, and instructed its delegates to the state meeting. E. H. Cooper read a paper on "The Relation of Defective Teeth to Diseases of Eye, Ear and Throat." X-Ray films were shown during discussion and interesting cases were discussed. The resolution concerning taxing medical incomes over \$3,000 was approved. NELIA B. KENNEDY, Correspondent.

*Allen County* Medical Society listened to a talk by J. C. George, of Dayton, on "Hysteria," at its regular meeting at Lima, April 3. Twenty-five members were present. A committee was appointed to prepare plans for Baby Week, May 1 to 6. "Immunization in Acute Infection," was the subject discussed by the society at the meeting at Lima, May 2. The subject was introduced by Dr. Terwilliger. Drs. Sink, Van Note, Rudy, Burton, Parent and Bice participated in the discussion.—(From news clipping.)

*Marion County* Medical Society held a well-attended meeting at Marion, May 1. A number of case reports were presented by members.—(From a news clipping.)

#### FOURTH DISTRICT

*Erie County* Medical Society met at the Sunyendand Club, Sandusky, March 29. Charles F. Bowen, of Columbus, gave an interesting and instructive illustrated lecture on "Foreign Bodies and Their Localization by Means of the X-Ray." Dr. Bowen has had an unusually large experience in this line of work and he demonstrated very forcibly the necessity of using the X-Ray in all cases where an injury has been received and the possibility of a foreign body being imbedded in the tissues. He also pointed out the ease by which a foreign body can be removed under the X-Ray with very little mutilation of the tissues. The X-Ray is very valuable in some apparent diseases which refuse to respond to the regular treatment. A child was treated by sev-

eral physicians for several days for croup until the X-Ray revealed a nut shell lodged below the vocal cords. H. O. PETERSON, Correspondent.

*Sandusky County* Medical Society held its regular meeting in the City Hall, at Fremont, March 29. The work of the evening consisted of arranging a program for the entire year, appointing leaders and discussing the increase of dues. The next regular meeting was held the last Thursday in April. D. W. PHILO, Correspondent.

*Wood County* Medical Society, in regular session at Bowling Green, April 26, listened to papers read by W. J. Stone, of Toledo, on "Angina Pectoris," and J. M. Frick, of Toledo, on "Treatment of Hemorrhoids." C. M. Moots, of Toledo, councilor of the Fourth District, addressed the Society on organization work.—(From a news clipping.)

*Defiance County* Medical Society, meeting in the office of J. B. Ury, at Defiance, April 9, adopted a resolution commending the action of State Representative Cameron and State Senator Hull on medical legislation. J. W. Huffman was elected delegate to the state meeting and G. A. Rigrish, alternate.—(From a news clipping.)

*Paulding County* Academy of Medicine discussed medical preparedness at a meeting held in the Paulding Commercial Club rooms, May 2.—(From a news clipping.)

#### FIFTH DISTRICT.

*Ashtabula County* Medical Society held its regular monthly meeting at Ashtabula General Hospital, March 13. The speaker of the evening was John R. McDowell, director of the Division of Public Health Education and Tuberculosis of the State Department of Health. In an interesting address he mentioned the present meager facilities for caring for tubercular patients in Ashtabula county, and explained that the only solution of the problem would be for the county commissioners to join with those of nearby counties in the erection of a district hospital. He also gave definite plans and estimates for carrying out this project. A resolution was adopted directing that the county societies of Lake, Geauga and Trumbull counties be communicated with and a joint meeting held for the purpose of discussing plans for such a hospital and enlisting the interest of the various county commissioners.

At the regular meeting of February 13, the application of Amy Kaukonen for membership was accepted. Dr. Crockett read an instructive paper on "Treatment of Gonorrhoea in the Male." Dr. Burroughs discussed "Diagnosis and Treatment in the Female." The three papers were generally discussed.

At the regular meeting of April 10 the application of R. C. Warner for membership was re-



ceived. Drs. Callander and Wynkoop presented a case of tabes treated by intraspinal injections of salvarsanized serum. Dr. Burroughs showed a patient upon whom he had performed partial gastrectomy and gastro-enterostomy. Both cases markedly improved. A committee composed of Drs. Burroughs, Dickson, Eades, Sherwood, Wynkoop and Hogan was appointed to arrange for the annual clinic. R. B. WYNKOOP, Correspondent.

*Lorain County Medical Society* met at the new Amherst Hospital, Amherst, April 5, at the invitation of the Amherst physicians. Following an inspection of the building, the society assembled at the Amherst Congregational Church, where dinner was served. Covers were laid for 32. As seven were present from Amherst, the remaining 25 were from other parts of the county, showing that Lorain county has the loyal kind of members who will drive some distance to attend meetings. Bryce Miller, of Amherst, applied for membership, and George K. Beyer, of Lorain, for re-instatement. The society went on record in favor of a flat rate for membership dues in the State Association. H. W. Powers acted as toastmaster at the dinner. H. L. Hall, O. T. Maynard, S. S. Cox and W. E. Hart spoke of medical practice and experiences in Amherst. Mr. Schibley, director of the Amherst Hospital Company, made the address of welcome. The society received an invitation to attend a fish dinner at Vermilion at some near future date. C. O. JASTER, Correspondent.

*Lake County Medical Society* met in regular session March 5 at the Painesville Hospital. In the absence of the president, Vice President James R. Davis presided. H. A. Berkes, of Cleveland, addressed the society on "Gastro-Intestinal Pain, Diagnosis and Treatment." The address was analytical, clear-cut and most practical. He said the history of the case must be known, and that in gastric pain, the location and the time (whether soon after eating) must be well noted. He gave a word picture of the symptoms of gastric neurosis, erosion of the stomach wall, gastric ulcer, carcinoma of the stomach and spasm of the pylorus. His diagnosis of syphilis of the stomach was very clear. He made differential diagnosis and gave treatment of duodenal ulcer, appendicitis and reflex conditions causing pain here and there in the abdomen.

The society had the best meeting of the year at Madison, April 2. A dinner was served at the Park Hotel at which 32 physicians were present. At the close of the feast, M. J. Lichty, of Cleveland, councillor of the Fifth District, gave a fine address on "Public Opinion, Weal and Woe of the Doctor." He congratulated Lake county on its wide-awake society and urged all to be present at Springfield for the state meeting. The society then adjourned to the First Congregational Church, where George W. Crile, of Cleveland,

gave a splendid address on (1) "Cholecystectomy vs. Cholecystostomy"; (2) "Treatment of Gastric and Duodenal Ulcer"; (3) "Relationship of the Thyroid to Exophthalmic Goitre." The address was illustrated by stereopticon and moving pictures and was practical and convincing throughout. A. P. Brady, president of the society, appointed a committee consisting of J. V. Winans, of Madison, and E. S. Jones and V. N. Marsh, of Painesville, to cooperate with a like committee from Geauga, Ashtabula and Trumbull counties to plan a meeting with county commissioners for the purpose of discussing the erection of a tuberculosis hospital in this section. The next meeting of the society will be held the first Monday in September. E. S. JONES, Correspondent.

*Ashtabula County and Lake County Medical Societies* met in joint session at Madison, April 19, for the purpose of discussing medical preparedness. R. W. Eisenbrey, of Cleveland, an officer in the Medical Reserve Corps, and R. P. Hall, of Cincinnati, addressed the Societies on military topics.—(From news clipping.)

*Medina County Medical Society*, at a meeting held at Leroy, April 21, discussed medical preparedness. Several applications for membership in the Medical Reserve Corps were signed.—(From a news clipping.)

*Gauga County Medical Society* held its first 1917 meeting at Burton on May 6, with seven of the ten members present. Our councillor, M. J. Lichty, of Cleveland was our guest and speaker for the evening and with our new 1917 president, G. R. French, in the chair, the outlook for the coming six months is good. We will probably lose at least two of our members, who have sent in their applications for army service, but we are hopeful that this year's meetings will be even more profitable than last (six meetings were held between May and November, 1916.)

A motion was carried that our delegate be instructed to vote for Mr. Sheridan's plan, or any reasonable plan which will increase the state society revenue and support *The Journal*. As speaker of the evening it is needless to say that Dr. Lichty's preliminary talk and subsequent paper were good, for those who have heard his paper entitled "The Medical Profession; Its Weals and Woes," know that it contains much food for thought, and his patriotic and humanitarian ideas concerning the great issues of the day were such as to arouse all present to a greater understanding and consciousness of what our country is going to require of the medical profession, and its great need for our services. The next meeting will be held the first Thursday in June or the week preceding, as May has five Thursdays.—ISA TEED CRANTON, Correspondent.

#### SIXTH DISTRICT.

*Summit County Medical Society's* regular meet-

ing, April 3, was attended by 51 physicians. Two names were presented for membership. Program follows:

"Madstone," an heirloom, exhibited by C. E. Held. The owner claims that its use will cure hydrophobia. It has been in the possession of one family for 100 years. Dr. Held gave the history of such stones. Discussion by L. B. Humphrey.

Case report, "Tetanus," E. H. McKinney (Doylestown.) Discussion by C. C. Roller, L. L. Toland, W. A. Hoyt, H. H. Jacobs.

"Where Ignorance Is Bliss," F. E. Read. It was a paper describing errors of medical nomenclature met with among persons other than physicians.

"The History of the Summit County Medical Society," A. S. McCormick. He described how the society grew from a small affair in 1842 to the best organized, most efficient and fourth largest medical society in Ohio, and the many interesting and stirring events in its history. It now numbers 230 members in Ohio, California, Illinois, Florida, Ontario and Quebec.

"Our Telephone Service." Discussion was opened by the secretary and president. Is it service? How can we compel improvement?

"Fees." Discussion was opened by T. D. Hollingsworth who was followed by J. G. Blower, J. M. Denison, J. D. Smith, D. H. Morgan, A. S. McCormick, S. St. J. Wright, D. W. Stevenson, R. R. Hilborn, F. E. Deeds.

Forty-three members attended the meeting of the society May 5. New members admitted are R. A. Gregg and C. C. Smith, of Akron. Two applications were presented. Program follows:

1. Case reports, (a) "Acute Suppurative Frontal Sinusitis; (b), "Influenza Causing Optic Gangrene and Ethmoidal Sinusitis," reported by G. W. Rockwell and L. E. Brown; (c) "Lathe Penetrating Abdomen From Side to Side," J. D. Smith; the part which entered the body had a length of 15 inches. 2. "Carriers," R. W. E. Cole, epidemiologist of the city of Akron, delivering an instructive and interesting lecture upon the many and varied means by which germs are spread, especially by carriers. Discussion by R. S. Friedley, J. M. Denison, D. H. Morgan, J. N. Weller, S. St. J. Wright.

3. Illustrated lecture on "Certain Principles of Organic Evolution as Related to Human Heredity," A. B. Plowman, professor of biology, University of Akron.

A very entertaining and instructive lecture illustrated by a series of beautiful slides. This lecture should be heard by every organization whether medical or non-medical, as it is delightful.

Upon motion by J. N. Weller and T. D. Hollingsworth, a vote of thanks was tendered Drs. Cole and Plowman for their splendid lectures. Dr. Plowman was made an honorary member. Dr. Cole expects to later become an active member.

The society arranged for a luncheon at the Akron City Club, April 11, at which the speaker was to be J. J. S. Walsh, dean of the faculty of medicine of Fordham University, New York. Dr. Walsh was injured the day before, but as the society did not receive any word of the accident until two hours before the time set for luncheon, nothing could be done. Ninety-seven members attended from Manchester, Wadsworth, Kenmore, Barberton, Doylestown, Cuyahoga Falls, Akron. Addresses were delivered by Mr. W. J. Laub, mayor of Akron; and Rev. W. L. McCormick. Another luncheon will be held in August, at which Dr. Walsh or some other prominent speaker will deliver an address. A. S. McCormick, Correspondent.

*Holmes County* Medical Society met at Millersburg, April 17, and elected A. T. Cole delegate and J. S. Elder, alternate, to the state meeting. The next meeting will be held the first Tuesday in July. A. T. COLE, Correspondent.

*Portage County* Medical Society met in the office of W. B. Andrews at Kent, April 13. Ten members and four visitors were present. C. E. Held, of Akron, read an interesting paper on "Puerpural Sepsis," which was freely discussed. Dr. Held was accompanied by Drs. Hill, Miller and Heckert, who took part in the discussion. The meeting was one of the most interesting the Society has held. Refreshments were served by Mrs. Andrews and the society adjourned to meet with G. T. Waggoner at Ravenna, in May. W. B. ANDREWS, Correspondent.

*Wayne County* Medical Society, in session at Wooster, April 10, adopted a resolution commending State Representative Karl Hoover for voting against Senate Bill No. 66, the Christian Science measure in the last legislature, and condemning State Senator Willis B. Horn for voting for the measure. Copies of the resolution were published in the Wayne County newspapers.—(From a news clipping.)

#### SEVENTH DISTRICT.

*Belmont County* Medical Society held its regular monthly meeting at the Bellaire Commercial Club on March 14. Frank Hupp, of Wheeling, W. Va., spoke on "Chronic Intestinal Stasis—Its History and Treatment."—From news clipping.)

*Jefferson County* Medical Society, meeting at Steubenville, April 10, heard George E. Gourley read an interesting paper on "Adenoids and Enlarged Tonsils—Diagnosis and Treatment." Discussion was opened by Drs. Cooper and Mossgrove. Owing to the increased prevalence of cerebro-spinal meningitis in the community, the regular meeting, held at Steubenville, May 8, was devoted to a discussion of that subject. J. A. Bradley read a paper and a number of cases were reported. Discussion was opened by C. W. Maxson.—J. R. MOSSGROVE, Correspondent.

*Tuscarawas County Medical Society*, meeting at New Philadelphia, May 1, was addressed by Geo. McKean, of Detroit, on *Angina Pectoris*." Dr. McKean gave an excellent address. He explained medical organization in the army and stated that he expected to sail soon for France at the head of a unit from the Harpers Hospital at Detroit. Proposed changes in the constitution to be taken up at the state meeting were thoroughly discussed.—TRACY HAVERFIELD, Correspondent.

#### EIGHTH DISTRICT.

*Athens County Medical Society* met in regular session at Athens, April 3, with a large attendance. Military service was discussed in papers read by Drs. Taylor and Higgins. A paper on "Pneumonia" was read by Dr. Henry.—(From a news clipping.)

*Licking County Medical Society* held its monthly dinner at Hotel Warden, Newark, March 22. Twenty-five members were present. Following the dinner a discussion of the heart was taken up. Papers on this subject were read by Carl Evans, C. J. Loveless, H. B. Anderson and Harry E. Hunt, Roscoe Kahle, of Columbus, addressed the society on "The Diagnosis and Treatment of Certain Bone Lesions," at a meeting held at Newark, April 26. Discussion was opened by E. H. Johnston and U. K. Essington.—HARRY E. HUNT, Correspondent.

*Hempstead Academy of Medicine* met in regular session, April 8, in Carnegie Library, Portsmouth. A paper on "The Old Man's Menace" was read by J. S. Rardin. Case histories on purpura-hemorrhagica and abnormally high blood pressure were presented by A. R. Moore. Both Dr. Rardin's and Dr. Moore's subjects were freely discussed. Preparations were started for the Academy's semi-centennial anniversary which will be held on May 28, in the High School Auditorium. This meeting is to be a public meeting and extensive plans are being made. C. H. Graf, who intends locating in Sciotoville, presented his name for membership. A good attendance was present.—O. D. TATJE, Correspondent.

#### NINTH DISTRICT.

*Lawrence County Medical Society* met in regular session April 26, at Ironton. A committee on medical preparedness, consisting of W. W. Lynd, E. E. Ellsworth and E. E. Willis, was named. A paper by O. U. O'Neill on "Blood Pressure in Clinical Medicine," was well received and brought forth considerable discussion. E. E. ELLSWORTH, Correspondent.

*Meigs County Medical Society*, at a meeting in Pomeroy, April 11, adopted a resolution fixing \$1.50 for day visits and \$2 for night visits between the hours of 8 p. m. and 6 a. m., with mileage outside the corporation. The resolution became effective May 1, 1917.

*Jackson County Medical Society* meetings in February, March and April, were fairly well attended. Splendid interest was shown. The February meeting at Wellston was addressed by Dr. Sylvester on "Medical Suggestions with Special Emphasis Placed on *Cimicifuga*, *Digitalis* and *Quinine*." J. H. Ray presented a clinical case of rabies at the March meeting, which was held at Jackson. Large doses of quinine resulted in a permanent cure. At the April meeting at Wellston, Dr. Davis discussed antitoxins, vaccines and antibodies. The doctor believes in antitoxins but insists that vaccines possess far more commercial than curative power. A. G. RAY, Correspondent.

#### TENTH DISTRICT.

*Madison County Medical Society*, at its regular meeting, March 30, was addressed by Edward Hamilton, of Columbus, on "Medical Phase of the European War." The meeting was well attended and Dr. Hamilton's splendid talk was enjoyed by all.

The regular meeting of the society was held at Mt. Sterling, April 27. H. H. Snively, of Columbus, addressed the society on "The Medical Phase of the War in the United States and Russia." F. E. ROSNAGLE, Correspondent.

*Ross County Academy of Medicine* met in regular session April 3, at Chilliothe, with a splendid attendance. Three applications for membership were accepted.

The proposed increase in dues for next year was discussed and the delegate instructed to vote for a flat rate, as a graded rate would be abused and tend to create dissatisfaction and distrust. It was decided that no physician in the state worthy the name, would object to paying four dollars a year dues.

The academy voted to cease doing charity work in the City Hospital, as the indigents are provided for. If any poor are admitted to the hospital the physician in charge of charity work is to look after them while they are in the institution. R. E. Bower has been elected secretary-treasurer of the academy to fill the vacancy created by the death of W. H. Silbaugh.

The academy held its annual banquet May 1 at the New Warner Hotel, Chillicothe. Ernest Scott, of the Ohio State University, delivered a strong address on "Postponing Death," and J. E. Monger, state registrar of vital statistics, gave an interesting talk on the value of full and correct statistics which was thoroughly appreciated. Drs. McClellan and Messenger, of Xenia, gave splendid talks. Visitors from Circleville and Waverly honored us by their presence. The committee on arrangements is to be congratulated on the fine program. The music, both vocal and instrumental, was enjoyed by all. G. E. ROBBINS, Correspondent.

## Governor Vetoes Nurse Registration Amendments and Dangerous Health Administration Proposal

Following the adjournment of the 82nd General Assembly on March 26th, Governor Cox exercised his veto power in connection with two measures that are of considerable interest to physicians.

He first vetoed Amended Senate Bill No. 114, which provided amendments to the nurse registration law and was designed to meet the needs of the smaller hospitals that find it impossible to operate nurse training schools under the provisions of the present law and the regulations of the State Medical Board. (See Journal, April, 1916, page 254.)

After the bill was passed in both branches, the organized nurses centered their attack upon the governor's office, urging the veto. Executives representing most of the small hospitals in the state and representatives of the Catholic Church, speaking for many of the larger Catholic institutions, urged the governor to sign the bill. Mr. Cox's veto message, issued on March 31st, is brief and to the point, as follows:

"The Ohio standard of nursing is below that of many other states now. If this bill should become a law, there is grave danger of efficient nurses seeking other fields. There may be spo-

radic instances where relief under present conditions is desirable, but I very much question the wisdom of entirely disjoining a laudable system established by years of militant devotion to an ideal, by the nurses of the state. The course of least resistance is too often provided by enactment of the state legislature. Proverb and practice speak their command against this free and easy spirit. Ideals amount to something and the benefits growing out of their preservation will vastly outweigh the accruing temporary inconvenience.

"Wherever pressing public interest suggests relief, it can doubtless be provided by a common sense administration of existing law. It is safer to resort to that expedient in an emergency than to write a law that goes far beyond the zone of emergency."

\* \* \*

Expressing emphatic disapproval, the governor vetoed House Bill No. 7, which was introduced by Mr. Billingslea of Butler County and passed in both branches by rather decisive votes. The measure transferred from local boards of health to city councils the power of determining salaries to be paid officers and employees of health depart-

### X-RAY LABORATORY

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CHILDREN'S HOSPITAL

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# GERMICIDAL SOAP

"The Soap of a Hundred Uses."

Germicidal Soap, P. D. & Co., is a valuable disinfectant in surgery, in gynecology, in obstetrics, and in routine practice. It cleanses and penetrates at the same time. It is always ready for use. No weighing or measuring is necessary. There is no waste. Hands, instruments and field of operation are quickly disinfected with one material.



As a germ-destroyer Germicidal Soap, P. D. & Co., is twenty times as powerful as carbolic acid.

#### SOME SUGGESTED USES.

- To prepare antiseptic solutions.
- To sterilize hands, instruments and site of operation.
- To cleanse wounds, ulcers, etc.
- To lubricate sounds and specula.
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- To disinfect surface lesions.
- To control the itching of skin infections.
- To make solutions for the vaginal douche.
- To counteract the odors of offensive hyperidrosis.
- To destroy pediculi.
- To cleanse the hair and scalp.
- To remove and prevent dandruff.
- To disinfect vessels, utensils, etc.

Germicidal Soap does not attack nicked or steel instruments. It does not coagulate albumin.

#### GERMICIDAL SOAP, MILD:

- Contains 1 per cent. of mercuric iodide: large cakes, one in a carton; small cakes, five in a carton.
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ments in non-charter cities. It was charged by those who opposed the bill that it was fostered by a group of politicians in Hamilton, Ohio, with the sole view of "getting the scalp" of Dr. A. L. Smedley, their efficient and active health officer. It was charged that in enforcing sanitary regulations Dr. Smedley had "trod upon the toes" of the aforementioned politicians.

Many persons interested in public health administration feared that it would throw health departments into the hands of politicians and make health department appointments the object of spoilsmen. Cincinnati was the largest city affected and most of the opposition came from there. Governor Cox in vetoing the measure said:

"Careful inquiry reveals nothing approaching a state-wide demand for it. In truth, it seems to have been suggested by conditions existing in a single municipality. If the policy which makes these conditions possible is in conflict with the best interests of the community, the people have the inherent right to correct them. It is not a helpful thing for the state to extricate any community from the consequences of its own misjudgment. In fact, one of the distinct advantages of popular government is the facility which it affords to profit by mistakes, and in turn develop the vigilant attention to public matters which guarantees efficiency and justice. It is not a part of this dissenting document to even discuss the

question of whether municipal officers in a single community have taken advantage of existing law and trespassed on right. If they have not, then H. B. No. 7 cannot have any use—if they have, correction should come through the process of redressing a wrong at the polls. The short cut to the state legislature is not advisable. There is no reason why the system applying all over the state should be upset at the behest of one municipality."

#### Why Not Exchange Society Programs?

*Editor, The Journal*—The constitution of the Ohio State Medical Association requires secretaries of component societies to send a copy of every program to the secretary of the Association, to the president, the district councillor, etc. Does every secretary observe this rule which, however, rule or no rule, is required by courtesy? The Summit County Medical Society has observed it for several years.

We wish to draw attention not to the rule so much as to the regrettable fact that although we sent copies of our programs to every society in our (sixth) district, and to the larger societies of the state, only one—Columbus Academy of Medicine under its present secretary and predecessor—has had the courtesy to return the compliment. We thank Ivor Clark and L. L. Bigelow for their courtesy.—A. S. McCORMICK, M. D. Secretary.

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The pleasure you experience in opening a package from THE WHITE-HAINES OPTICAL CO. is only equalled by the satisfaction your patients enjoy when wearing

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## During Pregnancy

**S**TANOLIND Liquid Paraffin is an admirable laxative for use during pregnancy. It produces no irritation of the bowel, has not the slightest disturbing influence upon the uterus, and no effect upon the fetus.

The regular use of Stanolind Liquid Paraffin in the later months of pregnancy is an effective means of avoiding some of the serious dangers attending the parturient state because of sluggish bowel action.

Stanolind Liquid Paraffin counteracts to a definite extent an unfortunate dietetic effect on the intestine in this manner; the concentrated diet of our modern civilized life contains so little indigestible material that the residue is apt to form a pasty mass which tends to adhere to the intestinal wall. Stanolind Liquid Paraffin modifies this food residue, and thus tends to render the mass less adhesive.

Stanolind Liquid Paraffin is mechanical in action, lubricating in effect. Its *suavity* is one of the reasons why increase of dose is never needful after the proper amount is once ascertained.

*A trial quantity with informative booklet will be sent on request.*

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CHICAGO, U. S. A.

## Cleveland's Division of Public Health Directs Seige Guns Against "Patent Medicine" Fakers, to Protect the Sick

Cleveland has declared war on manufacturers and vendors of fraudulent patent medicine and other mislabeled preparations. Striking boldly at those exploiters of the sick and ignorant, the Bureau of Laboratories in the City Health Division is carrying on work which not only exposes the deception practiced by them but also promises to drive from the Cleveland market their worthless products. Health Commissioner Robert H. Bishop, Jr., has started a campaign that might be emulated by every health department in the country.

The crusade was inaugurated several months ago when the bureau began to analyze cheap chemicals and drugs put up in attractive packages or bottles under misleading or high-sounding names. Since then orders have been issued by the Health Division for the discontinuance of the sale of several preparations found to be misbranded, injurious to health or without therapeutic value. In addition to this, the department prints in its weekly bulletin, "Your Health," under the heading "Test Tube Truths About Patent Medicines," a column of reports of analyses made in the city laboratories. Here is the form in which these reports are printed and given wide publicity:

**LIFE PLANT**—The Life Plant Co., Canton, O. Sold as a natural tonic and eliminant of uric acid and for all uric acid conditions in rheumatism, kidney diseases, heart diseases, women's diseases, etc. What it is: Alcohol, 10%; solids, 1.22%; water, 88.78%. Solids consist mainly of burnt sugar, with a slight amount of drug residue, probably yellow dock. It is hard to see how the manufacturers can reconcile their statement on the label "contains no stimulants, no narcotics, no habit forming drugs," with the amount of alcohol present.

**DR. EDWARDS OLIVE TABLETS**—The Olive Tablet Co., Columbus, O. Sold as a vegetable compound substitute for calomel. What it is: Aloin and ginger. Coated with sugar and sodium bicarbonate, colored with a green vegetable dye. A mere trace of oil is present. It would take a quart of these tablets to give a physiological dose of castor oil.

Work which the laboratories are doing is described in a communication to *The Journal* from Wilber S. White, city chemist, and in the "Cleanup Number" of Your Health. Embargoes have been placed on the sale of Kilmer's "Swamp Root," "Sargol," Varlex," "Pizaro's Cactus Remedy," "Mrs. Price's Canning Compound" and manufacturers of several other similar concoctions have been forced to change the formulae and labels of their products to comply with federal and state laws. Among the latter were "Kopp's Baby Friend" and "Royal Baby Safety."

Through an agreement with the police department, all smooth-tongued vendors of cure-alls are reported to the Division of Health and an investigation of their wares is made. In an address recently before Cleveland advertising men, Dr. Bishop urged an amendment to the Harrison anti-narcotic act to bar the sale of narcotic prepara-

tions called the babies' friend which are in reality the babies' enemy.

### COUNTY HEALTH ORGANIZATION

The Greene County Health Association, composed of health officers, members of boards of health and township trustees in the county was formed at a meeting held in Xenia, April 12. The new organization will hold regular meetings and keep in close touch with health conditions in all parts of the county. Dr. A. C. Messner, Xenia health officer, was elected president, and H. A. Higgins, clerk of the Xenia Health Board, secretary. Addresses were delivered by Dr. Frank G. Boudreau, director of the Division of Communicable Diseases, State Department of Health; Dr. A. L. Light, health commissioner of Dayton, and James E. Bauman, acting secretary of the State Board of Health. The speakers pointed out the necessity for co-operation in dealing with health problems.

Miss Catherine Rebman of Pittsburg, has been named superintendent of Lancaster's Municipal Hospital to succeed Miss Elizabeth Schleckman, resigned.

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In dispensing, he requires a great variety in his office—in prescribing he uses the **PRESCRIPTION DEPARTMENT** that is **UP-TO-DATE**.

If you are unacquainted with our plan of handling the physician's requirements, you may profit by giving us an opportunity to show you what we can do.

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## MEAD'S DEXTRI-MALTOSE

supplies this sugar in ideal combination. Serviceable in general feeding cases, but particularly so in nutritional disorders in which milk is the disturbing element.

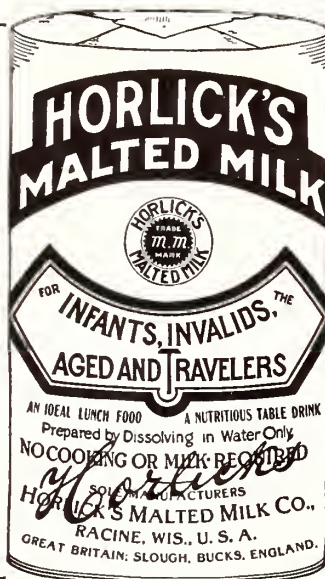
An energy-giving food, and a satisfactory carbohydrate to increase body-weight.

*Samples, feeding tables and descriptive literature on request*

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## Horlick's the Original Malted Milk

This is the package. Others are substitutes.



Palatable, agreeable and beneficial to infant, invalid and convalescent.

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## HOSPITAL NEWS NOTES

—Improvements are to be made at Union Hospital, New Philadelphia, with funds which are being raised by popular subscription.

—President J. W. Frye of the Marietta Chamber of Commerce has been authorized to appoint a committee to investigate the advisability of establishing a municipal hospital.

—A committee of the Delphos Commercial Club is at work on plans to provide a hospital for the city. Three physicians, Dr. Burnett, Dr. Hartnagle and Dr. Tillotson, are members of the committee.

—Miss Marguerite Herron, Lakeside graduate, has been named assistant superintendent of the Alliance City Hospital to succeed Miss Lettie Williams.

—A campaign for raising \$100,000 for the improvement or rebuilding of Good Samaritan Hospital at Sandusky was begun April 23.

—Contracts totaling \$13,000 have been let for an addition to the Charles S. Gray Deaconess Hospital at Ironton.

—Columbus city council has appointed a com-

mittee to confer with Ohio State University officials on the question of locating the City Contagion Hospital, for which \$25,000 was authorized two years ago. The building will be located on the university campus.

—Seven women won internships at the Cincinnati General Hospital in competition with men. The 30 candidates who received highest grades and who are assured of appointment are:

Louis Bothman, Chicago; Marie Ortmayer, Chicago; Anthony Matuska, Cincinnati; Xenia Pearl Bent, Cincinnati; Ethel R. Harrington, Chicago; Josephine E. Smith, Chicago; C. F. Watts, Chicago; Sarah R. Kelman, Chicago; Paul H. Rowe, Chicago; Carrie A. Haring, Cincinnati; M. J. Sherman, Chicago; C. A. Robins, Chicago; H. M. Lee, Chicago; Leland Bull, Chicago; James A. Brown, Columbus; W. Gho Sniter, Richmond, Va.; S. B. Nickels, Richmond, Va.; Alfred L. Mayfield, Chicago; E. C. Meggers, Chicago; Barron Johns, Atlanta; R. J. Giesler, Chicago; F. Churchill Hodges, Richmond, Va.; R. B. Crawford, Chicago; Kathleen R. Harrington, Chicago; John B. Doyle, Chicago; M. M. Critchlow, Chicago; H. L. Sargeant, Minneapolis; Robert E. Stoble, Chicago; G. J. Hildebrand, Chicago; B. V. Blagg, Cincinnati.

—The sale of a farm given by Mrs. Rebecca Williams to the city of Bellefontaine for the purpose of erecting a hospital, netted the city \$72,920. According to the terms of the deed, one-half of the sum can be spent for the site, building and equipment of a hospital, the balance to remain as an endowment.

—Aultman Hospital at Canton has been offered to the United States Government for any use the government may wish. The hospital is equipped to handle 100 cases.

## THE Westerfield Pharmacal Co.

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Physicians' Supplies, Surgical Instruments, and Office Equipment.

**A GENERAL SUPPLY DEPOT  
WE CARRY EVERYTHING**

A full line of Pharmaceuticals and Tablets and a fine line of Specialties.

We have the largest stock of Pharmaceuticals in the Central States. Everything in Serums and Vaccines—Mulford's, Parke-Davis and Shermans lines. Oxygen and Nitrous Oxide, and everything else.

If you are not already dealing with us, why not arrange to buy where you can get everything? Think it over.

## Dr. Alexis Carrel's Apparatus for Administering Dakin's Solution

in the treatment of Infected Wounds, Compound Fractures, Acute and Chronic Osteomyelitis, Gangrenous Appendicitis, Peritonitis, etc.

We have the correct outfit. Particularly we would emphasize that we have the correct rubber tubing which is made specially for us.

Refer to Dr. Sherman's article, Surgery, Gynecology and Obstetrics, March, 1917, on The Carrel Method of Wound Sterilization.

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due to faulty or improper food — are successfully overcome by prescribing

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which is made from the highest quality of raw materials by the most modern and sanitary methods of manufacture — guaranteeing a finished product that at all times is clean, wholesome and dependable.

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## Bran Flakes Hidden In Dainties

Here is a bran food which folks will continue. The bran is hidden in luscious flakes of wheat.

No breakfast dainty is better liked than Pettijohn's. Yet it contains 25 per cent of flake bran.

With Pettijohn's Flour, it enables a constant bran diet, varied and appetizing.

This has become the favorite bran food, because it is natural, well-liked and efficient.

You will find it better than clear bran, better than any bran sweet.

You will find it an easy, welcome way to establish the bran habit.

## *Pettijohn's*

*Rolled Wheat with Bran Flakes*

Soft, flavory wheat rolled into luscious flakes, hiding 25 per cent of unground bran. A famous breakfast dainty.

**Pettijohn's Flour** is 75 per cent fine patent flour mixed with 25 per cent tender bran flakes. To be used like Graham flour in any recipe; but better, because the bran is unground.

**The Quaker Oats Company**

Chicago  
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—Plans for a new hospital building for the Ohio Knights of Pythias Home for the Aged at Springfield have been approved by the board of trustees of the institution. The building will cost in the neighborhood of \$30,000.

—Steps are being taken to preserve the White Hospital at Ravenna to Portage County for general hospital purposes. A committee is working on a plan to form a county hospital association to take over the hospital and operate it for the benefit of the county.

—Dayton citizens have applied to the national authorities for permission to establish a base hospital unit in their city.

The campaign for funds to be used in the erection of a Sisters' hospital at Lima came to a close March 15. More than \$175,000 was subscribed. A site for the building has been purchased.

At a recent meeting of the Ada Hospital Association, plans were made for raising funds for a city hospital.

The district tuberculosis hospital which is being erected near Chillicothe will be ready for occupancy June 1.

The State Board of Administration will pre-

sent an exhibit of work of state hospitals at the second annual convention of the Ohio Hospital Association to be held in Columbus, May 22, 23 and 24.

Postoria will have a city hospital if provisions of the will of Miss Annie Foster, daughter of the late Governor Charles Foster, are carried out. Practically her entire estate, valued at \$200,000, was given to the city for a hospital, park and upkeep of the public library.

Dr. Homer J. Davis has been elected chief-of-staff of the Newark City Hospital for the year beginning April 1. Drs. J. W. Barker, C. B. Hatch and H. H. Postle are members of the executive committee.

By terms of the will of the late Peter Riefer of Huron, Providence Hospital at Sandusky will ultimately receive his estate which is valued at more than \$30,000.

Miss Lulu Nixon, superintendent of the Ohio Valley Hospital at Steubenville, who resigned her position recently, has been succeeded by Miss Florence Williams, formerly assistant superintendent of the McKeesport Hospital.

Miami Valley and St. Elizabeth Hospitals at Dayton are made beneficiaries in the will of George Burnette of Red Key, Indiana.



## Have You Received Your Copy of Our Handsome New Catalog "G"?

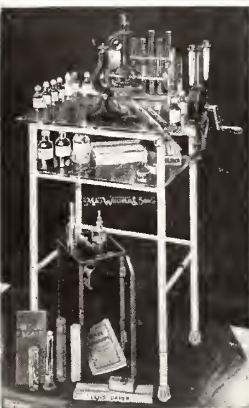
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Cannot be equalled in value. Includes the F. F. 8 Microscope with 3 objectives, centrifuge, table and complete list of stains, forceps, glassware, etc. Each.....\$95.00

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A very satisfactory chair for preliminary nose and throat examination. ....\$30.00

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CINCINNATI, OHIO



### Western Reserve Medical Alumni Meeting

The annual alumni meeting of the Medical Departments of the various medical schools of Cleveland of the past has assumed new interest in the past few years. In this Alumni Association is included all the graduates of Cleveland Medical School, Charity Hospital Medical School, Medical Department of Wooster University, Medical Department of Western Reserve University, Medical Department of Ohio Wesleyan University. This union alumni association combines the past and present medical interests of Cleveland so that one active association is the result, with an annual meeting and clinics full of interest and value to the alumni.

This year's meeting takes place June 12th to 16th. The time will be devoted to daily scheduled clinics—medical, surgical and special—in all of the large hospitals in Cleveland, together with special lectures and demonstrations by the heads of the Departments of Physiology, Anatomy, Pathology and Pharmacology of the Western Reserve Medical School.

Dr. Alfred Stengel, Professor of Medicine in the University of Pennsylvania, will deliver the address at the annual dinner. Dr. Stengel will also give a medical clinic on the day preceding or following his address.

Another point of especial interest in this year's gathering is the position which we, as patriotic Americans, find ourselves with our country at war with a great foreign power. All alumni want to know the duties of the medical military man. This subject will be taken up in three talks by Major H. L. Gilchrist of the Regular Army Medical Service unless his duties call him to active service. Whether, by the time this meeting occurs, Congress has decided upon conscription or not, every medical man should come to hear what is expected of him when he starts training in the Medical Corps.

Last year the attendance far surpassed all expectations, over four hundred being registered, which is nearly twenty-five per cent of the total living alumni, therefore, everybody come, all are welcome and a pleasant and profitable time is certain.

If you have not paid your \$1.00 dues for the past year, please put it in an envelope for us, care H. A. Herkes, M. D., Osborne Building, Cleveland.

#### COMMENCEMENT PLANS ABANDONED

The Ohio-Miami Alumni Association of the University of Cincinnati announces that plans for the Clinical Week exercises June 13, 14 and 15 have been abandoned. There will be no commencement exercises in the Medical College. Dr. J. Edward Pirrung, president of the association, advises us that a Clinical Week will probably be held next October when the new college is opened.

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### Minutes of the Meeting of the Council

Council of the Ohio State Medical Association met in regular session at the Hotel Bancroft, Springfield, Ohio, March 26, 1917. The President presided. Members present: Drs. Carothers, Hunter, Moots, Lichty, Rardin, March, McClellan and Teachnor. Dr. E. O. Smith, President-elect; Dr. Upham, Chairman of the Legislative Committee, and Mr. G. V. Sheridan, Executive Secretary, were also present. The minutes of the previous meeting were read and approved.

Prior to the meeting, Council members were the guests at a dinner served by the members of the Committee on Arrangements of the Clark County Medical Society. After dinner the members of the committee made individual reports, explaining the arrangements for the State Meeting in May.

The program for the annual meeting which was read by the secretary, was adopted without material changes and the Executive Secretary was directed to have it printed.

The report of the special committee appointed by the President to confer with members of the Summit County Society relative to changes in its Constitution was adopted by the Council with the proviso that the secretary of the society continue to collect and report State Association dues for all their active members, to the State Association. Discussed by Drs. Moots, March, Lichty and Rardin.

The organization proposition submitted by the Secretary of the American Medical Association was accepted provisionally by the council and on motion, seconded and carried, was referred to the Executive Secretary to work out and direct the detail of operation. Discussed by Dr. Rardin, Mr. Sheridan and others.

The report of the Executive Secretary for the Legislative and other committees was received by the Council and on motion, duly seconded and carried, a vote of thanks was extended him for the manner in which he handled the legislative matters of the Association during the recent session.

The Executive Secretary presented an extended report on a plan for increasing the finances of the Association. The report was received by the Council and he was instructed to place the suggested resolution determining the method of assessment for 1918 before each component society for consideration and instruction of delegates before the Spring Meeting. Discussed by Dr. Hunter and others.

The Secretary read a resolution submitted by Dr. McMechan of Avon Lake, Ohio, with a request that it be referred by Council to the House of Delegates. It was directed against the employment of nurses as anesthetists. On motion, seconded, it was received by Council and referred to the Secretary of the Association for presentation to the House of Delegates.

Under the head of miscellaneous business, the

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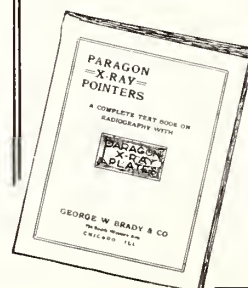
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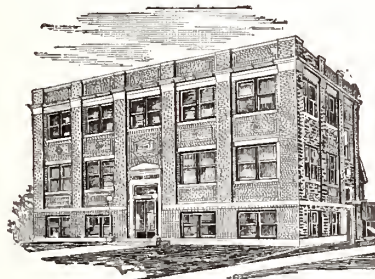
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DETROIT, MICHIGAN

Auditing and Appropriations Committee was, on motion by Dr. Carothers, seconded by Dr. Hunter, instructed to arrange for a salary of \$4000 for the Executive Secretary, provided this can be done without increasing the annual budget of the Association.

A vote of thanks was extended to the Committee on Arrangements of the Clark County Medical Society for their entertainment.

There being no further business, Council adjourned to meet in Springfield, Ohio, at the Hotel Shawnee, on May 13, at 7:00 p. m.

WELLS TEACHNOR, M. D.,  
Secretary.

#### MORE "LIMITED" PRACTITIONERS

A list of persons granted certificates by the State Medical Board to practice "limited branches of medicine and surgery" under the exemption clauses of the Platt-Ellis act follows: *Cincinnati*—Robert Johnson, chiropractic. *Cleveland*—Oscar U. Johns, mechano-therapy; Maurice McKenna, mechano-therapy; Joseph Netrefa, chiropractic, electro-therapy, hydro-therapy, mechanotherapy and suggestive therapy; Barbara E. Noack, hydrotherapy. *Newark*—Alfred A. Taylor, chiropractic.

Virgil M. George of Columbus was refused a certificate to practice chiropractic, electro-therapy, hydro-therapy, mechano-therapy and massage. George is the manufacturer of an alleged gall stone "cure" recently declared fraudulent by the United States government. The application of Walter A. Compton of Pomeroy to practice electro-therapy and mechano-therapy also was rejected on the ground that he had not practiced in Ohio long enough to meet the requirements of the exemption clause.

#### Small Advertisements of Interest

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Attorney General McGhee has ruled that the eight-hour day does not apply to workers in State Hospitals. They are not "workmen engaged in public work" within the meaning of the law, he holds.

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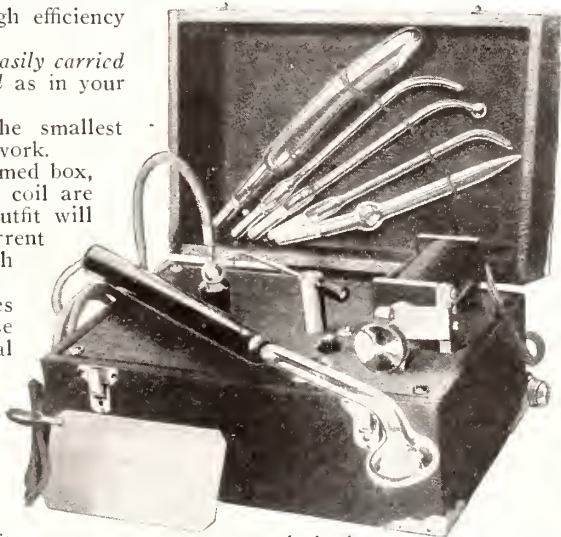
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\*\*\*\*\*  
 PUBLIC HEALTH NOTES  
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—Commissioners of the five counties supporting Springfield Lake Tuberculosis Hospital have appropriated \$100,000 to clear up a deficit and pay running expenses for the next year. The fiscal year was recently extended from January 1 to March 1, causing a deficit of \$10,000 in the last 14 months of operation. Arrangements were also made for increasing the capacity of some of the wards. The trustees estimate that the cost of operating the institution for the next 12 months will be \$80,000.

—Boy Scouts are being used in a crusade against fly-breeding places in Hamilton. The city has been divided into 27 districts and two Boy Scouts have been appointed inspectors for the health department in each district.

—The regulations adopted by the Summit County Commissioners requiring the signing of a poverty affidavit before any anti-toxin is given by the county free of charge is having its effect. The bill for anti-toxin used in March was reduced 50 per cent.

—Mayor Karb of Columbus recently issued a

proclamation urging citizens to start at once a campaign for the conservation of health. "With the prospect of men going to war, we must proceed at once with a campaign to keep people who must stay at home healthy and pleased with their environment," the mayor says.

—Cincinnati's annual municipal "Pure Food Exposition" will be held August 7 to August 19.

—"For Health, Happiness and Prosperity," is the title of 30,000 pamphlets distributed recently to Columbus householders by school children. The pamphlet was prepared by the Chamber of Commerce and intended to arouse interest in the annual "Clean Up and Paint Up" campaign.

—Miss Anna Selumberger of Springfield, Illinois, has been chosen matron of the District Tuberculosis Hospital near Springfield, to succeed Miss Gertrude Steckel, who is in charge of public health work in Bellefontaine.

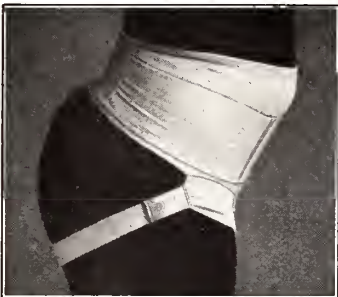
—Galion dentists have agreed to make a dental inspection of all public school children free of charge.

—The public health nurses of southeastern Ohio held their third quarterly meeting at Circleville, April 12. Plans were made for "Baby Week" and "Clean Up Week" campaigns and local Red Cross work was discussed at length. Miss Helena Stewart, supervising public health nurse of the State Department of Health, presided.

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# Ohio State Medical Journal

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Issued under the direction of the Publication Committee.

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**Next Meeting of the State Association,  
Columbus, May, 1918**

## Editorials

### YOU MUST DECIDE

Our country is at war. Every member of this Association has been fully advised as to the pressing need for additional medical officers. *The Journal* has no desire to devote additional space to the emphasizing of this need. Whether or not you enlist now or later is a matter which you must decide for yourself and be guided by your conscience. Until the government resorts to some form of conscription for medical officers (which is not unlikely) you alone must decide where you can be of maximum value to your country. Many of our members are needed at home more than at the front, for the health of our civilian population must be conserved. But, if your circumstances permit your service at the front without too great sacrifice of dependents, your duty is very clear. A crisis not to be compared with anything in the history of the world is at hand.

### WAR—DOMINATING NOTE OF A. M. A.

The two hundred Ohio physicians who were privileged to attend the sixty-eighth annual meeting of the American Medical Association, which was held in New York during the first week in June, returned to their homes deeply impressed by the heavy responsibilities that must be shouldered during the next few months by the medical profession of the United States.

If there were any who had under-estimated the intense seriousness of this war they were entirely disillusioned by the sinister war note that marked and made memorable every collateral activity of the meeting. Highest officers of the army and navy medical service, physicians directly from the Western front, and leading American medical men who have been closest in touch with affairs at Washington, were able, through the presentation of concrete facts, to impress upon the thousands of visiting physicians that this war is unquestionably the most important thing facing medical practitioners today, or that ever has faced them.

The scientific programs presented in the twenty-one sections were unusually good, but these were marred by frequent vacancies caused by essayists who had been called to the colors. The usual social activities were practically abandoned. One evening was devoted to a general session for the consideration of military medicine, with stirring addresses by Lung, of the Navy, and by Franklin H. Martin. Patriotic enthusiasm culminated on Thursday evening in a great mass meeting addressed by Theodore Roosevelt.

The net result of the meeting was a stimulation of patriotism that will be carried to the medical profession in every state in the Union.

### WE HAVE FAILED, THUS FAR

Dr. Martin, chairman of the medical committee of the Council for National Defense, in addressing the special military session at the Waldorf-Astoria, presented startling facts. He made it very plain that the medical profession thus far has failed to meet the situation, and that unless volunteers come forward immediately, heroic steps will be taken by the government to fill the medical service.

That the Medical Officers' Reserve Corps plan has failed to provide the surgeons needed by our enlarged army is shown by the fact that of the 28,000 military medical men needed now, the government has only 3,000 in sight—and at the same time, France and England are literally begging for doctors. He declared that the Council for National Defense now has on its rolls the names of 21,000 medical men who are eligible for service, and the names of 9,000 recent graduates in medicine—the latter all under 31, and therefore liable to conscription. These 30,000 men have been circularized two or three times since the declaration of a state of war, and only 8,000 have applied for commissions as medical officers in the Reserve Corps. Of these 8,000 barely 3,000 have accepted the commissions which were offered.

Speaking seriously, Dr. Martin frankly declared that unless these 8,000 younger medical men immediately apply for commissions, in advance of the draft, it is more than possible that they will be digging trenches in France next year instead of engaging in their professional duties.

The medical officers of this war must come from America. Great Britain has practically exhausted its supply of practitioners under 55 years of age, and the civilian population there is suffering. Dr. Martin declared that not infrequently the civilian ratio is only one doctor to 15,000 people.

Dr. Martin explained the European famine of medical men by pointing out the extreme dangers they meet on the various fronts. In previous wars the physician operating in the hospital behind the line has been in a position of comparative security. In this war, however, the long range guns which frequently wipe out emergency hospitals located from ten to fifteen miles behind the lines, have nullified this condition. He reported that in a recent retreat of the Allies, 267 doctors were killed in a single hour.

Dr. Charles Mayo, in his presidential address, took a more optimistic view, and expressed conviction that the American medical profession would rise to its responsibilities. He paid particular tribute to Crile and the Cleveland men who took the first base hospital to the Front. He pointed out the wonderful possibilities that this war offers in the demonstration of the value of scientific medicine. During the Spanish-

American war 20,000 cases of typhoid fever occurred in our training camps between May and September. In our volunteer army in Cuba 450 soldiers were killed, and 9,850 died of disease. Through the aid of serums and vaccines, and through the advancement of military medicine, this record may be vastly improved during the coming months.

### DR. BEVAN'S ELECTION

The entire attention of the convention was not devoted to military affairs, of course. For example, the unanimous election of Arthur Dean Bevan, of Chicago, as president-elect, was a direct tribute to his work during the past fourteen years as directing genius of the Council on Medical Education—the work of which he summarized in an inspiring report. In 1904 when the Council was organized, only four medical colleges were requiring for admission the standards which are now being enforced in 65. Then, few colleges employed full-time teachers in their laboratory departments; now there are over 70 such colleges. Then, very few had adopted the method of teaching by bedside and ward clinics; the method is now very generally employed. Similar wonderful advances have been made in practically every branch of medical education, and the chief feature has been the work of the Council and its energetic executive, Dr. Caldwell. At the close of his report, Dr. Bevan made the statement that at the present time, American medical colleges offer a better general training than the medical schools of any other country in the world. Of course his report was warmly applauded.

### SICKNESS INSURANCE

Dr. Alexander Lambert, of New York, who as chairman of the Judicial Council rendered the profession splendid service by his exhaustive studies in the field of social insurance, presented the 1917 report of the Council which included an extensive statistical review of the subject in the different countries of Europe, including accident, sickness, motherhood, chronic invalidity, old age, premature death, unemployment, and provision for widows and orphans. After reviewing these in a most comprehensive manner from every angle, the committee stated that it felt very strongly that the members of the medical profession are the only ones who can solve the problem of medical service under these social insurance laws. These problems must be faced by it if the profession is to obtain the justice that is due it, and if it is to protect its economic position in the community. Laymen do not understand the point of view of the profession and do not understand the peculiar problems that the professional life of a physician and surgeon bring forth. There is no question but that the intense reaction against sickness insurance, or any further expansion of the social insurance laws of

this country, is due to the injustice and cold-blooded unfairness by which physicians and their patients have been treated under the workmen's compensation laws. To work out these problems is a most difficult task. The time to work them out, however, was when the laws were molding. Blind opposition, bitter denunciation, indignant repudiation of these laws, is worse than useless. The profession may, through its influence in the community, prevent for a time these laws being passed; and it may, by a refusal to cooperate, still further retard them; but in the end the social forces that demanded these laws and demanded an improvement in the social existence of the great mass of the people of the nation will indignantly force a recalcitrant profession to accept that which was unjust in it.

The House of Delegates adopted a resolution instructing the Council on Health and Public Instruction to continue its investigation of the whole problem and to "co-operate, when possible, in the molding of these laws, that the health of the community may be properly safeguarded and the interests of the medical profession be protected." The resolution specifically directed that the Council insist that, when such laws are being written, provision is made for freedom of choice of physician by the insured; payment of the physician in proportion to the amount of work done; the separation of the functions of medical official supervision from the function of daily care of the sick, and adequate representation of the medical profession on the appropriate administrative bodies.

This action is important to Ohio, as in this state the fight for compulsory health insurance will likely center during the next few years. Backers of this propaganda feel that Ohio offers a good field for "the experiment."

#### DOCTORS ARE AGAINST IT

In view of the Ohio situation a number from this state attended the symposium on the subject before the Section of Preventive Medicine, and they were forcibly impressed by the fact that the medical profession of the United States — or that part of it which has given the subject consideration — is almost unanimously opposed to the development of compulsory health insurance in this country.

There were fireworks at this session. Professor Irving Fisher, of Yale, head of the American Association for Labor Legislation, invited the trouble when in urging compulsory health insurance he bitterly scored those who opposed its enactment. He impugned the motives of the insurance executives who declare the plan is unsound. Several Massachusetts physicians were the first to interpose objections. Then Mr. Frederick W. Hoffman, chief statistician of the Prudential, who is well known in Ohio, took the floor, and administered to Prof. Fisher the finest verbal lambasting the writer has ever heard. The ap-

plause which greeted his remarks indicated that even in the section composed chiefly of public health experts, compulsory sickness insurance was decidedly unpopular.

In this connection it should be stated that the Ohio plan of dealing with this situation is generally approved. Our Association favored the appointment of a state commission to study and report on the general subject. The Association has asked the physicians of Ohio to reserve judgment until the data relative to local conditions is available. In other words, Ohio wants facts.

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As in past years, Ohio was carefully ignored in the distribution of A. M. A. honors. Although the fourth largest state association in the country, we were not honored with even a fourth vice-presidency. The Ohio delegation worked hard to land the 1918 meeting for Cincinnati. Dr. E. O. Smith, President of our Association, was given the floor in the House of Delegates and ably presented the claims of the "Queen City." But he might have saved his breath. The powers that be were for Chicago, and Chicago will entertain the convention next June. Oh, very well.

#### FIVE DOLLARS WELL SPENT

If you are not a subscriber to the *Journal of the American Medical Association* you can spend \$5.00 annually to excellent advantage. For the man who desires to keep in touch with scientific advances and to keep informed relative to the great social problems of medicine the *Journal A. M. A.* is a necessity. Over 1,000 members of this Association fail to receive *The Journal*, either through Fellowship or through direct subscription. Of course, many of these have access to it, but every member of this Association should receive it regularly.

Figures prepared by the trustees of the American Medical Association show that approximately 42% of the physicians in Ohio receive *The Journal*. This figure is low. In Pennsylvania, 48% receive it; in Massachusetts, 54%; in Illinois, 56%; in New York, 46% in Minnesota, 70%. It is the best \$5.00 investment a doctor can make.

Ohio has the fourth largest medical organization in the United States, according to the annual report by Dr. A. R. Craig, secretary of the American Medical Association. New York leads with a membership of 8,512 out of 15,670 physicians; Illinois is second with a membership of 6,071 out of 10,648; Pennsylvania is third with a membership of 5,800 out of a total of 10,502 physicians. The Association directory lists 8,048 physicians in Ohio, thus indicating that our Association includes about 60% of the doctors in the state.

The report further shows that Ohio stands fourth in number of Fellows in the American Medical Association with 2,403. *The Journal of the A. M. A.* has 1,032 subscribers in Ohio in

addition to the Fellows. There are 81,501 members in the various state and territorial associations and 42,480 hold Fellowships in the American Association.

#### BOARDING HOUSES OR HOSPITALS?

For the first time since it assumed charge of our 19 state hospitals, the Ohio Board of Administration is without a medical member. Following the resignation of Dr. A. F. Shepherd, of Columbus, Governor Cox appointed Mr. H. S. Riddle, an engineer. The board is now composed of four laymen, no one of whom claims even a remote knowledge of the medical care of the 22,000 dependents who are in their charge.

Some weeks ago when it was intimated that Governor Cox might refuse to appoint a physician, the matter was formally brought to his attention by the Council of the Ohio State Medical Association. Mr. Cox gave the matter careful consideration but announced that in his opinion, and under the present conditions, an engineer was more necessary than a physician. He pointed out that the board is engaged in a number of building projects, and that during the next two or three years the services of a construction expert would be very necessary.

*The Journal* has absolutely no criticism to the appointment of Mr. Riddle. He is a high-grade man, and we understand he made a considerable financial sacrifice to accept the position. But we do contend, most vigorously, that a medical man, skilled in the medical care of the insane and the defectives, should be on this most important board.

We recognize, of course, that each separate institution has its medical staff and medical head, but these men do not outline the policies of the state in dealing with these institutions. They take orders, and we fear that under the present arrangement the directing management of our institutions will center its energies on the physical upkeep of the property rather than on the vastly more important problem of affording the state's unfortunates the best possible care and treatment.

In fact, newspapers of the state carried the announcement that Mr. Riddle will devote his attention to construction work, Mr. Creamer to the purchasing of supplies, Mr. Guthery to the management of the farms, and Mr. Davey to the general upkeep of the properties. Who, may we inquire, is especially delegated to see that these thousands of mentally sick and physically deformed human beings secure the best possible restorative treatment? Who will make it his business to see that those committed to the care of the state secure every possible therapeutical aid to physical and mental recovery?

Economy of administration is very fine, but in the long run we fear it will prove poor economy. If this policy is maintained, the state is

apt to find itself footing the bills for 19 economically managed boarding houses. We may be operating insane asylums instead of hospitals for the insane.

#### DEFENSE PLAN IS MAKING GOOD

The advantages of cooperative defense against civil malpractice suits as maintained by the Association are becoming more evident every day. Since the success of the defense suit in Gallia county, the Association has been besieged with applications for protection.

In Columbus two West Side physicians have been sued for damages in connection with a fracture. The Association has assumed charge of the defense, and our general counsel (Smith, Baker, Effler and Allen, of Toledo), are working on the case in connection with a local attorney whom they retained.

A Crawford county physician has likewise been sued in connection with a somewhat similar fracture case, and the Association has taken charge of his defense. Applications from several other counties are pending.

The Committee on Medical Defense has indicated definitely that it intends to abide by the regulations adopted by the Association. For example, rule No. 7 says:

"The Association will not contribute to defense of a suit of any case of fracture or like injury where X-ray plate was not taken and kept on file, unless it can be shown that at the time and place it was impossible to secure an X-ray plate."

Recently a Toledo physician applied for defense by the Association. He reported, however, that he had failed to secure an X-ray plate of the fracture. Inasmuch as it would have been comparatively easy for him to have done so, the committee, after carefully considering the case, decided to enforce the rule, and denied his application for defense.

On the other hand, the committee has indicated that it will not be arbitrary in this matter. In the Gallia county case it conducted the defense despite the fact that no X-ray had been secured. The patient at the time of the injury was several miles removed from an X-ray laboratory, and it would have been practically impossible to have secured the picture.

The importance of paying your state dues in advance has likewise been illustrated. One application was refused because the doctor had neglected to pay his dues for 1917 until just prior to the state meeting. The suit was filed during the period in which he was delinquent. The committee had no option in the matter, and the doctor will be forced to meet his own legal expenses.

## Original Articles

### Local Anesthesia for Tonsillectomy\*

John A. Thompson, M. D., F. A. C. S., Cincinnati

CLINICAL observation and scientific experiment have proven that acute articular rheumatism, arthritis, acute and chronic endocarditis, nephritis, bronchiectasis, gastric and duodenal ulcers, appendicitis, cholecystitis, myositis, tenosynovitis, neuritis, iritis, iridochoroiditis, chorea, cervical adenitis and acute thyroiditis may be caused by primary foci of infection in the body. As the faucial tonsil has been found to be the site of streptococcus suppuration more frequently than any other organ, we are being asked to remove these sources of disease, in adults and older children, much more frequently than before their casual relation to many diseases was known. It is a truism to all experienced workers in this department of medicine that complete removal of the tonsil, tonsillectomy, is required where streptococcus infection is present. The smallest bit of tonsil tissue left behind may continue to suppurate and granulate until a mass is formed almost as large as the removed tonsil. The writer has seen this happen in both adults and children. For the complete removal of tonsils in children nothing but general anesthesia should be considered. Children with glycosuria or albumenuria are probably exceptions to this rule and should be operated on under local anesthesia. For this operation in adults etherization is seldom necessary. Where firm adhesions have been produced by frequent attacks of quinsy, by previous attempts at removal or by cautérization, general anesthesia may be advisable in the adult. Patients who have no self-control, (physical cowards) should be given ether. The actual time of operation under local anesthesia is usually seven minutes. The patient is in a sitting position and we see the parts in the same relation as we do in examining or treating them. Illumination is better in the sitting than in the prone position. If adrenalin is added to your anesthetic solution the operation can be made almost bloodless, under local anesthesia, while the congestion of general anesthesia increases the bleeding. The nausea and vomiting of general anesthesia are avoided by the local method. The danger of death from the local anesthetic is so small as to be negligible. In Bright's disease or endocarditis the danger from a general anesthetic is an important factor in the case. In chronic pulmonary inflammation general anesthesia should be avoided. There is no danger of ether-pneumonia or inhalation pneumonia in local anesthesia. Finally there is the

unknown element of danger in inhalation anesthesia, which sometimes results in the death of patients apparently good surgical risks. This alone should make us avoid general anesthesia if a local method can be found.

The anterior surface of the tonsil is supplied with sensation by the posterior or small palatine nerve, a branch from the sphenopalatine ganglion. It emerges, with a small artery, from a separate opening immediately behind the posterior palatine foramen. The external palatine, when present also supplies sensation to this part. The relation of the posterior palatine nerve to the last molar tooth or hard palate makes it easy to block with an injection of cocain. If the teeth are missing or unerupted, the nerve lies just in front of and internal to the hamular process of the internal pterygoid plate of the sphenoid, which can always be felt through the soft palate. Ten minims of one per cent. solution of novocain injected into the palate at this point will block the nerve. The glosso-pharyngeal nerve also send branches to the tonsil. The relation of this nerve to the tonsil was not shown clearly enough in any book on anatomy, with which we were familiar, to give us a definite method of blocking it. Prof. Knower of the University of Cincinnati, kindly offered his assistance in determining this relation. The mouth of a cadaver was opened and the tongue depressed until the tonsils were clearly seen. The mouth was packed to keep the parts in this position, and the body hardened. An antero-posterior section was then made at the level of the lower third of the tonsil.

"This section shows the relation of the glosso-pharyngeal nerves, the stylopharyngeous muscles, pharyngeal vessels and tonsils in slightly different levels on the two sides.

On the left side the glossopharyngeal nerve is found somewhat lateral to the stylopharyngeous, just where it begins to run around this muscle to reach the tonsil. The stylopharyngeous on this side is cut at the level where it begins to enter the pharyngeal wall.

On the right side the section runs through a slightly higher level, so that the glossopharyngeal nerve is found quite behind the stylopharyngeous, since this muscle is cut higher up in the more vertical part of its course, before its end comes to lie in intimate contact with the pharyngeal wall.

The attention of the observer is called to the region just outside of the constrictors of the pharynx, immediately surrounding the tonsils.

The important structures which run through this region are surrounded by a loose connective tissue which is continuous from the pharyngeal

\*Read before the Eye, Ear, Nose and Throat Section, Ohio State Medical Association, in annual session at Springfield, May, 14, 1917.

wall outward and back, in front of the deep pre-vertebral fascia, to surround the carotids, hypoglossus, superior sympathetic ganglion and plexus, vagus and glossopharyngeal nerves. In this loose areolar tissue is found a rich vascular plexus, with rather large veins in places." (Knower).

To block a nerve with cocaine or its derivatives it is not necessary to inject the nerve itself. Surface contact is all that is needed. (Braun P. 80). The connective tissue space noted by Knower in this dissection allows us to surround the glossopharyngeal nerve with anesthetic solution without any danger of injuring the other important structures in the neck. The injection can be made between the tonsil and anterior pillar, penetrating the constrictor muscle and pharyngeal fascia. A better route is external to the anterior pillar at the level of the lower third of the tonsil. At this point there is only mucus membrane to pierce. Here there is no danger of passing the needle through a deep tonsillar crypt, as there is in the first method, and carry infection into other tissues, as has been done, with serious results. At this level the nerve trunk is three-fourths of an inch from the surface. A guarded needle with one-half inch bare can be used for the injection. A preliminary surface application of a 20% cocain solution makes the injection in the palate and pharynx painless. The anesthetic solution used is novocain 1% with 10% of adrenalin chloride solution in the menstruum. Forty minims of the solution should be injected for each tonsil.

To be sure that other undesirable effects would not result from surrounding the other vessels and nerves of the neck with this solution a series of experiments were performed in the laboratory of the medical department of the University of Cincinnati by Dr. Tucker. His report is as follows:

"A study of the effect of novocain given intravenously alone and with adrenalin; and the effect of the infiltration of the vagus nerve with novocain.

Method—The experiments were carried out on dogs. Anesthesia was secured by the use of morphine (0.02 Gm per K g not by hypodermic) and Chloretone (0.2 Gm per K g in alcoholic solution by stomach tube); occasional whiffs of ether were given during the actual operating. The vagi nerves, a carotid artery and a femoral vein were exposed, and the Blood Pressure Apparatus and Pneumograph were arranged to record on the revolving drum in the usual manner, novocain was injected into the femoral vein.

One protocol is as follows:

Wt. of Dog. 17 Kg-1 cc of a 2% sol. of Morph. Sulph. given by hypodermic at 8:30. At 9:15, 3 Gm of chloretone was given by stomach tube. At 9:30 the operation was begun and the apparatus was adjusted. 10 c c of a 1% solution of novocain was injected into the femoral vein.

Six such injections within a period of 30 minutes did not prove fatal. As a control 10 c c of normal saline were injected at intervals between the novocain injections. The last two novocain injections also contained adrenalin.

Analysis of the record:

Novocain injection.

Normal B. P.

Diastolic 94 }

} Average 99.

Systolic 104 }

Following the injection of novocain:

Diastolic 76 }

} Average 80.

Systolic 84 }

Time interval between injection and

fall of B. P. ....16 sec.

Period during which B. P. falls.....13 sec.

Period of low B. P .....38 sec.

Return to normal in.....48 sec.

Normal heart rate .....146

Heart rate during period of low B. P. 143

Normal resp. rate ..... 30.

During fall in B. P. .... 30.

During period of Low B. P. .... 24.

The respirations became markedly shallow following the injection of novocain.

The injection of 10 c c novocain with adrenalin 1/10,000, produced the normal adrenalin effect, i. e. B. P. increased to 196 with heart rate slowed during period of elevation of B. P. due to vagus inhibition.

The respiratory movements were accelerated slightly (36), and were slightly shallow compared to the normal. When 10 c c of novocain with adrenalin 1/10,000 were injected a rise in B. P. to 140 mm. resulted without any alteration in the respiratory movements.

Infiltration of the right vagus nerve with the 1% novocain solution produced no change in the heart rate, or in respiration. Stimulation of the nerve above the area infiltrated resulted in a rise in B. P. similar to that when the central end of a cut vagus is stimulated. Electrical stimulation below the infiltrated area produced the typical inhibitory effects; the B. P. falling to 60 and the heart ceasing to beat for a few seconds.

Conclusions.

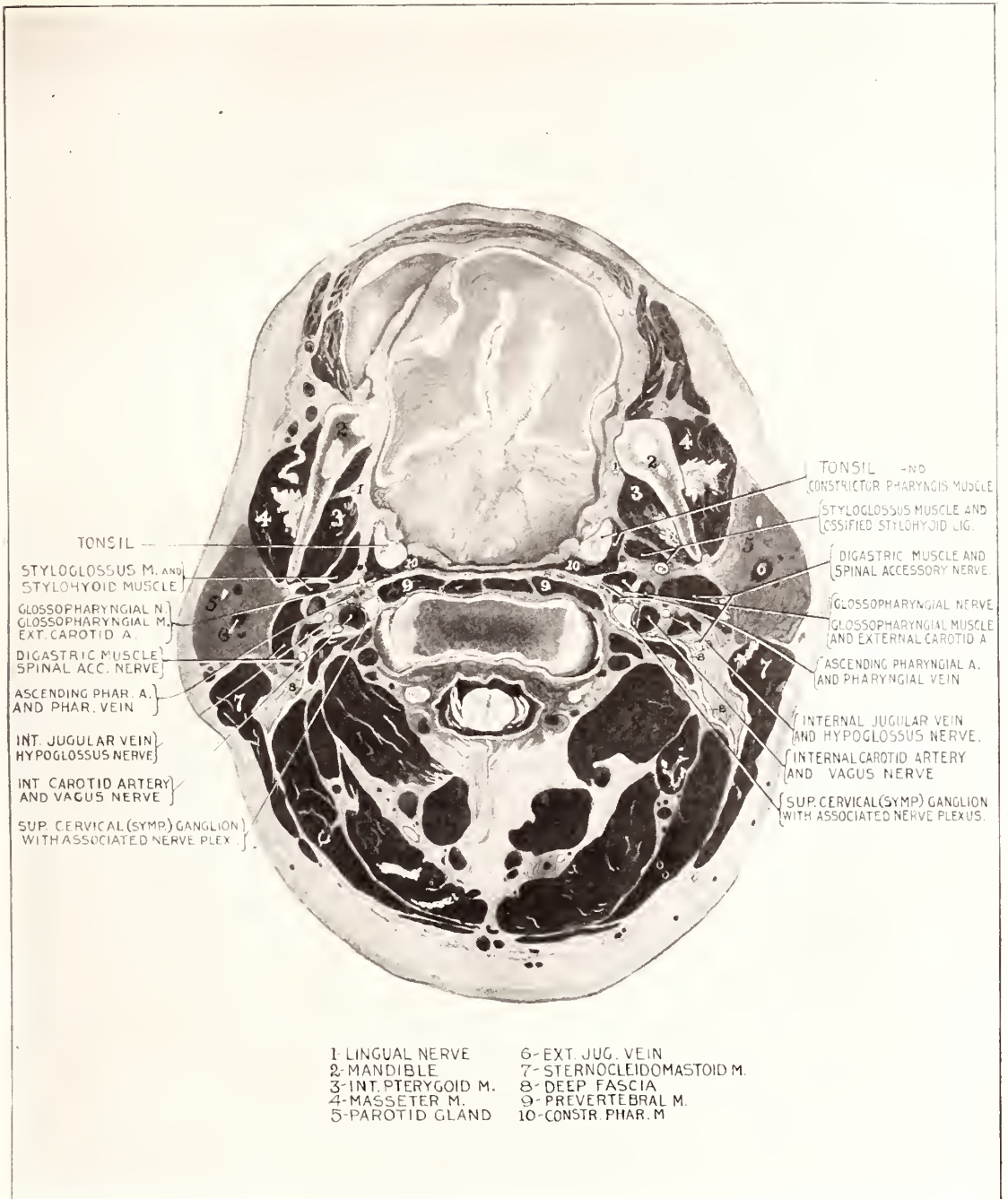
Novocain is relatively non-toxic, the injection of 0.6 gm intravenously into a dog producing no fatal result.

Adrenalin added to the novocain prevents the fall in B. P. and slowing of the respiratory rate, seen when the novocain is injected alone.

Infiltration of one vagus nerve by novocain has little or no effect upon the heart rate or respiratory movements but blocks the conduction through the infiltrated area as shown by electrical stimulation." (Tucker).

To be sure that blocking of both vagi would not be dangerous, the experiment was repeated, both nerves being injected at the same time with





the adrenalin, novocain solution. The only effect produced was from the irritation of the needle.

Our experiments confirm those of Braun ("Local Anesthesia") but we have gone farther by injecting the vagus itself. With a large amount of solution in the connective tissue space, pointed out by Knowler, the vagus would be surrounded by the anesthetic. It is important to know what its effect would be on that nerve. Direct injection of novocain solution into the

nerve has no harmful effect so even if both nerves should be temporarily blocked during tonsillectomy the patient would not be injured.

The completeness of the anesthesia secured by blocking the posterior palatine nerve in the palate and the glosso-pharyngeal before it reaches the tonsil is hard to determine accurately because of the different mental attitudes of patients toward the operation.

One patient operated on recently, fainted when the cocaine solution was brushed over the palate

before the injection was given. When she received the novocain was injected and the tonsils removed with the Beck snare. She said the operation was painless. Many patients have made similar statements. In most cases though, there is some pain when the snare is used as the final step in the operation. In cases where the Beck snare can not be used the dissection is painless but the traction on the tonsil when the snare is applied is painful. As this part of the operation takes only a half minute for each tonsil, the amount of suffering is not great and certainly less than that endured after ether anesthesia.

The anesthesia is much better than that we have obtained by injecting the tonsillar plexus.

In patients where we have obtained anesthesia of the tongue, tonsillectomy is painless. Sometimes the removal of one tonsil is painless while pain is felt in removing the other, showing that our technique is not quite perfect.

Recapitulation.

Both nerves supplying sensation to the tonsil region can be blocked by injections of novocain solution.

Complete anesthesia is possible by this method.

The amount of blood lost is much less than with general anesthesia.

The method is as free from danger as any surgical procedure can possibly be.

## The Doctor In Court\*

D. S. Gardner, M. D. Massillon, Ohio

**I**N THE very nature of our professional calling it is inevitable that sooner or later we will be summoned to appear before the courts as medical witnesses.

When an act of violence occurs the physician is the first to be called. His observations, the nature and extent of the services which he renders, such facts as clearly must have passed within his notice are professional functions which make him a medical witness of fact. Therefore, when summoned he must obey the mandate of the court. He cannot shift the responsibility upon another. The law will insist upon his presence and his testimony. He will be expected to be able to answer all questions upon the witness stand convincingly, intelligently and honestly. Because of the publicity of court proceedings, a reputation may be won or lost. It is therefore of the utmost importance that the doctor should understand his relations to the court and be ever alert to the pitfalls set for him by a skillful cross-examiner.

So infrequent is this service to most of us that experience in any considerable degree is limited. Medical men as a class are unsatisfactory witnesses, and they also have a wholesome dread and disinclination to appear in court. This is the result in some measure of a mis-apprehension of the real scope and importance of forensic medicine, and indifference to a proper preparation in its elementary principles. Again, much of the indifference and unwillingness to enter into these studies grows out of the impression that, somehow, medical matters in legal medicine are intimately interwoven with legal elements.

There is a notion that a good medical witness ought to know a great deal of medicine and considerable law in order to fit himself to appear

creditably upon the witness stand; to enable him to bear successfully the overhauling to which a cross examination is supposed to expose him; to parry sharp questions and to answer intelligently.

There is much excuse for this feeling. Knowing by tradition, at least, the kind of treatment he may receive, the physician reluctantly obeys the summons. He dreads lest the lawyers will transform his best endeavors into a pitiful performance of confusion and contradiction. Somehow he entertains the idea that failure grows out of an unfamiliarity with legal rules and customs which might have been lessened if he had known more law as well as medicine.

But it should be remembered that the medical witness is not a hybrid, half doctor, half lawyer. If he comprehends his true position he never forgets that legal medicine is an essential department of general medicine and that the practitioner of it is a physician always, nothing more, nothing less. With this understanding the doctor may not only cease to view it as a service unsatisfactory and ungracious but one that has the highest compensations—not so much of a material kind as of the intangible, though real and valuable.

There is no more useful training than that which is generally required of the medical witness for an important trial. He will be surprised at the new and unexplored paths into which his researches will lead him and the knowledge thus gained under a new sort of stimulus will add much to his outfit and his ability to meet the ordinary emergencies of his professional life.

Another compensation is that of self-reliance. To appear in a court room before an audience representing all grades of intelligence, to be compelled to make medical matters readily comprehensible to less educated minds, to speak

\*Address delivered before the Summit County Medical Society, Akron, Ohio, November 7, 1916.

about technical things in language that will enlighten and not simply show learning, to keep an even temper under the greatest provocation, to be apt and ready in answering questions not stated clearly; these conditions promote, when rightly appreciated and utilized, a high degree of self-reliance that could not be attained in a better way.

#### HIS PREPARATION

The doctor who is not well prepared cannot hope to be a satisfactory witness. It is true that he may be a cultivated and successful physician, yet for lack of technical knowledge in legal medicine, be a poor witness at trial. There are snares and pitfalls for this witness that are little suspected. There are many instances of this type of physician retiring from the witness stand overwhelmed with mortification over the sorry exhibition he made, all or in part due to a deplorable indifference to the need of preparation.

It has been stated that legal medicine is a separate and distinct branch of general medicine. The assertion is made by others that if his knowledge of anatomy, surgery, medicine, and the correlated branches of his profession is thorough the physician need not fear to meet any crisis in which his services will be required by court. But this is an unreasonable assumption. The knowledge is the same, no doubt, but in the courts it has novel relations and applications. "Medical questions," says a high authority, "assume a very different aspect and reflect novel hues when viewed in the glare of the Court of Justice from what they do in the mild light of the sick room or hospital ward."

The literature of legal medicine is replete with the failures of some of the most eminent men of the profession to give a creditable account of themselves upon the witness stand. The number and the variety of questions that he may be called upon to answer is not a restricted one. Questions of age, determination of doubtful sex, of personal identity, of impotence and sterility, of rape, of medico-legal moral offenses, of death in its medico-legal relations, of infanticide, of wounds and injuries, of asphyxia in its various forms and of medical evidence; all these come within the scope of medical jurisprudence, not to mention the ramifications of toxicology and the insanities.

In the discharge of his duties it is as an ordinary witness—a witness of fact—that the physician obeys the summons to court and not as an expert witness.

In the first he testifies as to matters of fact, matters that came under his immediate observation; in the second he gives testimony upon matters of opinion.

I borrow from Draper on legal medicine a summary in a few words of the qualities of a successful and creditable witness, that is, the ordinary witness to facts:

1. The faculty of accurately observing all things about him and making full notes of what he sees.
2. A retentive memory.
3. Sincerity, candor and a mind unprejudiced.
4. A well balanced temper that will remain unmoved under provocation.
5. A gift of expressing tersely and intelligently what is in his mind.

The first of these necessarily relates to the subject of preparation. Here is the place for the physician to exhibit the skill, tact and the ability wherein he may acquire a reputation in this department of his profession. When asked to investigate the nature of a medical problem upon which you are to make a report, and possibly later testify, insist upon a full and free opportunity to make the necessary examinations in your own way. Insist upon sufficient time. You are entitled to the same preparedness as is counsel. This you will find often denied you and you will be asked to appear in court to testify upon the most difficult problem with only an opportunity for an examination during the noon recess of the court.

You will not only be called upon to testify for the plaintiff in action at law but for the defense as well. Here you will be permitted to examine the case but a single time and usually in company with your associates and always under unfavorable circumstances. Your opportunity to arrive at an intelligent conclusion will be a scant one. Decline to do it under these conditions. Your ability to see through a stone wall is no better than any other confers and remember that those medical witnesses who will appear for the plaintiff have had unlimited opportunity and assistance in reaching their conclusions.

In conducting the examination it may require all your skill, correctness of observation, aptitude in sifting relevant from irrelevant facts. You must be able to logically analyze symptom and signs and to say what ones are not exaggerated. You may require the assistance of the microscopical or chemical laboratory. If your work is to be done upon the living body it will have a tongue, which unfortunately in some instances may be a lying one, ready either from vindictive feeling or the hope of compensation to have recourse to exaggeration or even to the suggestion of falsehood. It demands the highest type of acuteness and discernment on the part of the medical examiner to follow the scent of truth when a spirit of untruth obstructs the way.

Pursue every examination in a systematic and orderly way, else most important elements may escape your observation. *Have the results of your examination reduced to writing at the time it is made.* I emphasize the importance of this. The most valuable aid to the medical witness is his notes. It not infrequently happens that a long time elapses between the examination and

the appearance of the medical witness at trial. Much may intervene to interrupt his recollection.

Note every essential detail for identification and sign them, for according to Stephen's Digest of the Law of Evidence (339,) "the witness must have made them at the time of the occurrence of the facts or so soon afterward that it is likely they were fresh in his memory. Such writings do not become evidence, yet testimony given from complete notes is of great worth."

Do not be afraid of noting down too many matters. Even apparent trivialities are not superfluous. It is one of the arts of counsel to discover wherein the medical witness has made errors of omission, and often, though of the slightest consequence medically, they are placed before the jury in such a light that his client receives the benefit of it.

As an ordinary witness a medical man is in the same position as any individual who speaks of facts within his knowledge. If the occurrence was one within his professional acquaintance and in which he renders a professional service, he is required to tell the truth and the whole truth in the cause made the subject of judicial inquiry. If unacquainted with these facts he may be summoned as a skilled or expert witness. Often it is an easy transition from testimony regarding fact to testimony regarding opinion.

What are matters of fact and what are matters of opinion? Back in the early years of the courts, testimony of fact was the only kind necessary for a jury to render a just decision. Yet with the advancement of learning it became evident that facts and natural laws existed, concerning which the average man or jury knew little. It was necessary to have the aid of one who could correctly interpret the facts. The evolution was the expert to assist the court and jury to a true conclusion. As progress was made in the arts and sciences the expert witness became of ever increasing importance until today he is indispensable.

The expert witness should have high rank as a factor in determining the outcome of cases, yet we often see his testimony go for naught. Expert medical testimony is often winked at. In passing I wish to plead that any such situation is to be predicated upon the nature of his employment. For years I have advocated that the medical expert should be removed to a non-partisan position by having him appointed by the court. This will be a step in the direction of genuine reform. Then juries can look upon the medical expert more as an officer or servant of the court and as one not giving evidence to fortify either side of the case. Then the medical profession will be treated with the respect that is its due.

"The ideal medical witness," says Draper in his *Legal Medicine*, "not only has wide knowledge; he has special aptitude in formulating correct conclusions from available data in the light

of knowledge. He has a judicial mind; he will think deliberately and accurately; he will not reach his conclusions by jumping, or form his opinion from an incomplete statement of facts. A really honest purpose will lead him to avoid dogmatism, recognizing that medicine is a progressive science! that medical theories which were held as orthodox truths fifty years ago are obsolete today; that many of the articles of our creed today will be rejected as medical rubbish by our grandchildren; and he will also remember the difference between the absolute, the probable and the possible." Expert medical testimony should be the colorless light of science, brought to bear on any case where such testimony is necessary. There should be no half truth uttered and suppression of the whole truth is in the nature of false testimony. The only criterion of the expert medical witness is knowledge.

Having obeyed the summons of the court to appear, what are the rights and what should be the demeanor of the medical witness? If you are there as an ordinary witness a candid statement of such things as passed within your knowledge is all that is necessary. Here your obligation ceases, for you owe no duty which requires you to state your *opinion* upon any subject. It is admitted that the skill and experience of a medical man are his personal property, his capital, and he cannot be compelled to dispose of the fruits of his labor in courts to any person who wants them. On the witness stand, precisely as in his consulting room, the physician's opinion may be withheld at his pleasure and his refusal will not make him punishable for contempt of court.

Having attended a wounded or injured man, if you are summoned as an ordinary witness you will be called upon merely to testify as to what you did, how your patient appeared, the nature and character of his injuries and the treatment adopted. These are all matters of fact. It is at this point that you will need to be cautious, lest a question of opinion be asked, which, if you answer, will open wide the gate to an unlimited number of questions on matters of opinion purely.

Should you, however, appear as an *expert* witness you must expect to undergo the examination necessary to prove your right to the contention. You will be interrogated as to your education, your years of experience, any special lines of training and practice, the breadth and scope of your work. You may be cross-examined by counsel and finally the judge may rule upon your competency as such.

The course of your testimony consists of the direct, or the examination in chief, the cross-examination and the redirect examination.

In the direct examination, state the facts simply and without qualifying words. Avoid the use of exaggerated language as well as superla-

tives. It is not always possible to avoid technical terms in order to complete the record of the court, but when such terms are necessary explain them in plain words to the jury, for it should always be kept in mind that it is to the jury you are speaking—in your direct examination. If you have a message to convey, put it in terms they can understand else your testimony will go for naught.

You should always avoid relating to heresy testimony and avoid a discussion of subjective symptoms which are not capable of proof through objective facts. You will frequently find it necessary to discuss your professional relations with patients, but never do so without first appealing to the court for its protection. This will generally be granted you. In giving your testimony use your notes freely. If they are well prepared it will enable you to present your testimony in a connected and orderly way.

#### THE CROSS EXAMINATION

Mitchell says, "Efficiency in the high art of cross-examination is a matter upon which a great many lawyers pride themselves"; and, as I can personally testify, justly so. It is here that your preparation for the ordeal will show itself. You should study authorities with exhaustive care and be able to quote names and pages when called to do so. You should anticipate all possible contingencies that may arise in the cross-examination, and then a thousand more. Ferret out the weak point of the assault and exaggerate to yourself all the difficulties in advance. Trust nothing to luck. Assume for your benefit that the cross-examiner has made equal preparation and has had the coaching of well-trained medical colleagues.

In the cross-examination it has been my custom to avail myself of such technical knowledge as I have to make clear any position that I have taken. This is your protection. Once you have retired from the idiomatic language into the thought and language of your professional training you are fortified against any possible assault. It is always to be presumed that counsel will treat your testimony with skepticism. That is the attitude of the advocate's mind, particularly if the witness has given testimony conflicting with that already advanced or to be offered by the examiner's side. It is a mistake to think that the lawyer rises for cross-examination with the object of making the witness out a liar.

Be placid under all circumstances. Keep your temper under most trying conditions. Maintain prudence of speech. Neither talk too much nor too fast. You must never forget for a moment that you are not an advocate. Avoid and shun this appearance, for apt counsel will be very ready to bring such an attitude to the attention of the jury, to the detriment of any value your testimony may have.

Never hesitate to say, "I do not know." You

are not presumed to know everything in medical science, however convenient such omniscience might be; and nothing baffles a troublesome counsel like such sincerity.

You will encounter two forms of examiners. There is the type of the Spanish Inquisition school, who by his bluster and thunder would intimidate or awe you. This one is not to be feared. But be ever alert for the polished gentleman—that fine, quiet, friendly, persuasive type. He may take you a long journey, over highways and byways, into strange paths, into unexplored scenes, hoping that in the maze and tangle of these surroundings, you will become effectually and hopelessly lost. But keep close to him. He must ultimately come back to the starting place, and, then, mayhap he will conclude to wander into your country where he may be so impressed by the strange sights to be there unfolded that you will return without him.

I would not be understood as attempting to imply that either discourtesy or disrespect for counsel should ever be conveyed or admitted through your testimony, but when the examination ceases to convey information or enlightenment to the court and jury you are entitled to the courtesies which obtain for a gentleman.

Counsel will attempt to show prejudice and if no other way be open may raise the question of your employment and the fee you are to receive as compensation. These things are old and have no value, for counsel has come to know that your time like his is given upon a professional basis and that you both are entitled to a just reward.

You will frequently be asked a double question, a part of which could be answered by yes, the other by no. Insist that it be separated into its component elements.

Unfortunately it occasionally happens that counsel upon the side for which you are giving testimony fails to offer objections when your protection demands it. In this event never hesitate to appeal to the court, who, through his unflinching courtesy, will see that your rights and interests as a witness are safeguarded. Out of the tangle of all your examination as an expert witness will probably arise the hypothetical question. This will be founded upon the existence of facts which are assumed to be proven or of which there is a reasonable expectancy that they will be in evidence at a later time. It must necessarily contain the facts on which an opinion is wanted. Be certain that you fully understand it before you answer. Its length, the peculiar phrasing, the fact that it may contain elements outside your knowledge make for the necessity of the greatest care in giving your opinion. Answer this as you should all other questions, directly and decidedly, without ambiguity or evasion. The nearer your replies come to "yes" or "no," the better for your comfort. Do not say "I think" or "it is my impression" or make qual-

ified statements or you will lay yourself open to imputation of belonging to the "guessing profession." Be upon your guard about being cunningly drawn into a discussion; it will almost always be to your disadvantage.

Finally tell the truth with entire indifference. Remember the advice of Sir William Blizard:

"Be the plainest of men in the world in a Court of Justice. Never harbor the thought that if you

do not appear positive you must appear little or mean. Give your evidence in as clear, plain and concise manner as possible. Be intelligent, candid and just and never aim at appearing unnecessarily scientific. If you can, make your evidence a self-evident truth. Thus, though the Court at the time have too poor or too mean an opinion of your judgment, they must deem you an honest man."

## A New Method For Short Circuiting the Colon\*

Walter Griess, M.D., F.A.C.S., Member of Staff St. Marys' Hospital, Cincinnati

WHEN Lane first advocated short circuiting the colon for chronic intestinal stasis with definite clinical symptoms, the profession soon realized that one of the most dangerous operative procedures was proposed for a condition that in itself was not immediately fatal.

We have found in our work the following indications for short circuiting the intestinal tract:

(1) A certain small number of well selected cases of stasis.

(2) As a preliminary step in malignant disease.

(3) To sidetrack intestinal fistula.

The technique used was first employed over six years ago in a case of malignant disease of hepatic flexure. After a thorough trial this method was reported at the Cincinnati Academy of Medicine and at the Ohio State Medical Association in the spring of 1916 in a paper devoted to "Some Suggestions in Surgical Cases, Including Anesthetic Surgical Technique and After Treatment."

The technique employed is as follows: The ileum and sigmoid are cut at points designated as (a) and (b) in fig. 1. The ends (a) and (a) are then anastomosed by the end-to-end or lateral method as may suit the taste of the operator. The open ends (b) and (b) of fig. 2 of the sidetracked intestinal tract are sutured to the abdominal wall in the line of the incision or at some convenient part. The ends stitched to the abdominal wall will atrophy into two mucus tits which will secrete a little mucus. The colon itself will atrophy and its removal, if necessary, will be found extremely easy. In fact there is no indication for its removal except for malignant disease, for if the object for short circuiting has been stasis, the remaining colon can be flushed out and after a short time the amount of mucus it secretes will be insignificant.

The danger from this operation is no greater than any other intestinal anastomosis and it fulfills a want that a pure lateral or end to side anastomosis will not fulfill, for a damming back into the sidetracked colon will occur.

\*Abstract from a paper entitled "Some Suggestions in Surgical Cases, Including Anesthetic Technic and After Treatment," read before the Surgical Section of The Ohio State Medical Association in annual session at Cleveland, May 18, 1916.

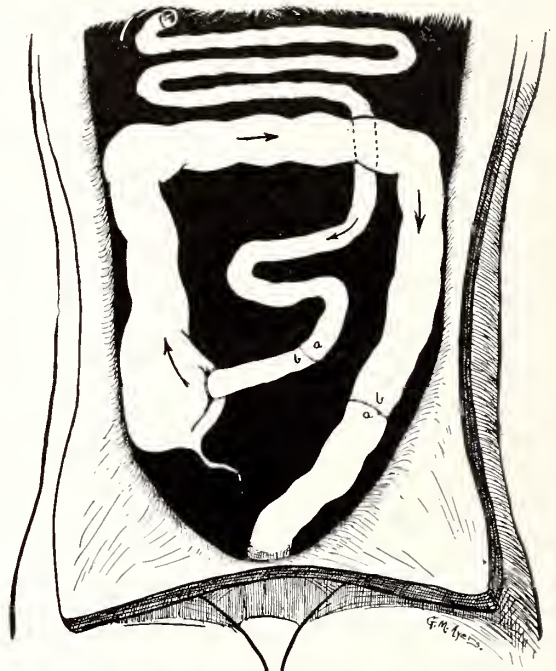


Fig. 1

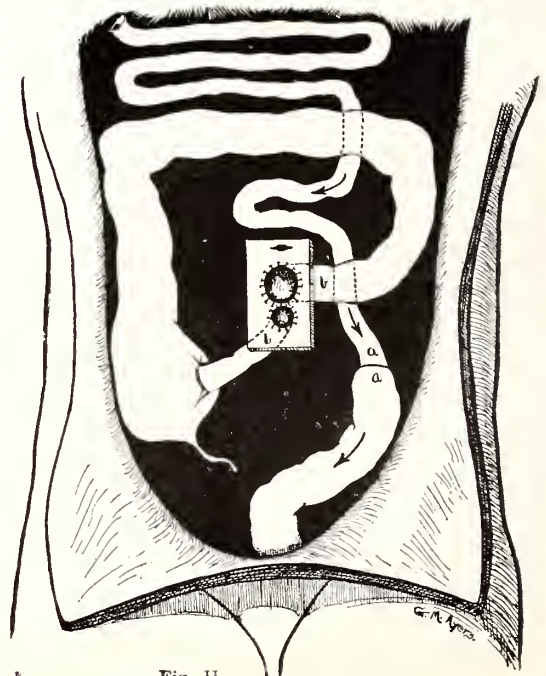


Fig. 2

## Anesthesia and Analgesia in Obstetrics\*

Harold Heffron, M. D., Metamora, Ohio

**N**ITROUS oxide, popularly called "laughing gas," is colorless, odorless, has a faint sweetish taste and is freely soluble in water, thus capable of being converted into an aqueous solution. It is taken directly into the blood stream and at once produces its analgesic effects. If administered with enough atmospheric air or oxygen for the ordinary needs of the system, it proves somewhat exhilarant. The subjective symptoms of nitrous oxide are a tingling and numbness involving the entire body, a sense of exhilaration as noted above, and lastly a swift unconsciousness; the objective symptoms in analgesia are practically those of alcoholic intoxication; in anesthesia it resembles a normal sleep. Lividity of the skin and mucus membranes, staring and convulsively rolling eyeballs, fixed pupils, a slow, forcible exhalation, rigidity and jerking of various muscles, are signs indicating too deep anesthesia.

In our choice of anesthetics for ordinary labor, we center down to two drugs—chloroform and nitrous oxide gas. Ether as used for individual pains has long since been discarded, due to the amount required, its slowness of action and irritating properties. The only field for ether in obstetrics is that which necessitates prolonged anesthesia and here I believe  $N_2O$  can be used satisfactorily.

"Twilight Sleep," (scopolamine and morphin) though I have never used it in private practice, I would condemn. During the summer of 1915 I witnessed its use in several cases, and while I did not see any really disastrous results, I saw no special advantages. The patients who received the injection of scopolamine and morphin soon became dopy and lapsed into a semi-conscious state, answering a few direct questions but having no power of memory. They would groan and "take on" during a pain nearly as much as if they had had no injection, and in some instances it was necessary to hold the patient from rolling off the table. The second stage was lengthened somewhat, due to the fact that the patient is in a semi-conscious state and unable to help herself. She is ignorant of her surroundings, placing her hands on sterile fields and thus increasing the chance of infection. The child has some tendency to be cyanotic and the mother remains in a semi-conscious state for hours.

Chloroform is the closest approach to  $N_2O$ , and in years to come will be used nearly as extensively in obstetrics as before, although in universities and the larger cities I believe it is rapidly being replaced by  $N_2O$ . It has a dis-

agreeable odor, in some instances has produced severe inflammation of the eyes, is contraindicated in nephritic and eclamptic cases on account of its irritability, and is slower to act. It is eliminated very slowly, traces of it remaining for hours. When taken in quantities large enough to produce analgesia, it lessens the force and rapidity of the uterine contractions and increases the occurrence of the post-partum hemorrhage. In favor of chloroform, first is its universal usage, second is its smallness of bulk, and third it is somewhat cheaper than the other anesthetics.

Nitrous oxide, I believe, is our most ideal agent for relief of individual "pains" and if in competent hands it serves as the best prolonged anesthetic. To give a prolonged anesthetic with  $N_2O$ , the anesthetist should be thoroughly acquainted with the action of the gas, for it is very flexible and in inexperienced hands might prove disastrous. Unless operative procedure is necessary, analgesia is all that is required and it should be borne in mind that it is not administered continuously, but only at such times as is necessary to relieve the oncoming pain. In ordinary labor the administration of gas may begin at any time, this usually being left to the patient, and generally this is during the latter part of the first stage or during the second. As soon, however, as she becomes inconvenienced by the force of her pains she makes the fact known and the gas is started. At first sight of the gas outfit she may show some little fright and consternation, but after explaining to her that the machine won't explode, that there is no odor, that she is to take as much as she sees fit, etc., she quickly becomes accustomed to the new method of producing analgesia.

Analgesia may be produced by a mixture of  $N_2O$  and air, or by a mixture of  $N_2O$  and oxygen. If oxygen is used instead of air headache sometimes complained of after inhalations of pure  $N_2O$  occur less frequently; however for the majority of cases, air is used and causes no inconvenience. Ten per cent air and 90 per cent  $N_2O$  is a common mixture. A few pains will indicate the mixture best for a given case. If the contraction is slow in development the air may be increased; if however the pains are very close together, come on suddenly, or seem to be continuous as at the close of the second stage, pure gas can be given and the intensity of the analgesia can be controlled by the number of inhalations taken with each uterine contraction. The patient may be put to sleep with each pain and can be awake in time for the onset of the next. However, this method eliminates the voluntary assistance of the patient and results in a slower delivery than when consciousness is maintained.

\*Read before the Fulton County Medical Society at Delta, December 12, 1916.

With the proper mixture of  $N_2O$  and air, and the correct number of inhalations, she experiences no pain during a uterine contraction, she maintains her consciousness and can follow the directions of her physician. In ordinary labor the patient holds the mask and with each oncoming pain administers her own analgesia, and being conscious she can bear down during her labor as her physicians deems it necessary.

Nitrous oxide does not lessen the force and rapidity of labor pain. Fewer than six inhalations do not produce sleep, nor does it in the least impair memory, but it does relieve the pain of childbirth. More than six inhalations usually produce unconsciousness of anesthesia such as is used in surgical procedure, and is not desired as a rule in normal labor. Generally we give 10 per cent air and 90 per cent  $N_2O$ , requiring the patient to inhale three times, holding the last inhalation, and then bearing down. It is very important that she *hold the last inhalation and bear down*—for in this way the lungs are filled with gas, and by bearing down more pressure is exerted on the lung tissue. This has a tendency to force the gas into the blood and thus bring about a more rapid analgesia. Nitrous oxide produces analgesia in ten seconds and is eliminated within a minute—herein lies the secret of  $N_2O$  in its

application to obstetrics. *It is the only agent known which may be administered at the beginning of each uterine contraction, be absorbed with sufficient rapidity to relieve the suffering and be again eliminated from the body before the next contraction is due.* The length of time of administration depends wholly upon the case.

The advantages of  $N_2O$  are: It has no odor; can be self administered; is very flexible, has no deleterious effects on mother such as drowsiness, nausea and vomiting; does not lengthen the time of labor; does not increase the occurrence of post-partum hemorrhage; can be used in contraindication of ether and chloroform such as pulmonic, nephritic, and eclamptic complications; can be used in combination with any drug such as pituitrin; can be used for any operative procedure, such as Caesarean section, forceps, episiotomy, etc., and, lastly, it has no tendency to bring forth a cyanotic child.

The disadvantages are: Its bulk, its cost, which, when compared with its real merits, proves to be low, averaging from 23 to 35 cents per hour; and lastly inexperience of physicians to use it correctly.

The indications are *any* condition that calls for some sort of analgesia or anesthesia. The contraindications are none—except the inexperience to use it.

## The Place of the Individually Owned and Operated Hospital in the Community

Ben R. McClellan, M. D., F. A. C. S., Xenia, Ohio.

THE present day hospital is a crown of glory upon the head of the modern science of hygiene and sanitation. However hospitals, either public or private, have not always been a thing of beauty and a joy forever. Dr. Benjamin Rush, father of American medicine, tells us plainly that in his day hospitals were the "sink-holes of human life"; that they had "robbed the country of more lives than the sword," and that they were "more a menace than a benefaction."

But thanks to Pasteur, who laid the foundation for our knowledge of acute infectious diseases when he discovered that fermentation was due to the activities of living micro-organisms; to Koch, who discovered the cause of wound infection; and to Lister, who discovered how to keep germs out of wounds, the hospital has been rescued from that well deserved reproach and has been made what it is today—"a necessity for the multitude, a luxury for the few, a blessing to all."

Before the time of Lister, there came into the medical profession a new element, namely,

the so-called surgical specialists, headed by McDowell, Sims, Emmett, Atlee, Dunlap and others; with these men came the private hospital, born of the necessity for a more complete control of the patient's environment. McDowell converted his own home into a hospital where he was able to do such brilliant pioneer surgery. Dunlap made the patient's house a temporary hospital where he personally took possession during the days of preparation and the critical post-operative days. It was at this period also that the importance of good nursing was recognized, so that it may be said that the private hospital played an important role in the development of the surgical specialties as well as of the professional nurse.

The importance and value of individual control of a hospital is well illustrated in the development of one of our most successful surgical clinics. Some years ago, the senior member of the staff told the writer that its success was due to the fact that he himself had established it, and by the grace of the junior members of the staff, he had up to that time continuously controlled it.

Whatever its shortcomings may have been in the past, the private hospital has at least been



free from the pernicious influence of partisan politics. The individually owned and operated hospital is essentially the expression of the life and character of one person. He alone is responsible and the hospital will succeed or fail according to his merit or lack of merit.

Viewed from the standpoint of the larger centers of population, many are ready to condemn the private hospital, but it fairly judged it cannot be denied that there are many communities in which physicians must provide their own hospital facilities or withhold their advantages entirely from their clients. Many prosperous communities are so engrossed with the problems of industrial development that they are absolutely indifferent to the value of human life and efficiency. In fact there seems to be an entire absence of community responsibility for unfortunates, of community responsibility for unfortunates the private hospital has often gone on a mission of real service.

The writer is familiar with such a city in this state, very prosperous, well supported by an unusually progressive farming community and at one time an important railroad center. In it resided the surgeon of the railroad division, a man of splendid ability, an ex-army surgeon, but without aseptic training in his technique. As an assistant he depended largely upon a young man who had caught the vision of modern surgery. Neither the city nor the railroad provided any sort of hospital facilities. Emergency surgery was performed wherever convenient—in the conductor's caboose, the baggage master's room, or, if transportable, in the most convenient hotel or boarding house. One day during the hottest summer time, a brakeman had both lower extremities crushed between the wheels of a moving train. As no one would open their doors for the stranger, he was put in a little room over an undertaker's establishment. The amputations were most brilliantly performed, the patient rallied splendidly, but the after care was miserable, sepsis developed and death came. The patient chanced to be the wayward son of a prominent family in a neighboring state, and severe criticism was freely made by friends and relatives of the deceased young man. Neither the railroad nor the city seemed to feel the sting of it; the senior surgeon felt it somewhat, but his training had taught him to endure this and even harder things, and besides his life was mostly in the past. But with the young doctor it was different—his training taught him that there was good ground for criticism; that there had been needless suffering, and worse still, needless loss of a precious life. More than that, this town was to be his future home; his life was looking forward, not backward. At once he resolved that such cause for criticism of his profession should not be repeated. Single handed, with little encouragement or assistance, and with

many to oppose, this young doctor established a private hospital modest in size and equipment, but capable of caring for ordinary emergencies with a modern aseptic technique. This venture cost the young doctor a life of hard service with small net remuneration. So strenuous has been his life that he, in common with many others, is almost persuaded that "he who maintains a private hospital has chosen a hard way to serve the Lord." And yet, men like this are saying to the world that their greatest compensation in life lies in the fact that in thus serving their fellowmen they are sharing in the service of Him who said "I am among you as he who serveth."

Therefore, the private hospital has a very important pioneer work to do in such communities, namely, to create a public sentiment that will bring a new appreciation of the value of human life and efficiency. Such a hospital must be so conducted that the public will appreciate its real value and will realize that it is as much a necessity as the public school. When this end has been accomplished the burden of its support will be placed where it belongs—upon the general public.

One of the important functions which the private hospital has in common with the public one is to serve the community as a center of health welfare; from it should go out with every patient a new and practical training in the laws of hygiene and sanitation. But most of all should it be a veritable post-graduate school for the medical fraternity. The best men in the profession should be drawn to its staff of medical attendants; its laboratories and operating room should be always open to all doctors in order that the clinical material there collected may be utilized in teaching the latest and best things in medicine and surgery. Probably the widest field for usefulness of any hospital lies in its possibilities of exerting an uplifting and educational influence upon the medical profession, in making its members better trained and better equipped to serve as leaders in all things that stand for the physical and moral uplift of the community.

Finally, the ideals of the private hospital should never be lowered by any motive of self-seeking or financial exploitation. The traditions of the past are most honorable. The possibilities are most vital to the welfare of any community which is inefficiently served or has no hospital service whatever.

Until the time comes when every community is adequately served by publicly supported hospitals, the private hospital will have a large place in the life and activity both of the medical profession and of the community.

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Barium Sulphate, P. W. R. for X-Ray Diagnosis.—A brand complying with the standards for barium sulphate for Roentgenray work—N. N. R. Powers-Weightman-Rosengarten Co., Philadelphia.

## The Treatment of Tuberculosis by Ether Anesthesia\*

W. E. Savage, M. D. Cincinnati.

**I**NNOVATIONS in medicine, like innovations in other professions and pursuits, are not always looked upon with favor. It seems to be as characteristically human to suspect as it is to err. The demonstration of ether as an anesthetic in the Massachusetts General Hospital in 1846, was not only suspiciously permitted but actually derided by Dr. Warren, when Dr. Morton, a few minutes late in his appointment, came into the amphitheatre. It is to the credit of this celebrated surgeon that he was hasty to atone for his seeming lack of courtesy, by stating when the operation was completed, "Gentlemen, this is no humbug."

Victims of the Great White Plague have traveled to the ends of the earth in search of relief or cure. They have been subjected to tests empirical and schemes scientific. Honest endeavor along these lines has not brought the reward that the arduous hours of work seem to merit. Upon the discovery of the bacillus by Koch, new hope arose. A specific remedy was the dream of the profession and the hope of the race. From a prophylactic standpoint this discovery has been of very great help, yet today, looking the facts in the face, we are compelled to admit that aside from the good results obtained by rest, sanitation and good food, we are no nearer a solution of this distressing problem than were our forefathers. The treatment of tuberculosis has been a fruitful field for charlatan and quack and it naturally happens that anything new, suggested for the alleviation of this malady, meets with scant consideration.

The cry of wolf no longer disturbs us. We have learned from experience that what seems good in medicine today is likely to be discarded tomorrow as worthless. Hence in presenting to you my experience with ether anesthesia in the treatment of tuberculosis, I do so with a full realization of the above observations.

My attention was first directed to the probable value of ether in tuberculous peritonitis some eight years ago. My attention was so directed because of the fact that none of the theories advanced as to why these cases so frequently recover, obtained in this particular case. I should like to briefly report this case.

In September, 1908, I was called in consultation to examine Miss A. P., who had been ill about ten days. The onset had been sudden. Her previous history was not pertinent to her present illness, save for one thing, she had had digestive disturbances for about four years. A diagnosis of perforating appendicitis was made, operation suggested and accepted. She was sent

to the Good Samaritan hospital, was anesthetized by ether, the closed cone method being used. It took a little longer than usual to anesthetize our patient, because of her shallow breathing, this was caused by the distention of her abdomen. A median incision, about four inches long, was made. The omentum did not present, nor did the intestines make the slightest effort to change their position. The intestines were everywhere closely adherent to themselves and parietal peritoneum. The peritoneum, along the line of incision, was thickly studded with tubercles as was the peritoneum of intestines. It was thought that finger dissection of intestines from parietal peritoneum on the appendical side of our incision might lead us to an abscess.

Such attempt was futile, however, so constant and firm were the adhesions of gut to gut and of gut to parietal peritoneum. We were dealing beyond question with a general tuberculous peritonitis whose origin we were unable to determine. There was no fluid present, at least none presented at the incision, which was the extent of our operation. The incision was closed without drainage. This patient's improvement was immediate and her recovery rapid. Since her surgical experience she has had none of the digestive disturbances that distressed her for a period of four years prior to her operation. What did we do in this particular case? Ether anesthesia, closed cone method, was given for a period of approximately thirty minutes. A median linear incision four inches long was made thru the abdominal wall. The profession, after a fashion has, for years, accepted one or more of the following theories to explain the improvement or cure that takes place in these cases. 1st, Trauma; 2nd, admission of atmospheric air into the abdominal cavity; 3rd, liberation of fluid; 4th, drainage; 5th, admission of sunlight and the actinic sun ray. You can readily see from this case report that none of these theories obtained in this particular case. Ruling out the operation, if it may be so dignified, as having any influence on this patient's immediate improvement and apparent complete recovery, we are forced to consider the only other thing we did, if our efforts in this young woman's behalf were advantageous to her at all, which means that we are driven to consider the anesthetic.

Aside from the fact that this patient recovered, I asked myself the question—Is there any reason why ether should, when given as an anesthetic, cause an improvement or cure in tuberculous peritonitis? A study of the bacillus of Koch, its laboratory habits and its probable conduct in the human body on the one hand, together with the known physiological action of ether when

\*Read before the Medical Section Ohio State Medical Association in annual session at Springfield, May 15, 1917.

given as an anesthetic on the other, lead me to believe that there was an antagonistic action between the two. Having a clinical cure of tuberculous peritonitis, which could apparently be brought about by nothing except ether anesthesia, to which could be added theoretical reasons why ether so given might favorably influence the course of the disease, I decided to try ether in the next case of tuberculous peritonitis that presented itself. I might add in passing, that the reasons, as I saw them, why ether should favorably influence tuberculous peritonitis were three in number. 1st, That it was due to the small amount of oxygen in the blood during and immediately following anesthesia. 2nd, That it was due to some physio-chemical change brought about by the presence of ether gas in the blood. 3rd, That it was due to a combination of these two. These however, are theoretical reasons which may be, and probably are, wrong. I am in no way trying to defend them. The actual clinical results, however, that I shall present need no defense at my hands, they speak for themselves.

Physicians in general and surgeons in particular have for years sought for reasons to account for the cure resulting from operations in tuberculous peritonitis, when they realized that the results obtained were out of all proportion to the surgical work done. Not infrequently the operation consists in merely opening and closing the abdomen.

A woman, the subject of pelvic tuberculous peritonitis, is doomed to lose ovaries and tubes, if the abdomen be opened, and yet by the naked eye we can see that we have gotten rid of a relatively small amount of the infection. These patients almost always improve, very frequently they recover—Why? Why should tubercles on peritoneum of tubes be more offensive to the surgeon than tubercles elsewhere within the abdomen? By what means of reasoning can we conclude that the removal of a small part of the infection resulted in an improvement or cure of the greater part left behind and visible to the naked eye?

My experience with ether in the treatment of tuberculosis covers a period of nearly three years. Cases representative of their class will be cited and clinical results given. It is gratifying to know that ether is being employed elsewhere and in other hands than mine, and that the results obtained differ in no way from my own.

Rose T, age 4 years and 7 months; anesthetized March 10, 1915. Mother and father living—mother considerably run down, probably on account of almost constant attention given child. Two maternal aunts died of tuberculosis. The child has never been strong, constipation seems to have been the rule of her life. On the 20th of November, 1914, she had an attack of vomit-

ing associated with abdominal pain, following the eating of two bananas. Her bowels were evacuated with castoria which afforded relief for the time. Three weeks following this experience she again complained of abdominal pain and it was noticed that her abdomen was distended. These symptoms were not relieved by purgation. Abdominal pain and distention continued progressively up to March 10, 1915. Her morning temperature, at this time, was slightly subnormal and her afternoon temperature 100 (axilla), according to Dr. Twitchell. Mother stated that the child rarely slept more than thirty minutes at a time, that she was restless and that she frequently cried out in her sleep. She had headaches, aversion for light and, asleep or awake, kept her head in a retracted position. Her appetite and digestion were very poor.

#### PHYSICAL EXAMINATION.

Child markedly emaciated, abdomen distended and tympanic, the greater distention being above the umbilicus. No fluid or mass could be made out. Head retracted. I considered this a rather typical case of tuberculous peritonitis, with symptoms, thoroughly suspicious, of beginning tuberculous meningitis. Ether anesthesia, closed cone method, given for thirty minutes. On the following morning, so her mother stated, she ate more than she had for a week. In fact during the first ten days following the anesthetic, indiscretions in diet necessitated free purgations on two occasions. Her periods of sleep lengthened. On the 14th of March, four days following the anesthetic, she slept the entire night and so continued. Her restlessness and night cries ceased and she assumed a natural, prone position when placed in bed. I did not see her on the 11th. On the afternoon of the 12th her axillary temperature was 98. On ten subsequent afternoon visits her temperature was not found to be above normal. This child had been ill from the 20th of November, 1914, until the 10th of March, 1915, had received skillful attention and according to her physician was progressively getting worse.

Her improvement following ether anesthesia was immediate and her convalescence rapid. In a recent communication from Dr. Twitchell he informs me that she behaves as any other normal child of her age and that she is apparently perfectly well.

On May 30, 1916, I was called to examine J. W., a young man, age 20, occupation farmer. He had been ill ten days. The onset had been sudden, with abdominal pain. Prior to this his health had been good except that he was chronically constipated. His family physician, acquainted with this condition, gave him a cathartic, and asked to be notified in case the boy had any further trouble. On the morning of the tenth day following this experience, the doctor was called a second time. I saw the case in consultation in the afternoon. On examination I

felt a mass in the lower abdomen a little to the right of the median line. The boy had not voided urine since early morning, nor could he void any at this time. (3 p. m.) His temperature was 100. Pulse 110. His abdomen was distended and he had considerable pain. Our opinion was that he had a low grade appendicitis or a tuberculous peritonitis. Operation suggested and accepted. He was sent to the Good Samaritan Hospital at which place he had to be catheterized that evening and the following morning. He was operated on the morning of May 31st. Ether anesthesia, closed cone method was used, and a median incision about four inches long made. We found a tuberculous mass of intestines posterior and adherent to the bladder. His trouble evidently began in the seminal vesicles. The appendix was in this mass and was not disturbed. There was no fluid present. The anesthetic was prolonged thirty minutes.

On the following morning, June 1st, the boy was decidedly more comfortable. His temperature was normal and remained so for the two weeks he was in the hospital. He was hungry, his diet was liberal and after the second day he was no longer disturbed by bladder symptoms.

On the 8th day the stitches were removed and the mass in the pelvis could not be felt. He was still somewhat distended, tho not so much so as when admitted to the hospital. He went home at the expiration of two weeks and convalesced rapidly. Six weeks from operation he again assumed his work on the farm and is today apparently perfectly well. I should have simply employed ether anesthesia in this case, and not have opened the abdomen, had I been reasonably sure that he did not have a perforating appendicitis. We are prone to consider tuberculous peritonitis as insidious in character. While this is probably true in most instances it is interesting to note that like the first case reported the clinical onset was sudden. Having had such good results in these and other cases of tuberculous peritonitis, I decided that ether anesthesia was at least worth a trial in pulmonary tuberculosis. My desire was to get an early case of tuberculosis. In this I was, and have been, continually handicapped. My work is devoted, exclusively to general surgery, and my opportunities for seeing such a case were not great. In reference to incipient or very early pulmonary tuberculosis I may be permitted a word. Theoretically, I believe, we all admit that such cases, not only exist, but of necessity must be quite numerous. Practically, however, I am of the opinion that very early pulmonary tuberculosis is relatively one of the rarest diseases diagnosticated.

If my observation concerning the infrequent recognition of early pulmonary tuberculosis is correct,—why may I ask, is this true?

Frankly in most instances I believe it is due to the fact that physicians will not take the

trouble to thoroughly examine their patients. Again it is undoubtedly due to the fact that patients themselves believing their ills amount to little, delay consulting their physicians. In theory we are all familiar with the picture of early pulmonary tuberculosis. A young man, for example, walks into your office and gives you his history. "Doctor, I have no appetite, am losing weight and have little ambition for anything. I think I have stomach trouble." If you are satisfied with his diagnosis, and it is a deplorable fact that such is not infrequently the case, you give him a so-called tonic and dismiss him for the time from your mind as well as from your office. Sooner or later this patient returns to you and states that while the tonic seemed to improve his condition for a time, yet he continues to lose weight, also he thinks he has a cold. I don't believe that I am a pessimist, neither do I care to be considered as a medical nihilist, yet I have often had occasion to wonder if we accept drugs and the giving of drugs at their true value. Could there, by any possibility in this day and age, be truth in the dictum of Dr. Oliver Wendell Holmes that "Doctors are continually putting medicines of which they know little, into bodies of which they know less." The first few cases of pulmonary tuberculosis encountered were decidedly bad ones for any kind of treatment. Imagine one's feelings who, for the first time, gives ether therapeutically to an individual, so torn by pulmonary disease, that she could scarcely turn over in bed.

Visions of pulmonary hemorrhage were everywhere about me. No such accident, however, has befallen me. On the other hand these patients take ether much more kindly than one would expect. The stage of excitement is not unduly prolonged, once under, they behave about as any other subject. It has seemed to me that nausea is less common than is the general rule in operative work.

I was taught and passed fifteen years of my professional life believing that individuals with coryzas, bronchitis, acute or chronic, pulmonary tuberculosis, asthma, and hay fever were risky subjects for ether anesthesia. If my experience, in this work with ether, is worth anything at all, I should say there is all the more reason why such individuals should get ether. In fact I have seen every one of the above mentioned conditions relieved by ether. I have always looked upon ether pneumonia with suspicion. Today I regard it as a myth.

The following is what I regard as a rather typical case of early pulmonary tuberculosis. Miss D, age 23, occupation housemaid. Referred by Dr. E. O. Smith. Mother and sister died of pulmonary tuberculosis. Had been ill for two months with failing appetite, poor digestion, rapid pulse and loss of weight. She had a troublesome cough which was worse on retiring.

In describing her condition it was noticed that she was short of breath and that she frequently coughed. In appearance she was inclined to be robust, complexion very fair, hair black and cheeks rosy. Temperature (3 p. m.) 99. She was not expectorating. Examination of chest; no rales, tho she had a very definite expiratory cog wheel breathing. On four subsequent afternoons, covering a period of about ten days, her temperature was found to be 99+. She had been given cough mixtures which had no appreciable influence on her cough.

Diagnosis—Incipient pulmonary tuberculosis. She was sent to the Good Samaritan Hospital on June 2, 1915, and on the following morning was anesthetized for thirty minutes. Her afternoon temperature dropped to normal and she immediately stopped coughing. At the end of one week she returned to her place of employment with normal temperature morning and evening. She has since her anesthetic, two years ago, been troubled in no way. She is apparently perfectly well.

The following case is the only one of its kind that has come under my observation. It was reported before the Cincinnati Academy of Medicine, January 2, 1917, by Dr. J. H. Landis. I am indebted to Dr. Landis for the privilege of reporting it here. "On December 22, 1916, A. F., a porter by occupation, was admitted to the male medical ward of St. Mary's Hospital, suffering with an acute attack of pleurisy. The usual signs were present, the entire left pleural cavity containing fluid.

"During the period of four weeks and a half the temperature ranged from normal in the morning to 101 degrees or above in the evening, occasionally reaching 102 degrees and on three occasions 102.4.

"During this period fluid was withdrawn three times. Respiration was neither difficult nor painful and was not greatly accelerated.

"The pulse rate never exceeded 110 per minute and was usually between 80 and 100.

"The appetite was poor and emaciation rapid.

"On January 24th, 1917, Dr. Savage gave the patient ether for twenty-five minutes by the closed cone method.

"For a week preceding its administration the temperature had varied from normal in the morning to 101 or above in the evening with occasional variations.

"On the day ether was given, the weight was 103 lbs. A fall in evening temperature was noted immediately, never reaching 101 during the remainder of the patient's stay in the hospital, reaching 100 or above on five days. For the most part it remained between normal and 99.3, being lower than the maximum the greater portion of the time.

"An immediate improvement in appetite followed etherization, closely resembling that of a

convalescent typhoid. Sleep was normal with the exception that hunger kept him awake during the later portion of the night.

"Weight, January 26th, 109 lbs; Jan. 28th, 112 lbs.; Feb. 1st, 113½ lbs.; Feb. 20th, 120 lbs.

"From February 1st until February 20th, the temperature seldom went above 99 degrees Fahrenheit.

"On February 20th, ether was again administered by Dr. Savage for a period of fifteen minutes. From that date until February 27th, when the patient left the hospital, the temperature went above normal on two days only, the highest point reached 99.2.

"On the date of dismissal the weight was 122 lbs., a gain of nineteen pounds in thirty-four days.

"The diagnosis of tuberculous pleurisy in this case rests on the X-ray photographs taken by Dr. Lange. Numerous examinations of the sputum were negative for T. B.

"On January 17th, Dr. Lange reported 'The plate showed the lower two-thirds of the left chest to be opaque, apparently filled with fluid and above this there was evidence of T. B. C. infiltration.'

"On February 2nd, Dr. Lange reported on second plates as follows: 'Upon comparing these plates with the previous plates there seems to be some improvement of the condition as noted upon the first plates.'

"While there may be room for a difference of opinion as to whether this patient had tuberculosis, there can be no doubt as to the immediate and continuous improvement following anesthesia.

"My object in reporting it is to add to the evidence presented by Dr. Savage and others, which indicate that ether is a therapeutic agent of positive value in the treatment of early stage cases of tuberculosis, regardless of where the primary deposit is located."

The following case is representative of a class by far the largest I have seen. Incidentally it is the first case of so-called pulmonary tuberculosis anesthetized by me.

Miss D. C., single, age 20. Diagnosis advanced pulmonary tuberculosis (sepsis), sputum positive. Lost fifty pounds from July 24, 1914 to March 27, 1915. Both lungs markedly involved. Confined to her bed since December, 1914. Temperature range, 96 a. m. to 103 p. m. Cough severe and expectoration plentiful. Profuse night sweats. Appetite poor and digestion worse, in fact she vomited nearly everything taken into the stomach. Ether anesthesia given with some difficulty, for thirty minutes, March 27, 1915. Cough, expectoration, appetite and digestion immediately improved. Her desire for food approached hunger, nor was she disturbed by what she ate. Her night sweats ceased.

From a bedridden condition on March 27, she

was walking around her room on April 13, contrary to our instructions. On this date I asked her to take ether again, she refused, her excuse being that she was getting well and didn't need it. Her temperature range at this time 98 a. m.—99½ p. m. Her physician informed me that she began to fail around the first of May and she died some time in September. It has been my fortune to see and anesthetize quite a number of cases of this character. Not all of them showed the marked improvement that this case showed. Repeated anesthetics, given at periods varying from fifteen days to six months, continued this improvement until as a rule three had been given. After the third anesthetic, judging from my personal experience, improvement is not to be expected. I have no means of knowing why this is so.

This apparent rule, however, has its notable exceptions. A striking illustration being the case of Mrs. F. R., a patient of Dr. L. E. Cook. She had had three pulmonary hemorrhages; first in 1914, second eight hours following, third July, 1916, duration three days. Sputum positive. Both upper lobes consolidated posteriorly. Afternoon temperature 99½-100 F. Ether August 1, 1916, for twenty minutes. Temperature normal after anesthetic. Cough much less. General condition progressively improved for about thirty days. At this time ether was again administered by Dr. Cook. In all this woman has had ether six times. Her present state of health is markedly improved over that of last July. She attends to her household duties and apparently is quite comfortable.

These experiences could be multiplied but I think they are quite sufficient to determine the value or lack of value of ether anesthesia as a therapeutic agent in the treatment of tuberculosis. Chloroform and nitrous oxide may have similar effects in tuberculosis. I have used ether, closed cone method, because in my work it has always been the anesthetic of my choice. This is nothing more than personal preference. One of my medical friends, who has used both the drop and closed cone method in this work, tells me that patients who get the closed cone ether seem to do better.

Ether cones can be made of a towel, heavy wrapping paper, and three safety pins. In the apex of the cone a pledget of absorbent cotton is placed. A few drops of ether are at first placed in the cone to allow the patient to become accustomed to the fumes. Ether is gradually increased until the stage of excitement is reached, then a liberal supply is added and the cone kept snugly against the face, reinforced with a towel to exclude as much oxygen as possible; in this way the patient can be kept under as long as one thinks necessary. In the work that I have conducted along this line, ether is given from fifteen to forty minutes, depending upon circumstances.

The anesthetic is timed from the first application of the cone to its removal. I have never used more than ¼ pound of ether to the case, frequently not this much is required.

From my experience with ether in the treatment of tuberculosis the following conclusions have been forced upon me:

1st. That individuals with respiratory disturbances are not unfit subjects for ether anesthesia. On the contrary, as stated elsewhere in the paper, the fact that such individuals are so disturbed is all the more reason why they should get ether.

2nd. That improvement is not delayed, but is noticeable as soon as the patient recovers from the anesthetic.

3rd. That ether is of greatest benefit when used in uncomplicated tuberculous peritonitis and early pulmonary tuberculosis. One anesthetic usually suffices.

4th. That it is an agent of value in the treatment of tuberculous meningitis; if used early in the disease would probably prove of greater value.

5th. That in advanced cases of pulmonary tuberculosis the distressing symptoms of high fever, cough, expectoration, night sweats, loss of sleep and appetite are very noticeably benefited for a period of from fifteen days to six months. That in these advanced cases continued improvement has been noticed, not infrequently, with repeated anesthetics.

I am aware of the fact that my contention regarding the value of ether in the treatment of tuberculosis is quite out of the ordinary and that a number of my observations are at variance with long standing theories. This, however, does not disturb me in the least. The use of ether, as an anesthetic, is not limited to one physician or any particular set of medical men, neither is it under patent. You can prove or disprove my observations as suits your fancy. Personally, I am of the opinion that ether, and ether alone, has been the cause, many, many times of the improvement or cure following the opening of abdomens for obscure ailments.

In conclusion I desire to state that, if by general use ether can be shown to be of value in the treatment of tuberculosis, as I believe will be the case, and if, in other hands more capable than mine, it can be determined in what way ether exerts this influence, thereby giving us the key to this distressing problem, this paper will have served its purpose.

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CYANOCUPROL.—Studies of the effects of "Cyanocuprol" on tuberculosis processes, carried out by Japanese investigators, have been published. "Cyanocuprol" is stated to be a copper cyanid preparation, the exact composition of which is being kept secret. Even if its identity should become known, the use of "cyanocuprol" is decidedly in the experimental stage. (Jour. A. M. A., April 7, 1917. p. 1057.)

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*We trust that every member of The Ohio State Medical Association will read this communication from Colonel Willcox.*

*Careful consideration of its points may save some from pursuing a course of action that they will regret to the end of their lives.*

*This is a world crisis; not a temporary furore that will soon pass. Every man must do his duty. Colonel Willcox clearly defines the lines of duty facing the members of the medical profession in this, the country that must make the World safe for Democracy.*

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## COLONEL WILLCOX'S COMMUNICATION:

The Editor, Ohio State Medical Journal, Columbus:

Dear Sir: Will you be good enough to publish this for the benefit, primarily, of our country; secondarily, for that of our profession.

Never has the profession of Medicine been called to do anything bigger, more necessary and more worth doing than it is now called on to do. It will probably never in the future be called on for more tremendous assistance than that it must give today. A physician worthy of the name will respond to a call to keep a patient. A higher call is that to help his country. Let us get down to plain facts.

War—especially modern war—is conducted on the most highly developed and organized business principles, and to conduct war successfully the medical profession must play a vital part. A great deal of our work requires special training. The greatest part is purely professional—medical and surgical—and for this any well qualified physician is by his education well adapted.

For all its various purposes the medical corps must have one member to every hundred of the army. For an army of a million men we must furnish ten thousand; for larger armies our increase must be proportional.

In war, and when grave danger threatens, every man must do what is best for him to do. The physician's duty is as plain as is the duty of the man who enlists in the line. To do our duty demands sacrifice in many cases, but personal sacrifice is expected.

*Every physician must ask himself one question and one alone: "Where and how can I render the best service?"* If a man has dependants and if his leaving would involve serious hardship and suffering, he should stay at home and practice his profession. If subsequent disaster should call even him, he can respond later when needed. Every man must examine himself. It is very easy to manufacture untold reasons to stay safely at home, and a man may be able to fool his own conscience or make himself believe that he is fooling it, *but he cannot for one minute fool his friends and associates!* They know who should go to the Front and work, and who should

remain at home and work; and by what a man does now he will be always be judged. There is serious work ahead for all of us, work at home and work away from home. It is not a question of where we *want* to work, but a question of where all things considered, we *should* work.

This is a basic fact: The country needs physicians at once and needs a great many more than have already responded. Men who say they will come later if needed are dodging the issue. They are needed today. They must be available, must be commissioned, must be equipped, must be on hand. A man who is "willing to come later" is of as much value to his country as is an uncaught fish to a hungry sportsman. He is not satisfying a pressing need. If a fire is burning our friends homes we do not sit quietly and wait for it to spread to our homes. We go to the fire and help how best we may to extinguish it.

I want to emphasize the immediate and urgent need for physicians, and to point out our duty so that no man can possibly misunderstand, and say that he did not realize, or was in doubt as to what to do.

The older men and the middle-aged men have responded well. Many have temporarily sacrificed lucrative practices and many have sacrificed home ties. Some, however, have volunteered their services but have, when called, failed to show the stuff men are made of—they have laid down when they had the chance of a lifetime to stand up and do something big. The younger men (at least in this section of the country) have up to the present failed in a crisis. A few have entered the service and to them all honor and credit is due. Many recent graduates have not established practices, many have absolutely no ties that bind them, *and these are the men who should come to the front.* Some will in the natural course of events be drafted into the service as privates, and a young man who has to be unwillingly dragged in to do his plain duty cannot later expect to be commissioned as an officer until he by hard service shows that he has the physical and moral stamina that he neglected to show when called on earlier in the game. We do not want to believe that our younger men

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are of weaker fibre than were their parents—nor do they want to enter life having this believed of them. It is in their hands—let them show what they are.

I will point out very clearly how a man may enter the Service. The way is simple. Write, if in Ohio, to

The Surgeon,  
Columbus Barracks,  
Columbus, Ohio.

Or write to the Surgeon General, War Dept., Washington D. C., giving age and requesting a blank form to fill out. The applicant reports at Columbus Barracks for physical and professional examination, bringing with him (1st) his application blank properly filled out and sworn to before a notary; (2nd) two testimonials as to his citizenship and character; (3rd) a certificate that he has a state license to practice. Those who pass a very reasonable and practical examination are commissioned as First Lieutenants, further promotion depending on the man's ability and the character of service he performs. If a man fails physically he has done his duty and no man can do more. No man able to practice his profession need worry about the professional examination.

A soldier cannot select his duty. He is given duty where his services will be of the greatest value. So with the medical officer. He is assigned where and when he will do the greatest good. Now that we have such an opportunity, let us seize it and not be called slackers and quitters—and let no young man make the tremendous mistake of believing for an instant that he will escape merited censure and condemnation by any lame reasons for not responding to an urgent call from his country. His mistake will not only hurt him now, but will follow him through life; and no decent man wants to purchase a few extra dollars and a little added comfort at the price of his good name.

I have spoken plainly. It is time to speak plainly. It is time to act, and to act decisively and promptly. The young physician has had his duty plainly shown him. Let him do it. His life in the Army will be an interesting one, will broaden and help him in every way. When he returns, he returns with the satisfaction of having done well a man's work—and of being better fitted to resume his place in his own community.

Very truly yours,  
Charles Willcox,  
Colonel Medical Corps,  
U. S. Army.



## Let Us Not Penalize the Patriotic Physicians of Ohio Who Have So Generously Responded to the Nation's Call!

The following resolution was drafted by a committee appointed by Council of the Ohio State Medical Association, and was unanimously adopted by the House of Delegates in session at Springfield, May 15, 1917:

"In behalf of those physicians who leave their home and practice to serve in the army in this country or elsewhere, the Ohio State Medical Association, in session at Springfield, recommends to its members, and all other physicians in the state, that so far as possible during the war, physicians should inquire from all new patients whether they were being, or previously had been, attended by a physician in army service. If so informed then such physician shall inform such patients that they attend them only until the physician in army service shall return to his private practice.

"The Medical Association further recommends that thirty per cent of fees collected by the physician in attendance shall be transferred to the physician in army service, or to his family or estate, as such army physician may request."

This resolution calls attention to a situation that should be met and faced squarely by every community in the state of Ohio. It is, of necessity, a local matter, and the details of any plan adopted must be worked out to fit local conditions. But the broad plan outlined by the State Association should serve as a general guide.

Let it not be said that the physicians of Ohio lack in practical patriotism. Let it not be said that they are willing to penalize patriotism!

## Physicians, Selected by Councilors of Our Association, Will Take Important Part in Army Conscriptioin Plan

Eighty-eight members of the Ohio State Medical Association, appointed by Governor Cox on recommendation of the Association's state councilors to serve as members of the county military registration and drafting boards in Ohio, have already begun their arduous duties in connection with the raising of the first army of 500,000 men under the provisions of the conscription act.

On all sides, commendatory remarks regarding the action of the governor in deviating from the plan suggested by the war department and placing on the shoulders of the State Association the responsibility of carrying out so important a part of the drafting work, have been heard. And the doctors have responded to the governor's appeal in a manner that has won them much praise.

Serving on the county boards with the medical men are at least two other members, a Democrat and a Republican selected by the common pleas judges. In some of the larger counties, a fourth member, a labor representative, has been added. In order to lighten the burdens of the boards in the counties in which the larger cities are located, these districts have been subdivided and a board, whose personnel is the same as the county boards, named for each subdivision. Cuyahoga county, for instance, has been divided into 20 districts. Selection of the district boards was made by the county boards. There will be

a physician, selected by the county conscript board on each district board.

As yet, no special rules or regulations for the guidance of the medical members of the boards have been issued by the war department. They have equal power with other members in deciding all matters coming before the board and, in addition, will be called on for medical advice and information, particularly where military exemption claims are based on deformities or physical unfitness. The following is a list of the physicians who are serving on the county boards:

Adams—O. T. Sproull. Allen—F. R. Thomson. Ashland—W. M. McClellan. Ashtabula—Shepard H. Burroughs. Athens—T. A. Copeland. Auglaize—E. F. Heffner.

Belmont—James O. Howells. Brown—Albert W. Francis. Butler—F. M. Fitton.

Carroll—B. B. Buck. Champaign—D. C. Houser. Clark—W. B. Patton. Clermont—J. L. Fomorin. Clinton—G. W. Wire. Columbiana—J. M. King. Coshocton—E. C. Carr. Crawford—C. A. Ulmer. Cuyahoga—Walter B. Laffer.

Darke—G. W. Burnett. Defiance—William S. Powell. Delaware—J. H. Miller.

Erie—P. F. Southwick. Fairfield—C. C. Axline. Fayette—D. H. Rowe. Franklin—Starling S. Wilcox. Fulton—E. A. Murbach.

Gallia—Charles G. Parker. Geauga—F. S. Pomeroy. Greene—B. R. McClellan. Guernsey—F. M. Mitchell.

## War Notes

Hamilton—Starr Ford. Hancock—Joseph P. Baker. Hardin—E. S. Protzman. Harrison—R. P. Rusk. Henry—C. M. Harrison. Highland—J. C. Larkin. Hocking—J. S. Cherrington. Holmes—J. M. Jones. Huron—R. L. Morse.

Jackson—J. J. McClung. Jefferson—Walter A. Strayer.

Knox—Frank C. Larimore.

Lake—Henry E. York. Lawrence—O. U. O'Neil. Licking—W. H. Knauss. Logan—E. R. Henning. Lorain—William E. Hart. Lucas—C. S. Mundy.

Madison—Albert J. Strain. Mahoning—Raymond E. Whelan. Marion—C. T. Wiant. Medina—H. P. H. Robinson. Meigs—D. B. Hartinger. Mercer—J. E. Hattery. Miami—Warren Coleman. Monroe—J. H. Pugh. Montgomery—Horace Bonner. Morgan—C. E. Northup. Morrow—Walter C. Bennett. Muskingum—E. C. Brush. Noble—J. L. Gray.

Ottawa—H. J. Pool.

Paulding—C. E. Huston. Perry—J. G. McDougal. Pickaway—Howard E. Jones. Pike—O. C. Andre. Portage—George J. Waggoner. Preble—John C. Ryder. Putnam—Frank Light.

Richland—William E. Loughridge. Ross—Henry R. Brown.

Sandusky—E. M. Ickes. Scioto—S. S. Halderman. Seneca—R. R. Hendershot. Shelby—M. F. Hussey. Stark—E. O. Morrow. Summit—W. S. Chase.

Trumbull—W. W. McKay. Tuscarawas—G. T. Haverfield.

Union—Charles D. Mills.

Van Wert—S. S. Tuttle. Vinton—W. H. Henry.

Warren—Herschel Fisher. Washington—A. Howard Smith. Wayne—R. Clifford Paul. Williams—D. S. Burns. Wood—J. W. Rae. Wyandot—G. O. Maskey.

In some instances the men originally appointed have entered the regular army medical service. In these cases, substitutes have been appointed. In practically every instance Governor Cox followed the recommendations of our councilors.

Dr. Andre Crotti, chairman of the military committee of the Columbus Academy of Medicine, after an interview with the Surgeon General, has decided to devote the initial attention of the Academy to the organization of a naval hospital unit. A corps of five physicians is required and more applications than necessary have been received.

Every medical facility is being placed at the disposal of the Government in the war crisis. For example, Dr. F. W. Riley, director of the Akron Laboratory, has placed the laboratory at the disposal of the county draft board for the necessary examinations.

War Department orders relative to movement of troops are kept secret, particularly those relative to the removal of troops to the front. Late in June newspapers published dispatches stating that several physicians in training at Fort Benjamin Harrison had been ordered to prepare for foreign service. Names were withheld, and those summoned were ordered to keep their movements secret from all excepting their immediate families.

During June there was a general exodus from Ohio of Medical Officers' Reserve Corps men for the three new training camps for physicians that have been established at Ft. Benjamin Harrison, Indianapolis; Ft. Riley, Kansas; and Ft. Oglethorpe, Georgia. The Army announces that a fourth camp is about to be established.

The training will consist of three periods of four weeks each. During the first month, the duties which the enlisted man is expected to perform will be taught; during the second month the duties of the medical officer and book instruction will be given; and the third month will be devoted to training in the field. In case of emergency, it will then be possible to cut off the last month of training. An ambulance and a field hospital will be established at each training camp.

Three new branches of the medical service of the army have been announced in connection with the organization of training camps. These branches are: a division of sanitary inspection, to be headed by Col. F. P. Reynolds; a district of hospitals and hospital construction, headed by Col. James B. Glennan, and a division of medical military instruction, headed by Col. Ed. L. Munson. The three branches are coordinated under the direction of Col. Henry A. Birmingham.

Colonel Glennan's division of hospitals and hospital instruction will be immediately concerned with the preparation of thirty-two hospitals for the divisional cantonments. It is estimated that each cantonment hospital will have a capacity of 1,000 beds. It will also be necessary to build several general clearing hospitals and one or two receiving hospitals in seaport cities. The Ohio cantonment is being built near Chillicothe, and it is probable that many Ohio medical men will be stationed there.

The division of Colonel Reynolds—sanitary inspection—has to do with all sanitary matters pertaining to armies in the field, such as kitchens, mess shelters, ice boxes, and all sanitary appurtenances. The work will be carried on by a corps of general sanitary inspectors, with the ranks of colonels and lieutenant-colonels. A general sanitary inspector will also be attached to the commanding general of each army.

The following Ohio members of the Corps were ordered into camp early in June:

*To Fort Oglethorpe, Georgia:* Major Alfred Pfeiffer, Lima.

*To Fort Benjamin Harrison:* Majors Charles A. Bowers, Cleveland; Townsend H. Dickinson, Germantown; Alfred G. Farmer, Athens; Michael R. Haley, Piqua; Burt Hibbard, Lima; Elmer A. Klein, Norwood; Charles H. McFarland, Jr., Cleveland; Orville T. Manley, Warren; Clarence F. Murbach, Archbold; Joseph C. Placak, Cleveland; Goodrich B. Rhodes, Cincinnati; LeRoy B. Sherry, Cleveland; Harry R. Wahl, Cleveland.

*To Fort Thomas—*Lieut. Rufus A. Van Voast, Cincinnati.

*To Fort Benjamin Harrison—*Captains Robert Conard, Blanchester; David Marine, Cleveland, John R. McDowell, Columbus; Arthur Smith, Elyria; and Sidney McCurdy, Youngstown; Lieutenants Charles W. Maxson, Steubenville; Melville D. Ajles, Warren; Victor Biddle, Steubenville; Herbert A. Brown, Cincinnati; Theodore Berstein, Cleveland; Nathan W. Meyer and Albin M. Painter, Youngstown; Ralph T. Shipley, Carrolton; Anton B. Spurney, Cleveland; William T. Feuker, State Soldiers' Home; George A. Ferguson, Toronto; Carl F. Hartmann, Wauseon.

Lieut. W. J. Topmoeller, Cincinnati, detailed to examine recruits for the Engineers' Reserve.

\* \* \*

*Miscellaneous Orders:* First Lieut. William J. Topmoeller, M. R. C., Cincinnati, to report to Col. Lansing H. Beach for examination of reserve corps recruits. First Lieut. J. David M. Roberts, M. R. C., New Richmond, to home.

*Camp Perry, Ohio:* First Lieut. Ben. I. Harrison, Cleveland.

\* \* \*

The following medical officers of the Ohio National Guard and 77 enlisted men were ordered to Camp Benjamin Harrison on June 20 for three months training: Major, Charles A. Neal, Norwood; Captains, Charles G. Church, Van Wert, and Charles E. McClelland, Columbus; First Lieutenants, Nicholas A. Albanese, Columbus; Matthew M. Applegate, Cincinnati; Harry D. Jackson, Circleville; Russell H. Paden, Cincinnati; Morse Osborn, Columbus; James A., West, Tiffin; Harold F. Wagner, Cleveland; Joseph H. Boutwell, Cleveland; Harold E. Boucher, Columbus; James M. Lantz, Lancaster; John R. Caldwell, Rayland; R. J. Caton, Bucyrus; William M. Hicks, Amelia; Virgil H. Hay, Lima; Edwin E. Smith, Columbus; Harry V. Christopher, London; Charles W. Metz, Madisonville; Fred L. Eyestone, Toledo; Robert C. Gill, Norwalk; Frank V. Boyle, Bowling Green; Edward M. Clark, Mt. Vernon; George W. King, Lima; James N. Cass, Toledo; George C. McC. Kerr, Lilly Chapel; Charles S. Dryer, Cincinnati.

Other medical officers in the Guard will be ordered to the training camps as rapidly as arrangements can be made.

\* \* \*

The General Medical Board of the Advisory Commission of the Council of National Defense announces that it has found it necessary in order to coordinate the activities of the various organizations now engaged in promoting medical preparedness to merge these organizations into a single body in each state. Since the various state committees of American Physicians for Medical Preparedness were organized about a year ago, and especially since the situation has become acute, many independent committees and other organizations have been formed, each vying with the other to show its patriotism and to accomplish the utmost good in a medical military way for the nation.

The existence of so many independent agencies involves duplication of effort and lacks directness of purpose. It is believed that these defects will be corrected by the plan that the Committee has just adopted. The announcement from Washington (official) lists the following as reorganized committee for Ohio:

Lower, William E. Chairman, Cleveland; Gibson, H. B., Tiffin; Selby, C. D., Toledo; Bowers, L. G., Dayton; \*Bunts, Frank E., Cleveland; \*Crile, George W., Cleveland; Hall, Joseph A., Cincinnati; Hamann, C. A., Cleveland; Hamilton, Charles S., Columbus; Hoover, C. F., Cleveland; \*Maddox, Robert D., Cincinnati; McCampbell, E. F., Columbus; Palmer, Dudley W., Cincinnati; Reed, C. A. L., Cincinnati; \*Sloan, Harry G., Cleveland; \*Surgeon, Columbus Barracks.

The men whose names are marked with asterisks are officially designated as examiners for the Corps.

\* \* \*

To date 38 base hospitals have been accepted. New York has eight, Philadelphia four, Chicago four, and Boston three. Other large cities sent one each.

It is understood that the demand for base hospital units has been met. Toledo is ready to organize one, and Columbus will do so if the demand arises.

In addition to sending a complete base hospital to the front, Lakeside Hospital, Cleveland, is equipping a Red Cross ambulance company designed for service in connection with the base hospital now operating in France. Drs. Ralph K. Updegraff, Harold O. Ruh, Joseph E. McClellan, and Roy P. Forbes will serve with the company.

\* \* \*

In Dayton a hospital unit is being organized by a committee of the Red Cross Chapter, headed by Dr. F. Dale Barker.

# Medical Officers of Ohio National Guard May Be First to See Active Foreign Service

Unofficial reports from Washington indicate that the Ohio National Guard—or at least a considerable portion of it—may be mobilized before the end of the month and sent to some seaport training camp for training preparatory to immediate foreign service.

In well-informed military circles it is the consensus of opinion that the National Guard organizations will be sent first—far in advance of the new conscript army.

This means, of course, that the 100 odd Ohio physicians attached to the Sanitary Troops of the O. N. G. may be at the front before the conscripted recruits are assembled in the training cantonments.

Lieutenant Colonel Joseph A. Hall, who is in command of the Ohio Sanitary Troops, reported to *The Journal* on June 20 that there are still 13 vacancies in the Medical Corps of the O. N. G. to be filled immediately. One medical officer each is needed in the Second, Third and Fourth Field Hospital; one each in the First and Fourth Ambulance Companies; one in the First Infantry; two each in the Engineers' Corps, and First Field Artillery; and three in the First Cavalry.

Applications should be made at once to Dr. Hall, Adjutant General's office, Columbus. He can only accept licensed graduates between 21 and 35.

There will probably be additional vacancies, however, as President Wilson on June 15 drafted 29 medical officers from the Ohio National Guard for service at Ft. Benj. Harrison. While they are supposed to stay there three months, and return to their regiments, it is not improbable that the emergency will make necessary their immediate attachment to other expeditionary forces—as they are all seasoned officers. In this event, their positions with the Ohio militia regiments will be filled by advancement in rank, and 30 additional vacancies will be open.

Physicians contemplating enlistment in the National Guard should apply at once—before the troops are mobilized by the federal government. Now, the appointments are made by the Governor, on advice of the Chief Surgeon (Dr. Hall). After the federalization, which will come soon, medical officers will be appointed by President Wilson directly.

After mobilization is ordered by the President the troops will be assembled at their respective Ohio headquarters. First duty will be general immunization—vaccination and injection of typhus-typhoid serum. They will then proceed to Army Division headquarters.

We print herewith a revised list of the medical officers attached to the Ohio National Guard, showing their rank and seniority, home address, and regimental connection:

**LIEUT. COLONEL ADDRESS**  
Hall, Joseph A.-----Cincinnati-----Chief Surgeon

**MAJOR**  
Hendley, Frank W.----Cincinnati-----C. O. 1st Fd. Hos.  
Snively, Harry H.----Columbus-----C. O. 2nd Fd. Hos.  
Bertollette, Harry B.---Shreve-----8th Infantry  
Gamble, Charles D.---Spencerville-----2nd Infantry  
Girardot, Adolph J.---Toledo-----6th Infantry  
Neal, Charles Alshire.---Cincinnati-----State Adm. Staff  
Eckstorm, John B. C.---Columbus-----7th Infantry  
Gill, William C.-----Cleveland-----3rd Infantry  
MacIvor, Angus-----Marysville-----4th Infantry  
Stone, Charles W.-----Cleveland-----Engineers  
Spelman, John D.-----Cincinnati-----1st Infantry  
Burkett, Dora V.-----Columbus-----1st Cavalry  
Souder, Charles G.-----Toledo-----3rd Fd. Hos.  
Miller, Floyd V.-----Delaware-----4th Fd. Hos.

**CAPTAIN**  
Wilson, Dale-----Toledo-----1st Am. Co.  
McLaughlin, Paul R.---Guysville-----Bat. Signal  
Schade, August H.-----Toledo-----1st Am. Co.  
Harrison, Arthur M.---Bowling Green-----2nd Infantry  
Gordon, Elijah J.-----Columbus-----2nd Fd. Hos.  
Church, Charles G.---Van Wert-----2nd Infantry  
Bentley, James M.-----Cincinnati-----3rd Am. Co.  
Johnson, Philip M.-----Toledo-----9th Infantry  
Norton, James E.-----Cleveland-----5th Infantry  
McClelland, Charles E.---Columbus-----State Adm. Staff  
Dawson, Dudley T.-----Columbus-----2nd Am. Co.  
Iford, Daniel W.-----Toledo-----6th Infantry  
Kislig, Fred K.-----Dayton-----3rd Infantry

**1st LIEUTENANTS**  
Albanese, Nicholas A.---Columbus-----2nd Fd. Hos.  
Lawrence, Gerald P.---Columbus-----2nd Am. Co.  
Cliffe, Earl W.-----Youngstown-----3rd Fd. Hos.  
Mansur, William B.---Dayton-----3rd Infantry  
Applegate, Matthew M.---Cincinnati-----1st Infantry  
Barton, Edward W.---Akron-----Field Artillery  
Walters, Alvin H.---Zanesville-----7th Infantry  
Jackson, Harry D.---Circleville-----4th Infantry  
Parker, John W.-----London-----3rd Fd. Hos.  
Shaffer, Edwin F.---Columbus-----2nd Am. Co.  
Paden, Russel H.-----Cincinnati-----1st Fd. Hos.  
Hetler, George A.-----Toledo-----1st Am. Co.  
Maertz, Charles-----Cincinnati-----1st Fd. Hos.  
Osborn, Morse-----Columbus-----2nd Fd. Hos.  
West, James A.-----Tiffin-----5th Infantry  
Gordon, Harold J.---Cleveland-----8th Infantry  
Silver, Arthur-----Sidney-----3rd Infantry  
Wagner, Harold F.---Cleveland-----5th Infantry  
Boutwell, Joseph H.---Cleveland-----8th Infantry  
Brown, Henry M.---New Vienna-----6th Infantry  
Lawless, Robert E.---Toledo-----6th Infantry  
Boucher, Harold E.---Columbus-----2nd Am. Co.  
Lantz, James M.-----Lancaster-----7th Infantry  
Caldwell, John R.---Rayland-----7th Infantry  
Stammel, Charles H.---Cincinnati-----1st Fd. Hos.  
Postle, Franklin D.---Delaware-----4th Infantry  
Caton, R. J.-----Bucyrus-----8th Infantry  
Hicks, William M.---Amelia-----1st Fd. Hos.  
Hay, Virgil H.-----Lima-----2nd Infantry  
Smith, Edwin E.-----Columbus-----2nd Am. Co.  
Christopher, Harry V.---London-----4th Infantry  
Metz, Charles W.-----Cincinnati-----1st Infantry  
Hunter, Matthew C.---Greenville-----4th Fd. Hos.  
Eystone, Fred L.-----Toledo-----3rd Fd. Hos.  
Gill, Robert C.-----Norwalk-----4th Am. Co.  
Hewitt, Archie E.---Dayton-----1st Fd. Hos.  
Boyle, Frank V.---Bowling Green-----3rd Fd. Hos.  
Clark, Edward M.---Piqua-----4th Fd. Hos.  
King, George W.-----Lima-----4th Fd. Hos.  
Cass, James N.-----Toledo-----1st Am. Co.  
Kerr, George McC.---Lilly Chapel-----1st Am. Co.  
Dryer, Charles S.---Cincinnati-----3rd Am. Co.  
Brown, Carl W.-----Bremen-----7th Infantry  
Lehner, Charles S.---Columbus-----4th Am. Co.  
Hamilton, Charles H.---Columbus-----4th Fd. Hos.  
Rounds, Fred C.---Dayton-----3rd Am. Co.  
Lyon, Claude C.-----Logan-----2nd Am. Co.  
Giffen, Guy G.-----Dayton-----3rd Am. Co.  
Rae, James W.-----Bowling Green-----3rd Fd. Hos.

## Modification of 200-Limit in Workmen's Compensation Act Becomes Effective June 30--Fee Schedule Not Affected

The Wright amendment to the Ohio Workmen's Compensation Act, passed by the last legislature and which provided for an extension of the \$200 limitation on the amount of money the state industrial commission can expend for medical attention and care in any one case under the workmen's compensation act, will not in any way affect the fee and hospital schedules now being used by the commission. The amended clause, which will become effective June 30, 1917, immediately following the 90-day referendum period, reads as follows: (The amendment appears in italics.)

"In addition to the compensation provided for herein, the board, (the commission) shall disburse and pay from the state insurance fund, such amounts for medical, nurse and hospital services and medicines as it may deem proper, not however, in any instance to exceed the sum of two hundred dollars, *unless in unusual cases, wherein it is clearly shown that the actually necessary medical, nurse and hospital services and medicines exceed the amount of two hundred dollars, such commission shall have authority to pay such additional amounts upon satisfactory finding of facts being made and upon unanimous approval by such commission such findings of facts to be set forth upon the minutes.*"

Industrial commissioners state that there will be no revision of the medical and surgical fee schedules at present because of the enactment of the amendment. In passing upon fee bills for unusual medical services, as, for instance, an operation not listed in the fee schedules, the medical department of the commission will use fees for listed operations as a basis in determining the reasonableness of the physician's charges. This plan has been followed since the establishment of the commission.

It is not imperative that a physician or a surgeon receive definite instructions from the commission before proceeding in a case in which the \$200 limitation has already been reached in expenditures for the patient's treatment and care. Theoretically, the commission is averse to the medical department directing medical treatment or supervising medical services in state cases, but suggestions are frequently offered and advice given by state medical examiners, particularly in cases where the physician is unfamiliar with the operation of the workmen's compensation act.

In order to receive pay from the state for services rendered in a workmen's compensation case after the amount of \$200 has been expended for the patient's treatment and care, the physician must be able to prove to the commission that such services were necessary and were rendered in good faith in accordance with the

physician's best medical judgment. This statement also applies to hospitals of the state.

Physicians and hospital officials, the industrial commissioners declare, should bear in mind that the \$200 limitation has not been removed from the law, that there has been no revision of the fee schedules of the commission and that the unanimous consent of the commission is necessary before bills in excess of \$200 in any single industrial case can be paid from the state insurance fund.

Many physicians have shown that they are unfamiliar with cases developing under Section 22 of the workmen's compensation act.

Under Section 22, the employer may elect to pay directly or through some benefit fund de-

Members of the state industrial commission are of the opinion that the Wright amendment, providing for the extension of the \$200 limitation in the workmen's compensation act, is not retroactive. However, before the amendment becomes effective June 30, 1917, an interpretation of the new provision probably will be obtained from the attorney general.

Chairman Yapple of the commission, believes that the amendment will apply only to workmen's compensation cases which had their origin on or after the date on which it becomes effective. Such an interpretation would mean that the \$200 limitation can not be exceeded in a case in which the employee was injured prior to June 30, 1917.

partment or association maintained jointly with other employers, compensation to his injured employes or to their dependents in case of death, and to furnish medical, surgical, nursing and hospital attention and to pay all expenses for such service in accordance with the provisions of the act and rules and regulations of the commission. Compensation, medical fees and hospital bills paid by employers under this plan must at least equal the amounts fixed in the commission's compensation and fee schedules. If the employer desires, he may, of course, exceed the scheduled limitations in making settlements either with his employes or his physicians.

Over cases developing under Section 22, the commission has supervisory powers but *all medical and hospital bills in such cases should be presented to the employers of the injured employe who has been given medical or hospital attention.* If the employer refuses or neglects to pay

such bills, submit them, together with a statement of facts in the case, to the industrial commission. The commission has ample powers to compel the employer to pay medical and hospital bills provided he is an employer of five or more persons. The bills, however, must conform with the commission's fee schedule and until June 30, 1917, must not exceed the \$200 limitation in the workmen's compensation act.

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 \* STATE MEDICAL BOARD \*  
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In an effective drive against persons who have been violating the laws regulating medical practice and midwifery, the Ohio State Medical Board, through its secretary, Dr. George H. Matson, and his assistants, has filed 29 affidavits against 15 practitioners of various sorts since May 11.

In several of the cases, convictions have been secured which will rid the state of undesirable citizens, and cause "limited practitioners" to confine their future operations to limits fixed by their registration certificates.

On a charge of practicing medicine without a license, William V. Backus, a chiropractor, who is also an attorney, was arrested in a justice's court at Cleveland, May 22, while acting as counsel for T. H. B. Stagger, another chiropractor, who was in court on the same charge that brought about Backus' arrest. Both warrants were filed by Dr. Matson and both men were bound over to the grand jury under bond, which they furnished. Backus, who is president of the Cleveland Chiropractic Association, is alleged to have taken one dollar from a woman for medical treatment on May 19.

Three other men were in court at Cleveland on May 22 to answer to charges of violating the medical practice laws. They were Edward Fonger, a chiropractor; Henry Linnert, who is a graduate of a medical school but who never received a license to practice in Ohio, and Joseph Permonzer, an unlicensed physician. Each pleaded guilty to the charges and were fined and sentenced to 60 days in jail. On the promise of the defendants to refrain from engaging in illegal practice, the court suspended the jail sentences.

Medical knowledge, handed down to her by her father, who practiced medicine for a time during his stay on this earth, coupled with healing powers derived from praying before lighted candles, was advanced by Mrs. E. Adams of Cincinnati, as ample qualification for practicing medicine without a license, when she appeared in court recently to defend herself against three charges preferred by Dr. Matson.

The prosecution showed that Mrs. Adams was not a licensed physician and that she had ac-

cepted money for prescribing herbs and giving other forms of medical treatment contrary to law. She was found guilty of violating the medical practice act, fined \$75 and costs and told by the court that she would be given the maximum penalty if she appeared before him again on a similar charge.

About 75 of her patients were in the court room when the case was called. Several testified. One of them, a negro, told the court that one of Mrs. Adams' treatments had cured him of blindness.

Inspectors are at work in various parts of the state, securing evidence which will be used in the prosecution of other cases now pending. Dr. Matson recently testified before the grand jury in a case against Perry D. Parks, of Portsmouth, who is alleged to be practicing chiropractic without a license.

### Youngstown Has Base Hospital

*The Journal* erred last month in stating that a "hospital unit" had been organized in Youngstown. Instead, a completely equipped Red Cross Base Hospital unit has been organized in Youngstown City Hospital, and is the thirty-first to be accepted, with Dr. Colin R. Clark as director. Dr. Sherbondy, surgical director, has about completed the task of equipping same—the city raising over \$50,000 for that purpose. Youngstown is probably the smallest city in the country to equip and offer to the Red Cross a completely equipped base hospital unit.

To date, two other Ohio base hospitals have been accepted. The Lakeside base (No. 4) is now in service at the front. Base No. 25, under the direction of Joseph Ransohoff, is completely equipped at Cincinnati.

—The body of Miss Edith Ayers of Attica, Ohio, Red Cross nurse killed aboard the steamer Mongolia when a shell exploded prematurely, was buried with military honors, at Attica, May 27. Miss Harriet Friend, chief examiner of nurses for the state medical board, represented the state at the funeral at the request of Governor Cox.

—Diplomas were given to 31 nurses at the annual commencement of the Lakeside hospital school for nurses, Cleveland, May 25. Dr. Charles P. Emerson, dean of the University of Indiana School of Medicine, delivered the commencement address.

—In a recent decision, the Ohio supreme court affirmed the judgment of the Montgomery county courts in upholding the constitutionality of the law under which the joint Montgomery and Preble county tuberculosis hospital board was created.

## Post Graduate Study Meetings Prove Very Successful--Big Mid-Summer Meeting at Cedar Point

That the Association has developed a practical plan of furthering post-graduate study was clearly demonstrated during June when Dr. William D. Porter of Cincinnati, acting for the Committee on Medical Education, delivered his lecture on "Essentials of Obstetrics" in connection with a series of eight group meetings which were held through Southern and Western Ohio.

At this writing the following meetings have been held: Chillicothe, May 8; Marietta, May 30; Bellaire, May 31; Xenia, May 7; Hamilton, June 13.

Before this *Journal* reaches you the following additional meetings will have been held: Piqua, June 21; Marion, June 22; Lima, June 28; Defiance, June 29.

*Only one group meeting is scheduled for July—a mid-summer event to be held at Cedar Point on Friday, July 20, for the benefit of physicians residing within a radius of 30 miles. Undoubtedly this will be the largest meeting of the series and every Northern Ohio physician who can possibly spare the time should make it a point to be present.*

The state committee has delegated to the Erie County Medical Society the task of providing the local arrangements. President Schoepfle and Secretary Southwick are acting as a special committee in charge of the affair, and every effort is being made to make it one of the best and most practical medical meetings ever held in that section of the state.

Special invitations will be sent to the physicians of Ottawa, Sandusky, Erie, Huron, Lorain and Wood counties, but the easy accessibility of Cedar Point to the entire northern section of the state will make it possible for others to attend.

We reiterate that these meetings are designed to be of the utmost *practical value to the man in general practice*. Dr. Porter has prepared a complete address covering the general field of obstetrics. He lectures from one to two hours, when, according to routine plan, either luncheon or dinner is served on a "Dutch treat" basis in order to give a social tinge to the meeting. Immediately after dinner Dr. Porter resumes with a general demonstration of the subject, using fœtus and the larger pelvic bones to illustrate the various methods of delivery, presentations, complications, etc. The latter part of the meetings is, in effect, a conference, as the subject is open to general discussion, and at practically every meeting held thus far the discussion has been very good.

These meetings offer a chance to "brush up" to the man in general practice who has been away from school for some years and who has not kept in touch with the large clinical centers.

Dr. Porter makes no effort to offer anything that is startlingly new. His effort rather is to review the whole field and bring to bear on the subject the best modern medical teaching.

At the Cedar Point meeting the lecture will be delivered in the main auditorium and a luncheon will be served at approximately \$1.00 per plate. This is the only expense attached to the meeting. The exact details will be forwarded to each member by mail, but it is planned to make this a day's outing so that visiting physicians may not only benefit from the practical features but will have time to enjoy the various amusements of the Point.

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The committee desires to express its keen appreciation of the splendid cooperation that has been given so freely by the local committees where these meetings have been held. Without exception they have responded promptly and worked steadily to make each a success.

A rather elaborate system of conducting this work has been installed in the office of the Executive Secretary in Columbus. The Marietta meeting may be used as an example: First, Executive Secretary Sheridan visited Marietta two weeks before the meeting and presented the plan at a called meeting of the Society. President Gallagher appointed a local committee to look after the arrangements—to furnish a hall, determine the hours of meeting, provide for the service of a dinner, entertainment of the speaker, etc. He appointed a second committee to act as "boosters" in securing complete attendance from the district. Some weeks ago the state committee made a tentative assignment, placing from five to seven counties in each district. The Marietta meeting, for example, was intended for the physicians of Meigs, Athens, Morgan, Noble and Washington Counties. The local "boosters committee" divided this territory and one man was assigned to get in touch with each town and village in the district and urge attendance.

In the meantime, from our Columbus office, a letter was mailed to each practicing physician in this territory, setting forth the arrangements and urging attendance. Two days before the meeting a post card reminder was mailed from Columbus. During the two weeks preceding the meeting carefully prepared newspaper notices, setting forth the purpose of these conferences, were forwarded to each weekly and daily newspaper in the territory.

This newspaper work is an important feature. These meetings are held primarily in the interest of the general public—certainly the public benefits directly through an improvement in the obstetrical service offered by the physicians of their locality. This point is strongly emphasized

in our newspaper announcements, and these, by the way, are very generously used by the newspapers. The editors are quick to cooperate with any movement designed to improve public conditions.

Through this carefully organized circularization and publicity every physician in the territory is fully advised of the meeting. We have on file in the Columbus office a number of voluntary expressions of commendation as to the practical value of this work. Therefore, when a meeting is held in your locality take advantage of the opportunity.

This work will be resumed in the Fall, when meetings will be held in Central and North-eastern, Ohio. Dr. Porter is arranging his Cincinnati work to meet the necessary number of engagements in order that the state may be completely covered. Executive Secretary Sheridan has received a number of requests for Northern Ohio meetings and these will be acted upon very shortly. If there are particular reasons why your city should be visited, please advise him immediately.

We present herewith the registration of the Marietta and Bellaire meetings. We failed to receive a complete registration from the Xenia meeting, but are advised by Dr. Hunter, counselor, that there were 72 present, with every county represented. The registration follows:

#### MARIETTA MEETING, MAY 30.

*Bartlett*—E. A. Ross. *Beverly*—H. H. Funk, W. H. Hogue. *Caldwell*—J. L. Gray, W. E. Radcliff. *Cutler*—F. W. Handenschild. *Columbus*—C. W. Hadley. *Ellenboro, W. Va.*—C. L. Boyers. *Harrisville, W. Va.*—C. W. Rexroad. *Lowell*—J. L. Mason. *Lower Salem*—H. P. Gillespie. *Marietta*—C. S. Hart, C. J. Scott, C. A. Gallagher, W. H. Metcalf, J. D. Parr, J. W. Donaldson, James Hadley, C. A. S. Williams, C. B. Ballard, E. W. LeFever, F. S. McGee, I. J. Johnson, S. A. Cunningham, S. E. Edwards, F. E. Stoaks, A. H. Smith, E. W. Hill, F. E. McKim, L. C. Ashborn, J. A. McCowan. *Middleport*—D. B. Hartinger. *Newport*—G. H. Gale, G. T. Gale, L. R. Gale. *Parkersburg, W. Va.*—W. S. Stille, L. F. Keever, D. H. Wise, T. J. Dotson, A. N. Frame, H. D. Price, R. B. Miller, G. D. Jeffers, Genevieve South, W. S. Keever, P. H. Glancy, W. A. Adams, D. C. Casto, Hamlin Deem, M. Lowe, M. R. Stone, O. D. Barker, H. A. Giltres, W. B. Richardson, H. E. Gaynor, C. L. Muhleman, W. M. Sivey. *Pennsville*—J. W. Forshey. *Pennsboro, W. Va.*—L. P. Jones. *Pomeroy*—Byron Bing, J. G. Gribble, J. A. Miller. *Reinersville*—H. L. Fiscus. *Rutland*—P. A. Jividen. *Sistersville*—C. V. Little. *St. Mary's, W. Va.*—J. B. Watson, J. C. Wilcoxon, J. R. McCollum, C. L. Barron. *Warner*—G. M. Mason. *Watertown*—T. G. Sellow. *Wayverly*—R. W. Corbitt. *Williamstown, W. Va.*—L. H. Hayhurst, C. L. Lyon, I. P. Eddy. *Marietta Hospital Nurses*—Mabel W. Lane, Lillian Ludington, Virginia Wicking, Mary Williamson, Flossie N. Day, Vergl C. Holdren.

#### BELLAIRE MEETING, MAY 31.

*Barnesville*—T. S. Rosengrants, D. T. Phillips. *Barton*—E. C. Cope. *Bellaire*—C. W. Kirkland, W. I. Armstrong, A. C. Beetham, W. E. Kiser, J. H. Meek, H. F. Zink, D. W. Boone, J. A. Clark, J. S. McClellan, J. M. S. Heath. *Belmont*—E. W. Turner. *Bethesda*—D. M. Murphy, J. D. Piper. *Bridgeport*—J. O. Howells, R. W. Schulenburg, J. A. Heinlein. *Cadiz*—R. P. Rusk. *Cambridge*—F. M. Mitchell, A. B. Headley. *Dennison*—L. H. Hughes. *Flushing*—C. W. Lose. *Germano*—W. S. Spence. *Jerusalem*—G. W. Stewart. *Martin's Ferry*—E. W. Woodruff, J. W. Darrah, B. O. Williams, O. S. Cochrine, R. H. Wilson, J. L. Herby, A. W. Diven, John Johns, R. A. Blackford. *New Philadelphia*—E. B. Shanley. *Shadyside*—J. C. Archer, H. F. Wiedman, L. P. King, J. C. Berry. *Steubenville*—J. C. M. Floyd, S. J. Podlewski, J. A. Bradley. *West Liberty, W. Va.*—J. W. Fox. *Wheeling, W. Va.*—W. C. Eitzler, W. P. McGrail. *Woodfield*—J. R. Parry, D. W. Lowe, A. H. Korner. *Urichsville*—J. E. Groves, Tracy Haverfield, A. C. Dempster, B. G. Anderson, J. A. McCollum, G. E. Calhoun.

## Here is Dr. McClellan's Opinion of the Practical Value of the Obstetrical Lecture

Desiring a frank estimate of the Porter lecture, *The Journal* wrote to Dr. James S. McClellan of Bellaire, counselor for the Seventh district, asking for his opinion of the work of the Committee on Medical Education. If you know Dr. McClellan you know that absolute frankness is a prominent trait. Therefore, when we received the following expression of his opinion of the Bellaire group meeting we had no further hesitancy in urging other committees to cooperate in this important work. Dr. McClellan writes:

"The Bellaire obstetrics meeting was a success. The day was fine, the attendance was good. It was more than a scientific meeting—it was a fellowship meeting, it was good to be there.

"Dr. Porter came, he saw, he won our attention, our admiration and our lasting gratitude. His discourse on the subject of obstetrics was clear, sensible and satisfactory. He seemed to go on the principle that what we needed was re-emphasis and elaboration of old truths rather than the presentation of new and half-baked ideas.

"Most of his teaching fell within the field of the observation and experience of his auditors

and was therefore more pleasing, acceptable and illuminating than an excess of new matter would have been.

"Points in diagnosis, prophylaxis and treatment were presented with a degree of skill, clearness and detail that made the lecture exceedingly delightful, interesting and satisfactory.

"Doctor Porter spoke as a master speaks; there was no strain nor over plus of effort, the message flowed out with an ease and charm that showed the speaker was full of his subject and a very fountain of the choicest knowledge pertaining to the subject of obstetrics.

"One felt as he listened that here was a great man with a great message and that his aim was to make clear to others what he so clearly comprehended himself, and such a teacher can not fail of his aim. The scope of his lecture was remarkable, considering the time at his disposal.

"We feel that the Committee on Medical Education of the Ohio State Medical Association made a wise selection when they chose Dr. Porter for the teacher and obstetrics for the subject. Both were very satisfactory and acceptable to the Bellaire audience."



## Necessity for Financial Retrenchment Causes Temporary Abandonment of Association's Compensation Bureau

*The Journal* is exceedingly sorry to announce that the recent excessive increase in operating costs, particularly in the management of *The Journal*, has made necessary curtailment in the other operating expenses of the Association, and that a very important feature of our work must be discontinued effective July 1, and at least for the balance of the year. We refer to the Bureau of Workmen's Compensation Claims, which has been maintained in connection with the office of the Executive Secretary in Columbus, and which since its organization 14 months ago has been a decided factor in adjusting the differences between the physicians of Ohio and the management of the state workmen's compensation fund.

The bureau which has been unique in medical organization, was originally organized to serve as an agency whereby members of the Association who felt that they had been unfairly treated by the medical department of the State Industrial Commission might have their claims presented in the most advantageous manner. Mr. Clifford E. Gillette was employed and thoroughly familiarized himself with the detailed operation of the medical phases of the workmen's compensation act. In handling what is in reality an immense insurance business, and with a continual lack of trained state employes, the medical department of the Industrial Commission has time and time again found itself nearly swamped. The result has been the long delayed payment of some claims, the unfair settlement of others, (usually through a lack of definite knowledge regarding the case), and other hopeless "red tape" entanglements that usually resulted in the physician "holding the bag." It was Mr. Gillette's job to act as agent of the medical profession under the auspices of the Association, and to cut through the "red tape" wherever possible.

He did remarkably well. Within the past year he has handled hundreds of claims for members of this Association. The work has become so heavy that it requires full time services of one man, and the budget appropriation for the employment of this man has been exhausted. Therefore we are compelled to quit. We sincerely trust that this service may be resumed next year through the increase in dues which was authorized at the Springfield meeting.

Discontinuance of this bureau comes at a time when other state associations are coming to realize the necessity of this work. Recently we have had numerous inquiries from association officials in other states relative to our methods of procedure. Eastern social insurance experts have commended it as the possible solution of the difficulty that always develops between the state insurance carrier and the physicians who do the work.

In the management of this bureau the Association has proceeded on the theory that workmen's compensation is here to stay, and that it is our duty as citizens and physicians to cooperate with this great social movement. We have endeavored to handle fairly claims that have been presented to us. Our chief effort has been educational, as we found that after the physician educates himself to the "red tape" requirements of the state and meets those requirements intelligently, his experience with the workmen's compensation is usually satisfactory. We have not endeavored to take advantage of the state fund at any time, and we believe that the director of the medical department of the Industrial Commission will bear us out.

The early resumption of this important work is a prime necessity. Undoubtedly the drift in Ohio is toward compulsory health insurance. Probably it will be in operation here within a few years. Collective bargaining as conducted by his bureau in connection with the workmen's compensation has proven valuable, both to the members of our Association, and to the state. Similar bargaining through a central agency, under any form of compulsory health insurance will be far more valuable, and far more necessary.

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### Stats Issues Birth Certificates to Parents

Dr. John E. Monger, who is making a splendid record as state registrar of vital statistics, has arranged for an innovation that will in all probability greatly stimulate birth registration in Ohio. On and after June 1 parents of all children whose birth has been registered will receive a state certificate from the Columbus office, setting forth the essential facts as shown by the registration.

Inasmuch as the present war, particularly the operation of the conscription plan, has directed the layman's interest to the necessity of accurate permanent statistics, it certainly behooves physicians to carefully report births in the future. In the past, the parents have had no opportunity to ascertain whether such report has been made; in the future, if they fail to receive a certificate from the state registrar, they will know that the attending physician has been negligent, and the physician very properly will be liable to censure.

Dr. Monger is making every effort to so improve the collection of birth statistics in Ohio as to qualify our state in the Registration Area. He reports that practically 95% of the doctors report births with scrupulous care. The profession is stigmatized by the 5% who are either too negligent or lazy to perform the duty required by law.

## Detailed Reports by Councillors Indicate Possibilities for Membership Work in Many Counties

We present herewith a statistical report filed by the councillors from six of the ten districts of the State Association. They present an interesting resume of the work and the standing of the county societies. The other reports were not received in time for publication in this issue of *The Journal*.

One significant point that deserves special note is the number of eligible physicians who are not enlisted in the Association. In his presidential address, Dr. Gibbon calls attention to these figures, and certainly they emphasize the

need for intensive membership work in many counties. The slogan of The Ohio Medical Association for the next few years should be "*Every eligible physician.*"

The number is increasing rapidly year by year, but many more could be added. Our membership is above 4,500 at this time. We have made tremendous strides in the past three or four years, but we have far to go before medical organization in Ohio will reach its maximum efficiency by attaining its maximum size.

NAME OF COUNTY	No. of Physicians in County	No. in County Society	No. of Eligible Non-Members	No. of Meetings in year ending March 1	Average atten. (estimated) at meetings	No. of Scientific Papers during year	No. of Case Reports	No. of Visits of Councillor (approximate dates)
<b>SECOND DISTRICT,</b>								
<b>J. E. Hunter, Councillor</b>								
Montgomery	275	177	20	15	35	20	25	2
Miami	78	46	22	10	25	15	25	1
Greene	39	36	3	9	18	12	50	1
Preble	30	16	14	5	7	6	6	4
Darke	58	51	6	12	25	24	10	1
Champaign	50	19	26	9	12	9	20	1
Shelby	34	19	3	10	9	14	6	2
Clark	93	64	10	15	14	12	12	1
<b>THIRD DISTRICT,</b>								
<b>W. B. Van Note, Councillor</b>								
Allen	95	88	3	20	30	19		10
Auglaize	36	35	1	10	16	20	32	
Hancock	Report	later						1
Hardin	Report	later						1
Logan	50	35	7	10	16	21	5	0
Marion	59	44	11	12	10	8	64	0
Mercer	32	26	5	7	9	5	10	1
Seneca	50	36	10	16	12	6	12	0
Van Wert	Report	later						
Wyandot	26	12	10	6	10	10	15	
<b>FOURTH DISTRICT,</b>								
<b>Chas. W. Moots, Councillor</b>								
Defiance	30	12	16	6	6	3	1	1
Fulton	30	26	4	8	8	25	10	2
Henry	30	25	5	4	25	7	2	2
Lucas	406	200	150	32	40	64	50	15
Ottawa	27	15	12	12	6	7	8	0
Paulding	22	20	2	11	10	10	No record	0
Putman	39	31	8	9	10	12	18	1
Sandusky	38	28	10	12	12	8	10	1
Wood	75	46	29	10	15	11	6	2
Williams	39	29	9	3	18	3	0	3
<b>FIFTH DISTRICT,</b>								
<b>M. J. Lichty, Councillor</b>								
Ashtabula	76	38	38	10	15	8	4	1
Cuyahoga	1,100	512	Can't est. accurately	9	92	18	52	Many
Erie	43	24	8	7	12	6	0	2
Geauga	23	10	13	6	7 to 10	5	0	0
Huron	49	19	30	1	15	1	0	
Lake	27	21	6	12	14	12		2
Lorain	91	65	18	11	25	11	10	2
Medina	25	22	3	4	10	4	16	1
Trumbull	75	39	30	7	15	6	0	2
<b>SEVENTH DISTRICT,</b>								
<b>J. S. McClellan, Councillor</b>								
Belmont	75	63	12	12	22	12	20	12
Jefferson	70	47	13	9	16	8	25	3
Tuscarawas	59	48	11	12	17	22	28	1
Columbiana	92	57	25	10	9	8	None	0
Carroll	No Society							0
Monroe	19	9	10	0	0	0	0	0
Cochocton	28	20	8	4	9	8	None	0
Harrison	24	15	9	6	5	10	12	1
<b>NINTH DISTRICT,</b>								
<b>J. S. Rardin, Councillor</b>								
Gallia	29	29	0	4	14	4	10	
Hocking	18	11	7	4	10	4		0
Jackson	27	19	8	9	12	14	24	1
Lawrence	26	20	7	2		3	0	0
Meigs		14		2		2	0	1
Pike	14	10	4	12		6	100	1
Scioto	66	52	14	13	19	11	3	12
Vinton	12	7	4	1		0	0	0

## Council Establishes Rules for Life Membership; Other Business of Interest is Transacted

The following are the official minutes of the three meetings of Council of the State Association held in connection with the Springfield session:

Council of the Ohio State Medical Association met at Hotel Shawnee, Springfield, Sunday evening, May 13, with Dr. Harmon B. Gibbon, the president, in the chair. The following responded to roll call by the Secretary: Carothers, Hunter, Van Note, Moots, Lichty, Headley, McClellan, Rardin, and Secretary Teachnor. Dr. C. D. Selby, secretary-treasurer, Mr. Sheridan and Drs. Minor and Patton, of Springfield, were also present.

Dr. Moots moved that Council recommend to the House of Delegates that the President appoint a committee of three, with Dr. Charles Hamilton as chairman, to devise a plan to protect the private practice of the men who go to the front. Dr. Lichty suggested that this committee form some plan and present it to the House of Delegates. Approved. Dr. Gibbon named Dr. Charles Hamilton, Dr. Carothers and Dr. Lichty on above committee.

Dr. Selby presented the following resolution relative to life membership in the State Association:

BE IT RESOLVED by the Council of the Ohio State Medical Association assembled in regular session at Springfield on May 13, 1917, that physicians may be elected Life Members in The Ohio State Medical Association by the following procedure:

(1) Certification to the Secretary-Treasurer of the Association by the Secretary of the component society of the county in which the candidate resides that he has been a member in good standing in the Association for a continuous period of not less than twenty-five years, and that the said county society has, by record vote, requested the State Society to confer such honor;

(2) That the said component county society deposit with the Secretary-Treasurer of the State Society the sum of fifteen dollars (\$15.00), and

(3) That the said application, after the above stipulations are met, be voted upon favorably by a majority of Council.

Such Life Membership shall, without the annual payment of state dues, entitle the holder to the full rights and privileges of the Association, including subscription to *The Journal*, and protection in the Medical Defense fund, for the remaining period of his life.

Be it further resolved that Life Membership cannot be conferred on any physician engaged in active practice.

Be it further resolved that the above shall not apply to those who have been admitted to Life Membership prior to October 23, 1916; also that those so honored shall be continued as Life Members; except, that those included in said list shall not be exempted from the payment of annual dues as long as they continue in private practice.

On motion of Dr. Teachnor, seconded by Dr. Carothers, resolution was adopted. (For list of Life Members see Page 498.)

The financial situation of the Association was thoroughly discussed by all members present. Dr. Lichty moved that Council recommend to the House of Delegates that state membership dues be increased from \$3.00 to \$5.00. Seconded by Dr. Carothers. In defense of his motion Dr. Lichty stated that he made the motion because the majority of the delegates from his district were in favor of an increase in annual due,

rather than the income tax or sliding scale assessment. Dr. Moots moved that the motion by Dr. Lichty be amended to read \$4.00 instead of \$5.00. Seconded by Dr. Rardin. Dr. Teachnor moved to amend motion to read "an assessment of \$1.00 be made for the purpose of Medical Defense." Seconded by Dr. Van Note. On roll call, the vote on amendment was lost 7 to 2 (Sixth District Councilor absent).

Roll call on original motion for increasing dues to \$5.00 was lost, the vote being 3 in favor, and 6 opposed.

Dr. Patton invited the members of Council to sit on stage at Dr. Rucker's meeting Monday evening.

Mr. Sheridan presented matter of appointment for vacancy on Board of Administration, and explained that at present it was without a medical member. Dr. Carothers moved that Council send a telegram to Governor Cox, asking that he appoint a medical man on the Board of Administration. Seconded by Dr. Lichty and unanimously approved, and Mr. Sheridan was instructed to forward telegram immediately.

Dr. Gibbon thanked the members of Council for their generous support during his term of office as President.

On motion, Council adjourned at 11:30 p. m. to meet May 14 with the House of Delegates.

### SECOND SESSION

Council met in joint session with the House of Delegates, in the High School building, Springfield, Ohio, Monday evening at 7:00 p. m., with all members present. Each member made a detailed statement of the condition of the profession in his district.

Council met in the West Post Room, Memorial Hall, Springfield, Ohio, immediately after the third session of the House of Delegates adjourned, with President Smith in the chair. (All members of Council, Ex-president Gibbon and Secretary-Treasurer Selby and Executive Secretary Sheridan present).

Council organized for the year by electing Dr. Carothers vice-chairman, and Dr. Teachnor, secretary.

On motion of Dr. McClellan, seconded by Dr. Lichty, the Committee on Auditing and Appropriations was authorized to have printed 1,500 copies of the lecture on Obstetrics by Dr. Porter, as presented by the Committee on Medical Education.

There being no further business, Council adjourned to meet in Columbus, July 2, at 7:00 p. m. at the office of *The Journal*.

WELLS TEACHNOR, M. D.,  
Secretary.

LIFE MEMBERS OF THE ASSOCIATION

The following are the life members now carried on the books of the Secretary-Treasurer of the Association. Those marked with stars have thus far regularly paid their state dues:

COUNTY	NAME	ADDRESS
Athens	E. F. Danford	Glouster, Ohio
	I. P. Primrose	Nelsonville, Ohio
Columbiana	J. M. Swan	Canton, China
Cuyahoga	W. T. Corlett*	Cleveland
	H. E. Handerson	Cleveland
	W. C. Weber	Cleveland
	T. B. Williams*	Cleveland
Franklin	J. F. Baldwin*	Columbus
	D. Tod Gilliam*	Columbus
Hancock	F. W. Firmin*	Findlay
Knox	F. C. Larimore*	Mt. Vernon
Montgomery	H. S. Jewett*	Dayton
	J. C. Reeve	Dayton
Morgan	W. R. Kelly	McConnelsville
Muskingum	E. C. Brush	Zanesville
	E. C. Logsdon	Zanesville
	Henry McCreary	New Concord
Summit	A. E. Foltz	Akron
	E. K. Nash	Akron
	G. L. Starr	Hudson
	W. S. Hough	Cuyahoga Falls
Tuscarawas	Mary Baer	Chiralia, India
Washington	F. E. McKim*	Marietta

Cleveland's War on Patent Medicines

The Cleveland Division of Health is setting a pace for the nation in protecting citizens from harmful proprietary medicines. On June 12 the following notice was sent to the druggists of the city:

"You are hereby notified to discontinue the sale or offering for sale of all baby soothing preparations that contain narcotics. This order includes such preparations as "Kopp's Baby Friend," "Dr. Grove's Anodyne For Infants," "Dr. Fenner's Soothing Syrup," "Sweet Rest For Children" and "Dr. James Soothing Syrup."

"You are also reminded that the Health Department has recently instructed you not to sell the following medicines:

Hull's Superlative Compound—for paralysis, infantile paralysis, etc.

Life Plant—a cure-all.

Mekhitarin—a cure-all.

Mrs. Price's Canning Compound.

Q-Ban Hair (color) Restorer.

Sargol—a flesh builder.

Swamp Root—kidney, liver and bladder remedy.

Varlex—a liquor and tobacco habit cure."

The communication is signed by Dr. R. H. Bishop, Jr., Commissioner of Health; Dr. Roger G. Perkins, Chief Bureau of Laboratories; and Wilbur S. White, City Chemist.

—Four nurses graduated from the nurses' training school of the Ashtabula General hospital, May 23.

Association Membership Largest in History

Since the last membership standing was published, as of May 10, four counties have come into the One Hundred Per Cent Class, and the total paid up membership throughout the state has passed the 4500 mark—is 4557 to be exact. At this time last year the membership was about 4,000, and the total for 1916 was 4345—all of which indicates a healthy interest in medical organization in Ohio.

Dr. A. G. Drury, the active treasurer of the Cincinnati Academy of Medicine, placed Hamilton County in the One Hundred Per Cent club during the State Meeting. He has paid for 472 members. Last year's total was 468. Brown, Clermont, and Champaign have likewise joined the select group, Clermont exceeding its last year's membership by two. Cuyahoga and Lucas, early entrants into the One Hundred Per Cent class, are continuing right merrily. Dr. Tuckerman has reported in eight additional members in Cleveland, raising the total to 529, a gain of 17 over last year. Dr. Alderdyce has paid for 220, a gain of 14 over last year from Toledo.

During the past month Allen, Clark, Clinton, Columbuiana, Greene, Hancock, Huron, Richland and Stark Counties have boosted their membership.

The following are the only counties whose total paid up membership for 1917 is less than their 1916 membership:

	Members 1916	Members 1917
Adams	22	18
Coshocton	24	21
Darke	56	51
Defiance	16	13
Gallia	31	29
Guernsey	32	27
Harrison	22	15
Hocking	13	12
Jefferson	49	47
Knox	30	29
Lawrence	23	20
Morrow	15	14
Noble	10	7
Pickaway	26	25
Pike	13	10
Sandusky	30	27
Seneca	40	35
Washington	53	49
Wyandot	16	12

Possibly the summer months are not the best for the membership question but we believe that the total in the state could be raised by several hundred if the eligible physicians who are still non-members could be definitely informed as to the advantages of cooperative defense, *The Journal*, and the other activities of organization.

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 \*\* NEWS NOTES OF OHIO \*\*  
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*Carey*—Dr. S. R. Bame, formerly of Alvada, has located here.

*Kent*—Dr. W. B. Andrews has resigned as health officer at Kent.

*Chardon*—Dr. W. E. Allyn, formerly of this city, has opened an office in Cleveland.

*Mechanicsburg*—Dr. H. O. Ogden was recently operated on for appendicitis at Springfield.

*Ironton*—Dr. and Mrs. W. E. Pricer, who spent the winter in Florida, have returned home.

*Wilmington*—Dr. D. V. Ireland has disposed of his interests here and intends to locate in Columbus.

*Fostoria*—Dr. C. L. Minor of Springfield, discussed causes of blindness in an address here, May 23.

*Zanesville*—Dr. D. J. Matthews has returned from New York where he took a special post-graduate course.

*Cincinnati*—Dr. Nora Crotty was elected president of the Women's Irish Fellowship Club of Cincinnati, June 3.

*Cincinnati*—The annual meeting of the American Dermatological Society was held at the General Hospital, May 24 and 25.

*Zanesville*—New offices, equipped with a modern medical laboratory, have been opened by Dr. A. H. Gorrell at 27 South Fourth street.

*Cincinnati*—Dr. Horace Ludington, who practiced medicine in Cincinnati from 1860 to 1878, died recently at his home in Omaha, Nebraska.

*Canton*—Dr. B. J. Ferciot, formerly of this city, is now associated with the Mt. Vernon Medical and Surgical Sanitarium at Mt. Vernon.

*Columbus*—H. C. Riddle a consulting engineer of Columbus, has been appointed a member of the state board of administration to succeed Dr. A. F. Shepherd, resigned.

*Columbus*—Dr. Yeatman Wardlow was badly bruised when he was caught between his own machine and an auto truck at a filling station, June 5.

*Dayton*—Mrs. Anna Schram, mother of Dr. Leo Schram, city physician, died May 5 at her home in Dayton following an illness of one week.

*Middletown*—Dr. Frances M. Hollingshead, director of the division of child hygiene, state board of health, spoke here June 1 on child welfare.

*Johnstown*—Dr. A. H. Hixson has opened an office on South Main street. He formerly had charge of a hospital connected with a mining plant in Arizona.

*Columbus*—Dr. Francis Ashbury Norman, who practiced medicine in Columbus 15 years ago, died at his home in Washington, D. C., June 3. He was 78 years old.

*Cincinnati*—Twenty-three graduates of the Eclectic Medical College were awarded degrees at the 72nd annual commencement exercises at Memorial Hall, May 14.

*Lewisburg*—Dr. M. C. Hunter, son of Dr. J. E. Hunter of Greenville, has been commissioned a lieutenant in the Ohio National Guard and assigned to the Third Field Hospital.

*Coshocton*—Dr. E. M. Wright of Warsaw, recently purchased the residence of Dr. L. C. McCurdy, and intends to locate here soon. Dr. McCurdy has not announced his plans for the future.

*Conneaut*—Dr. W. W. Wetmore has resumed his practice after an absence from his office of three months because of illness. Dr. Wetmore recently underwent an operation for the removal of an eye.

*Dayton*—The Dayton board of education has elected Dr. L. F. Bucher director of hygiene and supervisor of the teaching of hygiene in the public schools. The doctor was formerly medical inspector of the city's schools.

*Dayton*—Dr. Charles F. Atkinson, who recently closed a year's services as interne at St. Elizabeth's hospital at Dayton, has gone to Roanoke, Va., to accept a position as medical examiner for the Norfolk and Western Railroad.

*Massillon*—Dr. Henry C. Eyman, superintendent of the Massillon state hospital, spent May 29 to June 1 in New York attending the convention of the American Medico-Psychological Association, of which he is secretary.

*Youngstown*—Drs. S. D. McCurdy, A. M. Painter and N. M. Myers, who recently entered the medical department at Ft. Benjamin Harrison training camp, were guests of honor at a dinner given by Youngstown physicians, May 31.

*Cincinnati*—Dr. Edward H. Moss, who has practiced medicine at 405 Liberty street for 15 years, has moved to Carthage where he opened offices at 69th street and Carthage Pike. Dr. Moss was recently married to Miss Mabel G. Willis of Cincinnati.

*Alliance*—Drs. Homer G. Scranton and B. C. Barnard, who recently received commissions in the medical department of the Army, were entertained at a dinner given in their honor by Alliance physicians, May 31. Each was presented with a wrist watch.

*Columbus*—Mrs. Nancy Moore, wife of Dr. W. R. Moore, of the medical department of the state industrial commission, died of complication of diseases at her home in Columbus, May 17. She had resided in Columbus only three weeks, having moved here from Logan.

DEATHS IN OHIO

Thomas C. Hoover, M. D., Starling Medical College, Columbus, 1873; fellow of the American Medical Association; member of the Ohio State Medical Association; for 45 years a resident of Columbus; died at West Medford, Mass., June 2. Since April, he had been living with his children, three daughters and a son, in West Medford. His wife also survives. For many years, Dr. Hoover was chief surgeon at St. Francis hospital.

William S. Hoy, M. D., Jefferson Medical College, 1879; aged 62; resident of Wellston and Representative of Jackson County in Ohio General Assembly; died suddenly in Columbus June 13. He was stricken in the streets and it is believed that intense heat and asthma superinduced the apoplexy which caused his death. Dr. Hoy managed a private hospital in Wellston for 30 years. He was serving his second term in the legislature and was an active factor in promoting legislation for the improvement of medical practice conditions and the conservation of public health. Probably his most notable achievement in this field is the so-called Hoy bill, which makes fee-splitting illegal in Ohio and strengthens the power of the state medical board in dealing with quackery. He was active in politics and headed the opposition to the state civil service system. Dr. Hoy is survived by a widow and one son, Dr. C. D. Hoy of Columbus, with whom he was associated in part time practice in recent years.

Frederick Wilhelm, M. D., University of Vienna, 1892; born in Vay-Besztercze, Hungary, 1866; died at his home in Akron, June 5, following a stroke of apoplexy.

Lawrence W. Campbell, M. D., Rush Medical College, Chicago, 1881; fellow of the American Medical Association; member of the Ohio State Medical Association; aged 60; died at his home in Ada, June 11. Dr. Campbell served two terms as mayor of Ada. He was a brother of Rev. Z. B. Campbell, former chairman of the Ohio State civil service commission.

Harry C. Justice, M. D., Ohio Medical University, Columbus, 1898; aged 49; found dead in bed by his wife at his home in Columbus, May 31. Death was due to acute dilation of the heart. Dr. Justice had practiced medicine in Columbus 23 years. Besides his wife, he is survived by two children.

Darius Rowe, M. D., Medical College of Ohio, Cincinnati, 1872; aged 74; died at his home in Akron, May 28. Dr. Rowe was a veteran of the

Civil war and had practiced medicine in Akron 30 years.

Robert Bailey, M. D., Western Reserve University School of Medicine, 1870; member of the Ohio State Medical Association; aged 68; died at his home in Cleveland, April 20. Dr. Bailey was the first house physician at the old institution known as the Wilson hospital, from which was developed the present Lakeside hospital. He was also a charter member of St. Clair hospital. He was unmarried and the last member of his family.

Samuel S. Cox, M. D., Western Reserve University School of Medicine, 1886; a fellow of the American Medical Association; member of the Ohio State Medical Association; aged 57; died suddenly at his home in Lorain, April 11. Dr. Cox was a native of England. He began his professional career as a dentist at Lodi, Ohio, then studied medicine and located in Lorain 29 years ago. Two years ago he was injured in a runaway and had not been in good health since. His wife, four brothers, and six sisters survive.

George Mattocks Frost, M. D., Western Reserve University School of Medicine, 1894; fellow of the American Medical Association; member of the Ohio State Medical Association; aged 45; died of complication of diseases at his home in Hudson, April 14. He was born in Hudson and spent practically all his life there. His wife and one son survive.

Charles A. Dunn, M. D., Ohio Medical University, Columbus, aged 62; died at a hospital in Zanesville, April 21. For 38 years, Dr. Dunn was a practicing physician in Cannelville, Muskingum County, his home. He is survived by his wife, three sons and a daughter.

Jehu Eakins, M. D., Jefferson Medical College, Philadelphia; aged 78; died at his home in Gallia County, April 19, after a long illness. He lived in Lawrence and Gallia Counties practically all his life.

James Chapman Morrow, M. D., Cleveland Pulte Medical College, Cleveland, 1902, aged 56; died suddenly of hemorrhage of the brain at his home in Bellevue, April 29. Dr. Morrow had practiced medicine in Bellevue for 15 years. It was largely through his efforts that the Bellevue hospital, which was dedicated last month, was erected. He is survived by his wife and one son.

Daniel George Reilly, M. D., University of Vermont College of Medicine, Burlington, 1894; member of the Ohio State Medical Association; aged 53; found dead in bed at his home in Dayton, April 29. Death was due to heart trouble. Dr. Reilly had practiced medicine in Dayton since

his graduation from college. His wife, two daughters and a son survive.

*Michael F. Cole, M. D.*, Cleveland University of Medicine and Surgery, 1884; aged 65; died from complication of diseases at his home in Columbus, May 3. Dr. Cole had been a resident of Columbus for 20 years. He formerly lived in Mt. Vernon and Utica, Ohio. He is survived by his wife, a daughter, his mother, two sisters and three brothers.

*James H. Wadell, M. D.*, Hahnemann Medical College and Hospital of Chicago, 1886; aged 64; died at his home in Wauseon, April 22. Dr. Waddell had been in ill health for several years.

*Elias Sloan, M. D.*, Eclectic Medical College, Cincinnati, 1875; aged 69; died suddenly at his home in Marietta, May 23. Two years ago, Dr. Sloan suffered an attack of paralysis and had been in failing health since that time. After his graduation he practiced in Marietta for three years, then moved to Williamstown. In 1894 he returned to Marietta. He leaves one daughter and three sons, two of whom are physicians, Dr. Herbert Sloan of Clarksburg, W. Va., and Dr. Clarence Sloan of Marietta.

*John C. Walker, M. D.*, Eclectic Medical College, Cincinnati, 1881; aged 63; found dead in bed at his home in Salem, May 23. Dr. Walker had lived in Salem for more than 20 years. He formerly practiced in Niles. A brother survives.

*Robert Scott Stewart*, a practicing physician of South Webster, died of heart trouble, May 19. Dr. Stewart was 57 years old. Before moving to South Webster, he practiced in Ironton and Blackford. He is survived by his wife, three daughters, three sisters and a brother.

*Johnson Weir Gordon, M. D.*, Columbus Medical College, 1881; died at his home in Bowers-ton, May 9. Dr. Gordon was 64 years old. Death was due to lateral spinal sclerosis. He is survived by his wife and eight children.

*Benjamin K. Thome, M. D.*, Columbus Medical College, 1881; aged 86; for 50 years a practicing physician at Baltimore, Ohio, died May 6 of acute uremia at the home of his son, Dr. A. A. Thome of Columbus. Dr. Thome retired from practice nine years ago when he came to Columbus to live with his son, his only surviving relative.

*Charles Duke Crank., M. D.*, Hahnemann Medical College and Hospital, 1871; aged 74; one of the founders of Pulte Medical College, Cincinnati; died at his home in Cincinnati, May 9. Dr. Crank practiced medicine for more than 40 years.

### Recent Marriages in Ohio

Dr. Thomas A. Ratliff and Miss Edna D. Overman of Cincinnati, at Cincinnati, May 22.

Dr. Merrick F. McCarthy and Miss Marjorie Porter of Cincinnati, at Cincinnati, May 19. Dr. McCarthy is a member of the staff of the Cincinnati Red Cross base hospital and his bride is a Red Cross nurse.

Dr. James H. West, member of the hospital corps of the Fifth Infantry, O. N. G., and Miss Rena Richey, of Cleveland, at Cleveland, June 9.

Dr. Arthur A. Brindley, Swanton, and Miss Katherine Marie Thomas, at Lansing, Michigan, June 1.

Dr. Clive W. Thompson and Miss Marie A. Sullivan of Cleveland, at Cleveland, April 13.

Dr. Marion Blankenhorn of Orrville, member of the medical staff of the Lakeside base hospital unit, and Miss Grace Taggart, daughter of State Insurance Commissioner Taggart, at Columbus, May 1.

Dr. Dallas Pond of Columbus, a graduate of the Ohio State University College, and Miss Frances Work of Columbus, May 9. The couple are spending their honeymoon at Portsmouth, N. H., where Dr. Pond is on duty as an assistant surgeon in the U. S. Naval Reserve.

### DR. GIBBON ILL

Dr. Harmon B. Gibbon's strenuous work as president of the State Association is responsible for a serious breakdown which occurred ten days after the Springfield session. For some months prior to his retirement from office, he suffered intensely from a gradual obstruction of the bowels. Operation on May 25 located a diseased appendix. We are in receipt of a letter from Tiffin to the effect that he is on the road to rapid recovery. Very few of his associates knew that Dr. Gibbon was suffering, and he certainly deserves great credit for the gameness he exhibited in continuing his work, and his many friends throughout the state join with *The Journal* in hoping that his recovery will be complete.

*Toledo*—The summer home of Dr. W. J. Gillette, near here, was destroyed by fire, May 25.

*Cleveland*—Dr. Richard Bolt has been appointed chief of the child hygiene bureau of the city health division to succeed Dr. C. W. Wycoff, who resigned to enter private practice.

*Springfield*—Wittenberg College honored Dr. Andre Crotti of Columbus, at the commencement exercises of the institution, June 6, by conferring on him a degree of Doctor of Laws.

## Considerable Important Business Transacted by the House of Delegates: These are the Official Minutes

### FIRST SESSION

The first session of the House of Delegates of the Ohio State Medical Association was called to order on Monday, May 14, at 11:00 A. M., in Memorial Hall at Springfield by the President, Harmon B. Gibbon, of Tiffin.

C. D. Selby, Secretary-Treasurer, read the roll call. Fifty-two delegates and ten councilors responded.

On motion of D. S. Gardner, Dr. Elder was seated as a delegate from Mahoning county. On motion by Dr. Rardin, M. H. Cherrington was seated as delegate from Hocking county.

On motion by G. H. Matson, duly seconded, the minutes of the 1916 meeting were accepted as published in the *June Journal* (1916).

Dr. Teachnor introduced and moved the adoption of a resolution which had been adopted by Council, relative to membership of men serving in the army and navy, as follows:

"WHEREAS, in a spirit of loyalty to our country, and through motives of the greatest patriotism, some of our members have and will sacrifice their home and professional affiliation for service in the Army and Navy; be it  
"Resolved, That the House of Delegates of the Ohio State Medical Association in its seventy-second annual meeting here assembled do hereby extend to these members expression of our appreciation for this magnificent sacrifice they are making; and be it further

"Resolved, That the House of Delegates of the Ohio State Medical Association do hereby recommend and urge the component association societies to take measures to provide for the continued membership of these members in the Ohio State Medical Association during their terms of service; and be it further

Resolved, That component societies that have already taken this step by paying from their treasuries the dues of these loyal members be commended."

Motion was duly seconded and unanimously approved by *viva voce* vote.

Dr. Tuckerman presented the following resolution:

"WHEREAS, There exists great difficulty in obtaining the various patent remedies manufactured abroad, such as salvarsan, due to the state of war, and

"WHEREAS, There is now an effort being made to declare obsolete the patent rights of salvarsan; therefore, be it

"Resolved, That the congress of the United States be petitioned to take such action as may be necessary to eliminate all obstacles in the way of the manufacture of all medicinal substances covered by patent rights."

On motion by Dr. Tuckerman, duly seconded, above resolution was unanimously adopted by *viva voce* vote.

Dr. Matson moved the adoption of the following resolution:

"WHEREAS, As a result of the war in Europe, there has been a great increase in the incidence of tuberculosis among the soldiers, and

"WHEREAS, As a result of this, conditions in France have become deplorable and existing facilities for treatment of such cases in Canada have been greatly overtaxed; therefore be it

"Resolved, That the Ohio State Medical Association request that at the special session of the legislature of the State of Ohio, an appropriation be made for such increase in the capacity of our already established district and county tuberculosis hospitals and the Ohio State Sanatorium, as may be necessary; and be it further

"Resolved, That the Ohio State Medical Association urge the component county medical societies to inaugurate the movement for the further establishment of district tuberculosis hospitals in their respective districts, in order that returned soldiers from Ohio may receive treatment in their respective districts from which they were enlisted."

The motion was duly seconded and carried.

Dr. Rardin moved the adoption of the following resolution:

"Be it Resolved, By the Ohio State Medical Association, that the health of our armies, and the food of our people must be conserved by the abolition of the liquor traffic, and that a copy of this resolution be sent by telegraph to our Senators and Representatives in Congress."

Dr. Rardin moved, seconded, that Dr. Kramer, of Cincinnati, President of the Ohio Society for the Study of Alcohol and Other Narcotics, be given permission to address the House of Delegates for three minutes, explaining the objects of above resolution.

Dr. Lichty stated that Council had placed itself on record favoring a similar resolution, on May 4.

Dr. Rardin's motion to adopt was seconded, and roll call was demanded. Result: Ayes, 41; nays, 4; not voting, 13.

The President declared the resolution adopted.

Dr. Kramer was accorded the floor and spoke briefly in commendation of the action.

H. V. Dutrow, Dayton, presented the following communication:

"To the Ohio State Medical Association:

"The Medical and Surgical Staff of the Miami Valley Hospital at Dayton has endured years of unsatisfactory and inefficient service from its internes.

"We have had good average young men, fully capable of excellent work. We have varied our methods and changed systems in vain attempts to correct conditions.

"After careful consideration we are convinced that the only available source of relief, bringing perhaps the largest measure of benefit to the interne himself, is the requirement by all medical schools of at least one year of accredited hospital service as a pre-requisite to the granting of the degree of Doctor of Medicine.

"This will guarantee to the interne needful respect for the opportunity, and to the attending staff essential control, insuring persistent and efficient service now so seriously lacking.

"We therefore beg your honorable body to place itself on record as urging the adoption of this rule by all medical schools, and that the Secretary be instructed to notify by circular letter all concerned.

"Very respectfully submitted by order of the staff. (signed) F. Dale Barker, Webster Smith, Harry B. Harris."

Dr. Tuckerman moved that the above communication be referred to Council, to be given over to the proper committee for consideration. Duly seconded and carried.

Dr. Burley, of Lorain, introduced the following amendment to Section 2, Chapter 5, of the By-Laws:

Resolved, That Section 2, of Chapter V, of the By-Laws be amended to read as follows: 'Nomination of all officers shall be made from the floor by the House of Delegates, and a vote for candidates shall be taken in a meeting of the House of Delegates the second day of the session of the Association.'

Under the provisions of the Constitution the amendment lies over until the 1918 session.

On individual motions, duly seconded, the following were nominated to positions on the Nominating Committee, in accordance with Section 2, Chapter V, of the By-Laws:

First District—Louis Schwab, of Cincinnati.

Second District—H. V. Dutrow, of Dayton.

Third District—J. E. Hattery, of Celina.



Fourth District—H. F. Rohrs, of Napoleon.  
 Fifth District—J. E. Tuckerman, of Cleveland.  
 Sixth District—D. S. Gardner, of Massillon.  
 Seventh District—C. W. Kirkland, of Bellaire.  
 Eighth District—E. R. Brush, of Zanesville.  
 Ninth District—S. S. Halderman, of Portsmouth.  
 Tenth District—G. H. Matson, of Columbus.

It was moved and seconded that the Secretary be instructed to cast the ballot for the above nominations.

On motion of Dr. Follansbee, duly seconded, the report of the Secretary-Treasurer was accepted as published in *The Journal*, May, 1917, page 355. (Financial statement published in *The Journal*, March, 1917, page 184.)

The Secretary announced that the annual reports of standing committees had been published in *The Journal*, May, 1917, as follows:

Publication—C. D. Selby, M. D., chairman, page 341.

Public Policy and Legislation—J. H. J. Upham, M. D., chairman, page 344.

Medical Defense—J. E. Tuckerman, M. D., chairman, page 348.

Auditing and Appropriations—Wells Teachnor, M. D., chairman, page 351.

Public Health Education—John H. Landis, M. D., chairman, page 349.

Medical Education—Charles Edwin Briggs, M. D., chairman (report mailed to each delegate and alternate.

Dr. Goodman moved that all reports of standing committees be accepted as published (or sent to delegates by mail). Seconded and carried.

Reports of special committees published in *The Journal*, May, 1917, as follows:

Hospital and Hospital Standards—Frank Fee, M. D., chairman, page 353.

Control of Cancer—Andre Crotti, M. D., chairman, page 357.

Sociology—S. J. Goodman, M. D., chairman, page 357.

State Insurance—John M. Thomas, M. D., chairman, page 354.

Venereal Diseases—M. L. Heidingsfeld, M. D., chairman, page 359.

(Dr. R. E. Skeel, chairman of the Committee on Service, did not submit written report, as he has sailed for France.)

Dr. Yaggi moved that Dr. Skeel's action be in itself accepted as "the most practical report of service possible to be made." Seconded and carried unanimously.

Dr. Monger moved that reports of special committees (with the exception of the Committee on Service) be accepted as published in *The Journal*. Seconded by Dr. Souther. Carried.

Dr. Matson moved that the report of the Committee on the Control of Cancer be referred to Council with recommendation to continue the work, and that the pages of *The Journal* be opened to the publication of its propaganda. Seconded and carried.

On motion by Dr. Harding, duly seconded, the report of the Committee on Sociology was referred to Council with a recommendation for the continuance of the work of that committee.

Dr. Matson moved that the President's address be referred to a committee of three for recommendation.

The President appointed J. E. Tuckerman, Cleveland; S. V. Burley, Lorain, and S. J. Goodman, Columbus, to serve on above committee.

On motion of Dr. Teachnor, duly seconded, the House of Delegates adjourned to meet at 7 P. M. Monday evening.

## SECOND SESSION

House of Delegates called to order by President Gibbon at 7:30. Secretary-Treasurer Selby called the roll. Sixty delegates and nine councilors were present. The first order of business was the report of councilors, as follows:

First District—Dr. Carothers. The First District is in very good condition with the exception of two counties—Brown and Clermont. They are not in very healthy condition. The roads, the geographical lay of the land and bad weather, have worked against the best interests of these county societies, but they hope to get in better shape.

Second District—Dr. Hunter. The Second District is in very good condition. I do not believe it could be better. Membership records show a gain of thirteen members within the last year.

Third District—Dr. Van Note. The Third District is in fine condition. There is only one society that is not really active. They hold meetings, but not regularly. We have a net increase of 22 members, which is pretty good for our district.

Fourth District—Dr. Moots. The Fourth District consists of ten counties, eight of which are in the One Hundred Per Cent Club. Every county is actively working as far as scientific meetings are concerned, except Defiance, which has had two meetings. This has been our best year, however, and altogether we have made a net gain of 16 over last year.

Fifth District—Dr. Lichty. The Fifth District is One Hundred Per Cent all the way through. Despite that, I believe there is still some room for improvement. The district made an increase of more than 25 members, mostly in Cuyahoga county. All of the counties have been very active this year, and meetings have been held right along, with one exception, and that county is the place where I would like to put a field secretary if agreeable to Council. We can do considerable work by increasing membership and the activities of the counties, but in my work this year I found that membership is not the main thing that is needed. The great need is that of friendly co-operation. However, I am glad to tell you that we have 100 Per Cent membership in every county, and to say there is still room for improvement.

Sixth District—Dr. March. The Sixth District has the poorest councilor and the best district in the state. Our eight counties are all in the One Hundred Per Cent class. The district made a gain of 61 members for the year, which I believe, according to the Executive Secretary, puts us in the banner list of districts in the state.

Seventh District—Dr. McClellan. We are all doing pretty well over in the Seventh District. We have gained 15 members this year.

Eighth District—Dr. Headley. Absent.

Ninth District—Dr. Rardin. The Ninth District is the smallest in the state, having only eight counties, and most of them small counties. We can't make as fine a showing as some of the others in the One Hundred Per Cent Club. For instance, we have every man in Gallia county in the society, but during the last year two men moved out of the county and they can't get anybody to take their places. Hocking county is holding all of its old members. Jackson is in the One Hundred Per Cent Class. Lawrence is just a little bit behind, but rejuvenating after a dull spell. Meigs is 100 per cent, although not very active. Pike county has every available man in the county, and three of theirs left last year. Scioto has every available man in the county. Vinton has all that are available in that county, and while we have fallen back one or two members in the last year it was simply because it could not be helped.

Tenth District—Dr. Teachnor. The Tenth District has an active working organization constituting more than sixty per cent of the eligible physicians of this district.

On motion of Dr. Alcorn, seconded, the reports were accepted.

The next order of business was consideration of amendments to the Constitution and By-Laws which had been introduced at the 1916 meeting of the Association and had been under consideration by the component county societies for one year. The Secretary-Treasurer informed the delegates that Article XI of the Constitution had been complied with, and that the proposals had been twice submitted in the intervening year to the component county societies.

The Secretary read the proposed amendment to make Article II of the Constitution read as follows:

"The purpose of this Association shall be to federate and bring into one compact organization the entire medical profession of the State of Ohio, and to unite with similar organizations in other states to form the American Medical Association; with a view to the extension of medical knowledge, and to the elevation of the standard of medical education, and to the enactment and the enforcement of just medical laws; to the promotion of friendly intercourse among physicians, and to the guarding and fostering of their material interests; and to the enlightenment and direction of public opinion to the great problems of state medicine; so that the profession shall become more capable and honorable within itself, and more useful to the public in the prevention and cure of disease, and in prolonging and adding comfort to life."

On motion by Dr. Schwab, seconded, the

amendment was adopted. The President announced the result.

The Secretary read the proposed amendment which would make Chapter XII, Section 3, of the By-Laws, read as follows:

"Charters shall be issued to component societies by the House of Delegates upon the recommendation of Council and the president and secretary-treasurer shall sign the same. Council shall have the authority to revoke the charter of any component society whose actions are in conflict with this constitution and by-laws."

Dr. Alcorn moved that it be amended to give the component society the right to carry the decision of Council to the House of Delegates for final decision. Dr. Morgan of Summit county, announced he was instructed to vote against the amendment on the ground that it placed too much power in the hands of too few men. He moved that the amendment be rejected. Seconded by Dr. Cherrington, of Hocking.

The motion carried, and the President announced that the amendment was not adopted.

The Secretary read the proposal to make Chapter XII, Section 8, of the By-Laws, read as follows:

"When a member in good standing in a component society moves to another county in this State, he shall be given a written transfer by the secretary of his society, without cost, which shall admit him to membership in the component society in the county to which he moves, provided said transfer is filed with the secretary and submitted to the society within ninety days after his removal."

Dr. Brush moved the adoption of the amendment. Seconded and carried.

The Secretary read the proposal to make Chapter XII, Section 5, of the By-Laws, read as follows:

"Each county society shall judge of the qualifications of its members. Every reputable and legally qualified physician who does not practice, nor profess to practice sectarian medicine, and who is not affiliated with any organization which aims to foster an exclusive dogma in therapeutics, and who is a bona fide resident of the same county, shall be eligible to membership. Where it is more convenient for a member to attend the meetings of the component county society in an adjoining county he may, upon request of the society in the county of his residence, be transferred and accredited to said adjoining county society, as an active member."

Adoption moved by Dr. McGavran. Seconded and carried.

The Secretary read the proposal to add the following to Chapter VI, Section 1, of the By-Laws (the section relating to the duties of the President).

"He shall be ex-officio a member of Council for a period of two years immediately succeeding his term of office."

On motion of Dr. Teachnor, seconded, the amendment was adopted.

The Secretary read the proposal to amend Chapter IX, Section 1, of the By-Laws, to read as follows:

"The annual dues and assessments shall be determined by the House of Delegates and shall be levied per capita on the members of the Association, and shall be payable on or before January 1st of the year for which they are levied. The secretary of each component society shall cause to be collected and shall forward to the offices of the Association the dues and assessments for its members, together with such data as shall be required for a record of its officers and membership. Not later than thirty days prior to the annual meeting he shall forward a list of delegates and alternates entitled to sit in the House of Delegates from the component society."

Section 2. "The record of payment of dues and assessments on file in the offices of the Association shall be final as to fact of payment by a member and as to his right to participate in the business and proceedings of the Association or the House of Delegates."

Section 3. "For purposes of medical defense a member

shall be deemed in arrears from and during the period from January 1st of the current year until his dues and assessments have been received at the offices of the Association, from the secretary of the component county society of which he is a member.

"Old Section 2 to become new Section 4.

"Old Section 3 to become new Section 5.

On motion by Dr. Tuckerman, seconded, the amendment was adopted.

### INTRODUCTION OF AMENDMENTS

Under this order of business Dr. Tuckerman introduced the following amendments to the Constitution and By-Laws, and requested that they be read, presented to the component county societies twice during the ensuing year, and considered at the 1918 meeting of the House of Delegates. He moved:

To amend Chapter VI of the By-Laws. Add new section as follows:

"The Executive Secretary shall be the ex-officio secretary of all committees of the Association, and shall execute the business of the Association under the direction of the officers of the Association. He shall have charge of the business offices of the Association, and shall be authorized to employ such aid as may be approved by Council. He shall give bond, at the expense of the Association, for such amount as shall be required by Council."

To amend Chapter VII of the By-Laws by adding a new section to be known as Section 6:

"Council shall have the authority and power to employ the Executive Secretary and to fix his salary, and determine his tenure of office. Council shall provide such State Association headquarters as may be required to properly conduct the business of the Association."

To amend Article VII, Section 1, of the Constitution. Insert the words "an Executive Secretary" after the words "Secretary-Treasurer."

To amend Constitution, Article VII, Section 3. After "The officers of the Association" insert "excepting Executive Secretary" and add at end, "except to the office of Executive Secretary."

Acting under the provisions of the Constitution, Dr. Matson introduced the following amendments, for final consideration in 1918:

To amend Chapter IX of the By-Laws by omitting Section 2 and Section 3.

To amend Chapter XIII of the By-Laws by striking out all after the first comma, and inserting a period, the new section to read as follows:

"These By-Laws may be amended at any annual session by a majority vote of all the delegates present at that session."

Dr. Rardin called attention of this House of Delegates to the consideration of some matters upon which there has been a division of opinion as to the interpretation of the Constitution.

Dr. Gardner of Stark moved that Dr. Rardin's report be referred to an elective committee of three. Seconded by Dr. Teachnor.

Dr. Tuckerman moved to amend motion by Dr. Gardner to the effect that the Chair appoint a committee of three from the Association. Seconded and carried. Rising vote resulted as follows: Ayes, 37; nays, 23. So the amendment was carried.

The President appointed Drs. J. A. Thompson, of Cincinnati; Ben R. McClellan, of Xenia and J. B. Alcorn, of Columbus.

Dr. Tuckerman presented the following report

of the Reference Committee appointed to consider the President's address:

The Reference Committee upon the President's address desires to recommend to the House of Delegates as follows: 1st: That, such portion of the address as refers to special qualifications for physicians desiring to practice any of the specialties be referred for consideration and action to the Committee on Public Policy and Legislation.

2nd: That, a Committee of three be appointed by the President to revise the Constitution and By-Laws in conformance with such amendments as have been passed by the House of Delegates at the present session, and further to recast the Constitution and By-Laws with a view to the present and future needs of the Association; such final revision to be published in The Journal and presented to the next annual meeting for final adoption by the House of Delegates.

Respectfully submitted:

J. E. TUCKERMAN, Chairman;  
S. V. BURLEY and  
S. J. GOODMAN.

On motion, seconded, the report was adopted.

The Secretary-Treasurer read the following resolution, which had been presented to the component county societies for consideration:

"Resolved, That the House of Delegates in session at Springfield May 14, 1917, shall, in accordance with Section 1 of Article VIII of the Constitution of the Ohio State Medical Association, fix the per capita assessment to cover the expense of the Association during the year 1918, on the following basis:

"1. That the minimum per capita assessment for all members shall be three dollars for the year 1918, and that \$3.00 shall be the total assessment for members whose average gross income from professional practice during the three years preceding 1918 was not in excess of \$3,000.

"2. That all members whose average of gross income from professional practice during the three years preceding 1918 was in excess of \$3,000 shall be assessed on the basis of one dollar per thousand dollars of gross income from their medical practice, as shown by the three year average.

"3. That under the provisions of this assessment plan, each individual member of the component county society, shall, on or before December 31, 1917, remit to the Treasurer or Secretary-Treasurer of the component county society with which he or she is affiliated the sum of three dollars, and such additional amount as the member shall determine is due the Association under the terms of the methods of assessment stated above.

"4. That, in every case, the individual members of the component societies shall fix their assessment; and that, the determination of this amount by the member shall be final."

On motion of Dr. Teachnor, seconded, the resolution was laid on the table.

Dr. Teachnor moved that the annual assessment for 1918 be fixed at four dollars—three dollars for annual dues and one dollar to be set aside for the purpose of creating an additional fund for medical defense. Seconded by Dr. Moots.

Dr. Lichty moved that the motion be amended to read as follows: "That the annual per capita assessment for 1918 be fixed at four dollars."

The amendment was seconded and adopted.

Dr. Teachnor's motion, as amended, was carried unanimously. The President declared the result.

Dr. Rardin moved that two vacancies in the nominating committee be filled, providing those previously elected were not present. Seconded and carried. Dr. McClellan nominated Dr. Ellis Cope to represent the Seventh District on Nominating Committee. Dr. Moots nominated Dr. J. L. Watson, of Toledo, to represent the Fourth District. Their appointments were approved.

The House of Delegates adjourned at 9:30 P. M. to meet Tuesday at 1:00 P. M.

## THIRD SESSION

House of Delegates called to order by the President at 1:00 P. M. Tuesday, May 15. Seventy-two delegates and ten councilors responded to roll call of the Secretary. The first order of business was the report of the Nominating Committee, as follows:

"The Nominating Committee by unanimous vote offers the following report for your consideration. The nominations are made from the viewpoint of service only:

"The committee has considered the present needs of the Association, and anticipated its possible future activities and responsibilities. Geographical advantages have also been taken into consideration.

For President-elect—E. M. Huston, Dayton; J. F. Baldwin, Columbus; G. E. Robbins, Chillicothe.

Committee on Public Policy and Legislation—J. H. J. Upham, Columbus, chairman; Albert Freiberg, Cincinnati; J. B. Alcorn, Columbus.

Publication Committee—The Secretary-Treasurer, C. D. Selby, Toledo; C. W. Maxson, Steubenville; A. W. Lueke, Cleveland.

Committee on Public Health Education—J. H. Landis, Cincinnati, chairman; A. O. Peters, Dayton, C. H. Higgins, Zanesville.

Committee on Medical Defense—C. T. Souther, Cincinnati.

Councilors—Second District, J. E. Hunter, Greenville; Fourth District, C. W. Moots, Toledo; Sixth District—Edgar J. March, Canton; Eighth District—A. B. Headley, Cambridge; Tenth District—Wells Teachnor, Columbus.

Delegates to Meeting of American Medical Association (two years each)—J. H. J. Upham, Columbus; H. C. Haning, Dayton; A. B. Walker, Canton. Alternates (two years): L. D. Allard, Portsmouth; D. H. Morgan, Akron; R. C. M. Lewis, Marion.

No nominations were offered from the floor.

On motion, duly seconded, the house accepted nominations submitted and proceeded to ballot. Dr. Stricker and Dr. Monger were appointed tellers.

First ballot for President-elect resulted as follows: Dr. Baldwin, 29; Dr. Robbins, 27; Dr. Huston, 15. Ballot was declared irregular inasmuch as two candidates were from the same councilor district. (Dr. Baldwin and Dr. Robbins are from the Tenth.)

Dr. Teachnor moved that the matter of nominations for President-elect be referred back to the Nominating Committee with instructions to report in ten minutes, and that the House proceed with the other ballots. Seconded and carried.

Dr. Matson stated that the Seventh District had not been represented on the committee. Dr. McClellan nominated Dr. Dempster, of Tuscarawas county. He was selected. Balloting proceeded and resulted in the election of those nominated, as there were no nominations from the

floor. The Secretary-Treasurer was instructed to cast the ballot in each instance.

Dr. Matson reported that the Nominating Committee had authorized him to substitute the name of Dr. W. M. McClellan, of Ashland, in place of Dr. Robbins, of Chillicothe. Dr. Perrin nominated Dr. Robbins for President-elect. Seconded.

Dr. Rardin moved that after the first ballot, the man who received the least number of votes be dropped from the ballot, and so until candidate was elected. Seconded and carried.

First ballot resulted as follows: Dr. Huston, 12; Dr. Baldwin, 33; Dr. McClellan, 11; Dr. Robbins, 28.

Second ballot, cast by roll call by Secretary, resulted as follows: Dr. Huston, 5; Dr. Baldwin, 41; Dr. Robbins, 35.

Dr. Baldwin was declared elected by a majority of 1.

On motion of Dr. Perrin, election was made unanimous.

Dr. Rardin moved that a committee be sent to escort the new President-elect to the room.

The next order of business was the selection of the time and place for the 1918 meeting.

Dr. Matson addressed the House, pointing out that the Association has become a very large body, and that the expense of entertaining the annual meeting had grown so large as to become a hardship upon any community.

At the conclusion of his remarks he moved that in the future the Council of the State Association assume charge of the local arrangements for the annual meetings, bear the expense, provide the entertainment and assume charge of the exhibits. The motion was seconded and carried.

On motion of Dr. Schwab, duly seconded, it was decided to hold the 1918 meeting in Columbus, on dates fixed by Council.

Dr. Harding presented a resolution to the effect that Council be instructed to be caused to be published monthly in *The Journal* of the Association an itemized statement of the receipts and expenditures of the Association and *The Journal* for the preceding month. Dr. Skeel moved that publication be made quarterly instead of monthly. The resulting discussion developed the fact that all accounts are audited regularly by certified public accountants and that their work, in turn, is reviewed by the Auditing Committee, and that the task of preparing monthly statements would be voluminous.

Dr. Gardner moved that Dr. Skeel's amendment be tabled. Seconded. Rising vote stood 39 for amendment and 29 opposed. The amendment was carried.

Dr. Gardner moved that Dr. Harding's original motion, as amended, be tabled. Seconded. Rising vote, on question of tabling, stood 43 for and 21 against. The President so declared the vote. The motion was lost.

Dr. Cherrington introduced and moved the adoption of the following resolution:

"WHEREAS, The Ohio State Medical Board has arbitrarily ruled that any hospital connected with a training school for nurses must have maintained for a previous fiscal year a daily average of no less than fifteen patients, in order that their nurses may be registered under the nurses' registration law, and

"WHEREAS, The fifteen-day average necessitates 5,075 patient days per year, which number presents an unfair and impossible requirement for the so-called small hospitals, and

"WHEREAS, The expectant business of this class of institution can never hope to meet this requirement; this limitation being in no sense a measure of the service rendered to the community, and

"WHEREAS, The abolition of these institutions through failure to meet this high requirement would entail great hardship and suffering upon these communities to whom they render efficient and humane service and,

"WHEREAS, Instead of an over-supply of graduate nurses there is at this time a positive dearth of competent nurses throughout the country, especially in view of the anticipated demands of the American National Red Cross; therefore, be it

*Resolved*, That the sentiment of the Ohio State Medical Association that the present requirement of a fifteen patient day average be reduced so that all institutions measuring up to all other requirements of the State Medical Board shall be permitted to register their graduate nurses; and be it further

*Resolved*, That this resolution be spread upon the minutes of this body, and a copy sent to the Ohio State Medical Board."

Dr. Cherrington's motion to adopt was seconded by Dr. Starks.

Dr. Tuckerman moved that the motion be amended to provide for the reference of the resolution to the Committee on Public Policy and Legislation. The motion was lost.

Dr. Dunham moved to lay on the table Dr. Cherrington's motion to adopt. Seconded. Lost by *viva voce* vote.

The Chair put the original motion, to adopt the resolution and declare it to be an expression of the House of Delegates. Discussed by Drs. Starks, Weitz, McGavran, Dunham.

On rising vote the motion was carried. The President so declared the vote.

Dr. Alcorn moved that the Council be authorized to conduct the business of the Association, hire its employes, and act for the best interests of the Association, with the authority of the House of Delegates, until the next annual meeting in 1918. Seconded by Dr. Hartman. Discussed by Drs. Rardin, Headley, Hartman.

Dr. Rardin made the point of order that the resolution could not be acted upon, as it delegated to Council power which the House of Delegates has no right to delegate. The President ruled against the point of order. Dr. Rardin appealed from the ruling of the Chair. By rising vote the Chair was sustained.

By rising vote Dr. Alcorn's motion was adopted, 43 to 12.

Dr. Lichty presented the following resolution:

"In behalf of those physicians who leave their home and practice to serve the army in this country or elsewhere, the Ohio State Medical Association in session at Springfield recommends to its members, and all other physicians in the state, that so far as possible during the present war physicians should inquire from all new patients whether they were being, or previously had been, attended by a physician in army service. If so informed then such physicians shall inform such patients that they attend them only until the physician in army service shall return to his private practice.

"The Medical Association further recommends that thirty per cent of fees so collected by the physician in attendance shall be transferred to the physician in army service, or to his family or estate, as such army physician may request."

Dr. Lichty moved the adoption of the resolution. Seconded by Dr. Hunter.

Dr. Headley moved that the resolution be amended so that any physician going into army list his patients with the Secretary of either the County Society or the State Association. The amendment was lost.

The original motion was discussed by Drs. Lichty, Gardner and Harding. By rising vote it was adopted. The President so declared the result.

Dr. Teachnor moved that the Ohio State Medical Association join with the Cincinnati Academy of Medicine in inviting the American Medical Association to meet in Cincinnati in the spring of 1918. Seconded. Carried unanimously.

Dr. McGavran moved that a vote of thanks be extended to the Clark County Medical Society for their hospitality in entertaining the delegates and visitors to the seventy-second annual convention of the Ohio State Medical Association. Seconded and carried.

The committee appointed by the President to escort the President-elect to the hall reported that he could not be located.

Dr. Gibbon, the retiring President, thanked the House for their many courtesies and called the President-elect, Dr. E. O. Smith, to the chair. In a brief speech Dr. Smith asked the co-operation of the Association during the year.

There being no further business the House of Delegates adjourned.

### Over 200 From Ohio at A. M. A. Meeting

Ohio was well represented, as usual, at the New York meeting of the American Medical Association. The following Ohio registration is taken from the official bulletin of the meeting:

*Cleveland*—N. S. Banker, S. L. Bernstein, H. N. Cole, C. L. Cummer, H. L. Davis, N. M. Jones, E. Klaus, H. B. Kurtz, C. F. Mitchell, W. G. Mussun, T. H. Sollman, W. G. Stern, B. W. Spero, C. K. Teter, C. A. Black, F. E. Cutler, A. F. Furrer, H. J. Gertsenberger, E. M. Goodwin, J. J. Kurlander, M. J. Lichty, Edward Peterka, D. A. Prendergast, Nathan Rosewater, V. C. Rowland, W. E. Shackleton, H. G. Sherman, J. E. Tuckerman, W. B. Chamberlin, F. P. Corrigan, O. L. Goehle, C. L. Graber, F. G. Leonard, Myron Metzbaum, C. F. Nelson, A. G. Schlink, W. C. Warner, J. S. Suva.

*Cincinnati*—A. J. Bell, J. E. Benjamin, C. G. Crisler, G. E. Dash, O. P. Geier, Charles Goosmann, J. W. Guest, E. W. Mitchell, William Mithoefer, R. S. Morris, A. Ravolgi, E. O. Smith, D. I. Wolfstein, E. G. Zinke, Ernest Zueblin, J. M. Bentley, Max Greyfoos, Kennon Dunham, R. B. Hall, C. R. Holmes, John Lanly, William Ravine, C. A. L. Reed, S. B. Dauch, A. H. Freiberg, Samuel Iglauer, A. L. Knight, B. M. Ricketts, A. B. Thrasher.

*Columbus*—G. T. Harding, Jr., I. B. Harris,

C. J. Shepard, W. H. White, J. W. Wright, E. E. Gaver, B. R. Kirkendall, Andrew Timberman, Joseph Price and G. V. Sheridan.

Toledo—W. W. Brand, G. C. Chapman, S. D. Foster, J. M. Frick, H. L. Green, J. H. Jacobson, A. Krieger, L. A. Levison, E. J. McKesson, C. D. Selby, C. W. Waggoner, H. W. H. Nelles, S. S. Hindman, C. M. Harpster, G. M. Todd.

Akron—E. C. Banker, J. G. Blower, J. M. Denison, E. A. Freeman, C. T. Hill, J. J. McShane, W. A. Parks, G. T. Rankin, Jr., H. R. Heckert, D. B. Lowe, R. V. Luce, D. H. Morgan, L. E. Brown, C. E. Jehn, J. S. Millard.

Canton—A. C. Brant, L. A. Buchman, C. A. Crane, J. F. Kahler, E. J. March, W. A. McConkey, E. O. Morrow, H. P. Pomerene, H. M. Schuffell, A. B. Walker, G. F. Zininger, E. D. Brant, W. R. Butt, G. C. Goudy.

Dayton—C. H. Breidenbach, G. B. Evans, George Goodhue, H. C. Haning, W. S. Smith, E. S. Fuller.

Youngstown—R. L. Cameron, J. F. Lindsay, S. H. Sedwitz, E. A. Tobey, W. B. Turner, J. G. Brady, A. E. Elsaesser, J. A. Sherbondy.

Steubenville—J. A. Bradley, H. W. Cooper, I. C. Foster, J. A. McCullough, S. J. Podlewski.

Springfield—J. A. Link, R. C. Rind.  
Lorain—W. S. Baldwin, D. Thomas.

Marion—A. M. Crane, R. C. M. Lewis, C. W. Sawver.

Mt Vernon—V. L. Fisher, F. C. Larimore, W. W. Pennell.

Piqua—J. R. Caywood, R. D. Spencer.  
Massillon—J. D. Holston, R. W. Dickey.

Newcomerstown—S. B. Hays, G. B. Kistler.  
Elyria—C. H. Cushing, E. E. Sheffield, George Gill, O. T. Maynard.

Oxford—H. M. Moore, C. R. Cook.  
Warren—W. W. McKay, D. G. Simpson.

D. R. Barr, Grand Rapids; G. O. Beery, Lancaster; H. Blankenhorn, Orrville; G. E. Calhoun, Uhrichsville; H. E. Corl, Middlebranch; W. N. Gilmore, E. Liverpool; Charles Graefe, Sandusky; Enos Hahn, Leetonia; J. P. Harbert, Bellefontaine; J. O. Howells, Bridgeport; Maurice Leahy, Tiffin; B. R. McClellan, Xenia; J. S. McCulloch, Wellsville; Edward Remy, Jr., Mansfield; H. F. Rodenbaugh, Barberton; H. H. Smith, Middletown; J. O. Stewart, Cedarville; H. L. Stitt, Washington C. H.; C. A. Tribbet, Westboro; R. H. Wilson, Martins Ferry; G. W. Wire, Wilmington; J. G. Wishard, Wooster; Harry Bookwater, Columbiana; R. E. Bower, Chillicothe; L. E. Ladd, Van Wert; M. A. Loebell, Sonora; O. H. Nihart, Edon; W. V. Sprague, Chauncey; J. H. Huntley, Lima; J. J. Kinney, Wyatt; L. F. Mutschmann, Alliance; K. C. Ryder, Lima.

New Philadelphia—Dr. H. A. Coleman has resigned as president of the Tuscarawas County Medical Society to assume his duties in the Medical Corps of the Army.

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\* MEETINGS OF CINCINNATI \*  
\* ACADEMY OF MEDICINE \*  
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(Report by W. R. Abbott, M.D., the Secretary)

The Wassermann and Hecht-Weinberg (Gradwohl) tests were discussed in a paper read before the Academy by Albert Faller, on March 19th. Dr. Faller stated that his observations during the past several years have convinced him that the Wassermann test "leads us into error in fully 15 per cent of cases." Continuing he declared: "A negative Wassermann means absolutely nothing to me; it is only a positive Wassermann that has any great clinical significance." After discussing causes of Wassermann failure and presenting a number of case reports, Dr. Faller gave these conclusions:

- "1. The Hecht-Gradwohl test is entitled to first place among complement fixation tests for syphilis and the Wassermann should be considered a subsidiary test.
  - "2. The Hecht-Gradwohl is more universally applicable than the Wassermann or any other complement fixation test, and, except in a very small number of cases, other tests could be dispensed with.
  - "3. A negative Hecht-Gradwohl means that no appreciable leucic amboceptors are present in the serum, if it does not actually mean that lues are not present, while a negative Wassermann frequently means that amboceptors have been destroyed by manipulation.
  - "4. Wassermann controlled cases are undertreated, while Hecht-Gradwohl controlled cases are intensively treated.
  - "5. Provocative reaction frequently follows negative Wassermans; I have never known it to follow negative Hecht-Gradwohls.
- "In conclusion I would say that with the same technique, different laboratories are frequently rendering different reports on the same specimen of serum and this is due to differences in antigen, a re-agent which requires the most careful and constant scrutiny for signs of sudden deterioration, a possibility which renders advisable the use of two antigens in all examinations."

Discussed by Dr. Berghausen, Dr. Schmidter, U. S. A. Medical Corps stationed at Fort Thomas, Dr. Brohman, Dr. Nelson, Dr. North and Dr. Shinkle.

"Surgical Repair of Severed and Ruptured Tendons" was the subject of a paper read by W. D. Haines, who also presented a specimen of an enlarged thryoid gland. The paper was discussed by Drs. Souther and Gillespie. Moses Scholtz presented the following cases: (1) Multiple generalized scleroderma of one year's duration and steadily progressing; (2) alopecia areata in a five-year old girl; (3) erythema multiforme in a negro 20 years old.

"The Logical Treatment of Cancer of the Cervix," was discussed by Magnus A. Tate at the meeting of the Academy on March 2. In summing up his conclusions, Dr. Tate said: "I can say that I do not know of any advanced case of cancer of the cervix that has been cured by the cautery, but I repeat that life has been prolonged, distressing symptoms greatly ameliorated, and in no case was growth accelerated. I know and constantly read of cases that have been benefitted by the use of radium, and again some have been treated where the disease seemed to be rapidly stimulated in its growth and

death markedly hastened. No case has ever been cured in the sense that medical men use the word cure.

"I believe that the logical treatment of cancer at the present day to be as follows:

"1. Radical hysterectomy (abdominal by preference), if case can be seen early and patient's physical condition justifies the risk.

"2. When in doubt as to operability and in nonoperative cases the best results will be obtained by cauterization.

"3. If the case be so hopeless that the cautery can not be used, try radium."

J. H. Landis presented a case to add, he said, to evidence presented by Dr. Savage and others which indicate that ether is a therapeutic agent of positive value in the treatment of early stages of tuberculosis. Discussed by Drs. Rockhill, Ford, Savage and Zueblin.

Following the reading of Dr. Landis' case report, Starr Ford made the following motion: That a committee be appointed to study ether anesthesia treatment of tuberculosis, and that as far as possible the material available at the General and Tuberculosis Hospitals and the Anti-Tuberculosis League be used.

Members of the First Ohio Hospital Company, recently returned from the Mexican border, were guests of the Academy at a smoker and supper on April 2. Addresses were made by Major Frank Hendley and Captain James Bentley. Dr. Hendley gave a resume of the various departments of army medical service and the improved conditions in military camps of today. Problems of sanitation on the border were discussed by Dr. Bentley.

At a meeting of the surgical section of the Academy, April 9, D. D. De Neen presented a paper entitled "An Experimental Study of Peritonitis With Reference to Calcium Sulphide and Special Reference to Iodine and Ether in Its Treatment." (The Weekly Bulletin of the Academy, Vol. VIII, No. 27). The following conclusions were based on the experiments considered in the paper:

"1—That Calcium Sulphide has no value as an antiseptic and did not prevent adhesions in these experiments.

"2—That ether has no value as an antiseptic in the prevention or treatment of local or general peritonitis.

"3—That ether will cause respiratory paralysis, when used in large quantities within the abdomen.

"4—That ether is irritating and will cause adhesions when used upon the normal peritoneum.

"5—That ether aids rather than inhibits infection in the peritoneal cavity.

"6—That Tr. Iodine and alcohol have proved to be extremely irritating and harmful.

"7—That Tr. Iodine will cause adhesions when applied to the peritoneum.

"8—That Tr. Iodine and water did not prevent peritonitis.

"9—That drainage is preferable to calcium sulphide, ether or iodine in the treatment of peritonitis.

"10—That the peritoneum protects the system against bacteria.

"Thanks are extended to Dr. R. E. Amos for his kindness in making the microscopic examinations in these experiments.

ing April 16, was addressed by C. R. Bardeen, Dean of the Medical College, University of Wisconsin, on "The Value of the Roentgen Ray in the Study of the Heart," which was illustrated by numerous charts and pictures of X-Ray plates. Dr. Bardeen's interest in this subject was first aroused by the study of the health of the students at the University. It was found that the result of the physical examinations could be confirmed by means of the X-Ray. The working point is the size of the silhouette thrown upon the X-Ray plate as compared with a set standard. The several factors used in arriving at a conclusion are, first, a comparison of the size of the shadow cast as compared with the size of the chest; second, the size of the shadow cast as compared to the size of the individual; third, the size of the heart shadow compared to the size and weight of the individual. As the size of the heart varies during inspiration and expiration, in standing, sitting and reclining positions, it is necessary to adopt a definite time (inspiration) position of the patient and distance from the X-Ray machine. The age of the subject must also be considered. Pictures are taken while the subject is sitting, inclined slightly forward and during inspiration. Work is being undertaken, by means of special timing apparatus, to determine the size of the heart during diastole and systole. It is also possible, by means of the Roentgen Ray, to aid in the diagnosis of the various valvular lesions of the heart, the dimensions of the heart being increased in the quadrant over the valve involved. In aortic insufficiency, the heart shadow shows a dilation in the left lower quadrant. In acute dilation, the shadow cast has the appearance of a flabby sack. The X-Rays are also of value in the diagnosis of aneurism, goitre, heart and chronic endocarditic. Dr. Bardeen's paper was discussed by Drs. Griewe, Dunham, Morris, C. C. Fihe.

The regular meeting of the Academy April 23 was addressed by Wilber C. Phillips, Secretary of the National Social Unit Organization, which is planning to establish in Cincinnati a national laboratory for experimentation in social democracy. The city government has accepted an invitation to co-operate in the movement to develop a model community in some section of the city to be chosen in a few weeks, and the selection of an experienced worker whose task will be to organize the people of the selected unit into a planning, studying and working body.

The Academy responded enthusiastically to Mr. Phillips' invitation to take an important part in the creation of a model neighborhood in a small section of Cincinnati. President Landis appointed Charles T. Souther, John W. Murphy, A. B. Thrasher, C. A. L. Reed and W. D. Porter to serve on a committee with him, which will make a special study of the plan and devise methods of co-operation. In the general plan, an organi-

The Medical Section of the Academy at a meet-

zation of local physicians within the unit is contemplated to co-operate in the establishment of clinics and lecture courses for the benefit of the people within the unit by a medical group, comprising the leading specialists of the city. It is proposed to furnish, at the call of the people of the unit, such expert medical service and information as they will require. The group of Cincinnati medical specialists, in turn, will co-operate with a large group of leading physicians and surgeons of national importance. This national group is now being organized by Dr. Franklin H. Martin, medical member of the Council of National Defense. Among the leading medical authorities of the United States who have announced their willingness and eagerness to take part in this program are William Welch, president of Johns Hopkins Medical College; Victor C. Vaughan, ex-president of the American Medical Association, and others of like prominence. When all plans have been brought to a point where actual work may be begun, the people within the unit will have provided for them a health center, supervised by the leading medical specialists of Cincinnati, in which the best medical thought of the United States is a directing influence.

Case reports were presented by C. Broeman, Moses Scholtz, John Wilms, W. D. Haines, Dr. Johnson and D. D. DeNeen.

#### NOTES.

Dr. Bachmeyer has appointed on his committee to confer with the local Red Cross Association: Joseph A. Hall, G. B. Rhodes, R. D. Maddox and F. W. Hendley.

James T. Clear has been elected to membership.

### MEETINGS OF COLUMBUS ACADEMY OF MEDICINE

(Report by Ivor G. Clark, M.D., the Secretary)

The regular meeting of the Columbus Academy of Medicine was held March 19, 1917. J. S. Barrett, of the Research Laboratory of the University of Pennsylvania, gave an illustrated lecture on "Pyorrhoea Alveolaris." At the University of Pennsylvania they have been diagnosing the cases from smears microscopically and applying the appropriate treatment. Emmetine hydrochloride, neo salvarsan and a weak solution of iodine were the preparations endorsed.

F. C. Wagenhal's application for membership in the academy was approved. Attendance 85.

At the regular meeting of the Academy on March 26, Luke Zartman presented a paper on "Inguinal Hernia." After briefly reviewing the literature he described the Ferguson operation,

endorsing it as the most successful. Later he dealt with the subject of inguinal hernia as concerned in Industrial Commission cases. I. B. Harris and R. R. Kahle discussed the paper.

Colonel Willcox then presented a paper on the epidemics of measles present in the Columbus Barracks from time to time during the past five or six years. The sequellae have been frequent and of great severity; pure cultures of streptococcus have often been recovered. Mortality has been between four and five per cent. Hookworm seems to lessen immunity of patients, and measles in persons afflicted with this disease was described as very fatal. John Sheets discussed the paper. Attendance 51.

The program for the Academy meeting on April 9, consisted of a series of short papers on the complications of pregnancy in which S. J. Goodman, W. D. Inglis, Andrew Rogers, J. F. Baldwin and Wayne Brehm took part. W. J. Means, Frank Warner, T. W. Rankin and J. D. Dunham took part in the discussion. Following the regular program, W. F. Bay presented a case of traumatic hysteria, complicating Colle's fracture. The discussion of the formation of a base hospital unit in Columbus was introduced by Andre Crotti, who moved that the Academy express itself regarding a base hospital in Columbus. Several members gave general information concerning the informal growth of the movement fostered by the American Red Cross Society. George Schaeffer, Louis Kahn and J. F. Baldwin took up different phases of the progressive development up to this time. S. J. Goodman offered a substitute motion for Andre Crotti's to the effect that a committee be appointed to investigate the matter of a base hospital unit and report at the next meeting. The motion passed and Drs Crotti, Dodd and Schaeffer were appointed.

At the regular meeting of the Academy on April 16, W. A. Frost, special field representative of the American Red Cross, described the history of the American Red Cross Society and its work. Most of his talk dealt with the organization of base units. Andre Crotti reported on the feasibility of establishing a base hospital in Columbus. Major General Gorgas and Dr. Keen, of Washington, wrote the committee that the organization of a base hospital at this time was not necessary. The committee suggested that a standing committee be created to serve in case the international situation demanded it. Andre Crotti, V. A. Dodd and George Schaeffer were made members of the standing committee. H. H. Snively gave an informal talk on the organization of the base hospital in Russia.

The regular meeting of the Academy was held April 23. W. F. Bay, medical examiner of the State Industrial Commission, reported three causes of traumatic musculo-spiral paralysis in



which function returned within nine months without operation. A series of ten-minute papers were read on Child's Welfare by Frances Hollingshead, E. G. Horton and A. G. Helmick. Dr. Hollingshead laid stress on the necessity for high organization of child welfare work in the cities and the necessity of extension of organized effort in smaller communities. She reported that many of the younger physicians were not giving sufficient attention to the subject of milk mixtures. Dr. Horton gave statistics of mortality of different child's diseases and made suggestions as to how complications may possibly be prevented. Dr. Helmick attacked advertised food preparations. R. R. Kahle, John Rauschkolb, S. J. Goodman, J. F. Baldwin and F. G. Boudreau discussed the above papers.

Hugh Baldwin introduced a resolution directing the secretary to write to Congressmen advocating abrogation of patents on Neo-Salvarsan and Salvarsan, as these preparations can well be made in the United States.

Ernest Scott read a letter from Executive Secretary Sheridan calling attention to several features relative to the annual convention of the Ohio State Medical Association.

Dr. Goodman moved that the Council take up the question of remitting to the men at the front one-third of the amount of fees collected from their patients and that these Reserve Corps physicians send out slips to their patients stating the cause of their absence and referring them to whatever physician they see fit.

The regular meeting of the Columbus Academy of Medicine was held Monday night, May 7, 1917. The application of F. C. Wagenhals was accepted, the secretary casting the vote. R. R. Kahle reported a case of ectopic gestation. J. F. Baldwin reported a case of multiple infarcts of the kidney in which the functional kidney tests proved of no value. B. R. Kirkendall discussed the use of radium in treating carcinoma, and reported several experiences among 30 patients in whose cases he has been using radium. He described the methods of applying the metal in different regions in some detail and exhibited the specimens with which he works.

R. R. Kahle presented a paper on the "Economic Side of Medical Practice." Several members urged that statements be made not itemized but that they be submitted for services rendered.

J. H. J. Upham amended a motion made by G. W. Keil to the effect that delegates of the Ohio State Medical Association be instructed that it is the sense of the Academy that the future meetings of the Ohio State Medical Association should be held under the auspices of the Association itself.

The regular meeting of the Academy was held

Monday night, May 21, 1917. T. K. Wissinger's name was proposed for membership.

Program opened with a paper on "The Physiology of Temperature" by R. J. Seymour. A brief review of the sources of temperature production was followed by the presentation of the modern conception of heat production in the body. Dr. Seymour then discussed various phenomena of normal temperature. C. O. Probst's paper dealt with "The Significance of Temperature in Tuberculosis." He made a number of practical points concerning variation of thermometers and the different plans of recording temperature and correlation of the temperature and pulse, and the interpretation of temperature. The papers were discussed by Drs. Baldwin, Bleile, Carlton, Van Fossen, Crotti, McClure, Valentine and Ramsey.

The regular meeting of the Academy was held Monday night, May 28, 1917. S. A. Hatfield described different methods of determining CO<sub>2</sub> tension in the alveolar air and also recited his experience with this determination in diabetic, nephritic and ether cases in St. Francis Hospital. He decides that this procedure is valuable and practicable in the prognosis of these cases. J. W. Leist presented an exhaustive and valuable history of a case of primary carcinoma of the lung with metastasis to the arm. This case is one of a series of five seen at Protestant Hospital in the past few years. It would seem that these cases are rather more frequent than has been commonly thought and some stress should be laid on the differential diagnosis of this condition and chronic tuberculosis with which it is most often confused.

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 \* MEETINGS OF THE TOLEDO \*  
 \* ACADEMY OF MEDICINE \*  
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(Report by E. M. Latham, M.D., the Secretary)

- April 13—Louis A. Levison, Chairman. Symposium on "Diabetes."  
 1—"A Consideration of Our Present Understanding of Acidosis"-----H. W. NELLES  
 \*2—"A Relation of Diabetes to Ocular Affection"-----F. W. ALTER  
 3—"The Diabetic as a Surgical Risk"-----P. J. BIDWELL  
 4—"The Management of Diabetes"-----C. W. WAGGONER  
 April 20—Willard J. Stone, Chairman. Symposium on "Syphilis."  
 1—"The Modern General Treatment of Syphilis"-----JOHN T. MURRAY  
 2—"The Treatment of Neuro-Syphilis"-----NELSON H. YOUNG  
 \*\*3—"The Interpretation of the Wasserman Reaction"-----THEODORE ZBINDEN  
 April 27—E. W. Doherty, Chairman. Symposium on "Cancer."  
 1—"Cancer and Some of Its Problems"-----WM. J. GILLETTE  
 2—"Cancer of the Breast"-----JULIUS H. JACOBSON  
 3—"Cancer of the Rectum"-----J. M. FRICK

\*Dr. Alter said, in part:

Probably no other constitutional disease produces a greater variety of ocular manifestations than diabetes and yet in its milder forms it may be present for a long time

without evidence of its existence being apparent in the eyes. In temporary toxic and traumatic glycosuria notwithstanding the presence of large quantities of sugar in the urine, the eyes are not affected. It seems to have a special predilection for the crystalline lens and retina. Cataract usually appears as a bilateral affection and it develops mainly when the amount of sugar contained in the urine is high.

The prognosis of diabetic cataract is less favorable. A disturbed metabolism favors the production of iritis. In diabetes, a suitable dietetic regime must be invoked to eliminate or at least bring to its lowest point the acetonuria that exists prior to any operative procedure.

Dr. Alter cited the following case: Diabetic patient operated on for cataract, 5 per cent sugar in urine. She made a very satisfactory recovery and is able to see quite well now, but without careful pre-operative treatment, he feels she would have had wholly negative results.

He summarizes as follows:

1. Diabetes is rather frequent cause of eye disturbance.
2. Most frequent ocular manifestation is cataract and retinitis caused by disturbed metabolism and due to diabetic auto intoxication.
3. Rigid dietetic regime adds materially in operative cases.
4. Careful urinalysis in all operative cases.
5. Eye symptoms in a diabetic are of ill omen, show serious disordered state of nutrition. It often goes hand in hand with with acetonuria and also gives reliable index as to the status of the existing metabolism.

\*\*Dr. Zbinden said, in part:

The Wassermann test has been in use about ten years, has been done millions of times and is a universally recognized procedure in present-day medicine. The technic has been carefully worked out, so that results are quite accurate, although no standard technic has yet been universally adopted. In non-syphilitics, latest statistics give only a fraction of a per cent. positive results. Primary syphilis gives as high as 81 per cent. positives; secondary syphilis almost 100 per cent.; tertiary 70 to 80 per cent.; latent syphilis 50 to 60 per cent.; congenital syphilis 95 per cent.; and nerve syphilis from 70 to 100 per cent.

**Conclusions:** A strong positive means syphilis. A weak positive does not mean syphilis unless clinical history and findings point strongly towards syphilis. A gradual weakening of the test in a case under treatment may be considered satisfactory progress. A single negative result never excludes syphilis. Several negative results, preferably from different laboratories, are more conclusive. A persistent negative after a provocative injection of salvarsan is of still greater value. In nerve disease an examination of spinal fluid should be made and will establish the diagnosis. But with all these precautions there will be occasional cases of syphilis that must be diagnosed in contradiction to the results of the Wasserman test.

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 \* NEWS OF THE CLEVELAND \*  
 \* ACADEMY OF MEDICINE \*  
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(Report by J. E. Truckerman, M.D., the Secretary)

The one hundred and thirty-eighth regular meeting of the Academy of Medicine was held Friday, April 20, 1917, at the Cleveland Medical Library.

**PROGRAM.**

1. Practical Gynecological Suggestions—W. H. Humiston, M. D. Discussion by Dr. A. J. Skeel. Discussion closed by Dr. Humiston.
  2. The Treatment of Dysmenorrhea—W. H. Weir, M. D. Paper discussed by Drs. J. L. Bubis, B. E. Sager, W. D. Fullerton. Discussion closed by Dr. Weir.
  3. Referred Pain of Pelvic Origin—Howard Dittrick, M. D.
  4. Case Report: Extensive Perineal Hernia and Procedure of Repair—N. M. Jones, M. D. Paper discussed by Dr. W. H. Humiston and J. E. Tuckerman. Discussion closed by Dr. Jones.
- Adjourned at 10 p. m. to the library rooms for social meeting and refreshments.  
 Attendance 94.

**MEETING OF COUNCIL.**

At a meeting of the Council of the Academy of Medicine held April 10, the following were elected to active membership: Reed W. Anderson, T. S. Keyser, E. F. Kieger, B. F. Lowry, William B. Markus, J. E. McClelland, J. C. Simon, John M. Steel, Robert W. Williams.

The Secretary brought up a suggestion made by Dr. Brokaw over the telephone that the Academy as a body offer its services gratis to dependents of enlisted men. In discussion it was the sense of the Council that such a matter was a question of individual decision. On motion the question was laid on the table.

Dr. Follansbee touched upon some phases of medical legislation, stating that it was his belief that the profession was fortunate in that no vicious bills passed the legislature this year. He stated, however, that it was his belief that the question of professional licensure should be entirely revamped. On motion the Secretary was ordered to communicate to Mr. Sherdian the thanks and appreciation of the Academy for his excellent services during the legislative session just passed.

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 \* MEETINGS OF THE DAYTON \*  
 \* ACADEMY OF MEDICINE \*  
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(Report by Edgar L. Braunlin, M.D., the Secretary)

At the meeting of the Dayton Academy of Medicine, April 13, "The Public Health Job" was discussed by M. B. Floyd. The author took up in detail the functions of a public health department and gave a complete report of the work accomplished by the local health department during the past year.

"Blood Tests as regards the Newer Renal Function Tests," was N. D. Goodhue's subject. He gave a brief review of the various renal function tests with especial emphasis on the urea and creatinine estimations of the blood, illustrating the same with a series of charts.

E. L. Braunlin discussed "Alkali Reserve and Carbon Dioxide Tension of Alveolar Air." Dr. Braunlin gave a brief review of the various theories relative to acidosis and demonstrated the method of estimating the alkali reserve and the carbon dioxide tension of alveolar air as a means of determining the degree of acidosis.

New members of the Academy are: R. S. Binkley, H. W. Burnett, G. G. Giffen, J. C. George and L. Stutsman.

At a meeting of the Academy on April 27, "Treatment of Epilepsy" was discussed by C. W. King. The author read a very thorough paper on the treatment of epilepsy, particularly as regards the dietetic treatment. He reported the following results out of a series of 42 cases: Nineteen recovered, 10 improved, 6 slight improvement, 5 unchanged, 2 died of exhaustion (children).

"The Relation Between Our Modern Civilization and Nervous Strain" was E. L. Braunlin's subject. He emphasized the fact that nervous strain is due more to a lack of adaptability of the individual to his environment rather than a direct result of civilization.

R. W. Adkins talked on "Relation of Surgical Interference to Psychoses." The author cited a series of cases under his observation in which the mental symptoms were much improved and in some cases entirely ameliorated by the correction of some predisposing surgical condition.

E. A. Baber's paper on "Some Neurological Developments Due to the European War," was interesting and instructive. He illustrated with stereopticon slides some of the more common neurological injuries seen in the European War zone.

The meeting of May 11 was preceded by dinner at Dayton City Club, at which 24 members were present.

The program: "History and Etiology of Syphilis," C. A. Bonner. The author gave a concise yet interesting paper on the history and etiology of syphilis from the earliest records of the disease to the important discoveries of the last decade.

"Treatment of Syphilis," F. D. Crowl. Dr. Crowl described his usual method of treating the disease and especially advised the necessity of continuing treatment over a long length of time. An interesting round table discussion followed.

#### NOTES

L. G. Bowers has been appointed to the Surgical Staff of the Miami Valley Hospital.

The program of the meeting of April 20 of the Montgomery County Medical Society follows:

"Skin Cancer," M. L. Heidingsfeld, Cincinnati. The author gave an interesting and instructive talk on skin cancer illustrating both the usual and the unusual types with lantern slides.

"Psychotherapy," Wm. Ravine, Cincinnati. The author went into detail in both theory and practical application of psychotherapy. He stated that it was of special value in the functional nervous diseases and phobias.

At the meeting of May 4, the following program was carried out:

"Traumatic Epilepsy," L. E. Stutsman. The author gave a brief classification of epilepsy but devoted the majority of his paper to the surgical treatment of the traumatic type. He stated that the prognosis was better the shorter the interval between the injury and the operation, although it is never too late. Operation removes only one factor (the immediate cause) and it is necessary to avoid any additional factors which may produce congestion of the brain centers.

Discussion and Report of Cases. W. A. Ewing, the speaker gave a brief discussion of the previous paper and reported two cases, in one of which he obtained complete recovery; in the other, only temporary improvement.

"Problems of Sex Life and Sex Education," W. S. Hall, Chicago, Professor of Physiology at North Western University. Dr. Hall spoke particularly with reference to the function of the prostate gland and seminal vesicles in regard to their excretion of alkaline salts activating the spermatazoa—also on the physiology of nocturnal emissions.

#### CAN WE DO IT? WE CAN

In commenting on the Springfield state meeting, with its registration of over 1,100, Dr. M. J. Lichty of Cleveland calls our attention to the fact that when the American Medical Association met in Columbus in 1900 the total registration was only 1,400. If the war does not make too great inroads in the profession before May, 1918, we are going to beat that 1,400 resigstration of the A. M. A. in Columbus next year.

#### TO THE COUNTY SOCIETIES

Tuberculosis is increasing with terrible rapidity among the armies in Europe. When our boys begin to come back, the resources of our county sanatoria will be taxed. Prepare for that time and need by building more tuberculosis hospitals. Add to those you now have. The county society is referred to the resolution on this subject which appears in the minutes of the first meeting of the House of Delegates.

#### SPECIAL NOTICE SOCIETIES

The spirit of patriotism which prompts some of your members to serve in the armed forces of our country, at personal sacrifice, should be rewarded. The House of Delegates of the Ohio State Medical Association suggests that you, who have not already done so, can reward in a modest way, this loyalty to our country by paying from your treasury, the state dues of those members whom you wish to so recognize. Your attention is called to the resolution on this subject appearing in the minutes of the first meeting of the House of Delegates.

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## COUNTY SOCIETIES

### FIRST DISTRICT

*Highland County* Medical Society met at the Hotel Parker, Hillsboro, April 25. J. C. Larkin's remarks on medical legislation were received with much interest. Charles L. Bonifield of Cincinnati, whose subject was "Some Remarks on Surgical Diseases of the Gastro-Intestinal Tract," held the attention of all present by his very practical and conservative dealing from a surgical standpoint of diseases peculiar to his subject. J. W. Greiwe of Cincinnati, gave a talk on heart irregularities; from a clinical point of view, which was highly instructive. A very interesting case report was made by J. D. McBride of Hillsboro. Visitors present were C. A. Tribbet of Westboro, and John R. Cooper of Cincinnati.

The next meeting of the Society was held at Hillsboro, June 6. Report of the delegate to state meeting was made by J. C. Larkin. J. C. Bohl of Hillsboro, presented a paper on "Typhoid Fever," the discussion of which by several members of the Society, brought out interesting points in management and treatment of the disease. William C. Doughty of Cincinnati, gave an excellent screen demonstration of pathological conditions in the stomach, which was followed by a talk on "Some Surgical Diseases of the Stomach," by D. W. Palmer of Cincinnati. Dr. Palmer's talk was interesting and was based upon the screen demonstrations of Dr. Doughty. An interesting discussion followed, and a vote of thanks was extended to each. O. R. Eylar of Rainsboro, was elected to membership.—K. R. TEACHNOR, Correspondent.

*Adams County* Medical Society met in the Courthouse in West Union, April 25. It was an interesting and enthusiastic meeting, all except five of the members of the society being present. Charles E. Kiely, of Cincinnati, read an interesting paper on "Newer Methods in the Diagnosis and Treatment of Cerebro-Spinal Syphilis," which he illustrated with lantern slides. Drs. Sproull and Crawford presented a case of chorea and one of sciatica. S. J. Ellison read a paper on "Medical Preparedness. Edwin J. Kennedy, president of the society, has enlisted in the Reserve Medical Corps, and practically all the members present signified their intention of enlisting.—S. J. ELLISON, Correspondent.

*Clinton County* Medical Society held its regular meeting at Wilmington, May 16. The program consisted of a talk by Dr. Conard on what was expected of physicians in a military way and a paper by Dr. Kinzel.—(From a news clipping).

### SECOND DISTRICT

*Green County Medical Society* met May 3, in the room of the Business Men's association, with an attendance of 22. Drs. Robbins, Perrin and Bower of Chillicothe, were guests and gave short talks. Drs. Bogle of Yellow Springs, Walker of Jamestown, and Ream of Bowersville, were elected to membership, increasing our enrollment to 40, which, with the exception of two retired physicians, includes every eligible practicing physician in the county. Dr. Galloway was instructed to write a letter of appreciation to W. D. Howell, author of a recent contribution in Harper's Magazine, lauding the American physician. After case reports and the demonstration of pathologic specimens by Dr. Ben McClellan, and an exhibition of X-ray plates by Dr. Silitoe, Dr. Galloway addressed the society, taking for his topic, "Intestinal Toxemia." Many new features of this condition were brought out by Dr. Galloway and the discussion led by Drs. Finley and Madden was instructive and entered into by all.—H. C. MESSENGER, Correspondent.

*Darke County Medical Society* held its regular monthly meeting at Greenville May 10. Thirty-one physicians were present. E. J. Wilson of Columbus, and C. I. Stephen of Ansonia, spoke on "Internal Medicine." C. P. Emerson of Indianapolis, who was to have been one of the speakers, was unable to be present.—(From a news clipping).

*Clark County Medical Society*, at its regular meeting May 28, was addressed by Harry K. Dunham of Cincinnati, on "The Diagnosis of Pulmonary Conditions by Means of the X-ray." W. B. Patton, chairman of the local committee on arrangements for the meeting of the State Association, read a letter from C. D. Selby complimenting the Clark County Medical Society on the entertainment of delegates and visitors to the meeting. Many other letters of congratulation have been received by the society. At a meeting of the society on May 7 a paper was read by O. M. Marquart on "Diabetes Mellitus."—(From a news clipping).

*Miami County Medical Society* meeting at the Piqua Club May 18, adopted a resolution declaring that one-third of the receipts of practice among patients of physicians called into war service shall be paid to the secretary of the county society and held in trust by him for those physicians or turned over, on their orders, to their families. Physicians entering the government service were instructed to make out a list of regular patients to be filed with the secretary of the society.—(From a news clipping).

### THIRD DISTRICT

*Wyandot County Medical Society* held a banquet at the Hotel Fetter, Upper Sandusky, May 9. H. B. Gibbon of Tiffin, the principal speaker

of the evening, discussed "Medical Preparedness." A medical preparedness committee was named as follows: L. W. Naus, Upper Sandusky; A. L. Walton, Sycamore, and I. N. Zeis, Carey. A resolution endorsing the efforts of the local Red Cross Chapter and extending to it the support of the medical society was adopted.—(From a news clipping.)

*Allen County Medical Society* postponed until May 22 its regular meeting which was to have been held on May 15, a date which conflicted with the meeting of the Ohio State Medical Association.—(From a news clipping.)

#### FOURTH DISTRICT

*Sandusky County Medical Society* discussed military measures at a meeting held in Fremont, May 8. E. M. Ickes was the principal speaker.—(From a news clipping.)

*Wood County Medical Society*, meeting at Bowling Green May 17, organized a medical defense committee and discussed enlistment in the Medical Reserve Corps.—(From a news clipping.)

#### SIXTH DISTRICT

*Summit County Medical Society* met at Akron June 5. Attendance, 55. New members admitted are H. N. Nipple, A. M., M. D., of Clinton; H. L. Smallman, B. S., M. D., of Barberton; B. H. Nichols, M. D., of Ravenna. C. E. Held donated eight volumes to the library. "The Practice of Medicine in Ohio," G. H. Matson, Columbus, secretary of the Ohio State Medical Board. It was a clever paper, resulting from Dr. Matson's long experience. Dr. Matson's excellent paper started a discussion by A. S. McCormick, S. St. J. Wright, C. E. Townsend, E. H. McKinney, J. N. Weller, T. D. Hollingsworth.

An exhibition of uniforms, arms, equipment used during the wars and periods from 1815 to 1917 in the armies of Canada, Cuba, France, Great Britain, Greece, South African Republic, Switzerland, U. S. A., was shown. The exhibits consisted of uniforms, rifles, swords, bayonets, bullets and other appropriate souvenirs of soldiering, both in the piping times of peace and the more strenuous days of war, the whole forming a very unique exhibition. Most of the articles are the property of C. J. Hays, R. A. Smith, and A. S. McCormick, Mr. T. D. Wolbach of Wadsworth and loaned by Capt. W. C. Yontz, of the Eighth Regiment.

Dr. McCormick and Captain Yontz acted as lecturers and described the various articles which demonstrated the improvements from the clumsy weapons of pre-civil war days to the more efficient and deadly weapons of today, in a most interesting manner.—(From a news clipping.)

*Portage County Medical Society* held its regular monthly meeting May 24 at Ravenna. The

society was entertained at the Elks Club by G. J. Waggoner. Fifteen members and visitors were present. B. H. Jacob of Kent, presented a case showing deformity resulting from a mild case of infantile paralysis. Second Large of Cleveland, then addressed the society on "Common Colds and Their Treatment," with lantern slide illustrations. This was an unusually practical and timely talk and was freely discussed by every one present. Our delegate to the state meeting at Springfield made a report as did every member who was there. Seven, or 25% of our membership, attended. This is an unusually good showing considering that they had to travel 185 miles. Refreshments were served by Mrs. Waggoner.—W. B. ANDREWS, Correspondent.

*Stark County Medical Society* held its regular meeting at Canton May 21. E. J. March, newly elected councilor of the Sixth District, gave a report of the annual state meeting at Springfield. L. A. Crawford of Alliance and G. Y. Davis of Sebring, presented papers.—(From a news clipping.)

#### EIGHTH DISTRICT

*Licking County Medical Society* held its regular monthly meeting at the Warden Hotel, Newark, May 31. Clinics on medical and surgical subjects were held by Drs. Evans, Stedem, Postle, Harbottle and Legge.—(From a news clipping.)

#### TENTH DISTRICT

*Union County Medical Society* held a meeting in the Commercial Club Rooms, Marysville, May 4. Major Angus MacIvor of the Fourth Ohio Medical Corps, delivered the principal address. He told of the need of medical men in the Army and the physical requirements.—(From a news clipping.)

*Pickaway County Medical Society* held its regular meeting in Circleville May 10. J. B. May of New Holland, read a paper on "Ductless Glands," which was followed by general discussion.—(From a news clipping.)

*Delaware County Medical Society* met in regular session at the Court House in Delaware, April 6. The society had decided to give a banquet at Hotel Allen to all of its members on the evening of the sixth, but, owing to the inclement weather and bad roads, which prevented many from coming, the banquet was postponed. C. W. Chidister and D. E. Hughes were elected delegate and alternate, respectively, to the Springfield meeting.

C. D. Mills, of Marysville, read an able and interesting paper on "Social Evils," which was thoroughly discussed. A. H. BUCK, Correspondent.

## Ohio Hospital Association Discusses Practical Problems at Annual Meeting In Columbus

The third annual meeting of the Ohio State Hospital Association was held in Columbus May 22 to 24. The association is becoming an important factor in bringing about better conditions for hospital practice in Ohio. It has grown steadily and now has a membership of about 200.

The Columbus meeting marked the retirement of State Senator Howell Wright of Cleveland as secretary of the organization. Mr. Wright's official position made it inadvisable for him to continue as an officer of the association, and he refused to permit his name to be presented for reelection.

In connection it should be pointed out that Mr. Wright has rendered splendid service to the hospitals of the state during his connection with the association—in the organization of which he played an important part. He has worked unceasingly to develop an organization that will adequately represent the great hospitals of this state. He has been particularly successful in bringing hospital executives to realize the necessity of organization in dealing with modern industrial conditions.

His retirement as secretary of the state as-

sociation does not in any way effect his position with the Cleveland Hospital Council—which he has made one of the most active organizations of its kind in the country.

The Columbus meeting was called to order Tuesday afternoon by the president, Rev. A. G. Lohman. Papers on "The Building of the American Hospital" were presented "From the Viewpoint of the Superintendent" by F. E. Chapman, superintendent of the Mount Sinai Hospital, Cleveland, and "From the Viewpoint of the Architect" by Mr. Charles F. Owsley, architect and designer of St. Elizabeth Hospital, Youngstown. The papers were discussed from the viewpoint of the visiting staff by Dr. J. F. Baldwin, of Columbus, and from the viewpoint of the nurse staff by Miss Harriet Friend, chief nurse examiner of the State Medical Board, and others.

A paper was presented by Dr. Robert G. Paterson, secretary of the Ohio Society for the Prevention of Tuberculosis, on "State Resources and Needs for the Care of the Sick Who Cannot be Properly Cared for in the General Hospital." Mr. Paterson discussed the problems of infirm-ary hospitals, contagious disease hospitals, hospitals for the insane, for the feeble-minded, for

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the epileptic, for the tuberculous, for the crippled and deformed children, etc. He concluded that the greatest need of Ohio in the hospital field today is the establishment of a central bureau in some state department, preferably the state department of health, where the facts relating to hospital service through the entire state may be regularly and systematically gathered and where some degree of control over hospital organization and management may be exercised. The discussion of this paper was opened by Dr. Charles H. MacFarland, superintendent of the Cleveland City Hospital.

A paper on "The Place of the Individually Owned and Operated Hospital in the Community," was then read by Dr. Ben R. McClellan, of Xenia. The discussion of this paper was opened by Miss Mary Roberts, superintendent of Holmes Private Hospital, Cincinnati.

On Wednesday morning, May 23, the program was continued by a round-table discussion under the chairmanship of Dr. A. C. Bachmeyer, superintendent of Cincinnati General Hospital. The first subject presented was "The Care and Control of Hospital Linen," by Dr. A. R. Warner, superintendent of Lakeside Hospital. A very interesting and practical discussion followed. Mr. P. W. Behrens, superintendent of Toledo Hospital, Toledo, spoke on the question of "How to Meet the Increased Cost of Hospital Operation." This also was followed by a profitable discussion. Sister M. Genevieve of St. Elizabeth's

Hospital, Youngstown, discussed "Labor-Saving Devices in Hospitals."

A paper on "Economy in Preparation and Saving of Food" was read by Miss Lulu Graves, dietitian of Lakeside Hospital, Cleveland. Miss Graves made a strong point of the necessity of distinguishing between practical and theoretical economy and of figuring the expense of labor.

Mr. F. S. Bunn, superintendent of Youngstown City Hospital, spoke on "The Hospital's Responsibility for Giving out Prompt and Reliable Information." He said that, while it was necessary to be very careful about the giving out of information to newspapers, it was found that often lack of information gave rise to suspicion. There was need for tactful and careful handling of the question.

At the banquet session Dr. John G. Bowman, director of the American College of Surgeons, read a paper on "The Place of the American Hospital in Medical Education." Dr. Bowman emphasized the responsibility of the hospital toward the intern in the way of creating a fine ideal of service, giving his laboratory training, prohibiting fee splitting, and keeping accurate records.

Dr. John M. Baldy, president of the Pennsylvania Bureau of Education and Medical Licensure, then read a paper on "The Equipment of the Modern Hospital for Purposes of Medical Teaching." Dr. Baldy asserted that an active, intelligent, and willing medical and surgical

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staff is the most potent item of equipment of a hospital for teaching purposes. He also emphasized the importance of adequate histories.

At the morning session of Thursday, May 24, Mr. Howell Wright, secretary of the association, read a paper on "The Importance and Need of State-Wide Hospital Organization." The association then passed a motion instructing the executive committee to cooperate with Mr. Wright's commission to make a state survey of medical practice and hospital conditions.

A paper, "Qualifications Demanded of the Nurse as a Hospital Superintendent," by Miss M.



SENATOR HOWELL WRIGHT

A. Lawson, superintendent of Akron City Hospital, Akron, Ohio, was read in Miss Lawson's absence by Mr. Bunn.

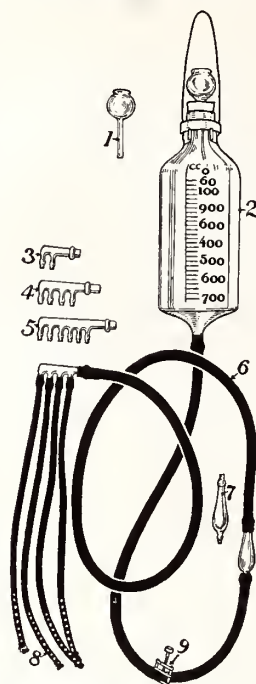
Several amendments to the constitution were acted upon. An amendment to admit superintendents of nurses to membership was urged by the nurses attending the convention, but was lost. The association considered a resolution demanding that the State Medical Board take cognizance of the acute situation existing in many Ohio hospitals due to an insufficient number of both graduate and pupil nurses, and modify its requirements for recognition of nurse training schools. The resolution asked the Board not to insist upon a daily average of patients in any hospital as the *only hard and fast minimum* requirement for recognition of a training school but that it receive and *publicly encourage applications* from any hospital conducting a training school, or desiring to conduct a training school, and endeavor to co-operate and

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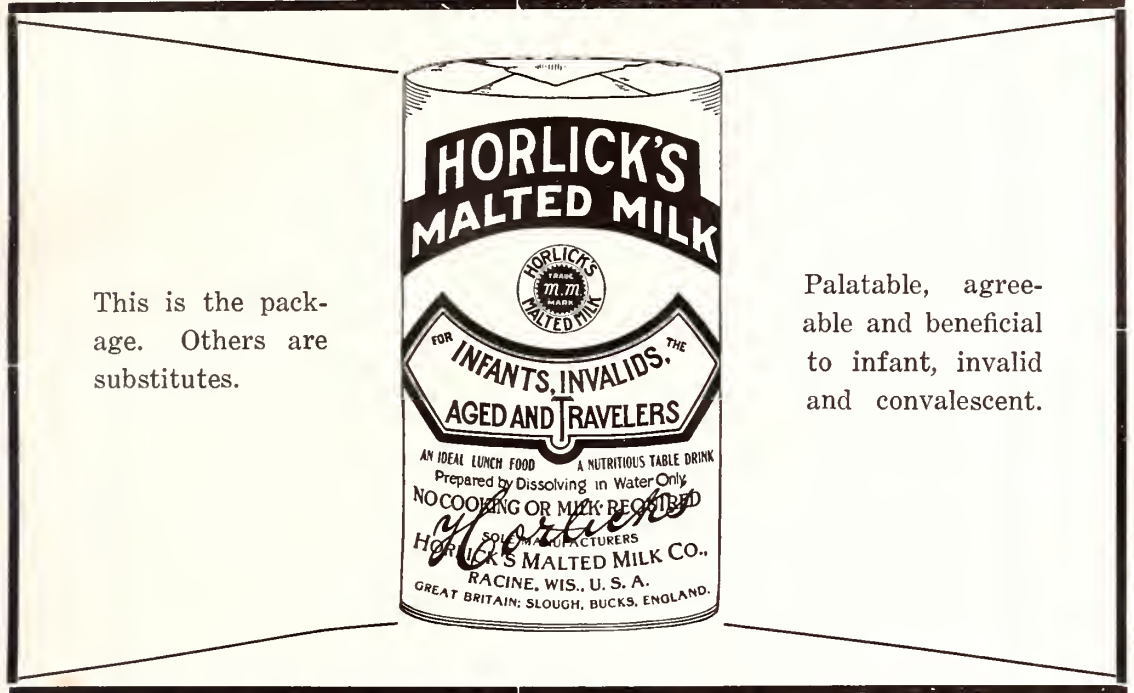
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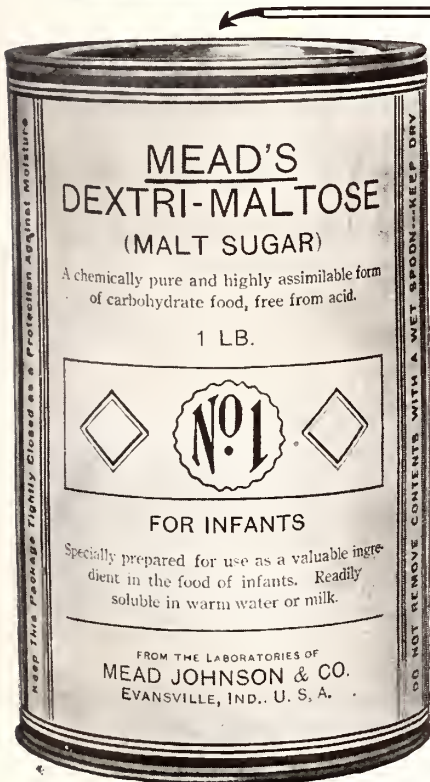
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help make it possible for any hospital making such application to meet all of the requirements of the law. The resolution further requested the Board to adopt a more lenient policy relative to the preliminary qualifications of pupil nurses. This suggested resolution (which was not as pointed as the one adopted by our association at Springfield) was considerably modified, however and adopted in the following form:

"WHEREAS, The State Medical Board has been duly authorized to administer the State Registration nurses law.

"WHEREAS, there exists a condition in many Ohio Hospitals due to the insufficient number of nurses.

"WHEREAS, a draft for nurses for war service has already and will continue to aggravate the condition.

"BE IT RESOLVED, by the Ohio Hospital Association representing over one hundred Ohio Hospitals assembled at its third annual Convention, that the State Medical Board be and is hereby urgently requested to take official cognizance of this existing condition.

"RESOLVED, That copies of this resolution be given due publicity and that the Association offer its co-operation to the State Medical Board in meeting the difficult problems involved."

The following officers for the ensuing year were elected:

President, Mr. F. S. Bunn, superintendent City Hospital, Youngstown; Vice-presidents, Rev. C. H. LeBlond, St. Anthony's Home, Cleveland; Miss Alice Thatcher, superintendent Christ's Hospital, Cincinnati, and Miss L. J. Napier, superintendent City Hospital, Springfield; Secretary-Treasurer, Dr. E. R. Crew, superintendent Miami Valley Hospital, Dayton. Executive Committee—Rev. A. H. Lohmann,

superintendent German Deaconess Hospital, Cincinnati; Rev. M. F. Griffin, Youngstown; Dr. A. R. Warner, superintendent Lakeside Hospital, Cleveland; Miss A. L. Lawin, superintendent Franklin County Tuberculosis Hospital, Columbus; Dr. W. F. Marting, Keller Hospital, Iron-ton.

The meeting was not as largely attended as might have been desired, only 77 members being present. An interesting commercial exhibit was shown in connection with the meeting.

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### HOSPITAL NEWS NOTES

—The Cleveland Hospital Council has formally approved of the acceptance by Secretary Howell Wright, of the appointment by Governor Cox to the Commission to make a hospital and medical practice survey. The following Council Committee has been appointed to co-operate and act with the Commission: Dr. R. H. Bishop, Jr., Health Commissioner, Chairman; Miss Anne Williamson, Superintendent Glenville Hospital; Rev. F. W. Leich, Superintendent German Hospital; Rev. C. H. LeBlond, Director Catholic Charities, and Miss Harriet L. Leete, Superintendent Babies' Dispensary.

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My plant in Brooklyn, which I have incorporated as the "H. A. Metz Laboratories, Inc.," is nearly completed, and is already turning out Salvarsan though not yet in commercial quantities. I hope by July 1st to supply American Salvarsan and Neosalvarsan to the medical profession and hospitals at a price materially less than that of the imported product, saving the expenses incurred by a duty of 30%, importation charges and royalties.

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Important action relative to hospital rates and charges for the care of industrial cases has been taken by the Hospital Council. The following resolution has been adopted and agreed to by the individual hospitals represented in the Council:

"The Hospitals represented in the Hospital Council hereby agree that on and after April 1st, 1917, they will charge not less than \$15.00 per week for the care of industrial cases for which the individual firm or corporation is legally and morally responsible, this rate being the same as now paid by the State Industrial Commission, provided, of course, the average daily per capita cost of a given Hospital is not less than this amount.

"It is further agreed that, if a firm or corporation voluntarily assumes the payment of an employee's hospital bill and the case is not one for which it is legally and morally responsible, the rate charged will be the same as the rate to the individual patient.

"The Hospitals hereby re-affirm their approval of the principle of hospital cost for service rendered to industrial cases. And it is further agreed that they will use their best efforts for its extension and ultimate adoption by the State Industrial Commission."

Through a committee appointed for the purpose, a communication has been directed to the Committee on Hospitals of the Council of National Defense, offering the services and co-operation of the Council in the work of mobilizing medical and hospital resources. It was also urged in the communication that these resources be so organized as to safeguard the civil hospital and the civil population, and at the same time release as many men and women as possible for service in the army.

A committee was appointed to make plans for affiliation of Cleveland hospitals for purposes of nurse training and nursing work as made necessary by the state registration of nurses' law, and to make further plans for general nursing needs made imperative by the draft of nurses for war service in Red Cross units.

—Charging that the board of trustees of the Toledo hospital failed to carry out an agreement with its medical staff regarding the reorganization of the institution, the staff resigned as a body at a meeting held April 19. A resolution adopted by the staff states that one year ago the trustees agreed that the staff should have complete control of the professional part of the hospital in return for which it was to reorganize the institution "along modern, scientific lines." The board, the resolution continues, not only failed to fulfill this promise but "has intentionally nullified the efforts of the staff on many occasions" and has refused to ratify in legal form the agreement originally entered into verbally. The resignation was accepted by the trustees.

—Twelve nurses were given diplomas at the annual graduation exercises of the Columbus State Hospital training school, May 16. Colonel E. S. Wilson of Columbus, delivered the principal address.

—Henry County citizens have pledged \$33,000 for the equipment of a public hospital at Napoleon. The institution will be known as the

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Refer to Dr. Sherman's article, Surgery, Gynecology and Obstetrics, March, 1917, on the Carrel Method of Wound Sterilization.

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Samuel N. Heller Memorial Hospital in honor of Mr. Heller, who donated his home for hospital purpose.

—Dr. W. L. Hogue has purchased residence property in Montpelier and intends to convert the house into a modern hospital. The work of remodeling will be done this summer, according to Dr. Hogue.

—Work has been started on a new nurses' home to be erected at the Massillon City Hospital at a cost of \$50,000. The building will contain 31 bedrooms and superintendent's and head nurse's departments.

—Miss Florence Dakin has been elected superintendent of the Middletown City Hospital to succeed Miss Ruth G. Clark, who was employed by the trustees to organize work at the institution.

—Lutherans of Toledo and vicinity are seeking \$1,000,000 for a new Lutheran hospital and for improvements and extensions to the Toledo Lutheran Home.

—The Delphos Hospital Company has been incorporated at Delphos and the work of disposing of stock is to begin at once. The company plans to erect a hospital. Among the incorporators were Drs. G. Hartnagle, E. Burnett, J. R. Tillotson and N. E. Brundage.

The new Bellevue Hospital at Bellevue was formally opened to the public, March 6.

The following program was carried out at the meeting of the Clinical Society of the Cincinnati Hospital, April 19: "Stricture of Esophagus," S. Iglauer; "Hypertrophis Cirrhosis of the Liver," M. A. Brown; "Autopsy Finding of Case of Hypertension," L. G. Heyn; "Trichnosis," R. S. Morris; "Schick Test," J. V. Greenebaum; "Pneumothorax," M. A. Brown; "Secondary Carcinoma of Femur," F. E. Fee.

It is probable that the larger cities of the state, denied the right to offer base hospital units, will proceed with the equipment of Army Hospital Units. An Army Hospital Unit is made up of one director, one adjutant, two chiefs of service, four staff surgeons, four staff physicians, one head nurse, twenty nurses, three clerks, who may be women, and such number of orderlies as may be necessary, not to exceed fifty without special authorization. All of the officers in an Army Hospital will be commissioned in the Medical Reserve Corps of the Army. Orderlies will be enlisted in the medical department of the army. All nurses must be enrolled as Red Cross nurses.

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## Increased Legislative Appropriations Will Relieve Crowded Conditions in State Institutions--Juvenile Research Bureau Assured

Important appropriations for increasing facilities for the care of Ohio's feeble minded, epileptic and juvenile delinquent population were made by the Eighty-second General Assembly.

Many physicians will be deeply interested in results to be obtained from efforts which are being made to meet the problem of juvenile delinquency through the state bureau of juvenile research. The legislature provided \$100,000 for a building and \$12,000 for equipment for this institution, which was established in 1914.

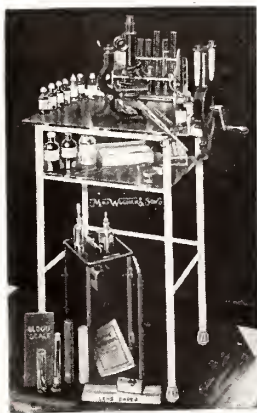
The appropriation will place the bureau on a firm basis and convert it into a real mental hygienic clinic, to which all juveniles committed to the institutions under the state board of administration will be sent for thorough mental and physical examination. After the examination, they will be sent to the state institutions best equipped to meet their individual needs. The bureau will thus become a clearing house for mental defectives.

For the institution for feeble-minded, the legislature appropriated \$274,000 for the erection and equipment of eleven cottages, and \$25,000 for a badly needed tuberculosis pavilion. These

additions will enable the institution to care for 650 additional feeble-minded. In 1916 the average attendance at the institution, which is located at Columbus, was 1960. Waiting lists in almost every county will be relieved.

Provision was also made for the erection of eleven cottages at the hospital for epileptics at Gallipolis at a cost of \$270,000. These additions will increase the present capacity of the institution 36% and relieve over-crowded conditions there. The average population of the hospital during 1916 was 1,596. The legislature, however, failed to provide means for furnishing these cottages. An item covering the cost of furnishing was included in the sundry appropriation bill which failed to pass. Unless an emergency appropriation is made, the additions cannot be completed until after the next meeting of the legislature.

A law, designed to reduce the demands on the state school for the blind by providing means whereby blind children in the larger cities may secure satisfactory vocational training and at the same time remain in touch with their homes and with seeing children, was enacted by the leg-



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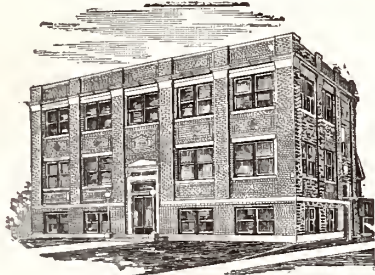
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islature. The school for the blind now has a waiting list of 75 and is not thoroughly equipped to care for blind children from the rural districts and smaller towns. Three important provisions in the new law are:

(1) The amount contributed by the state for each blind child taught in special classes in the public schools is increased to \$250 from \$200 on the basis of nine months' attendance. This will enable the public school authorities to provide more vocational training.

(2) In furthering the educational plan for blind children, any board of education where special schools for the blind are maintained may, with the permission of the State Superintendent of Public Instruction, board blind children where they can be given training in personal care, in helping about the home, and taught to do the many things which seeing children learn from observation. At no time may the number boarded exceed one-fourth of the average enrollment and in no case may a blind child be boarded in the home of his parents or guardian. The state contributes to the local board of education \$250 for each person boarded for nine months and a proportionate amount for any part of nine months.

(3) The State Superintendent of Public Instruction shall prescribe certain minimum requirements concerning the condition under which these special schools for the blind are conducted, the method of instruction, the qualifications of teachers, the conditions of the buildings, and the conditions under which any blind person is boarded in connection with the educational system. If the minimum requirements prescribed for instruction and boarding have not been complied with, payment on the part of the state shall be withheld.

Usual appropriations were made for the maintenance of other state wards housed in asylums, hospitals, reformatories and prisons. The average population of state institutions of this character in 1916 was more than 20,000. The average attendance at the eight state hospitals for the insane was 12,047.

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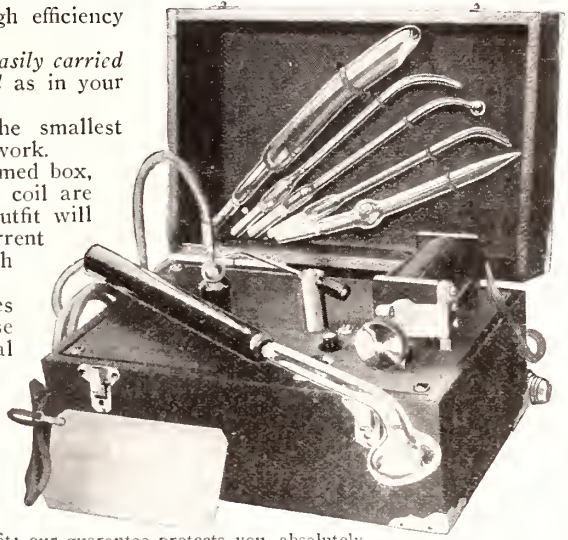
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Three problems—the protection of military units against outbreaks of disease originating from civilian sources, safeguarding the health of munition workers from occupational diseases and proper supervision of the importation of thousands of whites and negroes from southern states—are confronting Ohio public health officials. Each problem represents a condition brought about by the war.

The Ohio state board of health, in dealing with the first problem, has been active in the support of a resolution, recently offered in Congress, providing for the organization of a reserve of the United States Public Health Service, under the Secretary of Treasury. The reserve would be made up of sanitarians, whose duties would consist of preventing, so far as possible, disease from invading military camps and posts from civilian sources, and of protecting civilians against the military. Officers of the organization would not be exempt from actual military duty.

Secretary James E. Bauman urges all public

health officers, physicians and laymen to co-operate in carrying out the ideas which prompted the introduction of the resolution. The danger of losing large numbers of soldiers in epidemics of preventable diseases before they reach the firing line should not be considered lightly and great care should be exercised in preventing such diseases from reaching them, the secretary says.

The board has offered the adjutant general's department its services in sanitation work in connection with the mobilization and movement of troops.

Dr. R. P. Albaugh, director of the division of industrial hygiene, declared that the lives of thousands of American workmen will be needlessly sacrificed in munition plants unless steps are taken to protect them against occupational diseases peculiar to their work. From one Ohio munition plant 18 cases of lead poisoning have been reported within the last six months. Since compensation is not paid for occupational diseases under the Ohio workmen's compensation act, these victims in each case have gone into the courts and asked for damages which total more than \$100,000.

Dr. Albaugh has taken up the problem with the United States department of labor and the council of national defense. He states that there

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are no means of estimating the extent of lead poisoning in Ohio munition plants because of the failure of physicians to report all cases.

Lured to the north by promises of high wages, thousands of Southern whites and negroes are swarming into Ohio industrial centers, carrying with them many cases of smallpox, hookworm, and trachoma. In many instances, prompt action of local health officials has prevented serious epidemics but lack of funds made it impossible for all health departments to exercise supervision over the newcomers, who are unfamiliar with Ohio health laws and regulations.

Dr. J. H. Landis, health officer of Cincinnati, is of the opinion that the inspection of these "immigrants" is an interstate problem and should be solved by federal authorities. This view is also held by the state board of health. Dr. Landis recently wrote to Surgeon General Blue of the United States Public Health Service, calling attention to the menacing features of the immigration and asking for federal assistance. The state board has warned local health officers to pay particular attention to housing and sanitary conditions in the section in which the immigrants locate.

In a letter to medical societies in counties which have not formed districts for the purpose of erecting and maintaining district tuberculosis hospitals, Dr. J. R. McDowell, director of the division of public education and tuberculosis, points out that a large number of tuberculosis cases will be returned from the army and urges the societies to inaugurate a movement for the establishment of hospitals in order that these men may be taken care of in districts from which they enlisted.

In France, Dr. McDowell states, 150,000 cases of tuberculosis have been returned from the army and fully 250,000 cases exist among the civilian population. Before the war, he adds, no sanitarium were provided for the care of these cases and as a result conditions in France are deplorable. Enclosed in the letters were copies of the state law governing district hospitals and maps showing tentative districts. Several societies have already taken up the proposition with their county commissioners.

Public health requirements take precedence over financial interests, according to an opinion Attorney General McGhee recently gave the state board of health. The question developed in a discussion of village water supplies. The attorney general ruled that where it was impossible to improve the village water supply except by installing a water purification plant, the fact that the plant would not yield sufficient revenue to justify the expenditure is not to be considered in determining the reasonableness of the order.

More cases of spinal meningitis were reported

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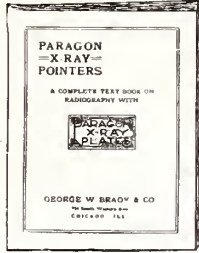
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to the state department of health during March, April and May than during any similar period since the department began keeping records of the cases. Most of the cases, which totalled 214, were reported from the larger cities. The disease was most prevalent in Cuyahoga, Hamilton, Summit, Franklin, Montgomery and Trumbull Counties. From 1910 to 1916, spinal meningitis caused 770 deaths in Ohio. Out of 187 cases reported in 1915, there were 82 deaths and out of 201 cases reported in 1914 there were 120 deaths. Records show the disease is most prevalent in March, April and May.

Ohio is making commendable progress in furnishing its citizens with wholesome, usable drinking water, according to a recent report by William H. Ditto, director of the division of sanitary engineering. With 46 water purification plants in operation, cities and towns with a combined population of 2,500,000 population, or 73 per cent of the urban population of the state, are now being served with pure water. One half of these plants have been erected since 1910. Seven cities are completing plants this year. In the number of persons served by purification plants, Ohio is exceeded only by Pennsylvania, where 75 per cent of the state's population are using water from purification plants.

#### COMPLETES STATE SURVEY

Dr. Thomas H. Haines, of Columbus, will in the near future, complete an interesting survey of conditions surrounding feeble mindedness in the state of Kentucky, which he conducted under the auspices of the National Committee for Mental Hygiene. As a result of his work, Kentucky is planning extensive governmental changes in its system of caring for these defectives. His work was interrupted in June by a call to Vineland, New Jersey, where in cooperation with other psychologists, he aided in the formulation of a set of mental tests for soldiers engaged in the more difficult branches—submarine and aviator work, gun crews, etc.—the work which requires a high degree of mental and physical efficiency. Dr. Haines is on leave of absence from the Ohio Board of Juvenile Research.

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# Ohio State Medical Journal

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**Next Meeting of the State Association,  
Columbus, May, 1918**

## Editorials

### Has Your Society Taken Action?

The chief problem that medical organizations face, and one that should be faced in every community, is the protection of the practice and the financial interests of the patriotic physicians who are responding to the call for army service.

In Ohio and throughout the nation a variety of plans are under consideration. All have as their chief objective a system under which the physician who remains in civil practice may help his brother practitioner who goes with the troops, and in a measure reduce the very heavy financial sacrifice that war service entails.

Probably the most effective practical plan, for adoption by larger communities, is that now operated by the Academy of Medicine of Toledo and Lucas county.

Its general outlines may be gleaned from the following resolution which was adopted on June 16, and which became effective immediately.

### PHYSICIANS' PATRIOT FUND

#### Resolved that:

The Academy of Medicine of Toledo and Lucas County, hereby tenders its aid in any of the following ways, to any legal practitioner of medicine, residing in Lucas County, who shall in the present emergency, engage professionally in the Army, Navy or Public Health Service, and be required by such service to absent himself from the county or close his office, in fulfillment of such duties:

1. To furnish equipment necessary to such service.

2. To render professional services to the patients of such physicians, (who shall in this resolution hereafter be referred to as PATRIOT PHYSICIANS) in their absence, and collect for such services, and to pay the family or beneficiary of such physician, one-third the gross receipts for such services, settlements to be made monthly.

3. This PRACTICE SERVICE shall be extended to these PATRIOT PHYSICIANS, during the term of their service, or in case of death, to the close of the present war.

4. Upon the return to civil practice of any PATRIOT PHYSICIAN, each civilian physician shall inform the PATRIOT PHYSICIAN'S patients, whom he treated, requesting them to re-employ their former physician.

5. Pecuniary relief may be given the family of a PATRIOT PHYSICIAN when in the judgment of the Trustees of the Academy of Medicine, it is needed.

6. A PATRIOT FUND shall be raised among the Physicians of Lucas County, by subscription, for the purposes just enumerated, which shall be in charge of the Trustees of the Academy of Medicine of Toledo and Lucas County, which shall be spent by them in accordance with the spirit of this resolution. Subscriptions to this fund shall be made payable monthly, during the continuance of the present war. Any subscription shall at once be invalidated by the subscriber's entrance into the federal service as before described.

7. Physicians remaining in the federal service after the close of the war, shall be considered as having no further claim on this PATRIOT FUND.

8. At the end of the war, any balance of the PATRIOT FUND, shall be disposed of in accordance with the wish of the Academy expressed at a business meeting.

It will be remembered that the State Association in considering this matter at the Springfield session, passed a resolution recommending to component societies that they adopt a plan of remitting to army physicians thirty per cent

of the fees collected from his patients during his absence by civilian physicians who remain at home. It was suggested that every physician carefully inquire of new patients whether they had been attended by a physician in army service, and suggest to the new patient that he should return when the army doctor resumes civilian practice.

In applying this suggested division of fees to conditions in the larger cities, it was found almost immediately that it is practically impossible to operate. The reason is that "patients" are no longer definitely defined. They switch from one physician to another and not infrequently keep on the books of two or three different physicians.

Further, it seems to be the concensus of opinion that even the latter part of the suggested plan will take care of itself. The army doctor on his return to civilian practice will quickly win back his former clientele. If he is a good doctor, and has established himself in the community, they cannot be kept away; and if he is not, he will not have lost very much by entering the army.

In view of these facts the Toledo Academy worked out the plan to afford immediate financial relief. The plan to divide fees on the basis of one-third was retained, to be used wherever possible, but the more important feature was the creation of a large cash fund to aid the patriot physician in meeting his immediate financial obligations.

Committees were appointed to canvass the Academy membership and an immediate and generous response resulted. At the present time a cash fund of about \$600 has been raised, and pledges are on hand to provide a monthly fund of between \$500 and \$1,000, to be collected for the balance of the war. Lucas county physicians were urged to subscribe to this monthly fund on the basis of two per cent of their net income.

The first use made of the fund has been to purchase the initial equipment required of physicians who enter army service. This outlay, coming at a time when all income has absolutely stopped, is frequently a hardship—particularly to the younger practitioners.

The monthly fund will be expended in affording pecuniary relief to families of physicians at the front. This will take many forms. For example, the doctor's family, through economy, may be able to live comfortably on his army pay, but the amount is not sufficient to cover life insurance premiums that fall due while he is away, or payments on his home, or similar obligations. It is to help meet these and similar emergencies that the fund will prove invaluable—particularly if the war continues for any considerable length of time.

### Columbus Suggests Insurance

The Toledo plan has met with general favor throughout the state. The Montgomery County society has adopted it, and it is under consideration at other points. In Columbus, however, it is being considered with very important amendments.

The council of the Columbus Academy is seriously developing a plan whereby the Academy, through the raising of a similar "patriotic fund," may take out and keep up life insurance policies on the lives of physicians who enter the service from Franklin county.

A committee consisting of Drs. H. M. Platter and Ivor G. Clark is consulting with the various insurance companies to ascertain the cost of such a plan, and the outlook is very good. For example, one company has offered on a block contract to write endowment policies without the "war rider" which is now required by practically all insurance companies on new business. Under this plan the academy could insure a physician (at the age of 30) for about \$42 per thousand—premiums to be paid from the patriot fund. The policy would have a definite cash value at the end of three years almost equal to the amount of the premiums paid. If the insured doctor, on his return, should care to take over the policy he would be expected to remit the premiums advanced, at his convenience. If not, the policy would be permitted to elapse at the close of the war, and the Academy would collect the premium return. Another scheme under consideration is to purchase so called "term insurance," but as this carries a "war rider" based on foreign service, and has no surrender value, it is believed that the endowment plan is the better.

The advantage of the Columbus plan, to include life insurance, is apparent. Many physicians who volunteer will be able to support their families and meet current obligations through their army salaries. Their chief fear will be lack of protection for their dependents in case of death. A life insurance payment, topping the pension which the government probably will provide, would protect this class. If not too expensive, the Columbus Academy may include a policy covering partial and complete disability.

The Executive Secretary of the Association will keep county societies advised of the developments in the Columbus negotiations. If the insurance plan proves feasible it should be installed elsewhere.

### Younger Men Wanted

The purpose of these relief plans is two-fold. In the first place, it reduces the penalty which the army doctor must pay for his patriotism. And the penalty is far heavier for the doctor than for any other class. When he enters the

## **WANTED: DATA ON PHYSICIANS IN ACTIVE SERVICE**

*The JOURNAL, commencing with the September number, will carry a Roll of Honor of Patriot Physicians.*

*We will endeavor to carry the name of every Ohio physician who has entered active service in any branch of the Army, Navy or Red Cross service.*

*It will be a very difficult task to keep this corrected from month to month, and in a large measure we will be compelled to rely on the secretaries of the county societies to keep us advised of the names of men as they enter the service.*

*Insofar as possible we desire to print the military connection of each man, so that the roster may provide a mail address through which he may be reached while in service. The new postal regulations provide that physicians in foreign service may be reached by the designation of their Army Division number, their regiment and company. The location of the regiment or division, even if known, must not be given. If serving with a Base hospital, it is only necessary to note the number of the base.*

*We hereby request that all members forward us the names of fellow physicians whom they know to be in service.*

service his income stops, his business scatters, and, usually, it is impossible to materially decrease his operating expenses. His case is analogous to that of a merchant who might (but doesn't) close his store for the period of the war. The second reason for patriot funds is that they make possible increased enlistments in the army service.

This applies particularly to the younger physicians—men under 35 who in many instances have not established themselves on a firm financial basis—and this is the class for which there is greatest need in the army.

In fact, the 'drive' to recruit the army medical service has centered on this class of men. Months ago the older physicians of Ohio demonstrated their patriotism. The number of men above 40 who have volunteered is at present greater than needed. But the young fellows have hung back, and are hanging back. It is hope that the definite assurance of financial relief through the plans adopted by their respective academies will afford the very necessary stimulus.

### **Feasible In Smaller Towns**

The profession in the the rural communities is meeting this problem of providing for financial relief as well as the city men. Many county societies have adopted the division of fees plan. They declare that it is entirely practicable in

the smaller towns, and in country practice, where the clientele of the physicians is more clearly defined.

Ohio physicians will be called upon to make heavy sacrifices. Those who can, should immediately apply for commissions. The army needs doctors. But those who remain at home can at least contribute their share to relief funds such as have been proposed.

### **We Are Branching Out**

Have you noticed that in recent months the advertising columns of *The Journal* are being used rather freely by manufacturers of high-grade food products. We refer particularly to The Quaker Oats Company of Chicago, which, in addition to its better known product (Quaker Oats), is manufacturing Pettijohn's flour which contains 25% bran content in combination with a fine grade rolled wheat flour that makes possible a constant bran diet that may be both varied and appetizing; also their Puffed Wheat, Puffed Rice and Puffed Corn products that have attained an established place as food products of America.

The Quaker Oats Company patronizes this *Journal* because it wants to thoroughly familiarize the 4,570 members of this Association with its food products. The company realizes that the doctor is frequently called upon for advice as to diet. The company further realizes that

doctors play a large part in the direction of the many hospitals in this state. The management of this company feels that if the doctors are familiar with the actual value of its products they will be freely recommended. They have made a straight-forward bid to secure your attention by purchasing advertising space in your *Journal*—and we take this opportunity to inform you that advertising revenue is mighty essential to the development of this Association in these days of rising costs. It is up to you, doctor, to reciprocate to the extent at least of giving these products a trial.

Our comment in connection with The Quaker Oats Company applies to all of the reputable concerns which contribute to the advertising revenue of this, your *Journal*. The Publication Committee is exceedingly careful to exclude advertising announcements of firms which market questionable products. You, therefore, will not take a chance when you patronize *Journal* advertisers.

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#### It's Due You, James

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With the appointment by the governor of the new State Health Council, under the revised plan of health administration as adopted by the last Legislature, the state health department will enter upon a new era. And, in the passing of the old, we desire to express our real appreciation for the work of a man who has served the health department faithfully for more than 30 years, and who since Dr. McCampbell's retirement as executive officer has filled that important office, under especially trying conditions, in an admirable manner. We refer, as the post-prandial orator loves to say, to Mr. James E. Bauman.

It is considered a foregone conclusion that Mr. Bauman will be named Assistant Commissioner under the new plan. The Legislature especially provided that this position might be held by a layman, having Mr. Bauman's capabilities in mind. The new Council couldn't possibly improve upon this selection.

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#### It's a Fine Little Bluff

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The state now has another example of the quackish methods that have been adopted by the osteopaths to advance the commercial interests of their so-called profession. Hard pressed by their chief rivals, the chiropractors, the osteopaths are making a desperate effort to abandon the field of drugless therapy and pose before the public as physicians. The latest manifestation of this desire is a series of paid advertisements that have been appearing in the larger newspapers of the state, demanding that osteopaths be admitted to the army medical service.

Through a shifty use of display type it is made

to appear that Dr. Franklin H. Martin, chairman of the Medical Section of the Council of National Defense, is authority for a pack of lurid mis-statements concerning the training of osteopaths, their education, and the inability of army surgeons to cope with situations at the Front—problems that would be "pie" for the highly scientific and over-educated osteopaths.

Martin, of course, never said anything of the sort. Any man with any knowledge of the low-grade facilities of the osteopathic schools, and the character of most of the practitioners turned out, knows that they are absolutely unfitted for any feature of army service. He would know, further, that this latest "appeal to the public" is merely a clever advertising dodge to exploit their fancy system of rubbing.

Personally, we would like to see the War Department throw down the bars to the whole outfit—Osteopaths, Chiropractors, Christian Science healers, and those who treat cancer by the judicious application of a little rotten apple. It would be rather rough on the troops, but the army would be rendering the civilian public a real service—providing these patriotic healers-for-revenue-only were given sufficiently prominent positions in the front-line trenches.

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#### Let George Do It

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Dr. George H. Matson, secretary and executive officer of the State Medical Board, is not wasting his time in an excess of sleep these days. He hardly takes time to eat. He has started in on a general round-up of the unlicensed gentlemen and ladies who have set up themselves as chiropractors and similar practitioners of the cash-register systems of healing. Prosecutions which he has under way cover cities from the lake to the river, and the howl that is going up from the abused brethren is pitiful. The Platt-Ellis law was rather carefully written, it seems, and many of the correspondence school alumni are finding that it possesses "teeth."

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#### True Patriots, These

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And, along the same line, we might mention that here in Columbus we have noticed considerable activity among the Christian Science (so-called) propagandists during recent months. They are sliding around the state, interviewing members of the Legislature and generally "building up their fences." Their elephantine tactics are not difficult to understand. They know that the governor plans to call a special session of the Legislature next January. They know that the entire attention of the medical profession is focussed on the rather important task of making the world safe for democracy. What a fine opportunity to slip over a nice little Christian Science practice bill!

## Treatment of the Third Stage of Labor\*

J. J. Thomas, M. D., Cleveland Ohio.

Assistant Professor of Obstetrics, Western Reserve University, Cleveland.

IT MAY appear to the members of this section that I owe them some apology, or, at least, an explanation for presuming to appear before them to discuss a subject which on first thought seems so simple and so trite. In that event, I shall hasten to present my reasons. We have the statement by no less an authority than Bumm, of Berlin, that "the course of the puerperium depends quite as much upon the correct separation and expulsion of the after birth as it does upon the management of antiseptics. The expulsion of the child may have proceeded ever so favorably and quickly, yet an error in the delivery of the after-birth can not only bring about the immediate danger of severe hemorrhage, but also pave the way for most serious puerperal infection, through the inevitable decomposition of retained portions of the placenta, in spite of most careful antiseptics." DeLee, of Chicago, says that "More women die from accidents of the third stage of labor than during the other two combined. On a proper conduct of this part of the delivery depend the woman's freedom from post partum hemorrhage, the expulsion of the secundines complete, the smooth convalescence during the puerperium, and even her health later in life. It is important, therefore that the accoucheur be familiar with the physiology of the third stage, and possess a good technique in its conduct."

My own observations have long since led me to the conclusion that the general practitioner, who does most of the obstetric work, knows nothing about the physiology of the third stage and little more about its proper management. Indeed, some practitioners seem to be guided in their delivery of the afterbirth by the notion which possessed the minds of our forefathers, namely, that as soon as the child was expelled the placenta must be delivered forthwith, else the uterus would contract and retain it. In order to prevent this, they extracted by pulling on the cord, and in the event this failed, manual extraction was done. Only recently at one of the maternity hospitals in Cleveland, so I am informed, an accoucheur attempted to deliver the afterbirth only a few moments after the birth of the child, both by expression and by pulling on the cord, and these failing to produce results, he at once did a manual extraction. There was no hemorrhage to justify such an assault. While instances of such ignorance are probably rare, it is by no means unusual for the attendant, after allowing the third stage to proceed for a few minutes, the interval being measured by the clock and not by

his observation of physiological processes, to attempt to force out the placenta by pressure upon the fundus, gentle at first, but increasingly more vigorous as his efforts are met with failure. Fortunately for the woman, the gentle attack often succeeds, since the placenta is already in the lower uterine segment or vagina, or is easily detached by the pressure on the fundus. No harm is done under such circumstances or in the event that the placenta is completely attached, the danger lying in partial detachment of the placenta with subsequent bleeding or retention of detached portions, requiring introduction of the hand into the uterus. Both of these methods of treating the third stage violate the rules which will presently be presented.

Previous to the middle of the last century the methods used in delivering the placenta were very crude and consisted of pressing on the belly, emetics, tickling the nose, blowing powders into the nose to produce sneezing, having the patient blow into a bottle or the closed fist, etc., but chief reliance was placed on pulling on the cord or eventually manual extraction. It is a common practice among French physicians to deliver the placenta by traction upon the cord, sometimes with the fingers inserted in the vagina, together with pressure upon the fundus, after the placenta has been separated from the uterus.

In 1853 Credè, of Leipzig, described the method of expressing the placenta which has ever since borne his name, and to him is generally given the credit of placing the management of the third stage on a scientific basis. However, the method of expressing the placenta by pressure on the fundus appears to have been introduced in England in 1775, and at the Rotunda Hospital in Dublin in 1817, but was used to assist gentle traction on the cord. At the Rotunda they had already learned that great haste in the completion of the third stage was neither necessary nor advisable, judging from the following statement from an "Abstract of a register kept for some years in the Lying-in-Hospital of Dublin," by Joseph Clark, published in 1817: "In general we waited from 2 to 24 hours after the delivery of the child and seldom interfered till some symptoms of danger arose" This method was modified in later years. In 1887 Macan, master of the Rotunda, read a paper before the British Medical Association, which met in Dublin that year, describing the so-called Dublin method of managing the third stage. In the course of his paper he said: "If the discharge of blood remains moderate and there is no accumulation taking place in the uterus we use gentle frictions at intervals for 15 minutes and then make firm

\*Read before Section on Obstetrics and Pediatrics, Ohio State Medical Association, in annual session at Springfield, May 14, 1917.

pressure on the fundus in the axis of the brim during the acme of a contraction."

Credé's original method consisted in beginning massage of the uterus as soon as the child was delivered, gradually increasing the vigor of the massage or kneading until a strong contraction of the uterus was initiated, then with four fingers behind the uterus and the thumb in front the placenta was squeezed out of the cavity. This method was found to be attended with so many dangers that Credé, after a bitter controversy which raged in Germany from 1880 to 1890, modified it in 1892 and advised that a half hour should intervene between the delivery of the child and expression of the placenta, acknowledging, at the same time, the chief principle of physiological management of the third stage, viz., during the first period of the stage, that of separation, the uterus should be left undisturbed.

Ahlfeld, the chief critic of the original Credé method, showed very clearly its disadvantages. If attempts are made to express the placenta within a few minutes after the child is delivered, very often it is still attached or only partly detached. The unequal pressure of the hand can disturb the mechanism of the operation and expulsion, and if forcible pressure is used, it may crush the placental tissue and cause tearing off and retention of single cotyledons, pieces of membrane or decidua. Frequently, as the result of too early attempts at expression, manual removal becomes necessary when a proper regard for the physiological processes and a waiting policy would have resulted in a normal and happy termination.

As a result of his investigations into the physiology of the third stage, Ahlfeld came to the conclusion that the separation and expulsion of the placenta should be left entirely to the natural forces. He soon modified this view, however, and in 1898 recommended that after 1½ hours, under normal conditions, expression of the placenta should be begun, provided the fingers extended along the posterior wall of the uterus reveal firm contraction. Then with pressure upon the fundus with the ball of the thumb and the palm of the hand, the placenta is pushed down to the vulva, whence it is expelled by gentle pressure aided by the abdominal muscles of the patient. With the exception of the long wait of 1½ hours this is the approved method at the present time. In Germany, where the Dublin method was evidently unknown, Ahlfeld was given credit for introducing a new method of placental delivery, although it was, as a matter of fact, essentially the same as that described by Macan in 1887. In this connection, it is interesting to note that Jewett, in the American Text Book published in 1895, makes no mention of the Dublin method but advises resort to the Credé method if the placenta has not come away normally at the end of one-half hour, gentle friction alone being used during the interval.

Ahlfeld claimed the following advantages for

his method over that of Credé: It does not disturb the physiologic processes of the third stage; it requires less often therapeutic interference, since the placenta with the membranes are expelled in toto; there is much less hemorrhage than with the Credé; post partum hemorrhage almost never occurs; it is much safer in the hands of midwives; the retroplacental hematoma is confined for a longer time in the uterus and acts as a tampon, promotes thrombosis of the placental vessels and prevents the entrance of micro-organisms from the vagina into the germ-free uterine cavity.

#### MODE OF SEPARATION OF THE PLACENTA FROM THE UTERINE WALL.

Normally the placenta remains fixed to the wall during the second stage. After the birth of the child there occurs a period of rest of several minutes duration. At the end of this period the uterine contractions recur, and the contraction and retraction of the uterus causes marked thickening of its walls with markedly diminished area of the placental site. The placenta, on account of its spongy vascular structure, can accommodate itself to a certain degree of this shrinking, but eventually the disproportion becomes too great and separation occurs through the ampullar glandular layer of the serotina. According to Williams and others, the placenta, by this process, is peeled or sprung off from the uterine wall and is expelled into the lower uterine segment. According to Ahlfeld and Bumm this separation occurs first in the center of the placenta, since the attachment is less firm there than at the margins, and the innumerable, thin walled uteroplacental blood vessels are torn through and a retroplacental hematoma is formed. The separated central portion is pushed out towards the uterine cavity and with increasing size of the hematoma more and more of the surface is separated and finally the margins. As the placenta descends into the vagina it pulls the membranes after it, and they become inverted to form a sac over its maternal surface.

The placenta after separation may be at once expelled, or if no external aid is rendered, may lie in the lower uterine segment or vagina until some increased abdominal pressure, such as is produced by the patient sitting up or coughing, expels it. The placenta presents at the vulva in one of two ways—either a margin first appears and the mass is delivered edge on or sideways, so to speak, (the Duncan method), or the middle of the foetal surface first appears, the placenta having buckled or become inverted (the Schultz method). Either may be considered normal, although authorities differ as to the relative frequency. Bumm believes that Duncan's method is much the more usual, and thinks that the placenta is thus extruded when attached either to the anterior or the posterior wall. In this event the lower surface and margin become separated

slightly in advance of the upper. The placenta then lies lengthwise of the uterine cavity and becomes rolled upon itself like a cylinder. If, however, the placenta is attached at the fundus, it becomes inverted and is extruded according to Schultz's method. Both methods may occasionally be combined, as the placenta may descend to the vagina by Duncan's method and there become inverted and present at the vulva by the Schultz method.

Bearing in mind, then, the physiology of the separation of the placenta and the dangers of too early interference, the obstetrician should be guided by three cardinal rules in the conduct of the placental period: Passive observation during the separation, active assistance during the expulsion of the placenta and the most rigid asepsis. Immediately after the birth of the child, the hand is placed lightly on the abdomen. If the uterus is firmly contracted it will be felt as a hard firm ball with the fundus slightly below or on a level with the umbilicus. If it is not contracted, but feels soft and flaccid, it is gently kneaded with the four fingers behind and the thumb in front with a circular motion, much as one kneads bread, until it becomes firm. If the uterus remains firm and there is no oozing of blood, the attendant has nothing more to do for from 15 to 30 minutes. If, however, the uterus becomes soft again or there is bleeding externally, the kneading is resumed until it again becomes firm, when the bleeding usually ceases. The attendant may, from time to time, place his hand lightly upon the abdomen to note the height of the fundus and the consistency of the uterus while he is waiting for the signs indicating that the placenta has separated—the uterus, instead of its original spherical form, assumes a flat, angular shape; the fundus rises up 6 to 7 cm. higher than before and somewhat to the right side; just above the symphysis appears a slight prominence indicating that the placenta has filled up the lower uterine segment or the upper part of the vagina; the section of cord already delivered becomes increased in length 15 to 17 c. According to Williams, is doubtful cases, when pressure is made on the fundus while the cord is held lightly between the fingers, a slight wave will be felt if the placenta is still attached, which will be absent if the latter is separated.

As soon as these signs are present, the uterus is grasped in the hand with the fingers behind and the thumb in front to avoid pressure on the ovaries, and is pushed down in the axis of the superior straight, just as the piston of a syringe, to push the placenta with its membranes out of the birth canal. As the placenta emerges from the vulva, it is seized by the hand and turned upon itself several times so as to twist the membranes into a cord to facilitate delivery and avoid tearing off and leaving pieces behind. If a piece of membrane is torn off, in spite of efforts to

avoid it, the torn portion should be removed by seizing it with artery forceps and withdrawing it. During the expression the help of the abdominal muscles may be enlisted by asking the patient to bear down, although this sometimes defeats the object of the expression if the muscles become very tense during the contraction.

If the placenta lodges in the vagina and difficulty is experienced in expressing it, there is no objection to assisting in delivery by pulling upon the cord, provided one is always sure that the placenta has entirely separated, otherwise one or more cotyledons or some portion of the compact layer of the decidua serotina may be torn off. After the placenta is delivered it should invariably be carefully examined, both the maternal and fetal surfaces being subjected to systematic inspection. To properly examine the maternal surface the placenta should be held so that it lies flat, or better, is laid on a flat surface, so that the cotyledons are not artificially crowded together. Careful inspection over the entire surface will show whether or not any portion is missing. Blood clots should be wiped off with gauze. If no portion is missing the surface everywhere will present a gray, shiny, glistening appearance.

Then the margins of the foetal surface are to be examined. If the vessels disappear before they reach the edge, it is reasonably certain that no succenturiate or accessory placentae were present. If, however, a vessel breaks off sharply at the edge, the accessory portion which it supplied has been left behind. If one makes a routine inspection of all placentae, he will often find interesting specimens of these succenturiate placentae which have come away intact and will appreciate their importance when overlooked. Sometimes, however, it is difficult or even impossible to determine whether or not accessory placentae were present, even after most careful inspection.

If one decides, or even suspects, that any portion of the maternal side of the placenta has been retained, according to most authorities, the missing portion should be removed by the hand passed into the uterus. Small pieces of membrane, on the other hand, may safely be left to nature's efforts, while a large piece should be removed manually to avoid the dangers of hemorrhage.

If dangerous hemorrhage takes place before complete separation of the placenta occurs, Credé's method should at once be employed and if this fails quickly to expel the placenta, it should be removed manually. Luckily this is rarely necessary with proper management of the third stage.

If, after waiting one half hour, or at most one hour, the physiologic separation has not occurred, it may be assumed that there is some pathologic reason for the delay and that further waiting will be fruitless. In this event, the Credé method should be attempted for the purpose of squeezing the placenta off the uterine wall, just as one

squeezes the stone from a cherry, even under anesthesia if necessary.

Williams advises that these efforts be continued for at least two hours before resorting to manual extraction, which must eventually be done if the Credé fails. The introduction of the hand, even under the strictest aseptic precautions, is an operation to be considered only as a last resort on account of the danger of carrying up organ-

isms directly to the uterine sinuses.

Inasmuch as in most cases of labor the child is delivered spontaneously or with the help of the very simple operation of low forceps, and in most cases the help of the obstetrician is required in the delivery of the placenta, it behooves every physician who attends women in labor to make himself familiar with the physiology and treatment of the third stage.

## The Ravages of Alcohol Upon the Central Nervous System\*

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JUDGED by the extent of its ravages, alcohol may quite properly be considered the most prolific cause of nervous and mental ill health. Its destructiveness results from the absorption of ethyl alcohol ( $C_2H_5O H$ ) that is present in all spirituous liquors—50% in whisky, 50% in brandy, 50% in rum, 48% in gin, 43% in benedictine, 15% in vermouth, 18% in dubonnet, 18% in sherry, 18% in port, 10% in claret, 32% in creme-de-menthe, 32% in cordials, 10% in champagne, 4% in beer, 7% in ale, etc. The alcohol content of the ever popular American mixed drinks depends, of course, upon their ingredients. A standard cock-tail of the so-called Martini or Manhattan type contains approximately 30% of alcohol.

The problem invades practically every aspect of life, and so extensive and complex are its evil consequences that many of its phases are still unsolved. This particularly applies to the effect of strong drink upon the physical and mental functions. Much experimental work has been done in this respect and many theories have been brought forth. Some of these were quickly consigned to the scrap heap of oblivion; many are still disputable; some have stood the test of scientific scrutiny.

In the light of our present knowledge it may be stated that the use of alcohol, even in small quantities, is harmful; that it has no food value; that it reduces the temperature of the body by increasing the amount of heat lost; that it lowers the bodily resistance to disease; that it unfavorably influences the prognosis of infectious maladies; that it dilates the superficial blood vessels; that it accelerates the heart action; that it is a depressant to the central nervous system rather than a stimulant; that it diminishes efficiency; that it dulls the moral tone and finer sensibilities; that it releases the "brakes" that govern control; that it dwarfs development; that it is the means oftentimes of bringing into activity hereditary and acquired brain weaknesses; that it contributes in no small degree to insanity, feeble-mindedness, epilepsy, poverty, de-

linquency, depravity and degeneration and that its long continued use is a constant menace to the best interests of mankind.

Alcohol does not create nerve force; it merely enables one, at it were, to utilize that which is lost. The claim that it possesses supporting or tonic properties is without foundation in either scientific theory or clinical experience. The imbibing of spirituous liquors before meals tends to encourage over-eating with its resultant alimentary disturbances and auto-intoxications.

Statistics adequately demonstrate that the chronic indulgence in alcohol tends to shorten life. A recent bulletin issued by the New York City department of health, presenting the experiences of American life insurance societies in regard to the mortality among total abstainers, temperate users and moderate but habitual users of intoxicating beverages, stated that the mortality of the first class was about 18% less than the second and about 25% less than the third. Investigations of English and Scottish life insurance companies, and more recently the medico-actuarial studies of Hunter, show a mortality of 86% in excess of normal among steady users of two ounces or more of alcohol daily; 74% among those who had drunk excessively two years; from 32% to 35% among reformed persons of formerly intemperate habits and 18% among moderate steady drinkers (two glasses of beer or one glass of whisky each day). In this connection it may be inferred that the relatively low mortality among total abstainers is not wholly attributable to their abstinence from spirituous liquors but is due to the fact that they were temperate in all things.

The Collective Investigation Committee of the British Medical Association carefully studied the life histories of 51 centenarians and of these, 46 were total abstainers and 5 were chronic drunkards.

Recently my attention was attracted to the following quotation which is frequently cited by over-zealous defenders of alcohol as evidence that the long continued use of strong drink does not necessarily hasten senility. It concerned an Irish peasant, named Brown, who after years of

\*Read before the section on Nervous and Mental Diseases, Ohio State Medical Association, in annual session at Springfield, May 14, 1917.



excessive beer drinking attained the ripe age of 120. His tombstone bears the following epitaph:

"HERE LIES BROWN WHO BECAME 120 THROUGH THE STRONG DRINK HE WAS DRINKING. HE WAS CONSTANTLY DRUNK AND IN THIS CONDITION SO TERRIBLE THAT EVEN DEATH WAS AFRAID OF HIM. WHEN HOWEVER ONE DAY, CONTRARY TO HIS HABITS, HE WAS SOBER AND IN GOOD MOOD, DEATH GOT COURAGE, SEIZED HIM AND THUS WAS TRIUMPHANT OVER THIS INCORRIGIBLE DRUNKARD."

It is most difficult and perhaps impossible to measure with exactitude the actual part played by alcohol in the causation of mental disease as there are other factors that unmistakably exercise a contributing influence in many instances. Our knowledge is very incomplete in this respect and there is no reliable data as to the extent of intemperance among individuals generally. There is little doubt, however, that a neuropathic or delicately balanced nervous constitution renders many individuals susceptible to the effects of such poisons as alcohol and causes them to crave for a particular mental state—not for alcohol but for the state of feeling that alcohol most conveniently produces. It is also apparent that the action of alcohol differs in different individuals—some show mental changes and physical deterioration early; others keep mentally alert and bodily fit but evidence later, gross disease and finally invalidism. There are still others who can with impunity tolerate large quantities of alcohol for long periods of time and are seemingly unimpaired in health. Experience teaches nevertheless that their average span of years is generally shortened and they are taking chances which had better be avoided.

According to reliable statistics alcohol is the direct or indirect cause of insanity in 15% to 25% of the cases. If our figures are correct 3,000 patients in Ohio institutions are mental invalids from this source. These statistics, however, do not tell the full story because frequently alcoholism may be merely the first symptom of a deep-seated mental disorder which previously existed in a dormant state and which was hastened or brought to the surface by alcoholic excesses. Then again, in not a few cases, the mental manifestations are acute and of short duration and commitment to State Hospital is often unnecessary. Most of the cases of delirium tremens, for example, are treated in private sanitariums, general hospitals and even in the home and information concerning them is not always available. Furthermore, a considerable number of mentally damaged though mildly deranged individuals are picked up by the police as common drunkards and committed to houses of correction, jails, etc. Only a small proportion of this class is recognized as mental invalids requiring hospital care.

There are various forms of insanity in which alcohol has not only been the cause, but the symptoms of which it has so influenced that they are, as it were, special or peculiar, so that the mental and bodily results are specific and may be termed alcoholic insanity. Thus we have pathologic drunkenness, delirium tremens, alcoholic hallucinosis, alcoholic dementia and alcoholic paranoia. These disorders are essentially alcoholic in origin. Other factors are also active and it is true that an ill-balanced brain underlies the habit of inebriety; but whatever mental derangement such persons might at some time acquire they could not possibly have developed any of these particular psychoses without indulging extensively in strong drink.

In every community there are many who are unmistakably paranoid in their make-up or otherwise intellectually warped. Very often they earn for themselves a reputation of being mentally alert and even brilliant. A keen observer, however, is very apt to interpret their profound egotism, morbid conceit, exaggerated self-importance, superficiality and hypersensitiveness as ear marks of a flimsily constructed mentality. Such individuals are particularly susceptible to the toxic properties of alcohol and are profoundly disturbed by an amount that would merely exhilarate a normally developed brain. Some of them who possess a fair degree of control appreciate their shortcomings and are able to shape their conduct and mode of living so as to avoid dangerous pitfalls and excesses, but those that are emotional and defective in volition fall victims to alcohol on the lightest pretext and incitement and by constant indulgence quickly lapse into habits which lead to mental ruin.

Alcohol is especially treacherous in its behavior and produces destructive diseases more effectively and chronically than syphilis. Syphilis begins as an exudative process, which may be detected in its incipency by modern laboratory methods, but the ravages of alcohol upon the brain and central nervous system cannot be recognized until after the damage is done and positive symptoms arise. Furthermore, the manifestations of alcohol persist long after the habit ceases. In a series of 464 cases of alcoholic psychoses studied by Pollock, the average duration of inebriety before the onset of the symptoms was 20.6 years.

Many individuals are so frail mentally as to be constantly on the verge of a "collapse" and not infrequently a single debauch is sufficient to push them across the line where sanity ends and insanity begins. It is indeed a sign of degeneracy to drink to excess or to have a morbid susceptibility to its effect.

The crumbling of the intellectual organization which so commonly occurs in cases of arteriosclerosis is sometimes charged to alcoholic degeneration but clinical experience has pointed out that maladies of this nature are more commonly

the result of various focal infections. There is good evidence, however, that focal infections in the alcoholic are more lethal because of his lowered resistance.

Epileptics as a class are intolerant of alcohol and the abuse of it not only increases the number of seizures but also precipitates violent and anomalous forms of reaction. Many of the epileptoid explosions appearing in advanced years are undoubtedly related to intemperate habits.

The systemic poisoning from alcohol is an etilogic factor of great importance in multiple neuritis, Korsakoff's psychosis and other kindred diseases.

To my mind alcohol is as great if not a greater scourge than tuberculosis. If the confirmed inebriate could die as such without bequeathing to his children and his children's children serious physical and mental defects to handicap their progress in future years, the problem would be much easier to solve. In a large majority of feeble-minded, epileptic and other abnormal beings, a history of parental intemperance exists. Alcoholic parents tend to beget degenerate offspring. Not infrequently the children of drunkards exhibit precocity and unusual mental development which after a time declines leaving physical and mental disabilities. Families with such a heritage are on the road to extinction which can only be prevented by union with a healthier stock.

An examination of the school children of New York City conducted in 1906, showed that 65% of the descendants of a drinking ancestry were dullards, while but 5% of the children of total abstainers were deficient.

The director of the National Society for the Prevention of Cruelty to Children, testifying before the Royal Commission of England on the care and control of the feeble-minded, submitted a list of 13 inebriate mothers whose younger children, born during the period of the woman's drunkenness, were weakminded, while those born prior to this period were sound.

Schenker of Switzerland has reported that before the introduction of the alcohol monopoly there were certain Swiss towns and districts where the consumption of brandy was excessive. In these districts a large number of defective children were produced, and the physical and mental state of the people was such that frequently a third of them were considered unfit for military service. Alcohol was largely responsible for these, for in other districts where little alcohol was indulged in and a more rational mode of living observed, well developed and mentally vigorous persons were the rule.

On the other hand we must not forget that since many people drink to excess because they are not quite sound in mind, we do not know how many of the children of drunkards are hereditarily blighted because their parents drank and how

many for the reason that their parents were weak if not unbalanced. Occasionally it happens that a chronic inebriate brings into the world physically strong and mentally alert offspring. Observations seem to indicate that a man who can drink continually for years and keep out of a hospital or jail, must possess an inherent stable physical and mental constitution. The verity of his stock remains potent in spite of his vicious habits although it is undeniable that his children would have been stronger and of better quality had he been a temperate man. If inebriety were as common in the female as it is in the male sex, its importance as a cause of mental disaster would be greater than it is at present.

The sinister influence of spirituous liquors when given to a child has long been recognized. Among certain foreigners the custom of administering intoxicating beverages to their infants is a common practice. It results largely from ignorance and superstition and preventive medicine will here find an excellent opportunity for performing a signal service. Sufficient alcohol may be excreted in the milk of nursing mothers to produce intoxication in the child.

Regarding criminality, it may be stated that premeditated crime is rare among alcoholics. Misdemeanors and crimes committed in passion and by those under the influence of alcohol are, of course, quite common. German statistics state that 63% of the cases of injury to the person and 77% of sexual crimes are committed by alcoholics. But the true and dangerous criminal depends wholly for success in his hazardous occupation and in out-witting the modern detective upon his alertness and cunning, and he is too clever to permit his faculties to be blunted by indulging promiscuously in liquor.

The association between alcohol and immorality is also quite close. The judgment, modesty, shame, reserve and prudence of women under the influence of intoxicants is markedly weakened or suspended. Excessive indulgence by young girls is often the first step in the downward path. On the other hand constitutionally immoral women drift sooner or later into a condition of chronic inebriety. Properly speaking they are not alcoholics at all, but, on the contrary, the victims of a morbid or perverted sexuality.

In studying the family history of alcoholics some interesting facts have been noted and it appears that the predisposition to alcohol tends to follow some general law. When the father is a chronic drunkard the daughter will inherit this weakness more prominently than the son. If the daughter does not become addicted to strong drink she more than likely will develop some sort of nervous or mental defect. If the mother offends to excess the son is in danger of becoming intemperate. It has also been observed that the inebriety of the grandfather on the mother's side appears very often in the boys. Women of the so-called aristocratic circles—chronic wine drink-

ers—generally have intemperate sons while their daughters are religiously temperate. When both parents indulge habitually some of their children will show an utter abhorrence of all things intoxicating, while others will have a tendency to exhaustion with inability to bear discomforts and are fascinated and easily affected by strong drink which eventually becomes their master.

Keeping the welfare of the human nervous system before us let us consider the action of alcohol as represented by those who take it moderately. The temperamental change induced by intoxicants in small quantities is highly characteristic. It may be described as an intellectual myopia or shortsightedness—a condition in which all that is at hand, the present company and the interests of the hour, will be found dominant and all that is remote from these excluded. One who can relinquish care as a voluntary act, can take it up again earnestly and promptly. The banishment of obligation by alcohol does not permit the same decisive resumption of responsibility. Thus one's intellectual efficiency is disabled.

Even in small doses alcohol exerts a traumatic effect upon the higher brain faculties. Because action follows thought with greater promptness but with less deliberation a man's judgment and conclusions are warped. His conduct and labor becomes more automatic and mechanical and less original. Many grow indifferent and neglectful of ordinary everyday duties. The former conservative and painstaking individual becomes a speculator, is visionary and imprudent.

In practical modern life where great skill is required, the moderate drinker eventually proves incapable. Men employed on railroads or in positions where exactness as to time and accuracy is required are soon found to be incompetent and untrustworthy. Their inefficiency is directly due to faulty sense perceptions and feeble reasoning powers with unfaithful memory and inability to act rapidly and intelligently. Then again alcohol actually diminishes the amount of muscular work that can be done in a given time. Workmen who drink moderately though persistently may be tolerated for a while, but they are regarded as uncertain factors in the hard-grinding struggle of industrial life.

Many instances are prominent where unexpected changes in personality, religion, conduct and all other conditions which have marked the previous career occur and are traceable to the cumulative, degenerative action of alcohol which has been used in moderation for years. Kraepelin's experiments in memory tests in typewriting and typesetting adequately demonstrate that even small amounts of alcohol noticeably impair mental efficiency.

In 1908, some very interesting observations were made during a shooting tournament held under the direction of the Bavarian Minister of War. It was shown that a single small dose of alcohol (40gms) taken in the morning had a

detrimental effect on accuracy of aim 5 minutes later, but the most marked effect was noted 25 minutes after the liquor was imbibed. The average loss of accuracy was 3.1%. In a few instances marksmanship improved for a short while after the ingestion of alcohol; then it became very inaccurate, the loss of marksmanship being as high as 9, 10 and 12%. The subjects of these experiments were in prime physical condition.

One of the worst indictments against alcohol is the fact that those who use it to the point of intoxication very often indulge in conduct which exposes them to grave perils. It is no longer doubted that many men and women would have escaped syphilis, venereal diseases and other tragedies if they had not, while intoxicated, placed themselves in jeopardy. I have repeatedly heard it confessed by patients whose nervous systems had been invaded by syphilis that the original cause of their downfall was contracted during a debauch. Alcohol therefore was a contributing factor.

Inebriety implies the abuse of intoxicants and has endless degrees. Thus we have so-called physiological drunkenness or acute intoxication in persons who are otherwise normal. The effects may range from a slight inebriation or excitement to a state of stupor and even coma. Persons suffering from profound shock, bitter grief, distress, physical diseases, accidents, or any psychic commotion, temporary or permanent, frequently seek refuge in strong drink which their already weakened constitutions are poorly fortified to combat. Many a career of inebriety has originated in this way.

Business and professional life is also fraught with many risks. Ambitious men who are straining every nerve to attain success, avaricious men struggling to accumulate wealth and men who are carrying burdens under intense strain and stress are subject to periods of depression and exhaustion which is a favorite soil for the growth of alcoholism and other health-wrecking habits.

Many men after years of uninterrupted activity find themselves in good financial condition and their business on a safe and well-organized basis. It suddenly dawns upon them, that in their mad rush for material gain, they have seen little of the gay and convivial side of life and some start out to "go the pace" which is usually associated with over-indulgence, irregularities, and excesses. Those who are robust and substantially constituted may be equal to the strain for a long time, but in a great many instances men who have reached middle life after years of persistent and strenuous application are below par physically, and the abuse of alcohol is the means of hastening or precipitating grave physical and mental consequences.

Then there is the periodic imbibor or dipsomaniac whose craving for drink or other narcotics is so intense that he will grasp it without regard to health, reputation, honor, wealth, fam-

ily and even soul's salvation. While the obsession or craving prevails the moral faculties are utterly suppressed. In the interval between attacks dipsomaniacs can abstain from intoxicants without effort and often exhibit an actual repugnance to all forms of intoxicants. As a result of drinking to excess during the crisis subacute and chronic toxic phenomena may arise.

There is another class of indulgers, secret drinkers, so termed, who never appear to be under the influence of liquor and whose drinking is only recognized when sudden changes of conduct and character appear. The cunning which such persons resort to, at times, is most astonishing. Secret drinkers are sometimes men of prominence, whose general reputation has been that of sobriety. In reality they are weak characters.

Among alcoholics of the higher social classes are the "pharmaceutical habitues" who become addicted to the use of medicated wines, elixirs, tinctures—anything on the drug store shelves that is alcoholic, including cologne. As a class they are invariably neuropaths or valetudenarians who are never at ease without some sort of a narcotic. In districts which have been voted dry, alcoholic patent medicines become immensely popular.

Chronic alcoholism manifests itself in a gradual deterioration of the intellect and in various physical infirmities. Mental enfeeblement is slow but progressive. At first the chronic imbibor finds it difficult to apply himself to tasks which he formerly performed with ease; his mind wanders and there is a growing sense of fatigue. Eventually memory becomes unfaithful and judgment suffers. The instantaneous forgetfulness of events that have just transpired is a classic symptom of chronic inebriety. Personality also changes and a marked enfeeblement of the will results. This enfeeblement of volition is not confined to the patient's inability to resist the craving for spirits but extends to other matters as well, so that he loses the power of initiative and of asserting himself, and becomes the tool of people by whom he is unduly influenced and easily misled. Any form of insanity may occur in the course of chronic alcoholism.

Delirium tremens is one of the most characteristic disturbances which follow the supersaturation of alcohol in those who use it habitually. There are instances, however, when it develops suddenly during a period of total abstinence. The condition is invariably grave and is often associated with serious physical complications. The tendency to recurrence is always pronounced and many sooner or later, become victims of chronic and incurable afflictions.

An attack of acute mania sometimes occurs in confirmed alcoholics, who are not only psychopaths but who are temporarily hypersensitive and morbidly suspicious. Such individuals are apt to take offense without provocation which is the forerunner of terrifying fears and persecu-

tory delusions. Many unmotivated murders have been committed by persecuted alcoholics, who after recovery, had not the slightest recollection of any event that transpired during the period of agitation. The chronic inebriate is, therefore, a menace to his family and the community, as he is liable to develop delusions of infidelity at any time and give vent to homicidal impulses.

Doubtless a few cases of alcoholism can be attributed solely to force of example, but even in those one must consider the brain disposition of the persons upon whom the example exerts its influence. Temptations to drink confront us on every hand but only the weak succumb. To the vigorously constituted temperate man strong drink offers no allurements and satisfies no craving. Furthermore many persons could not become intoxicated if they tried—they are drunk-proof, not because of any superiority of self-control but because intoxicants hold out to them no temptation.

It is the frail or weak one whose mental equipment is not sufficient to guard him from such dangers as alcohol and it is this sort of being society is charged to defend. At present a wave of public sentiment in favor of national prohibition is passing over the country and leading minds are giving it their earnest approval. It is evidently a part of the modern sociological program which has for its purposes the uplifting of mankind and the protection of the unfortunate. Scientific medicine has clearly pointed out that the constant "nipping" of intoxicants is antagonistic to health and happiness and that therapeutically its activities are limited. It would therefore seem to be the part of wisdom to encourage the enactment of laws which will at least place alcohol beyond the reach of those who have not the force of character to abstain.

The service of lifting mankind to higher planes of living and of reducing to a minimum the sordid misery and needless infirmities and handicaps resulting from intemperate living is a phase of preventive medicine which concerns the neurologist and psychiatrist. The problem is a momentous one, but the task will be made easier when national prohibition becomes our ally.

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PHARMACOLOGY OF STOVAINE.—M. I. Smith and R. A. Hatcher find that in toxic doses stovaine produces death in animals by inducing immediate and simultaneous paralysis of the heart and the respiration, the action on each being independent of the other. They find that stovaine disappears rapidly from the blood stream after its intravenous injection. Stovaine is slightly more toxic than novocaine by similar modes of administration and complete recovery does not follow the administration of toxic doses of stovaine so promptly as it does with corresponding doses of novocaine. (*Jour. Pharm. and Exp. Thera.*, Jan., 1917, p. 231.)

# A Case of Small Round Cell Sarcoma of the Dura of the Spinal Cord

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From the Pathological Institute of the Cincinnati Hospital

P. B., a white male aged 51, was admitted to the Cincinnati General Hospital, November 22, 1915, complaining of pain in the small of the back, and in the abdomen, weakness, constipation, disturbance with his urination and difficulty in walking.

Family History—Negative except for one brother who is an alcoholic.

Past History—No notes in the history of any of the diseases of childhood. The patient has had rheumatism and two years ago had coughing attacks in the morning. There is no history of venereal diseases.

Present Illness—Last February the patient fell on his back on a hard floor. Since then pain has been present nearly all the time in the back or in the abdomen. The pain is present upon moving or even lying quietly in bed. Sometimes the pain in the abdomen is of a sharp colicky character extending across the lower part of the abdomen and lasting from half an hour to four hours. The pain is very severe and knife-like and is relieved when flatus is passed. Formerly the pain occurred after meal and was relieved by resting but now resting has no influence. Coarse food formerly caused more severe pain than soft food. Pain would be relieved by belching of gas or taking magnesium and sodium bicarbonate. He says that he has discontinued the sodium bicarbonate and now he has more attacks of pain than he had while taking it. The stomach has never been washed out. Since the trouble began nine months ago, the patient has been very constipated, having to take a cathartic every other day. He has noticed blood in the stools frequently and particularly after the fall in February he noticed a large quantity. His bowels were formerly regular. Flatus is very marked. The patient has lost twelve pounds in weight in the last month and his appetite is good but he is afraid to eat on account of the pain. At the present time there is no trouble in urinating and there is no gross appearance of blood in the urine. For the past six weeks he has had some trouble in walking. The patient on admission was in good condition. Temperature 98, pulse 80, respirations 24.

Physical Examination—Pupils are unequal, the right being larger than the left. Both react sluggishly to light. There is an ulcerated chronic growth on the right cheek. No teeth are present. The gums are shrunken. The cervical glands are palpable. Throat is negative. Tongue coated.

The chest is flat and this is due to his being stooped on account of pain in the spine and lower rib margin. Lower dorsal vertebrae very prominent. Fossae all marked. Tactile fre-

mitus is slightly increased on the right. On percussion there is impaired resonance throughout the right front. Over the left front the note is tympanitic, dull (booming) down into the axilla. Both apices are dull. Posteriorly the right apex is flat on percussion. There is impaired resonance below the apex extending into the axilla, where the note becomes dull. The lower right base near the spine is hyperresonant. The note over the left apex posteriorly is dull. Impaired resonance below this dullness in the axilla and small area of hyperresonance to the left of the spine at the left of the 7th, 8th and 9th dorsal vertebrae. Notes in both axilla are almost flat. On auscultation the breath sounds over the right front are very shallow with roughened inspiration and faint distant expiration. On the left the sounds are similar, with roughened inspiration and prolonged expiration. In the axilla the breath sounds are distant. Posteriorly



FIG. 1—Enlargement of the Gross Specimen in Cross Section

over both apices there is distant tubular breathing. No rales are heard and the breath sounds are feeble over the entire back. Expiration is sharp, and prolonged (tubular). Inspiration is short and jerky.

Heart—The apex beat is neither seen nor felt. Cardiac dullness 11 cm. to the left in the 6th, 10½ cm. in the 5th, above to the third rib, 4.5 cm. to the right in the 4th. On auscultation, no bruit is heard. The sounds are clear with accentuation of the second aortic. The arteries generally are palpable and sclerotic.

The abdomen is rigid when in pain. Peristalsis can be traced as pain increases. There is a slight tendency to double inguinal hernia. No masses are palpable in the abdomen although there is tenderness over the entire abdomen on palpation.

Extremities—Knee jerks are exaggerated. Ankle clonus present. Babinski on both sides.

There is loss of sensation over the skin of both legs and the legs are spastic, the gait being a jerky spastic one. Muscles of the back and arms are spastic.

Rectal examination shows an enlarged and hypertrophied prostate. No induration, however. No hemorrhoids are present.

Urine examination—negative.

Nov. 25, 1915—Neurological status—Pupils unequal and fixed. Knee jerks exaggerated. Ankle clonus and bilateral Babinski present. Dull retarded sensation up to Poupart's ligament. Abdominal reflexes present.

Neurological staff advised exploration of the 9th to 12th dorsal vertebrae.

X-Ray—Nov. 25, 1915—Plates of the chest show a broadening of the upper mediastinal



Fig. 2. Low power photomicrograph.

shadow both to the right and left suggesting enlargement of the aortic arch and thoracic aorta. The long axis of the heart is transverse. These plates show the bifurcation of the trachea and two bronchi most clearly. X-Ray plates of the lower dorsal, lumbar and sacro-iliac regions are entirely negative, showing no gross bone change.

X-Ray—Dec. 1, 1915—Plate shows gross bone destruction in the body of the 8th dorsal vertebra surrounded by a spindle-shaped shadow suggesting an effusion about this vertebra. The change is characteristic of a dorsal Potts'. The stomach outline as seen on the plate and in the fluoroscope appears normal.

Blood count on the 1st of December shows 7500 whites, 68% polymorphs, 13% large lymphs, 16% small lymphs, 3% transitionals.

Dec. 3, 1915—Patient's condition about the same.

Dec. 6, 1915—Patient transferred to the South Surgical Service for operation. Kept in bed on a regular ward diet. Occasional seizure of pain lasting only a few minutes.

Dec. 10, 1915—General condition of patient is about the same. Spastic paraplegia is still as before.

Neurological examination as follows: Carnial

nerves: 1st and 2nd about normal. 3rd, 4th and 6th: 3rd pupils fixed, 4th normal, 5th normal, both motor and sensory. 7th, there is a suggestion of left facial paresis. 9th, 10th, 11th and 12th normal.

Sensory examination—There is a partial anaesthesia to both light and heavy touch, heat and cold, below the rib margin at the sides, the line of demarcation extending downward in front just below the umbilicus and in back to the point midway between the iliac crests. Sensation at the back is irregularly impaired from the pelvis up to the gibbus, the anaesthesia being patchy. Sensation above the gibbus is normal.

Reflexes—Arms normal. Knee jerks exaggerated, right more so than the left. There is ankle clonus on the right. Patient has slight control of the legs above the knees and none below. There is no paresis of the hands. There is occasional loss of sphincter control.

Dec. 15, 1915—Consent obtained and patient prepared for operation.

Dec. 16, 1915—Operator, Dr. Kramer; assistant, Dr. Coppock. Ether drop method. Benzine-iodine sterilization. An incision was made over the spinous processes of the 6th, 7th and 8th dorsal vertebrae. The spinous processes were

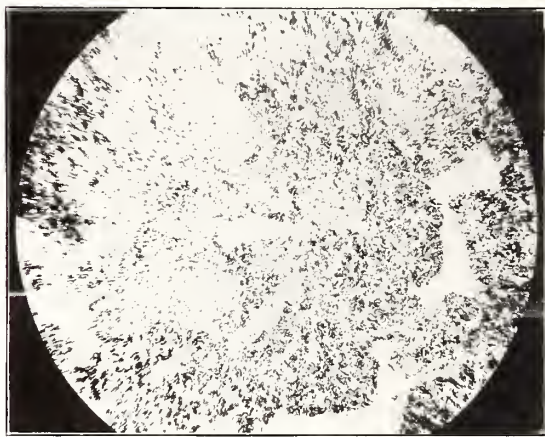


Fig. 3. High power photomicrograph of the tumor.

chipped away. The laminae of these vertebrae were chipped away, exposing the spinal cord, which bulged somewhat. The dura was opened. The spinal cord was slightly edematous and bulged backward showing a pressure in front. Probing in and about the vertebrae failed to reveal any abscesses. No pus was found. After irrigation with 1-500 bichloride solution the wound was closed and the patient was put to bed in good condition.

Dec. 23, 1915—Patient in fine condition. Wound dry and clean. Spasticity of legs is gone. Anaesthesia is still present.

Jan. 10, 1916—Patient not making any progress. Upper wound of back is completely healed over. Lower one not looking well. Sodii iodide given. Spasticity of legs as before.

The patient gradually lost ground. The operation wounds finally healed but bed sores developed over the hips. The legs can still be moved but are spastic. The pulse and temperature fell to practically normal on Feb. 15-16, and remained there until Mar. 15-16. At this time the patient was given an injection of 1 c.c. of a 30% solution of  $\text{SiO}_2$  intravenously. There was no complaint after the injection and no rise in temperature. On the 16th the dose was increased to 3 c.c. of 30% solution of  $\text{SiO}_2$  intravenously. There was a slight rise in temperature following the second injection.

From the 17th of March to the 27th of April the patient received 36 injections varying between 2 c.c. and 10 c.c. of 30% solution of  $\text{SiO}_2$ . Most of those were given intravenously but a few hypodermically. These injections were followed by no benefit to the patient and occasionally by slight rises in temperature, not over 100.8. The patient continued to lose ground and became weaker and emaciated. Bed sores became extensive and the temperature fell below normal. The patient was given morphine sulphate when needed for pain and at times he was semi-delirious.

On the 13th of May, 1916, the patient's temperature rose from 96 to 101.3 rectal, falling again at midnight to 96. During the day of the 14th it rose to 105, remaining above normal until the 20th, when it reached normal again, remaining at about normal for two days, falling once to 96.

On the 23rd the temperature rose to 102 and varied between 102 and 97 until immediately before death, when it fell to 95.

There were no notes regarding any physical findings on the patient during the last ten days of his illness so that an explanation of this temperature is difficult, unless it be ascribed to the bed sores.

The patient gradually failed and died in the morning of the 26th of May.

The temperature varied between 96.2 and 99.4 before operation. Following the operation there were some rises up to 100.4 until the 6th of January when it rose for several days in the morning to 103. It gradually returned to normal and remained there with the exception of small rises to 99° following the injection of  $\text{SiO}_2$ . There was nothing abnormal about the pulse. It corresponded largely to the general condition of the patient and fever which he had at the time. The same can be said of the respirations.

After the first two or three urinary examinations there is no further note on the condition of the urine and no further notes on the condition of the blood. There is no stool examination, nor sputum.

Diagnosis—Dorsal Potts' disease, tuberculous abscess of the 6th, 7th and 8th dorsal vertebrae, spastic paraplegia of the lower limbs; laminectomy of the 6th, 7th and 8th dorsal vertebrae.

#### AUTOPSY REPORT

The body was that of a tremendously emaciated, anemic, slenderly-built white man about 50 years old. Every bony prominence in the body could be easily seen and appeared to be covered only with skin. The muscles were almost wasted away. The pupils were equal and round; the teeth were almost all gone but those which remained were careous, loose and almost entirely exposed because of the retraction of the gums. The abdomen was scaphoid. The skin was dry, scaly and atrophic, and on the hips, thighs, legs and feet, were numerous bed sores. On the posterior surface of each hip was a bed sore fully three inches in diameter, which had a sinus in the center extending into the ischio rectal fossa. From this sinus a greenish-gray, slimy pus exuded. There was a similar bed sore on the sacrum. From the knee down, on the right leg, were eight ulcerated areas with necrotic bases and ragged, irregular edges. There were six in the same region on the left side.

When the vertebrae were exposed posteriorly, it was found that the spinous processes and laminae of the 6th, 7th and 8th dorsal vertebrae had been removed. The ligaments of the vertebral column were firmly adherent to the dura at this point. The cord was very much thickened in this region and the dura was adherent to all the surrounding structures. The cord was removed and preserved in formalin for further study. The vertebral bodies were very soft and friable and could be easily broken by slight pressure with any blunt instrument. There was no pus to be found anywhere.

On section of the cord, the thickening proved to be due to a neoplasm springing from the ventral and exterior surfaces of the dura mater at about the level of the 7th vertebra. This was about one-half inch in the vertebral diameter and extended from a point about one-fourth inch to the left of the median line to roughly 90° from the dorso-ventral axis. Microscopic sections showed small round cell sarcoma springing from and infiltrating the dura. Marchi and Kulchitzky preparations, at the cervical and lumbar levels, showed diffuse degeneration which could not be delimited to any particular tract of the cord.

Re-examination of the chest plates after the pathological report showed signs characteristic of the sarcoma of the lung.

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AMBRINE.—Ambrine is a French, secret preparation that has been on the market for many years. It has recently come into prominence through sensational articles in the lay press. For all practical purposes it is solid paraffin to which some material has been added to make it adhesive and more plastic. For use it is heated until liquid and then applied to open wounds and burns, forming a relatively impervious dressing. (Jour. A. M. A., April 7, 1917, p. 1057.)

## Printer's Ink--Publicity and Public Health\*

J. R. McDowell, M. D., Columbus

Director Public Health Education, Ohio State Board of Health.

IT is unnecessary in this day and before this section to argue the value of public health education and public health publicity. The results obtained by our efficiently organized state and municipal health departments and the campaign against tuberculosis prove this.

The campaign for the prevention of tuberculosis brought out the value of educating the individual as to his mode of living. It taught him the need of building up his vital resistance, the necessity for care of sputum, of sanitary workshops, sleeping in the open air, etc. It brought about an interest in the community problem, with the result that in Ohio there are 87 local organizations, 68 nursing centers, employing 463 nurses, open air schools in 5 cities, and 11 sanatoria for the treatment of tuberculosis.

The same results are being obtained in infant welfare through education of the mother in prenatal care of herself and postnatal care of herself and her babe. Efforts for many years were centered on securing a pure milk supply, but only when the campaign, becoming educational, was focused on the task of carrying knowledge of sanitation and hygiene into the individual home was there success in lowering the infant mortality.

The situation as regards the prevention of cancer is practically that of tuberculosis 13 years ago. The same methods of education and publicity are being put into practice, and in this propaganda the American Medical Association and the medical associations of the different states are taking an active part.

In the campaign against the acute contagia, the venereal diseases, the ill effects of defective eyes, ears and teeth, and the degenerative diseases of adult life, the fight can only be won by spreading clear and definite knowledge of the ways in which disease is caused and the means to prevent its spread.

The methods of public health education and publicity may be brought out through the experience of the Ohio State Department of Health. The Division of Public Health Education and Tuberculosis was created as such in 1914, although much work of an educational and publicity nature had been done before by the Division of Tuberculosis.

The Ohio Public Health Journal is the official organ of the department. It is the principal method of communication between the department and those especially interested in public health matters. It is our aim to make this journal the

means of furnishing health officers, physicians, nurses, social workers, school superintendents, teachers and high school students the latest information in the progress of sanitary science. The journal carries items of interest in local public health activities throughout the state. Articles of a purely technical nature have been eliminated.

The journal is issued monthly and has a circulation of about 8,000. Each number contains four or five original articles, the same number of editorials on local and general topics. One department which is proving very popular, and is the means of getting local health departments in touch with one another, is the Health Officers' Round Table. It contains questions and answers on current topics and reports of unusual activities in the different departments. The reports of the various divisions of the state department are made short and concise and free from long, dry, statistical matter.

In addition to the journal, the division of public health education issues for general distribution many pamphlets and bulletins on special public health problems. Pamphlets with subjects such as:

"Sore Eyes May Cause Blindness,"

"The House Fly—Carrier of Disease,"

"Common Facts About Communicable Diseases,"

"Tuberculosis—What You Should Know About It,"

"What the Teacher Should Know About Communicable Diseases, Disinfection and Disinfectants,"

as well as circulars on diphtheria, scarlet fever, typhoid fever, whooping cough, etc., their cause and prevention, are supplied freely to local health departments, and any person upon request. Pamphlets distributed at the home during quarantine, or when a case of tuberculosis exists in the home, probably do more good than at any other time, because they appeal to the patient and family as specific instructions at an opportune time. Pamphlets on tuberculosis, to be distributed to the patients at the discretion of the physician, are now sent to each physician on receipt from him, at our laboratory, of a specimen of sputum. The department is now co-operating with the Bureau of Vital Statistics in newspaper publicity and distributing leaflets on the value of birth registration, in the endeavor to place Ohio in the registration area.

By far the best means of reaching the public, and reaching them when they are in a receptive mood, is through the newspaper. Nine persons out of ten when thinking of publicity, think of

\*Read before the Section on Hygiene and Sanitary Science, Ohio State Medical Association, in annual session at Springfield, May 14, 1917.



the newspaper. The public is always eager for news. Public health topics are news and vital to all. The department is now issuing through press associations regular news items two or three times a week. When the stories are written in a newsy, snappy manner, they are readily used by a large per cent of the dailies.

Another excellent form of newspaper service which appeals to the public and is acceptable to the papers is the "feature" story. These stories must be on timely topics, written in a style appealing to the average reader. They must appear in a regular place in the paper at regular intervals. They are usually put in box form, two columns wide, and carried under some special caption. Such stories were published by the Public Health Education Committee of the Ohio State Medical Association last year with great success, and in their report for this year the committee recommended that this work be taken over by our department.

One other form of newspaper publicity deserves attention. This is the boiler plate material issued by some of the press associations to the small weekly papers. It is put up in plate form, ready to print, to be released one or two columns at a time as desired. While this material reaches a large number of people and brings good results, it is an expensive form of publicity.

The department employs a publicity director, who is a newspaper man and knows the inner workings of a newspaper plant so thoroughly that he is able to present his material in an interesting and useable form. Not one physician or health officer in a hundred is able to write a story on "Baby Feeding," "The Fly Menace," or any of a dozen other topics of interest to the public, in a style that draws or holds the attention. The didactic style of giving details, which does very well in a clinic or before a medical society, does not have the human interest which predominate in articles for the laity.

The exhibit sent out by the Ohio State Department of Health has furnished an excellent study in publicity methods. The exhibit itself is composed of charts, aphorisms, mechanical models, illusions, etc. A director of exhibits and an instructive nurse accompany the exhibit. Lectures are given by different members of the department and a motion picture machine showing educational films is part of the equipment.

The exhibit must be operated very much along the lines of a circus. It has been our experience that the more thorough and detailed the advance work, the greater the success and the larger the attendance. This advance work consists first of the organization of an energetic local committee, preferably composed of representatives of all of the different organizations engaged in civic work in the community. Then must follow the greatest amount of advance publicity, and here again the newspapers must be enlisted. Almost with-

out exception we have obtained all the space desired. It has been our custom to prepare all the publicity from our own department, obtaining material from our records pertaining to local health and sanitary conditions, and in that way stimulating interest in the local situation. Here the trained newspaper man is of great value. The exhibit and lectures should be held in a centrally located place where the people are accustomed to meet for public gatherings. Programs by local talent preceding the lectures attract many who would not otherwise attend, and often a parade by the school children stimulates interest. A follow-up story of each lecture is prepared for the newspapers, and in this way many are reached who do not attend the exhibit itself.

A health officers' conference, composed of all the health officials of the county, is usually held on one afternoon during the exhibit. Common problems are discussed and a permanent county organization formed. Interest has been stimulated in each locality toward the forming of a public health league, with the result that in Ohio to-day there are 87 such organizations, 68 of which are employing public health nurses and doing active work along public health lines.

The exhibit campaign has operated in 69 different counties and 63 different cities, coming into direct contact with 524,230 people. There has been made a total of 110 stands, and the exhibit property has covered a railroad mileage of 7,618. Two hundred and ninety-eight lectures have been delivered in the course of the exhibit campaign. The instructive nurse with the exhibit has delivered 352 informal lectures, reaching approximately 38,000 individuals, principally children, and has made 102 visits of instruction and inspection. In connection with this campaign there has been available for free distribution quantities of 17 varieties of literature. It has been impossible, however, to even approximate the number of pieces distributed. There has been a total of 341 runs of 14 different motion pictures.

A plan is now being worked out for placing a motion picture machine, with a generator, on a motor truck to carry pictures to the rural districts. The truck will be accompanied by a lecturer and mechanic, who will carry a complete camping outfit. Some means of reaching the rural communities with educational propaganda and publicity is of the greatest importance. The motion picture has proved an excellent drawing card and tells its story in its own peculiar way.

Publicity and educational methods as applied by the state department can be carried on along the same lines by municipal departments and private organizations.

E. A. Moree in his excellent series of articles on "Public Health Publicity" in the *Journal of the American Public Health Association* says "In or-

der to get results in an educational or publicity campaign, we must

(1) Establish our authority to give an opinion as to the means of preventing disease and prolonging life.

(2) We must speak as forcibly as possible, in as many ways as possible, and to as many persons as possible.

(3) We must give accurate information, and give it in a clear, concise and attractive manner."

Municipal health departments must adopt publicity and education to get recognition of their authority, adequate appropriations for carrying on their work, and results in the prevention of disease and lessening mortality. The methods outlined for a state department are available for local campaigns. The local campaign has the decided advantage of the personal touch. The appropriations asked for, the activities carried on by the department, are for the benefit of the homes in the immediate community, not for some city or town in a remote part of the state.

The experience of state and local health departments have proved the inestimable value of the expert publicity man. For small departments unable to afford the full-time services of such a man, there is available the newspaper reporter who can be obtained on part time service, or who will put up stories and material in attractive and readable form for his own paper.

The relation of the physician to the newspaper and advertising for the profession is to be discussed at this meeting. The public must be educated upon medical and sanitary lines, and the physician can be a great factor in this work if some satisfactory plan can be worked out. The quack should be combated with his own weapons. Such publicity, however, should be conducted by some competent physician. It should never be used as an individual advertisement. Dr. W. A. Evans, president of the American Public Health Association, says "My opinion is that every newspaper should have some physician with whom its editors can consult on medical news in person or by phone. It should be paid service; volunteer service by committees from local medical societies, appointed for the work will not work."

True statements as to health conditions and planned activities are much better than garbled half-truths, which will be published unless the newspapers are well advised.

Every health department should issue a regular bulletin, not of dry statistics, but with local coloring, containing facts and results of interest to the average citizen. The weekly bulletins of the Cincinnati and Cleveland boards of health are examples of attractive publications that are widely read and have educational value.

Co-operation between the health department and the public schools has not as yet been developed to its full efficiency. It is in the school, especially the lower grades, that public health education is received with greatest interest. Dr.

Carroll Fox of the Federal Public Health Service has made the recommendation that the health officer be a part of the teaching staff in the public schools, and that bulletins containing the lessons taught be issued by the health department or board of education for distribution to the pupils, and that regular examinations be held in the course.

Pamphlets and bulletins issued by local departments on special subjects and at opportune times have a certain amount of value. The distribution of these, however, is a big problem. If a mailing list is used, obtained from the voting list, the pamphlets do not reach the mother and children, where the most good is done, and the postage and envelopes are very expensive. House to house distribution is valueless. Practically the only places where the pamphlets are of use are in connection with exhibits, or when distributed to homes under quarantine or in which there are exposures. The people are in a receptive mood at such times. They take the time to read the pamphlets and profit by them.

Exhibits, while ordinarily expensive, can be put on at very little expense and with great value with the help of some private organization, during an industrial exposition, or during a campaign for the employment of a public health nurse, the building of a detention hospital, or the building of a hospital for the treatment of tuberculosis. Space will usually be furnished. The exhibit made up of local material, and showing local activities, makes a personal appeal lacking in a state exhibition.

The health officer and the physician are frequently called upon to deliver talks or lectures, and herein lies one of the best opportunities for getting in personal touch with the public, but those undertaking such service should be chosen for their qualifications. The average physician or health officer is not a good talker to the laity. He is given to the same faults that he is writing. Talks on medical and sanitary subjects should be short, easily understandable, composed of accurate information and given in an attractive, clear manner.

According to E. A. Moree "Public health publicity is an effort either to change the lives and habits of the people, or to focus or re-focus public opinion. The latter is often miscalled manufacturing sentiment or creating public opinion. There is no such thing as 'manufacturing' public sentiment in public health work. Public health opinion is founded upon the most fundamental and probably the most commonly recognized race instinct, race preservation. There can be no two ways of thinking about saving life. There can be, and usually is, lack of thinking about it, and that is what the public health educator must overcome. He must get people to think, and get them to think in the right way. \* \* \* When it is a question of life or death, we have a race in-

stinct that needs only to be aroused and focused, to be effective in securing action, either individual or collective. There may be cleavages of sentiment and divisions of opinion as to methods, but there can be no differences as to the basic race urge toward life preservation."

Public health publicity should be handled in much the same way as merchandising publicity. We have a commodity for sale and we must get as large a number of people to thinking about this commodity as possible. Then we must deliver to the public a product, the value of which it is difficult to demonstrate to the average person. Our publicity must continue and must then deal with results, presented in just as attractive form as that presenting our alluring advance material.

It is not sufficient to enlist the public in health

campaigns for individual hygiene and sanitation, but, applying a simile very apropos at this time, we must supply the munitions, fortifications and equipment to carry on the war against diseases. We must provide open air schools, free dispensaries and sanatoria for the prevention and treatment of tuberculosis; we must establish isolation hospitals for communicable diseases and infant welfare stations and dispensaries; we must install efficient water purification plants and adequate sewerage systems and sewage disposal plants; we must organize efficient health departments in charge of well trained, full time, competent men. All of these cost money and cannot be obtained until public sentiment has been focused upon the necessity for them. This can only be done by the greatest amount of continued publicity and education.

## War Notes

The exodus of physicians from Ohio for war service continued steadily during July. The largest number were called in connection with the federalization of the National Guard. The important problem of caring for the health of the Ohio troops in camp at Montgomery, Alabama, faces them as the chief task of the immediate future, with the probability that they will see foreign service before Christmas.

It has developed that the chief need of the army at the present is for younger physicians—particularly men under thirty-five years of age. An organized "drive" to secure every available young physician has been inaugurated throughout the state, and with particular vigor in the cities.

### INTENSIVE RECRUITING.

As soon as the War Department acts upon a recommendation made by the Ohio State Committee of American Physicians for Medical Preparedness this medical recruiting will be carried into every county in the state.

The committee has recommended that Drs. Ben. R. McClellan, of Xenia, and M. B. McGonigle, of Toledo, members of the Medical Officers Reserve Corps, be detailed for intensive recruiting service in Ohio. A careful plan has been worked out and will be placed in operation as soon as the Department acts.

Dr. McClellan will take the southern counties and Dr. McGonigle the northern. They will visit each county seat, spending a single day in the smaller counties and from two to four days in each of the larger cities. They will be commissioned not only to secure and examine medical volunteers, but to secure exact information relative to the status of every physician in the county.

To expedite this work the chairman of the county committee on preparedness will be asked

in advance to arrange for a meeting of all the physicians in the county, at the county seat, on the evening of the visit. It is believed that there will be a full attendance, in each county, as this will be the opportunity to file claims for exemption from a possible medical draft, and to file with the Department information relative to special service, dependency, and physical condition. This information will be of vital importance as it is not improbable that the government will be forced to draft medical officers before many months have passed.

### TO MILITARY PHYSICIANS

If you desire *The Journal* forwarded to you, please advise this office promptly of your new address. State your military address in detail, giving division and regiment and company to which you are attached. *The Journal* may be forwarded without extra charge to foreign points as well as American camps. Address a post card to

THE OHIO STATE MEDICAL JOURNAL  
131 East State Street  
Columbus, Ohio

### ANSWER THE QUESTIONNAIRE.

We wish to urge every physician in the state who reads this paragraph to answer the questionnaire relative to possible military service, sent out during the second week in July by the American Medical Association. It is absolutely essential that the government know the exact status of the medical situation, and to secure this the questionnaires must be returned. No matter how you may be situated, answer it—fully and freely.

### EXAGGERATION OF CASUALTIES.

There has been such an astonishing amount of mis-information, exaggerated and sensational

statements, published in this country regarding the casualties among medical officers in the British army that Col. T. H. Goodwin of the British Army Medical Service, now in this country, cabled to the British War Office for the actual facts. He received the following data: The total casualties among medical officers of the British forces, on the western front, from the beginning of the war to June 23, were: killed, 195; wounded, 707; died of disease, 62. Hence the total number of casualties from actual war injuries on the western front was 902, of which 195 were killed. This is entirely different from some of the statements which have received wide publicity in this country—some even semi-official in character—which have reacted to the detriment of the efforts to secure officers for the Medical Reserve Corps.

#### MEN FROM OHIO.

The following, culled from recent Army orders, gives a partial line on the Ohio men who are being called to service:

*To Army Medical School, Washington, D. C.*, Lieut. Fred S. Wright, Bellaire; Herbert A. Brown, Cincinnati; William T. Fenker, Columbus; Charles W. Maxson, Steubenville; Anton B. Spurney, Cleveland, and Philip D. Wilson, Columbus.

*To Fort Niagara, N. Y.*, Lieut. A. R. Warner, Cleveland.

*To New York, to Rockefeller Institute for course in medical research*, Lieut. Harry Wahl, Cleveland.

*To Cleveland, Red Cross Ambulance Co. No. 4*, Lieut. Frank S. Gibson, Cleveland.

*To Ft. Benjamin Harrison*, Capt. C. C. Waller, Warren, and Lieut. H. M. Metcalf, Elyria.

*To Fort Oglethorpe, Ga.*, Lieut. Charles H. Young, Ashtabula; Capt. R. W. Holmes, Chillicothe; William H. Leet, Conneaut; Lieut. Gilbert W. Brehm, Columbia; John R. Wolfe, Delphos; W. E. Hart, Elyria; and Thomas M. Wood, National Military Home.

*To New York*, Lieut. Virgil H. Danforth, Byesville; Louis A. Querner, Cincinnati.

*To Home*, Lieut. Leroy B. Sherry, Cleveland.

On July 7, Dr. Isaac W. Jones, M. O. R. C., addressed Cleveland physicians in the auditorium of Cleveland Medical Library. He demonstrated with moving pictures and with patients methods of examining candidates for the aviation corps of the army with a view of enlisting Cleveland physicians in this work.

On July 12 Sandusky county physicians gathered at Dr. Kinsey's club house near Fremont, Ohio, where an outing was given under the auspices of Drs. Stamm, Kinsey and Ickes in honor of the physicians who have volunteered for army service.

Dr. Emanuel Silberstein, Toledo, who has entered the Medical Officers Reserve Corps, was compelled to flee from Russia at the close of the Russo-Japanese war to prevent arrest on a charge of sedition.

The new regulation of the War Department, fixing 55 years as the maximum age limit for base hospital service, caused the resignation of Dr. Joseph Ransohoff as director of the Cincinnati base hospital unit. He has been succeeded in that capacity by Dr. William Gillespie.

Dr. J. H. Landis has been placed in charge of the medical and surgical corps of the recently organized Cincinnati Home Guards.

Throughout the state component county societies are devoting much attention to plans for providing financial relief to doctors who go to the front. Toledo, Columbus and Dayton plans are commented on in another column. In Cleveland an Academy committee consisting of M. J. Lichty, N. M. Jones, A. Peskind, and W. H. Humiston are making a careful study of the situation. In Cincinnati, an Academy committee has been selected consisting of C. R. Holmes, J. C. Oliver, W. D. Porter, J. W. Murphy, C. T. Souther, and Samuel Zielonka. The Summit county society will consider the matter at its meeting on September 4. Allen and several of the other large counties already have acted.

Summit County Medical Society turned out a record attendance—108—on July 10 to hear an address by Dr. F. E. Bunts, of Cleveland, chairman of the Ohio State Committee of American Physicians for Medical Preparedness. Summit county is expected to furnish 36 medical officers.

Dr. Ellis Bader, former receiving physician at Cincinnati General, is serving in France with the Harvard base unit.

Physicians from Cincinnati and vicinity participated in an enthusiastic mass meeting at Emery auditorium on July 10. Addresses were made by

Three sons of Dr. W. E. Postle, Columbus, are in service. They are Dr. Robert S. Postle, Akron, Tenth Infantry, O. N. G.; Dr. Franklin D. Postle, Delaware, Fourth Infantry, and W. E. Postle, medical student, who is in the navy.

Dr. H. Burt Herrick, of Cleveland, is in France. He is stationed near Paris, in charge of an ambulance corps of some 200 men.

## Industrial Commission Adopts Definite Rules Regarding Compensation For Hernia

After long deliberation, during which there was considerable uncertainty in the rulings, the Industrial Commission of Ohio has adopted new rules governing the treatment of hernia in workmen's compensation cases, as follows:

"For the purpose of treating the subject of hernia in a just manner to both employee and the employer and to be in accordance with the medical facts, the commission rules the following:

Rule I. In all hernia produced by external violence or traumatism, directly applied to the abdominal or belly wall, puncturing or tearing the wall asunder, compensation shall be paid during the full period of disability.

Rule II. Hernias which occur during the course of employment, but not superinduced by trauma and all pre-existing hernia are not compensable except as they may be aggravated by a contusion or other traumatism producing disability.

Rule III. In all hernia where it is conclusively shown by medical proof that the immediate cause which calls attention to its presence, as a sudden effort, severe strain, sudden jerk or fall; that the descent of the hernia took place immediately following the cause; that it was accompanied or immediately followed by pain at the seat of injury; that the pain was of such severity that the same was noticed by the claimant and communicated as soon as possible to one or more persons; that there was a tumor felt at the seat of injury; that there was swelling, inflammation and hemorrhage present in the tissues; that there was a few days subsequent ecchymosis of the

skin; that hernia produced in this manner and with such symptoms following, shall be compensated covering the full period of disability; that all medical fees, including necessary operations, ambulance, nurse, or a suitable truss, shall be paid. Where a truss is worn, should strangulation or other conditions of a disabling character arise dependent upon the existing hernia, disability arising from such conditions, shall not be subject to compensation nor any further medical expense, except operative treatment and medical expense necessary to the complete relief of the condition.

Any patient who can show that hernia made its primary descent during the course of employment will be operated upon at the expense of the state.

The commission does not expect surgical attention in any one case to exceed \$200 nor the surgeon's fee in any one case to exceed \$75. Four weeks in the hospital is the maximum period in any case, unless extraordinary conditions exist.

The rules became effective on June 6. All cases which had their origin before that date will be handled under the old rules.

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### DR. SHEPHERD'S PLANS.

Dr. A. F. Shepherd, who recently resigned as member of the state board of administration and thereby terminated a service with the state hospitals of Ohio that covered a period of twenty-four years, has moved to Dayton and in the future will devote his entire time to the active management of Orchard Springs Sanatorium. The institution has been remodeled and in the future will devote particular attention to cases of mild mental disorder, inebriety and drug addiction. In addition it will receive invalids suffering from non-communicable diseases requiring special forms of treatment. Dr. Shepherd has purchased the interest of Dr. J. C. George, who has been associated with him for several years in the management of the institution.

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### Additional Help for Industrial Commission

Dr. I. C. Kiser of Fletcher, and Dr. William E. Lloyd of Columbus, have been appointed special examiners in the medical department of the Ohio State Industrial Commission. Both began their new duties June 1.

The addition of these men the medical staff of the commission and the employment of 18 additional inspectors and clerks in the claims department should bring about marked improvement in the handling of workmen's compensation claims. For more than a year the various departments under the commission have been almost swamped, the increase in work being due to the increase in the number of industrial accidents which resulted from expansion of business in many industrial fields.

The appointments are permanent ones, made possible by increased appropriations granted by the State Emergency Appropriation Board and the State Legislature.

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*The Status of Antipneumococcus Serum.*—The injection of the proper antipneumococcus serum in pneumonia caused by pneumococcus Type 1 is believed to be beneficial, but the serum treatment of pneumonia is still in the experimental stage. The pneumococci fall into various groups according to their immunologic relations and the first requisite for a rational use of the serum treatment of pneumonia is the determination of the particular type of the pneumococcus concerned in a given case.—(Jour. A. M. A., Dec. 30, 1916, p. 2030.)

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 \* NEWS NOTES OF OHIO \*  
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*Fremont*—Dr. F. L. Kinsey has been appointed a member of the city board of health.

*Columbus*—Dr. E. M. Parrett addressed the Columbus Kiwanis Club at a dinner, June 13.

*Findlay*—Dr. M. M. Carrothers has been appointed a member of the city board of health.

*Toledo*—Dr. Mary Katering has been appointed assistant physician at the Toledo State Hospital.

*Mansfield*—Dr. J. S. Hattery was recently appointed physician at the Ohio State Reformatory.

*Athens*—Dr. C. H. Andrews, physician at the Athens State Hospital, has been granted a leave of absence.

*Cleveland*—Dr. A. R. Timme, assistant physician at the Cleveland State Hospital, resigned his position May 31.

*Urbana*—Dr. C. C. Craig has returned from Florida, where he spent several months for the benefit of his health.

*Lima*—Dr. DeWitt T. McGriff, who recently underwent a serious operation for gall bladder trouble, has resumed practice.

*Steubenville*—Dr. H. T. McLaughlin was called to Detroit, June 16, on account of the death of his brother, J. H. McLaughlin.

*Mansfield*—Dr. J. A. Yoder has returned after spending five months in eye, ear, nose and throat work at Chicago and New Orleans.

*Kenyon*—Kenyon College on June 18 conferred the degree of Doctor of Laws on Governor Cox and Dr. Charles S. Hamilton, of Columbus.

*Medina*—Dr. and Mrs. R. G. Strong left June 16 for Buffalo, where the doctor will spend several weeks studying diseases of the eye and ear.

*Lorain*—Dr. D. D. Grimm, formerly a surgeon at the Allegheny General Hospital has opened an office in the Kohlmeier block, 2818 Pearl Avenue.

*Springfield*—Dr. D. K. Gotwald was elected Surgeon of Ohio Encampment, United Spanish War Veterans, at the recent Alliance encampment.

*Columbus*—Dr. P. M. Holmes, assistant physician at the Columbus State Hospital, has resigned and Dr. Richard S. Moynan has been appointed.

*Coshocton*—Dr. Edmund C. Cone has resumed his practice, after spending several weeks in Chicago taking special work in eye, ear, nose and throat.

*Corryville*—Dr. George Hunter, a recent graduate of the Ohio State University Medical College, is house physician at St. Elizabeth's Hospital, Covington, Ky.

*Lancaster*—An advisory board for the Lancaster Municipal Hospital was elected as follows: Drs. H. M. Hazelton, C. G. Axline, R. W. Mondhank, C. M. LaRue and R. H. Plum.

*Lima*—Dr. T. D. McGriff has been appointed to act as coroner of Allen County in the absence of Dr. V. H. Hay, who left recently to enter the medical training camp at Ft. Benjamin Harrison.

*New London*—Dr. M. W. Jacoby recently moved here from Ashland and formed a partnership with Dr. M. E. Roasberry. Dr. Roasberry left June 21 to take up a course of study at the Mayo clinic.

*Bucyrus*—Dr. Howard H. Smith, for 22 years a practicing physician of this city, has moved with his wife and daughter to North Yakima, Wash., where the doctor owns a fruit farm. Dr. Smith formerly lived in Wooster.

*Portsmouth*—In the June issue we announced that Dr. O. W. Robe of Portsmouth had been elected secretary of the Section on Medicine at the Springfield meeting. This is a mistake. Dr. H. F. Rapp of Portsmouth is so honored.

*Columbus*—Dr. J. E. Monger, registrar of the state bureau of vital statistics, recently gave out a statement showing that births in Ohio for the first four months of 1917 increased 2,000 over the first four months of 1916, and 4,361 over the first four months of 1915.

*London*—Mrs. Grace Parker, wife of Dr. J. W. Parker, died at her home in London, June 16. Mrs. Parker had been ill since she was injured last summer while riding a horse near an army post on the Mexican border, where her husband was an officer in the medical corps.

*Cincinnati*—Dr. Louis Schwab is a member of the committee of four appointed by the new charter commission to draft the section of the proposed new charter relating to the management of municipal hospitals and the University of Cincinnati. Dr. C. R. Holmes has suggested to the commission that it continue indefinitely the present arrangement which vests administrative control of the hospitals in the director of public safety and the appointment of the medical staffs and teaching and nursing units with the board of trustees of the university.

#### HOSPITAL MEETING IN CLEVELAND.

Cleveland Hospital Council, which is in charge of the local arrangements for the nineteenth annual meeting of the American Hospital Association to be held in Cleveland, September 11-14, announces that the sessions will be devoted to the mobilization of hospital forces, that they may be of the greatest service to the government. Social entertainment will be reduced to a minimum and the program will be devoted largely to military subjects.

HOSPITAL NEWS NOTES

—Miss Sue McCracken, Elyria public health nurse, has resigned to accept a position in the surgical department of the Elyria Memorial hospital.

—Plans for a new hospital to be erected at Greenville at an estimated cost of \$62,000 have been completed by Dayton architects. The structures will be two stories high.

—Trustees of the City hospital at Chillicothe are planning an addition of nine or ten rooms for nurses and other hospital employes.

—The White hospital at Ravenna was reopened June 14. Miss Nish, formerly of Lakeside hospital, Cleveland, is superintendent of the institution.

—Establishment of a new maternity hospital to be erected at a cost of \$100,000 and operated in conjunction with Lakeside hospital, Cleveland, is provided for in the will of the late W. S. Tyler. The will also states that a similar sum shall be used in the operation of the hospital. Lakeside recently received a million dollar bequest from the late Colonel Payne.

—Commencement exercises of the Flower Hospital Training School for Nurses, Toledo, was held June 27. Ten nurses were graduated. Dr. Charles N. Smith delivered the class address.

—Articles of incorporation for the McKinley Hospital Company of Columbus, capital \$100,000, were taken out June 23 by several Columbus business men.

The Canton Medical Society held its regular meeting in the rooms of the Chamber of Commerce, March 23. Fractures was the general subject discussed. Dr. J. P. DeWitt spoke on "Diagnosis." "The Treatment of Simple Fractures" was the subject of the talk by Dr. J. F. Marchand. Dr. V. E. Kaufman discussed "Treatment of Compound or Open Fractures," and Dr. H. M. Schuffell spoke on "Operative Treatment."

SIXTH DISTRICT POSTPONED.

Dr. J. H. Seiler, secretary of The Union Medical Association of the Sixth Councilor District, advises us that the August session, which was to have been held in Cleveland, has been postponed. This action was taken owing to the unsettled state of the military situation. Dr. Seiler further advises us that this is the first time since the organization of the society in 1870 that it has not held its regular quarterly session. Plans are being made for the November meeting which will be held in Cleveland on November 13.

PUBLIC HEALTH NOTES

—Findlay observed Baby Week during the week of June 18. Dr. Frances Hollingshead, director of the division of child hygiene, state department of health, was the principal speaker at public meetings.

—The Cincinnati health department's annual Better Babies show was held at Chester Park late in June. More than 500 babies were examined. Addresses were delivered by Dr. W. H. Peters, of the health department; Miss Louis Kuck, visiting school nurse; Miss Elizabeth Cocks, superintendent of the Visiting Nurses Association, and Mrs. Guy W. Mallon, president of the Woman's City club.

—The annual report of Dr. J. D. Kramer, visiting physician at the district tuberculosis hospital maintained by Montgomery and Preble counties, shows that during the last year 102 patients were treated at an average cost of \$1.53 per capita per day. Eighty-three patients were admitted.

—A proposal is pending to erect a district tuberculosis hospital for Jefferson, Carroll, Columbiana and Belmont counties. County medical societies are aiding in the movement.

—The Fresh Air Camp operated by Lancaster County Tuberculosis League which provides for about 20 patients, has been opened for its second season.

—Miss Jennie Tuttle of Columbus was elected president of the Ohio State Graduate Nurses' Association at its recent meeting in Youngstown. Miss Harriet P. Friend, Columbus, is secretary.

—Dr. J. H. Landis, health officer of Cincinnati, has been appointed as a member of the General Medical Board of the Council of National Defense. It will be the duty of the new board to coordinate the civilian and military medical activities in connection with the war and to give advice regarding medical problems of national defense.

—Dr. A. R. Bolt, new chief of the Bureau of Child Hygiene, Cleveland Division of Health, has inaugurated a campaign against the 50 midwives who do not report births in accordance with the state registration law.

A letter from Dr. A. S. McKitrick of Kenton advises us that the annual meeting of the Northwestern Ohio District Medical Association will be held at Lima, October 17 and 18. Dr. J. R. Tillotson, Delphos, is president of the Association and Dr. McKitrick is secretary. This is always an event of importance and plans for this year's meeting promise an unusually good program.

## Death Rate for Ohio Shows Increase in 1916 Paulding County Shows the Best Record and Summit the Highest Rate

Exceedingly interesting data upon the number of deaths in the various counties in Ohio during 1916, and the comparative number caused by the chief diseases were furnished *The Journal* by Dr. John E. Monger, State Registrar of Vital Statistics.

The average rate of death for the state made a decided increase in 1916, jumping from 12.98 to 14.4 per thousand, while the total number increased from 66,070 to 74,230. The greatest single increase was caused by measles, which last year killed 782 persons. In 1915 measles caused only 219 deaths. The deaths from whooping cough nearly doubled, while both cancer and tuberculosis showed an increase.

Paulding county again carried off the banner for the lowest death rate. The 1916 record for Paulding is 8.5. In 1915 it was the lowest, with a rate of 7.7. Summit county shows the highest rate of death, probably due to its floating population. Among the larger cities, Cleveland and Akron show the highest rates.

Counties	Deaths	Rate Per 1,000 Population
Henry .....	238	9.5
Highland .....	398	13.9
Hocking .....	284	12.0
Holmes .....	199	11.1
Huron .....	457	12.9
Jackson .....	330	10.7
Jefferson .....	1,053	13.4
Knox .....	391	12.3
Lake .....	335	14.1
Lawrence .....	523	13.2
Licking .....	807	13.2
Logan .....	395	13.1
Lorain .....	1,149	12.9
Lucas .....	3,848	17.7
Madison .....	265	13.3
Mahoning .....	2,499	17.2
Marion .....	494	13.2
Medina .....	344	13.9
Meigs .....	330	12.9
Mercer .....	313	11.4
Miami .....	609	13.2
Monroe .....	213	8.8
Montgomery .....	3,018	16.3
Morgan .....	219	13.6
Morrow .....	230	13.7
Muskingum .....	829	13.8
Noble .....	222	11.9
Ottawa .....	246	11.0
Paulding .....	194	8.5
Perry .....	345	9.2
Pickaway .....	303	11.6
Pike .....	188	12.0
Portage .....	468	15.1
Preble .....	330	13.8
Putnam .....	335	11.2
Richland .....	626	12.6
Ross .....	540	13.5
Sandusky .....	464	13.0
Scioto .....	807	15.2
Seneca .....	610	14.1
Shelby .....	315	12.8
Stark .....	2,034	14.4
Summit .....	2,541	19.4
Trumbull .....	891	15.7
Tuscarawas .....	724	12.2
Union .....	272	12.4
Van Wert .....	253	8.7
Vinton .....	165	12.6
Warren .....	403	16.5
Washington .....	544	12.0
Wayne .....	520	13.6
Williams .....	317	12.5
Wood .....	544	11.7
Wyandot .....	245	11.3
<b>Total</b> .....	<b>74,230</b>	<b>14.4</b>

Counties	Deaths	Rate Per 1,000 Population
Adams .....	302	12.2
Allen .....	865	12.3
Ashland .....	352	14.6
Ashtabula .....	924	14.3
Athens .....	673	12.5
Auglaize .....	392	12.5
Belmont .....	1,241	14.3
Brown .....	316	12.7
Butler .....	1,119	14.2
Carroll .....	206	11.8
Champaign .....	383	14.2
Clark .....	1,077	15.1
Clermont .....	478	16.2
Clinton .....	324	13.7
Columbiana .....	1,121	13.7
Coshocton .....	356	11.6
Crawford .....	434	12.7
Cuyahoga .....	11,233	14.7
Darke .....	493	11.4
Defiance .....	329	13.4
Delaware .....	390	14.1
Erie .....	683	17.6
Fairfield .....	420	9.9
Fayette .....	267	12.3
Franklin .....	3,942	11.0
Fulton .....	298	12.1
Gallia .....	428	16.6
Geauga .....	195	13.3
Greene .....	465	15.6
Guernsey .....	485	10.1
Hamilton .....	7,654	15.5
Hancock .....	492	13.0
Hardin .....	475	15.6
Harrison .....	206	10.8



THE CHIEF DISEASES.

The number of deaths in the state of Ohio for the years 1915 and 1916 with rates for the following diseases. (Rates per 100,000 population).

Diseases	1915 No.	1915 Rate	1916 No.	1916 Rate
Typhoid Fever.....	718	14.1	772	14.9
Smallpox .....	8	.2	9	.2
Measles .....	219	4.3	782	15.2
Scarlet Fever .....	225	4.4	208	4.
Whooping Cough.....	356	6.9	674	13.1
Influenza .....	969	19.0	1610	31.3
Tuberculosis, all forms..	6668	131.0	6825	132.5
Cancer .....	4309	84.6	4702	91.3
Alcoholism .....	222	4.4	348	6.7
Ep. Cer. Spinal Fever....	82	1.6	50	.9
Cerebral hemorrhage.....	5061	99.5	5479	106.3
Organic dis. of heart....	7766	120.6	8360	160.3
Lobar pneumonia.....	3473	68.3	4354	84.5
Diarrhoea and enteritis				
under 2 years of age..	2307	45.3	3105	60.2
Appendicitis .....	527	10.4	669	12.9
Bright's Disease.....	4122	81.0	4455	88.6

	1915 No.	1915 Rate	1916 No.	1916 Rate
Deaths from suicide.....	777	15.3	767	14.8
Deaths from accidents....	4030	79.2	5164	100.2
Railroad accidents.....	749	14.8	1087	21.1
Automobile accidents.....	304	5.9	414	8.3
Deaths from homicide....	314	6.2	454	8.8

DEATHS IN CITIES.

The number of deaths in the ten (10) largest cities of the state for years 1915 and 1916, from all causes and the various diseases with rates.

Cleveland .....	8792	13.3	9975	14.5
Cincinnati .....	6359	15.7	6743	16.5
Columbus .....	2949	14.0	3336	15.4
Toledo .....	2892	15.8	3587	19.3
Dayton .....	1707	12.8	1935	13.8
Youngstown .....	1408	14.5	1901	18.9
Akron .....	1178	14.2	1692	19.1
Canton .....	716	11.8	864	13.8
Hamilton .....	428	10.4	507	11.9
Lima .....	440	13.8	494	15.0

## Many Graduates in Medicine are Licensed to Practice in Ohio by State Board

The following medical graduates were licensed to practice in Ohio following the annual June examination held June 11 to 14:

- Akron**—Orrin C. McDowell, William S. Puncheon, Eli F. Rambo, Whitman C. McConnell.
- Alliance**—Ralph L. Rutledge.
- Amelia**—William C. Hicks.
- Athens**—John H. Caldwell.
- Ashland**—Russell M. Crawford.
- Butler**—Paul G. Smith.
- Carbon Hill**—John L. Webb.
- Canton**—Joseph C. Monnier.
- Chillicothe**—Everett C. Robbins.
- Cincinnati**—George G. Hunter, Roger Z. Otchley, Benjamin V. Blagg, Carl R. Busse, James S. Couden, Frederick A. Fischer, Martin E. Harroll, Max C. Labermeier, Clifford S. Palmer, Leon E. Pangburn, Leon J. Renneker, Dennis Rupp, James C. Staats, Frederick W. Trinkle, Davis H. Coleman, Dwight M. Ervin, Carrie A. Herring, Alexander R. Johnston, Anthony Matuska, John T. Sharkey, Arthur R. Knaut, George T. Mehan.
- Cleveland**—Harold P. Timberlake, Clarence T. Bahler, Charles M. Bray, Langdon E. Crane, Alva D. Cook, John A. Filak, Frank P. Ceraci, William R. Goff, Ralph Herz, Albert F. Kuhl, Albert W. McCally, John M. McCleery, Herbert A. Mahrer, Max Mahrer, Nevin C. Mayer, Leslie S. Merrill, David L. Rees, David V. Rosenberg, Alphonse G. Sar-Louis, Julius J. Selman, Paul M. Spurney, Leon H. Stuart, James R. Young, Alphonse Carfagna, Roscoe E. Mosiman, Malcolm D. Miller, Peter N. Gatsopoulos, Michael G. Economon.
- Columbus**—Lloyd V. Bates, Walter W. Beck, Gail Knor Butt, Damon A. Crist, Walter F. Duffee, Charles L. Fox, David Botimer Gilliam, George O. Hoskins, Charles N. Long, William D. Maag, Roll H. Markwith, Robert W. Nosker, Anton Oelgoetz, Harry W. Reck, Charles J. Roach, Henry L. Sowash, Jacob F. Stultz, Oliver F. Walker, John R. Warren, George H. Zimmerman, Walter O. Pontius, Clarence H. Denser, John D. McErney, William R. Morrison, Hugh J. Savage, Jacob R. Wiggers, Edgar B. Junkermann, John H. Nichols, John H. Cayce, Harry E. Harris, Harry C. Dobson.
- Coshocton**—Samuel D. Cohen.
- Curtice**—Martin R. Lorenzen.
- Dayton**—Frederick J. Driscoll, Okey C. Henderson, Homer H. Williams, Ralph L. Woodruff, Ray

- H. Bechtell, Foy C. Payne, Edward R. Werner.
  - Defiance**—Frederick A. Reickhoff.
  - Eaton**—Cassius M. Treffinger.
  - East Liverpool**—Charles E. Lemmon.
  - Findlay**—Ralph T. Saunders.
  - Forestville**—John W. Gordon.
  - Gallipolis**—Karl H. Harth, Edwin J. Rose.
  - Garrettsville**—William L. Fox.
  - Geneva**—Peter I. Zeedick.
  - Graysville**—Reginald H. Latta.
  - Hamilton**—Walter H. Pater.
  - Lancaster**—Arthur M. Shaeffer.
  - Latty**—Ray H. Mouser.
  - Leipsic**—Arthur J. White.
  - Lodi**—Joseph G. Whitacre.
  - Loveland**—John M. Coleman.
  - Marion**—Jay R. Crawley, Frederick C. Smith.
  - McConnelsville**—Claude V. Davis.
  - Nelsonville**—Harry S. Shamansky.
  - New London**—Mark W. Jacoby.
  - Niles**—Richard Owen.
  - North Baltimore**—Clyde H. Chase.
  - Norwood**—Emil J. Alban.
  - Fainesville**—Marshall J. Pierson.
  - Ridgeville Corners**—Frank E. Miller.
  - Russellville**—Frank L. Salisburg.
  - Scio**—William E. Masters.
  - Sherritts**—Forrest R. Stewart.
  - Springboro**—Emily Wright.
  - St. Paris**—Walter J. Jenkins, John W. Norman.
  - Tiffin**—Harold E. Fruth.
  - Toledo**—Foster Myers, Philip D. Werum, Thomas F. Higgins.
  - Washington C. H.**—Fred E. Hall.
  - Waverly**—Robert M. Andre.
  - West Liberty**—Forest O. Garver.
  - Woodsfield**—Forese C. Haney.
  - Youngstown**—Alfred P. Hancuff, John A. McVean, Clarence Stefanski, Paul G. L. Hock, Louis J. Goldblatt, Edward C. Goldcamp, Robert W. Walterson, Fred W. Dixon, Jonas E. King.
  - Zanesville**—Harry J. Templeton.
- The following were licensed following the special examination held May 9 and 10:
- Broughton**—Dallas Pond.
  - Columbus**—Harry B. LaFavre, Charles D. Padan.
  - Findlay**—Glen A. Sheppard.
  - Newark**—James A. Brown.
  - Toledo**—Howard W. Williamson.
  - Van Wert**—Ernest R. Logan.
  - Wapakoneta**—Walter M. Anderson.

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## DEATHS IN OHIO

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*Beardsley, Charles E., M. D.*, University of Michigan Medical College, 1863; Bellevue Hospital Medical College, New York, 1870; a fellow of the American Medical Association and member of the Ohio State Medical Association; aged 83; died at his home in Ottawa, June 27. Dr. Beardsley was the oldest practitioner in Ottawa County. He is survived by three sons, one of whom is Dr. C. O. Beardsley, of Ottawa. Dr. Beardsley was one of the best-known citizens of northwestern Ohio, and his death was mourned by many. Prior to his graduation he served in the Union Army as a surgeon, and since the Civil War has practiced continuously in Ottawa. The newspapers of his section of the state paid high tributes to his career, reflecting the public esteem in which he was universally held.

*A. M. Wilber, M. D.*, University of Michigan, 1864, who practiced medicine in West Unity for 50 years, died at his home on June 15. He took a post-graduate course in the Rush Medical College. He was one of the organizers of the Williams County Medical Society and held his membership until death. Dr. Wilber, who had been ill for over three years, is survived by a wife and two children. He was a veteran of the Civil War. He was a subscriber of the *American Journal of Medical Sciences* for 50 years. He was well read in his profession until his last illness overtook him at the age of 80 years.

*Abram Milton Powers, M. D.*, Eclectic Medical College, Cincinnati, 1869; age 80; died suddenly at his home in Rootstown, June 23, of heart trouble. Dr. Powers had practiced medicine in Rootstown for more than 50 years. He is survived by his wife and two children.

*Joseph M. Kells, M. D.*, Medical College of Ohio, Cincinnati, 1880; died at his home in Columbus, July 1, of pernicious anemia. Since 1893 he had been in charge of the relief department of the Pennsylvania Railway in the Columbus district. His widow and one son survive.

*Pembroke M. Cowles, M. D.*, Cleveland University of Medicine and Surgery, Cleveland, 1874; aged 75; fell dead while walking on the street at Canton, his home, June 11. Dr. Cowles was a veteran of the Civil War. A daughter and a son survive.

*William Herman Bell, M. D.*, University of Michigan Medical School, 1892; aged 47; died in

a hospital at Cincinnati, May 24, following an operation. His home was in Bellevue. For many years Dr. Bell had been in ill health. He was born in Weston, but moved to Bellevue in 1883. His mother survives.

*Louis Sanford Sweitzer, M. D.*, Western Reserve University School of Medicine, 1875; Columbia University College of Medicine, 1879; a fellow of the American Medical Association and member of the Summit County Medical Society since 1901; died June 21, 1917, in Los Angeles, Cal. Akron was Dr. Sweitzer's home. He was 66 years old.

*Robert E. Lawrence*, for nine years a practicing physician of Dayton, died at his home, June 17, after an illness of six days. Dr. Lawrence was 59 years of age. He is survived by his wife and three children.

*Wesley Turner, M. D.*, Starling Medical College, Columbus, 1881; aged 62; died at Santa Fe, June 19; gun-shot wound. His wife, three sons and a daughter survive.

*William Edwin Braymen, M. D.*, Western Reserve, 1884; died in Akron, July 3.

*Leonidas Strickland Ebright, M. D.*, Western Reserve University School of Medicine, 1869; member of The Summit County Medical Society in 1870; aged 73; died June 10, at his home in Sharon Center of apoplexy. Dr. Ebright was a member of the Ohio General Assembly during 1880-1882. He served in the 85th Ohio Volunteer Infantry during the Civil War.

### Marriages in Ohio

Dr. Liman F. Huffman of Cleveland, and Miss Beatrice Swayze of Oberlin, at Oberlin, June 16. Dr. and Mrs. Huffman will make their home in Lakewood.

Dr. Glen Adams and Miss Grace Mershon of Cincinnati, June 20. After an eastern trip, Dr. and Mrs. Adams will be at home at 2655 Highland Avenue, Mt. Auburn, Cincinnati.

Dr. Armithe Baber, superintendent of the Dayton State Hospital, and Mrs. Irene Angela Miersch of New York, formerly of Dayton, at New York, June 8.

Dr. John F. Hamsher and Mrs. Alice A. Reed of St. Paris, at the home of the bride, June 6. While on their honeymoon, Dr. Hamsher will attend the Mayo Clinic at Rochester, Minnesota. They will be at home after July 1.

Dr. W. J. Walker of Bryan and Miss Corinne Silvers, at the home of the bride in Ann Arbor, Mich., June 12.

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## Ophthalmologists Suggest Rules for Determination of Vision Impairment to State School Commissioner

Increased state subsidies for the school care of blind children in Ohio is directing renewed attention to this work.

In the past only the largest cities in the state have conducted special classes for children of impaired vision. Under the new appropriations available, it will be possible for many smaller cities to take up this work.

As a result of action taken at a meeting held in connection with the Springfield convention of the Ohio State Medical Association, recommendation has been made to the State Superintendent of Public Instruction that he issue the following regulations regarding the admission of pupils to day school classes for the blind:

"The state grant under Section 7757 General Code, will not be allowed for any pupil until the State Superintendent of Public Instruction, or one delegated by him, shall be satisfied upon evidence supplied by an ophthalmologist of good standing that the child is blind under the terms of the law. Such evidence shall be submitted upon a form supplied by the State Superintendent of Public Instruction."

In the law a blind person is described as one "of sound mind, who by reason of defective

hearing or defective vision, or so crippled as to be physically unable to care for himself without assistance, cannot profitably or safely be educated in the public schools as other children, shall be considered as deaf, blind or crippled, and after the establishment of any such school by any school district, may be compelled to attend such school or a state institution."

Prof. R. B. Irwin, supervisor of schools for the blind in Cleveland, Toledo and Cincinnati, advises us that it was the consensus of opinion of those most familiar with the conservation of vision classes—as expressed at the Springfield Conference—that it would be unwise to lay down any hard and fast statement as to just what eye defects would render a child incapable of being "profitably or safely educated in the public schools as other children."

"It was decided," Prof. Irwin writes, "that each case should be judged upon its own merits after a detailed medical history had been submitted. It was further decided to recommend to the State Superintendent of Public Instruction that school authorities, conducting classes for the conservation of vision, be provided with a copy of the statement regarding these pupils,

issued by the Cincinnati board of health. This, it was felt, should be regarded as a description of the kind of cases generally found in the conservation of vision classes.

"Not all children falling within this description should be assigned to such classes, and some cases not falling within these specified degrees of eye-defect are in grave need of assistance which conservation of vision classes can afford."

This statement, prepared in the main by Dr. Louis Stricker, approved by a committee of Cincinnati ophthalmologists and sent out by the board of health for the guidance of the oculists of the city in referring pupils to the conservation of vision classes, outlines the classes as follows:

1. Children who cannot read more than 6-24 at distance, and who cannot read 2.00 at 20 c. m.
2. Myopies under the age of fourteen who have more than eight diopters of myopia.
3. Hyperopes who have symptoms of asthenopia and who have more than eight diopters of hyperopia.
4. Children who have an astigmatism of more than 3.5 diopters and whose vision cannot be brought up more than 6-24.
5. Children with maculae, nebulae, leukomae, which interfere with sight and lead to eye strain.
6. The committee assumes that these conditions exist after the proper refractions have been made.

Below is a set of rules sent out by the Cincinnati board of health to teachers and nurses in charge of children in classes for the conservation of vision:

1. Children suffering from acute or subacute eye disease, such as interstital keratitis or choroiditis, should not be permitted to read or write or do close work. Efforts nevertheless should be made to keep the children abreast with their classmates by allowing them to take part in mental work and listen to the recitation of others. Teachers will be governed by the report of the attending physician, notation of whose report will be recorded on the patient's card by the nurse every three months.
2. Children suffering from hereditary or "congenital" defects of vision rarely suffer progressive changes later in life. After proper correction with glasses the degree of vision will remain stationary. The degree of vision determined, experiment will prove whether they can read ordinary type. As a class they will require the enlarged letters at the blackboard and special text-books.
3. High myopes must especially be cautioned against doing home work or reading books. They should not be encouraged to do much close work. It is highly essential that they have perfect correction, especially of their astigmatism. As a general proposition their myopia is progressive and is apt to lead to choroidal disease and detachment of the retina. All of the conditions are aggravated by excessive convergence. This convergence can be prevented by removing the near point to ten or twelve inches. For distance myopes should read only type the size of the Snellen 6/60 or 20/200 and for near, fairly large type as the 1/50 or 2.00 at ten or twelve inches. The special text-book is indicated when there is widespread choroiditis. Myopes should be referred to their physician twice a year by the nurse in charge.
4. Children in conservation of vision classes should never be required to do night work or lessons at home, excepting children who have been operated for cataracts, or children whose eye defect is due to scars of the cornea.
5. Every effort should be made to give them all of the physical training possible.
6. Wherever possible, in order to conserve their vision during the years of bodily development, someone ought to read to the child at home. This is an opportunity for the "big sister" movement.
7. Up to the twelfth year these children should not be held too closely to scholastic work. A good deal of their time should be occupied in training their hands; e. g., in

doing reed and raffia work, modeling, knitting, etc. Subsequent to the twelfth year, depending on the ability of the child and advance in its general education, the scholastic work should be increased and other branches of manual training added, such as music, cooking, wood sloyd, etc.

8. Nurses for conservation of vision classes will personally direct the children to the attending oculist for his advice in these matters.

The Springfield meeting was called by Dr. W. H. Peters of the Cincinnati department of health and attended by many physicians and others interested in the conservation of vision and education of the blind.

#### Small Advertisements of Interest

*For Sale*—Cincinnati, Ohio. \$7,000 general practice, established 21 years. An exceptional opportunity for a competent man. Will stay with purchaser two months to give thorough introduction. Will retire. Fine ten-room brick residence containing offices. Double modern brick garage. In western part of city proper. Price \$7,000. If you mean business, write for details. P. O. Box 77, Sta. B.

*For Sale*—At great bargain. On account of ill health will sell thirty-year practice in peach belt of Ohio; good community, roads; deep fountain water, electricity, gas, telephone, railway accommodations. Two houses and garage, cellars. Office in residence. A beautiful place. Address K, care Ohio State Medical Journal.

*Wanted*—To buy office and residence together in town 10,000 to 30,000 population. Will pay \$5,000 to \$10,000. Address P, care of The Journal.

*Situation Wanted*—Graduate nurse of large eastern hospital, age 27; good health, would like to assist physician. Will do private nursing. Address D, care of The Journal.

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*For Sale*—Country practice, Western Ohio village of 3400, rich country, good roads, plenty of natural gas; nice home on railroad. Only \$800 required, balance to suit purchaser. D. W. N., care *The Journal*.

More than 175 attended the 28th annual convention of surgeons of the Baltimore and Ohio Railroad system in Cleveland, June 20 and 21. Dr. R. K. Updegraff, president of the Cleveland Academy of Medicine, addressed the convention.



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The regular use of Stanolind Liquid Paraffin in the later months of pregnancy is an effective means of avoiding some of the serious dangers attending the parturient state because of sluggish bowel action.

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## COUNTY SOCIETIES

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### FIRST DISTRICT

*Adams County* Medical Society held its annual meeting in West Union on June 20. The following officers were elected: President, O. B. Kirkpatrick, Cherry Fork; vice-president, S. J. Ellison, West Union; secretary-treasurer, O. T. Sproull, West Union. At the morning session, Dr. C. L. Bonifield of Cincinnati read a paper on "Some Remarks on Surgical Treatment of Diseases of the Intestinal Tract," and at the afternoon session Dr. W. B. Loney of West Union spoke on "Cholera Infantum." Dr. Robert Carothers, councilor of the First District, also addressed the society.—(From a news clipping.)

### SECOND DISTRICT

*Miami* and *Shelby County* Medical Societies held a joint meeting at the Troy Club on Thursday, June 7. The program follows: "Surgery of the Stomach," Dr. Curtiss Ginn, Dayton; "Digitalis in the Treatment of Valvular Heart Diseases," Dr. A. B. Frame, Piqua; "The Blood as a Factor in the Diagnosis and Prognosis of Certain Diseases," Dr. N. D. Goodhue, Dayton; "The Diagnosis and Treatment of Syphilitic Nervous Diseases," Dr. E. L. Braunlin, Dayton.—(From a news clipping.)

*Preble County* Medical Society met in regular session Thursday, June 21, in the Commercial Club rooms, Eaton. A general discussion of the establishment of a fee bill was taken up and papers presented by Drs. S. P. Carter, of West Manchester, and D. W. McQueen of Camden. The former spoke on "The Use of Bacterial Vaccines," and the latter on "Hyperthyroidism."—(From a news clipping.)

### THIRD DISTRICT

*Allen County* Medical Society held a special meeting in the Lima High School building, June 15, when Dr. H. O. Mertz, LaPorte, Indiana, gave an illustrated lecture on "The Interpretation of Cystoscopic and Radiographic Findings in Eurologic Diagnosis." About 35 members were present. At the regular meeting held on June 19, Mr. Mabel Dunn Murphy read an interesting paper on "Diseases of Childhood." A resolution was adopted to protect the practice of physicians who may enter the army by keeping separate lists of patients of physicians in army service and providing for the turning over of 30 per cent of such fees to the army physician.—(From news clippings.)

*Logan County* Medical Society met in regular session at Lakeview Friday, June 1. Drs. V. F.

Barrett, C. K. Startzman and F. A. Richardson presented papers. Drs. C. W. Moots and W. B. Van Note, councilors, attended the meeting.

*Marion County* Medical Society, at its regular meeting on Tuesday, June 5, discussed plans for the erection of a district tuberculosis sanitorium. The physicians present favored the proposition and decided to take an active part in the organization of the district which is composed of Marion, Morrow, Delaware, Union, Logan and Hardin counties. Dr. C. J. Altmaier read an interesting paper on "Some Phases Relative to the Position of the Industrial Commission of Ohio." Cases were cited by Drs. C. T. Wiant, H. J. Lower and A. Rhu.—(From a news clipping.)

*Mercer County* Medical Society combined its regular meeting and annual picnic in a day's outing at Edgewater Park, Celina, on Tuesday, May 22. At noon the physicians and their families enjoyed a basket lunch, after which the physicians retired to Dr. Richardson's cottage and listened to an excellent paper on "Fractures at the Base of the Skull," by Dr. L. S. Wilson of Willshire. The by-laws of the society were amended to provide for monthly meetings throughout the year.—(From a news clipping.)

*Van Wert County* Medical Society held a meeting at the Trewnav Club, Van Wert, on the evening of Friday, June 22, in compliment to Dr. C. G. Church of Van Wert, and Drs. A. C. Musgrave and M. E. Reeder, of Ohio City, who have entered service in the Medical Department of the United States Army.—(From a news clipping.)

### FOURTH DISTRICT

*Ottawa County* Medical Society met in Oak Harbor, June 14, with a good attendance. Nothing of special interest was taken up at the meeting, but our next meeting will be devoted to a symposium on "Meningitis."—S. T. DROMGOLD, Correspondent.

### FIFTH DISTRICT

*Lorain County* Medical Society met June 19 in Lorain K. of P. Hall for five o'clock dinner. Covers were laid for 20. The society accepted the invitation of Drs. Buell and Heinig to hold the usual summer outing in the Maud Elton Hotel, Vermilion, on July 21. Memorial resolutions on account of the death of our fellow member, Dr. S. S. Cox of Lorain, were accepted. Two applications for membership were received. The society voted to pay the dues of members who enter military service.

Drs. Baldwin, Sheffield, Gill, W. Adair, Burley and Powers gave interesting reports on their observations at the state and national meetings.

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A splendid letter from Captain A. B. Smith of Elyria, now at Ft. Benjamin Harrison, was read by the secretary, who was frequently interrupted by patriotic cheers and expressions of appreciation.—C. O. JASTER, Correspondent.

#### SIXTH DISTRICT

*Portage County* Medical Society met in Randolph, June 14, with Dr. John J. Orton. One-third of the members were present, a very good attendance, considering that Randolph is at the extreme end of the county. Dr. B. H. Nichols of Ravenm, read a paper on "The Use of Dakin's Solution in the Treatment of Infected Wounds," which was well received and generally discussed. The doctor gave a demonstration of the apparatus used and added some valuable points about technique in the use of the solution. Case reports were made by Drs. Dyson, Hull and Orton. After the serving of refreshments by Mrs. Orton the meeting adjourned to meet with Dr. B. H. Jacob in Kent on July 12.—W. B. ANDREWS, Correspondent.

#### SEVENTH DISTRICT

*Belmont County* Medical Society held an interesting session on the afternoon of June 13 at the Commercial Club rooms in Bellaire.—(From a news clipping.)

*Coshocton County* Medical Society met April 26 in the library at Coshocton. Dr. E. M. Wright of Warsaw presented a paper, and Dr. McClellan, councilor of the Seventh District, addressed the meeting.—(From a news clipping.)

#### EIGHTH DISTRICT

*Athens County* Medical Society held a called meeting in the Athens National Bank Building Sunday afternoon, June 3, to talk over the need of the government for army surgeons and to arouse sentiment.—(From a news clipping.)

*Fairfield County* Medical Society, in regular session at Lancaster, June 12, listened to an address by Major H. H. Snively, of Columbus, on medical work in the European war. His talk was full of information and of special interest to the physicians who expect to see service. Major Snively stated that the opinion seems to prevail that the position of a physician with the medical corps is without responsibility or danger. He declared that, according to statistics of the European war, 70 per cent. of the physicians in the service either get killed, wounded or taken prisoner. The meeting was attended by a score of physicians and about that many laymen.—(From a news clipping.)

*Licking County* Medical Society met in monthly session at the Warden Hotel, Newark, June 17.

The meeting was in the form of a smoker, and a large number attended. Drs. Evans of Hanover, J. P. H. Stedem, H. H. Postle, J. T. Harbottle and C. F. Legge of Newark, held clinics and discussed the various cases, which were both surgical and medical.—(From a news clipping.)

#### NINTH DISTRICT

*Scioto County*.—Hempstead Academy of Medicine celebrated its semi-centennial anniversary with an open meeting at the High School Auditorium, Portsmouth, May 28.

Dr. P. J. Kline read an interesting paper on "Reminiscences and History of the Academy." Dr. John H. Landis, Cincinnati, gave an instructive talk on "Public Health," telling Portsmouth just what she had to do in the way of health conditions, and Dr. J. H. J. Upham, Columbus, spoke on "The Public and the Physician." A musical program was also enjoyed.

The meeting was a decided success, as it was the intention of the academy to have the above men speak before a public gathering in order that the laity might know what we, as physicians, have been endeavoring to do in this community.

The next meeting of the academy was held June 8 in Carnegie Hall, Portsmouth, with the president, H. F. Rapp, in the chair. Dr. R. O. LeBaron reported a case of Sporotrichiasis and gave an interesting talk on the disease. Dr. S. B. McKerrihan read a paper on "Puerperal Insanity," which was well received and fully discussed.

Dr. C. H. Graf, of Sciotoville, a recent graduate of Ohio State University, was admitted to membership. Miss Lewis, head nurse of the Community Service, appeared before the society and outlined the work they planned to do in Portsmouth. A hearty vote of thanks was extended to Dr. P. J. Kline, who donated to our library a set of highly treasured books on "Civil War Surgery." A committee was appointed to send a letter of condolence to the widow of the late Dr. R. S. Stewart, of South Webster.—ORAL D. TATJE, Correspondent.

#### TENTH DISTRICT

*Madison County* Medical Society, meeting in London on June 15, took steps toward the raising of fees. The above action, which became effective immediately, was necessary on account of the almost prohibitive prices of drugs and the high cost of living.—(From a news clipping.)

*Ross County* Medical Society met at Chillicothe, June 18, and among other things, adopted a resolution providing for the protection of physicians who go to the front, and the remittance of 33 per cent. of all fees collected from the patients of such physicians.



# Weaning Time

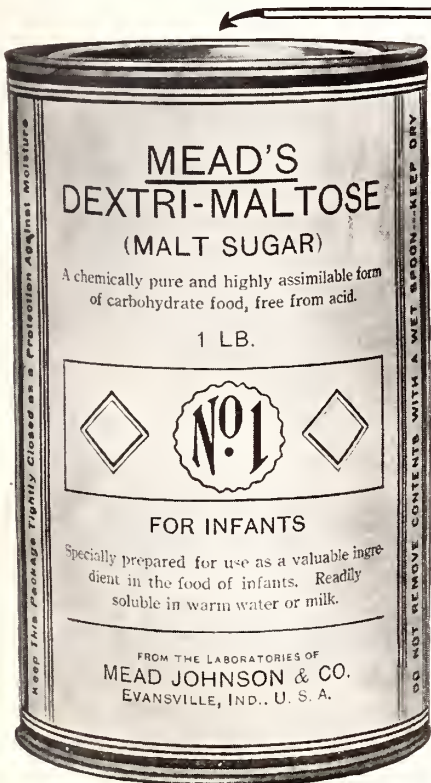
It is advisable to wean an infant before the onset of very hot weather. As an alternate food, with breast milk, or as a complete substitute for mother's milk at weaning time,

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## Annual Report of the Committee on Medical Education as Presented at the Springfield State Meeting

We herewith produce a portion of the report of the Committee on Medical Education, as prepared by Chairman Charles Edwin Briggs of Cleveland and presented at the Springfield meeting. In the portion quoted Dr. Briggs presents an interesting comment on the future possibilities of this work. The report says:

Regarding the general question as to whether the undertaking has justified itself thus far, it is difficult for the Committee to arrive at a thoroughly positive decision, and the difficulty has been somewhat increased by the fact that the first speaker was made chairman of the present Committee and may be a prejudiced observer. Again, the project is young, it is really too early to have any very definite idea regarding the results; any undertaking working toward an ideal can rarely expect an early material justification. Such undertakings along other lines have eventually proved their very superior value, and it is an entirely justifiable assumption that such will be the case in this instance. It is the belief of the Committee that as far as a preliminary judgment is justified the project deserves recognition and recommendation and that it should receive further support along the same general line

until a more positive decision can be made. This conviction is based upon expressions of opinion from various sources, expressions made to the speaker at the lectures, which, however, it may be best to accept rather tentatively because of a possible feeling of kindly tolerance, but many such expressions have also found their way to the central office, some of which have been kept for reference. On each occasion a particular request was made to the councillor and others in the district to collect independent opinions to be sent to the central office for the sole purpose of getting information along this very line. The Executive Secretary or his representative attended a large proportion of these meetings for the express purpose of assisting in gathering such information, and as a result of his own personal observation as well as the expressions of opinion received at the central office he writes in part under date of May 1: "This letter is to urge that your committee continue its plan of carrying modified graduate instruction in specific branches to the members of the Ohio State Medical Association." It is hoped that the Association may be able to make a decision in the matter which the Committee feels itself obliged to hold somewhat in abeyance.

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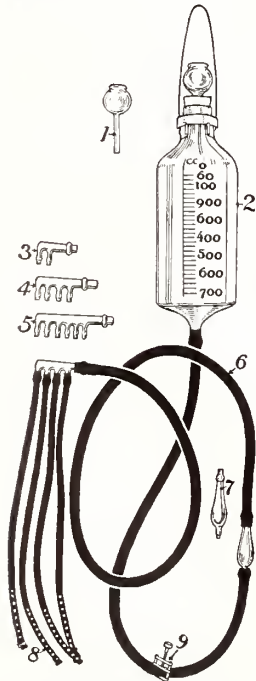
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Regarding certain broader considerations which it may perhaps be wise to bear in mind before determining the immediate question of the success or failure of the undertaking so far, it may be said that while the matter has by no means had sufficient consideration by the Committee to justify absolute recommendations, it is felt that certain general statements may be made.

It is believed that if the project is to be undertaken in any serious way it should have the advantage of consistent continuity which can be obtained only through a reasonably stable organization, and that it should not be left to the action of a minor committee appointed annually and undergoing a considerable degree of change each year. Some permanent organization should be effected, carefully selected with reference to adequate comprehension of educational problems, devotion to educational ideals, capacity for practical administration, and entire freedom from ulterior motives. Not only should it be an organization of reasonable permanency, but every effort should be made to establish its dignity and importance and to make service upon it a desirable condition. It has hardly seemed necessary while the project is in its primitive state to formulate exact details, but to those general consideration the committee subscribes.

#### THE AIM OF THE COMMITTEE

Unquestionably the primary object of such an undertaking is to afford opportunity for the individual distribution of knowledge as distinct from the increase of knowledge through research, and more peculiarly still to bring such opportunities to the individual to supplement or, in necessary cases, to substitute for the advantage of more formal instruction at educational centers. Perhaps the most efficient means of accomplishing this is through a lecture system, the first simple trial of which has already been attempted. The second lecture, on the general subject of Obstetrics, is in hand, and by the time the report reaches the House of Delegates the lecture will have been delivered once. Two other subjects which have recommended themselves to the committee to have to do with the general question of Cancer and certain features of public health. As this lecture system is extended each addition might be sent generally over the State in conformity with the present plan, while those already given could be held in readiness for other occasions. There could be provided in addition a collection of less formal lectures along more restricted lines, suitable for ordinary purposes at regular meetings of individual societies, including not only speakers through the State, but those in adjoining or distant regions. In this way an indexed system of lectures could be established from which selections could be intelligently made with reference to consistent correlation to replace the usual casual and unrelated selections incident to the programs of most subordinate societies.



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## NEW BOOKS

**PRACTICAL MEDICINE SERIES, Vol. VI, General Medicine**, edited by Frank Billings, M. S., M. D., head of the medical department and dean of the Faculty of Rush Medical College, Chicago, assisted by Burrell O. Raulston, A. B., M. D., resident pathologist, Presbyterian Hospital. The Year Book Publishers, Chicago. \$1.50 net.

**PUBLIC HEALTH NURSING**, by Mary Sewall Gardner, R. N., superintendent of the Providence District Nursing Association; President of the National Organization for Public Health Nursing, 1913; 1916. The MacMillan Company, New York. Price, \$1.75.

**MEDICAL AND SURGICAL REPORTS OF THE EPISCOPAL HOSPITAL**, of the Protestant Episcopal Church in Philadelphia. Volume III. Wm. J. Dornan, Philadelphia, publisher.

**ORGANIC CHEMISTRY, A TEXT-BOOK FOR STUDENTS OF MEDICINE AND BIOLOGY**, by E. V. McCollum, Ph. D., Professor of Agricultural Chemistry, University of Wisconsin. The MacMillan Company, New York. Price, \$2.25.

**AMERICAN PUBLIC HEALTH PROTECTION**, by Henry B. Hemenway, M. D., formerly Health Officer of Kalamazoo and Vice-President of the American Academy of Medicine. The Bobbs Merrill Co., Indianapolis, Ind. Price, \$1.25.

**THE PHYSICIAN'S VISITING LIST for 1917** includes an entirely new dose list prepared in accordance with the new U. S. Pharmacopoeia. This will prove an exceedingly useful feature as there were many changes, improvements in standards, new drugs and other material inserted. This list gives the dose in both the apothecary and metric systems and the solubility and important incompatibilities when called for. Several other new tables have been inserted such as isolation periods in infectious diseases, table of mortality, etc. P. Blakiston's Son & Co., Philadelphia. Different sizes, ranging in price from \$1.25 to \$2.50.

**THE NERVO-MUSCULAR MECHANISM OF THE EYES AND ROUTINE IN EYE WORK**, by G. C. Savage, M. D., Author of New Truths in Ophthalmology; of Ophthalmic Myology; of Ophthalmic Neuro-Myology. Three full-page plates and four cuts. Published by the author, Nashville, Tenn.

**PRACTICAL BACTERIOLOGY, Blood Work, and Animal Parasitology**, including Bacteriological Keys, Zoological Tables and Explanatory Clinical Notes. E. R. Stitt, A. B., Ph. G., M. D., Medical Director, U. S. Navy, etc. P. Blakiston's Son & Co., Philadelphia. Price, \$2.00 net.

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**OPERATIONS OF SURGERY (JACOBSON)**. Sixth Edition by R. P. Rowlands, M. S. Lond., R. F. C. S. Eng. Surgeon to Guy's Hospital; Lecturer on Anatomy to the Medical School, and Philip Turner, B. Sc., M. S. Lond., R. R. C. S. Eng. Surgeon to Guy's Hospital; Teacher of Operative Surgery to the Medical School. With 797 illustrations, (40 in colors). Volume I, the Upper Extremity; the head and neck; the thorax; the lower extremity; the vertebral column. Volume II, the abdomen. Published by the MacMillan Company, New York.

**THE CONTROL OF HUNGER IN HEALTH AND DISEASE**. Anton Julius Carlson, professor of physiology in the University of Chicago. University of Chicago Press. Price, \$2.00 net. Postage extra.

**SENESCENCE AND REJUVENESCENCE**. Charles Manning Child, of the Department of Zoology, the University of Chicago. University of Chicago Press. 482 pages, cloth. \$4.00 net. Postage extra.

#### Prayers for Profit

The Christian Science Church is said to have among its followers no scientist recognized by men of science, no authority on the Bible recognized by biblical students, no man of standing in the world of philosophy, and no physician of standing among medical men—all of which may be true. Anyhow, it is well known that its "healers" offer prayers at so much per; that they give "absent treatments," for which a charge is made, and that they "treat" human disorders by spiritual means—for the profit there is in it—yet Christ did not exact payment from those He healed. Which, of course, is immaterial. It is in keeping with the evidently commercial character of this "church" that those interested in its propagation have succeeded in securing exemption for its "healers" from the educational requirements of the medical practice acts in twenty-eight states! Ohio, however, does not seem to believe in thus commercializing religion, since in that state, in spite of a powerful lobby, the Eddyites were defeated in their efforts to secure exemption from the medical practice act. They can pray for the sick all they please; they can give either present or absent treatments, but they cannot legally charge for so doing. Of course this will not prevent them from continuing to reap a rich harvest without work and without expense. Oh, what a joyous, carefree life is that of an Eddyite practitioner!—*Journal American Medical Association*, June 9, 1917.

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### Dr. A. C. Bachmeyer Honored

The seventeenth annual meeting of the Ohio Society for the Prevention of Tuberculosis was held at the Hotel Gibson, Cincinnati, Ohio, on May 9. There were 64 delegates present. Dr. Edward R. Baldwin, Saranac Lake, N. Y., president of the National Association; Dr. Charles J. Hatfield, Executive Secretary of the National Association, and Dr. John H. Lowman, Cleveland, former president of the Ohio Society, were the speakers. Dr. Robert H. Bishop, Jr., health commissioner, Cleveland, president of the Ohio Society, presided.

The following officers were elected for the ensuing year: President, Dr. A. C. Bachmeyer, Cincinnati; vice-presidents, Dr. C. B. Bliss, Sandusky, and Miss Alice Bennett, Chillicothe; treasurer, A. W. McKenzie, Columbus; auditor, Mr. Charles L. LaMonte, Columbus; secretary, R. G. Paterson, Columbus. Trustees elected for five years were: Dr. C. G. Souder, Toledo; Mrs. S. L. Black, Columbus; Mrs. James T. Pickering, Lancaster; Mrs. H. W. Bloomfield, Shelby; Dr. S. A. Douglass, Mt. Vernon; Mr. A. A. Gibson, New Philadelphia. Members of the Executive Committee, in addition to the officers, were elected as follows: Dr. R. H. Bishop, Jr., Cleveland, Chairman; Dr. D. F. Garland, Dayton; Dr. C. G. Souder, Toledo; Mrs. Neal Waddell, Greenfield.

### Why Proctology Has Been Made a Specialty

Dr. T. Chittenden Hill of Boston, in his address before the American Proctological Society calls particular attention to the inadequate treatment that rectal fistula receives at the hands of the general surgeon. He claims that the general surgeon "has never taken the pains to learn the underlying principles of a fistula operation, nor has he the requisite skill, experience or inclination to carry out the necessary steps in the post-operative treatment of these cases, to bring them to a successful conclusion."

While in London there are two hospitals devoted to the exclusive treatment of disease of the rectum. Hill feels that better results can be obtained by establishing special departments in our large general hospitals. He urges that proctologists be appointed to all general hospitals. The many advantages of staff association, consultations, etc., in which proctology touches on the work of men in other fields, would prove of mutual benefit.

He believes that in the near future a fifth year will be added to the present four medical course. This fifth year will probably be devoted to the medical specialties and proctology should be included among them. The undergraduate certainly should have the chance to acquire reasonable proficiency in the newer methods of examination and treatment of rectal disease.



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## OUR AIM

We desire to call your particular attention to the revised expression of the purpose of the Ohio State Medical Association as set forth in the constitutional amendment which was adopted at Springfield. This makes our constitution conform with the articles of incorporation now on file with the Secretary of State's office. The paragraph reads:

*"The purpose of this Association shall be to federate and bring into one compact organization the entire medical profession of the State of Ohio, and to unite with similar organizations in other states to form the American Medical Association; with a view to the extension of medical knowledge, and to the elevation of the standard of medical education, and to the enactment and the enforcement of just medical laws; to the promotion of friendly intercourse among physicians, and to the guarding and fostering of their material interests; and to the enlightenment and direction of public opinion to the great problems of state medicine; so that the profession shall become more capable and honorable within itself, and more useful to the public in the prevention and cure of disease, and in prolonging and adding comfort to life."*

We hope you have read it carefully. Certainly nothing could better state the high purpose of our Association. Development along these lines will make our organization a vital factor in our state.

## AND SPEAKING OF THE JOURNAL

The Publication Committee appreciates very much the suggestions it receives from time to time as to how *The Journal* may be improved. We want more of these suggestions. We are trying to make this the best state medical journal in the United States; we want to make it of practical value to the greatest number. To do this we need your help. If you can suggest any method by which *The Journal* may be improved, or if you will call our attention to any present feature that is not worth while, we will sincerely appreciate your cooperation. And please be perfectly frank. You can't hurt our feelings. The more severe the criticism, the better we like it.

*Columbus*—The trustees of Children's Hospital will publish a monthly journal designed to keep the general public informed as to the work of the hospital. The initial number which appeared in June, is very attractive.

*Cincinnati*—Dr. Kennon Dunham was elected member of the board of directors of the National Association for the Prevention of Tuberculosis, for a five-term year.—Dr. John M. Withrow was honored by Ohio Wesleyan University, which conferred the degree of Doctor of Science.

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## COST OF WHITE PAPER

Some of our members may think that we are inclined to exaggerate in our statements relative to the increased cost of publishing *The Journal*. We suggest that you refer to the annual report of the board of trustees of the A. M. A. (*Journal A. M. A.*, June 9, page 1714). Despite excellent contracts which the *Journal A. M. A.* was able to make through its excellent business manager, the white paper used in the publication will cost \$54,000 more this year than in 1915—the figures jump from \$116,000 to \$170,000. Our expense in Ohio has been proportionately large, even higher, as we have not the large buying facilities that are open to the A. M. A. Throughout Ohio, and the country generally, many smaller weekly and monthly publications are suspending publication.

Dr. W. H. Peters, medical director of the Cincinnati public schools, has begun a survey of cases of school children operated on for removal of diseased tonsils and adenoids. One thousand cases will be under the doctor's observation. Special attention will be given school efficiency and attendance before and after operation.

## JUST FIGURES

The 1,108 members of our Association who attended the Springfield state meeting traveled, collectively, a distance of 184,742 miles to get there and return. The figure was easy to ascertain, as the local committee, in order to award prizes, figured the mileage of each delegation. The 46 from Cleveland, for example, each traveled a total of 366 miles, or a delegation total of 16,836 miles. The statistics speak volumes for the "pulling power" of our state meeting programs.

Eight seniors of the Ohio State University Medical College, who were recently appointed assistant surgeons in the United States Naval Reserve, took a special state medical examination held by the state medical board May 11. Immediately after the examination they left for Portsmouth, N. H., for training. Medical degrees were conferred upon the young men by the University before their departure. They are: Charles D. Paben, Columbus; Ernest R. Logan, Van Wert; Harry B. Le Favre, Sandusky; Dallas Pond, Broughton; Walter M. Anderson, Wapakoneta; James A. Brown, Newark; Russell D. Bussdicker, Dayton, and Glenn A. Sheppard, Belpre.

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Public Health Notes of Interest

The following table gives the results of a thorough medical inspection of pupils in the grade schools at Wauseon:

Grade	Enrollment	Defective Eyes	Defective Nose	Defective Teeth	Defective Throat	Defective Hearing	Defective Lungs	Defective Heart
1	54	6	16	39	33	5	0	0
2	47	9	2	38	27	2	0	1
3	68	31	30	60	43	2	0	0
4	46	20	8	40	24	1	0	0
5	55	17	3	44	32	0	0	0
6	53	18	2	44	23	0	0	4
7	59	22	17	52	20	2	1	1
8	42	12	19	26	17	5	3	1
Total	424	135	87	343	219	17	4	7

The report of the inspection states that during the year the idea of health for the sake of health, happiness and usefulness was continually emphasized. Disease and its horrors were not "preached."

Mortality from pulmonary tuberculosis in 35 of the larger cities of the United States has declined from 195 per 100,000 in 1906 to 146.8 per 100,000 in 1916, according to *The Spectator*, an insurance journal. The 35 cities constitute approximately one-fifth of the entire population of continental United States. The following table shows deaths per 100,000 population in the four largest cities in Ohio:

Cities	1906-10	1911-15	1916
Cincinnati	250.1	221.9	208.1
Cleveland	121.0	117.8	130.7
Columbus	179.3	141.9	125.7
Toledo	149.8	162.3	174.4

An ordinance authorizing health authorities to inspect all restaurants and to compel all restaurant employes to secure health certificates, has been introduced in the Akron city council.

A Board of Health Nursing Service, composed of representatives of various societies which contribute to the nurse fund, has been organized in Bellefontaine. Dr. A. J. McCracken is secretary-treasurer.

Erection of a \$100,000 addition to the Cleveland Tuberculosis hospital at Warrensville began April 7. The addition will increase the capacity of the institution 100 beds.

—Plans have been drawn for a new hospital building at the Ohio Pythian Home for the Aged at Springfield.

—Plans and specifications for an addition to the nurses' home at Miami Valley Hospital, Dayton, has been filled with the trustees of the institution.

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## HEALTH AND BUSINESS

Business men would go bankrupt if they looked after their business in the same manner that the average man looks after his health, Commissioner of Health Bishop, of Cleveland, says in a recent bulletin.

"Business men have statements made and inventories taken every so often to see how they stand," says the bulletin. If things are not going well, they want to know it early so that they can take corrective measures. Why not apply the same sane, common sense to your health? It is the most important thing in the world, as far as you, yourself are concerned, and also as far as your family and your business are concerned. Be examined by your physician every six months or a year. Pay him to take stock of you, to advise you; and not for trying to cure you of such diseases as Bright's disease and hardening of the arteries which are apt to come on so insiduously that they are in an incurable often before treatment is started."

## PROPHYLACTICS CAUSE INFLAMMATION

Seventy-seven cases of inflammation of the eyes of the new-born were reported to the Cincinnati health department by midwives and physicians during 1916. The outcome of the cases was as follows:

No impairment of vision, 71; loss of right eye, 1; loss of left eye, 1; vision impaired, left eye, 2; died while under treatment, 2.

In 11 cases, the progress and outcome lead to the belief that no prophylactic was used at birth. In 12 cases, the attending physicians concluded that the prophylactic was the cause of the inflammation. This emphasizes the importance of thorough flushing after use of nitrate of silver.

Health Commissioner Emerson of New York recently addressed the Cleveland Academy of Medicine on ways and means to fight infantile paralysis. The Cleveland medical profession is working hard to prevent an outbreak of the disease this summer.

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# Ohio State Medical Journal

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Issued under the direction of the Publication Committee.

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**Next Meeting of the State Association,  
Columbus, May, 1918**

## DR. MATSON DEAD

While this edition of *The Journal* was in press came the shocking news of the sudden death of Dr. George H. Matson, of Columbus, for 11 years secretary of the State Board of Medical Registration. Death came suddenly at the Union Station in Columbus at 11 A. M., on Tuesday, August 21. The loss of this splendid gentleman and able executive, beloved by all who knew him, is a severe blow to the medical profession of Ohio, and the United States.

To the bereaved family *The Journal* extends heartfelt sympathy.

## Editorials

### The Army Situation

The direct drive to recruit Ohio physicians for commissions in the Medical Officers Reserve Corps and in the Army Medical Corps was undertaken with renewed interest early in August when the Surgeon General detailed Lieut. Ben R. McClellan of Xenia, and Lieut. M. B. McGonigle of Toledo for traveling recruiting service. These men started work at Bryan, Ohio, on August 7 and the present plan is for them to proceed to each county in the state.

While their direct mission is to convey information relative to army service and to examine applicants for commissions, we are informed that there is a more important phase to their work. Our information (unofficial, but fairly reliable) is that the present work of Dr. McClellan and Dr. McGonigle will be made the basis of a subsequent draft for medical officers. They are ascertaining the exact status of each physician in the counties which they visit—professional, moral and financial. Certainly this information will be of great value to the War Department in the event a draft of physicians is ordered a few months hence. That a draft will be ordered, and that a draft is desired by many physicians is generally known.

*The Journal* suggests that when these recruiting officers visit your county you not only attend the special meeting which they will call to discuss the situation, but that you arrange for a private conference with them and place at their disposal exact information relative to your availability for war service. This suggestion is offered in your interest. If there are special reasons why you cannot serve and why you should

not to be drafted, the visit of these two recruiting officers offers a splendid opportunity to file this information with the Government.

Dr. McClellan and Dr. McGonigle will visit only county seat towns but they will spend from one to three days in each county—a sufficient time to consider the case of each individual physician.

The unparalleled demand for army physicians seems to indicate that a sufficient number will not be secured under the volunteer method. On a war-time basis, one physician is needed for 100 enlisted men. The Surgeon General's figures to date indicate that barely enough men have been secured to care for the first draft army of 687,000 men. As a second draft is in immediate prospect and as our field forces may be increased to two million, a very material increase in the army medical force is imperative.

In reality there are many reasons why physicians to whom army service is possible should volunteer their service promptly. The most important of course is patriotism. It is necessary that civilian physicians undergo rather thorough army training before they are of much use in military work. Now is the time to secure this training before our field forces go into action, to become of the greatest value to your country.

A more selfish consideration is the fact that the doctor who enters service at this time is very likely to be promptly promoted. If the war extends over a considerable period and a maximum force is needed, men who enter the service early will secure the better berths.

This opportunity is particularly promising for the young physician—the man under thirty-five who is eligible for service in the Army Medical Corps. He will receive a wonderful training in the Army Medical School at Washington, and will be paid a good salary. Many young men are planning permanent army careers.

Much of the hysteria concerning the high casualty rate among army physicians has subsided. The revised figures from British and French fronts indicate that the casualties among physicians are about two per cent rather than 60 per cent as was first reported.

As we have stated before, the decision relative to army service must be faced individually by every physician. Every man licensed to practice medicine who is physically and professionally qualified must weigh the facts very carefully. He must realize that the general public—the citizens of his home community—are becoming increasingly familiar with the great need for physicians, and that they too are able to judge whether he should or should not go. We greatly fear that some of the younger men who refuse service without adequate reason may be harshly criticised by their home community in the years to come, and that they will always regret their decision.

### Why This "Slacker" Cry?

Personally, we are getting a trifle tired of the cry that is emanating from certain quarters to the effect that the medical profession is unpatriotic and unwilling to respond to the country's call in the present great emergency. It is based upon the fact that thus far the government has not secured a sufficient number of qualified physicians to meet the needs of our tremendously enlarged army but it is being kept alive by the anti-medical propagandists to whom any criticism of the medical profession is meat and drink.

Consider the facts. Consider the number of physicians, here in Ohio, who have left lucrative practices and temporarily abandoned their life work to serve their country. Compare this number with those who have responded from *any* other class or group of men, and certainly from any group or profession in which army service means a financial and personal sacrifice so great. Are our merchants closing their stores and flocking to the Front? Are our lawyers locking their offices and enlisting more readily? Are the dentists, architects, editors, clergymen or expert accountants, abandoning their professional work in greater numbers?

The writer has been in rather close touch with medical recruiting in various sections of the state. In many places physicians are responding to the limit. It is rarely that the term "slacker" can be applied, in Ohio at least, to a doctor. Hundreds, at this time, are making every effort to so arrange their personal affairs that enlistment will not mean complete financial ruin and hardship for their dependents. As the need for medical officers increases, these men will respond.

We suggest that this cry of "medical slackers" be rather carefully scrutinized. In many cases you will find that it originates with propagandists for one of the so-called healing cults—who by this particular form of mud-slinging seek to kill two birds with a single stone. They seek, first, to discredit medicine; secondly, they are not adverse to witnessing, for private and purely commercial reasons, a shortage of physicians in civilian practice.

In the war preparations thus far the medical profession has acquitted itself most honorably. Camps are clean and free from disease. Thousands of doctors are leaving their homes for active service. Thousands more are meeting every governmental demand for volunteer service at home—a service that has been particularly valuable in the tremendous work of raising a draft army. It is the only profession or group that is making an intelligent effort to share the financial burdens of those who enter service.

We haven't the slightest use for a "slacker," and we think that a physician who merits that brand is worse than a layman who hangs back, because every available physician is needed.



### The State Health Council.

Governor Cox late in July announced the personnel of the State Health Council, the body which, under the new law, supersedes the old State Board of Health. The law requires that two of these four council members shall be physicians. Mr. Cox selected Dr. C. O. Probst, of Columbus, who was secretary of the old board from 1886 to 1911, and Dr. George D. Lummis, of Middletown, who has been health officer of that city for more than 25 years. For the other two positions he selected Dr. W. I. Jones, well-known Columbus dentist and anesthetist, and Mr. Robert M. Calfee, a Cleveland lawyer. These men, with the approval of the governor, will select the new state health commissioner. Dr. Lummis is appointed for four years, Mr. Calfee for three, Dr. Jones for two and Dr. Probst for one.

We have heard many expressions of approval since this board has been announced. The prominence of Dr. Probst and his long association with our state health department insure competent and experienced advice. For more than 25 years he devoted his entire energies to this department and developed it from a one-man bureau to one of the largest and most active branches in our state government. Two men are largely responsible for the clever executive work that has given Ohio a first-class health department—Dr. Probst and Dr. E. F. McCampbell. Dr. Probst, through years of splendid effort and in face of prejudice and parsimony, forced Ohio to recognize the fact that public health is a purchaseable commodity. When Dr. Probst retired Dr. McCampbell took up the work and through unusual organization ability materially extended its activities until it now comprises eight divisions and annually expends to good advantage a sum in excess of \$125,000.

The appointment of Dr. Lummis gives the council the benefit of valuable advice by an authority in a field that is very necessary—the sanitation problems of our smaller cities and rural communities. Dr. Lummis' splendid work is well-known in the Miami Valley. In Middletown he has been particularly successful in instituting adequate dairy inspection and similar measures, and it is in this field, in reality, that we may expect the greatest expansion during the next few years. Health departments in our cities are well organized; the smaller towns and rural communities present the difficult problems.

The appointment of Dr. Jones is another recognition of the important relation between oral hygiene and public health. Mr. Cox has recognized this feature when he appointed to the old Board of Health, Dr. Homer C. Brown, of Columbus. Dr. Brown rendered the state valuable service. Dr. Jones has been active in the oral hygiene propaganda of The Ohio State Dental Society and is well qualified. Mr. Calfee is a

lawyer, member of the firm of Calfee & Fogg, and is interested in welfare work.

Great interest is being manifested in the selection of a state health commissioner. No choice had been made at the time this was written, but it is regarded as probable that a sanitary expert from the East will be called to assume this important post.

Under the revised system of state health administration as provided by the new code, which was enacted last March, the State Board of Health, which consisted of seven members, passed out of existence July 1. Under the new plan the administrative and executive powers are lodged solely with a state commissioner of health who is to be appointed by the Public Health Council. The law provides that he must be a physician, skilled in sanitary science, and directs that his appointment shall be for a term of five years. To him is transferred all executive duties formerly required of the secretary of the State Board of Health and the board itself. He will be given complete charge of the machinery designed to enforce all laws relating to health and sanitation and the management of the department. His salary is to be fixed by the Public Health Council, subject to the approval of the governor.

The new law provides that the council shall consist of the commissioner and four other members to be appointed by the governor. Council shall meet at least four times a year and is specifically charged with the following responsibilities:

(a) To make and amend such sanitary regulations as are to be of general application throughout the state.

(b) To take evidence in appeals from the decision of the commissioner of health in a matter relating to the approval or disapproval of plans, locations, estimates or cost or other matters heretofore required to be submitted to the state board of health for approval.

(c) To conduct hearings in cases where the law heretofore required that the state board of health shall give such hearings; to reach decisions on the evidence presented, which shall govern subsequent actions of the commissioner of health with reference thereto;

(d) To prescribe by regulations the number of divisions and qualifications of directors of divisions;

(e) To enact and amend by-laws in relation to its meetings and the transaction of its business;

(f) To consider any matter relating to the preservation and improvement of the public health and to advise the commissioner thereon with such recommendations as it may deem wise.

The operation of the new law does not contemplate any material change in the present plan of health administration. The Ohio department is organized on the division plan, each division being in charge of a director who is responsible for a certain specific class of work. All regulations that have been adopted in the past by the State Board of Health continued in effect.

The chief feature of the new plan is the material extension of the power placed in a single individual. From this time forward, one man—state commissioner of health—will be largely responsible for our health administration. He is empowered to select his assistants and fix their compensations and duties. This will eliminate

one of the serious objections to the old plan. Under the old law the secretary of the board was expected to manage the department, but he was handicapped in many instances by lack of authority.

### Ohio's Test

Sometime within the next sixty days Uncle Sam is to give Ohio an opportunity to wipe out a stigma that has reflected against the medical profession. We are to be given an opportunity to prove that birth registration in this state is sufficiently complete to admit Ohio to the Federal Registration area.

The federal census bureau requires that a state must secure registration data in at least ninety per cent of the births before its statistics are considered. Tests in past years have shown that the Ohio statistics do not quite meet this requirement.

When Dr. John E. Monger of Greenville assumed charge of the State Vital Statistics bureau some months ago he found that a large majority of physicians and practically all mid-wives promptly report births, as demanded by the state law. Their work has been invalidated, however, by the laziness of comparatively few. From the day he has assumed office he has worked diligently to impress these few with a sense of the duty the profession owes the public—and the further fact that if this obligation does not appeal they may and will be prosecuted in the state courts for failure.

He has convinced federal officials that there has been a material improvement in our Ohio statistics, and within the next sixty days the department will send several agents to Ohio to check conditions. Certain registration districts—metropolitan and rural—will be selected at random. In these federal agents will make a careful house-to-house canvass to ascertain the exact number of births within a given period. This data will be checked with the certificates of birth reported in the district during the period covered by the investigation. In this manner the agents will secure an accurate line on the completeness of reports in typical, selected districts, and the estimate for the state will be based upon these averages. Other plans will be used to test the state as a whole.

There are many reasons why physicians should report births, promptly and accurately. Dr. Monger sets forth a summary of these in an article published in this issue. We trust that every member of the Ohio State Medical Association will observe this requirement very carefully. If you have been lax in the past, mend your ways!

### Tightening Up On Work

In another column we announce the personnel of the special committees that have been appoint-

ed by President E. O. Smith to carry on the work of the Association. It will be noted that several committees which served last year have been temporarily discontinued. This was made necessary by increased demands on the profession by the war. Dr. Smith felt that it would be better to concentrate the work of the association until the present stress is relieved. One new committee is added. The General Secretaries Committee is provided for by the constitution of the Association, but has not been appointed in recent years. Dr. Smith felt that an important field for work is offered this committee, as it is absolutely necessary to hold intact a good working organization during and immediately after the war. Various standing and special committees will hold meetings within the next few weeks and outline their work for the fall and winter months.

### What Think You?

It is always wise to note what the newspapers say about us. The following is from the editorial columns of the Cincinnati *Times-Star*:

"The death of a prominent doctor and a eulogy of him as a 'beloved family physician' bring to mind the fact that the general practitioner is a person almost of the past. Even the doctor who comes to your house to look at your shoulder now rather reluctantly examines your foot, if the twinge suddenly shoots to our pedal extremity.

"The truth is that modern medicine has to a great extent sub-divided the human mechanism. One specialist chooses his lot in the sub-division and it is etiquette for another specialist, who meanwhile has chosen his own lot, not to trespass with advice or tools. If the pains and penalties of disease happen to disagree with the metes and bounds of this medical sub-division of your poor suffering frame, the owners of the additional lots affected are called in to fix them up. In fact, you are platted and blue-printed, and as you call in one physician for whatever may ail you, his name is written on the lot troubled and it is transferred to him in fee simple and large. If he becomes dissatisfied with his lot, be it an appendix or a leg, he has no scruples about withdrawing it from the sub-division.

"All this may make for efficiency. It may be better for you that the doctor who treats you for ear-ache should not have even a speaking acquaintance with the doctor who contemplates your chest as if it were a telephone out of order. We don't know. But we remember the calm that came to us in the good old days when a "family physician" entered the room, the peace that walked by his side and seemed to be his handmaid. And one of the contributing causes of that peace, which passeth modern medical understanding, was the conviction that the 'family physician' was willing to cure all of you if it became necessary."

## Original Articles

# Why Births and Deaths Should Be Registered\*

Jno. Emerson Monger, M.D., Columbus, Ohio

(State Registrar of Vital Statistics)

THE necessity of death and birth registration is so obvious to one engaged in the work that it is extremely hard to write on the subject. It is almost like urging that smallpox or any contagious disease should be reported. The contra side of the argument contains so little of merit, and the positive side so much, that one wonders why it is so hard to get some men to attend to this duty. Since my connection with the State Bureau I have found that most of the men who are dilatory in this plain duty in these matters are careless because they do not realize its importance.

Our death registration is very well taken care of by the provision in the law compelling the undertaker to secure a death certificate before he can secure a burial permit. But even with this proviso occasionally we are compelled to prosecute some individual for evading the law by burying a body before securing a proper permit. This law should be, and is, drastically enforced, because any let-up in its enforcement might give a criminally inclined individual a chance to smother up a crime, or improperly take care of a contagious case. On the side of death registration I believe we have one of the best enforced laws in the country.

In birth registration we are not so fortunate. The United States Census Bureau requires that 90 per cent of the births be reported before our data will receive the attention of the Bureau. It is figured that statistics based on less than 90 per cent are valueless. Ohio, unfortunately, is slightly below this minimum requirement, and we are making every effort to bring it up to the Census Bureau standards.

Dr. William H. Davis, of the United States Bureau of Vital Statistics, informs me that during the month of October, a test of this state will be conducted. We can only raise our standard by awakening our profession to its short-comings. We believe that the profession in Ohio is not less patriotic than that in other states, and from our experience in this bureau we know that the vast majority of our doctors are conscientiously trying to fulfill their duty toward their patients by making prompt reports of births and deaths. There is, however, a small minority who do not make these efforts, and it is this small minority that keeps our state out of the Federal Registration Area. As rapidly as our inspecting force can secure evidence we are prosecuting these dilatory doctors.

Some trouble has developed from a misunderstanding of the law, or rather of a supreme court decision given in January, 1912. In this case a part of the law was declared unconstitutional. The legislature in session in 1913 corrected this defect by passing a law that conforms with the suggestion made by the supreme court. Unfortunately wide publicity that implied that the whole law was defective was given to this early defect, and very little to the fact that the legislature later passed a court-proof law. In investigating complaints I find that in most instances the doctors who are not making reports are under the impression that the law is defective and that they are not compelled to report. I wish to emphasize the fact that we have no fear of the outcome of cases now, as this law was drawn in conformity with the decision of the supreme court.

In the matter of prosecutions I wish to say that there has been no duty in my life so repugnant to me as hailing a brother physician into court; but I promised the leaders of the profession, and the officers of this Association who endorsed me for the position, that I would enforce the law and try to make Ohio a Registration State, and I intend to enforce this law without fear or favor.

Registration is valuable. It is one of the duties the state owes its new-born, and we do not intend to allow the carelessness of a few to invalidate the conscientious work of the majority. I believe that over 90 per cent of our physicians are careful to make reports, and it is ridiculous that a small minority should render useless their work. I have no patience with the individual who is lacking in patriotism, and who is so careless of the welfare of his patients, that because he believes he should be paid to make the report he refuses or neglects to make it. Whether a man should be paid or not paid is a question that I am not here to discuss. The present law makes no provision for payment, but does provide that reports must be made. We intend to see that they are made, or prosecute the negligent.

When a physician accepts an obstetrical case there are certain things that are implied. The patient expects us to use all precautions, including many things which are not mentioned, such as asepsis and due care to avoid trouble in every way, and it is also implied by this acceptance that we take care of the report. It is much the same thing to not make a report as if an attorney in our employ in an important case would fail to make an entry in the case that might invalidate our whole cause. When we employ an attorney

\*Read before Section on Hygiene and Sanitary Science, Ohio State Medical Association, Springfield, Ohio, May 14, 1917.

we expect him to use every honorable means to bring our case to a successful termination, and if he fails because of neglect we hold him responsible. The family expects us in the same manner to give them every service.

That birth registration is important is proven daily in our bureau dozens of time. In considering its importance I will discuss it under three heads: first, its value to the state; second its value to the physician; and third its value to the individual.

#### ITS VALUE TO THE STATE

A state to properly care for its wards must know who and where they are, and how many there are. The trend of modern legislation is toward paternalism, and as our national and state life becomes more complex legislation will become more paternalistic. Industrial, educational, military and social conditions are assuming a position undreamed of a generation back, and to properly care for its people a state must be able to take stock of its population. In the application of its laws it is essential that it must know their ages, as there are certain limitations for crimes at certain ages. It must know the number of children it must educate. It must know accurate ages for graduation from school, for the entrance into certain trades. In fact there is no relationship of a state to its wards that the first question, and often the determining one, is not the age of the individual. The only legal way to establish this is in the records in the care of the state.

A very interesting thing to me since my connection with this bureau has been the rivalry that exists between the various city health organizations. Cities are as jealous of their birth and mortality statistics as is a star ball player of his batting average, and they are bending every effort to make a good showing for their cities. A city is oftentimes very seriously affected by a high death rate, and much made of a low rate. The development of many of our southern cities and states has received a great impetus from the proven fact that their death rates have been exaggerated.

#### ITS VALUE TO PHYSICIANS

It has been said, and I believe it to be so, that the science of medicine is founded on vital statistics. It is an unquestioned fact that the science in which this section is most intimately interested—that of preventive medicine—owes most of its progress to vital statistics. The great campaigns for the control and prevention of certain diseases—which, after all, have been the really worth while things of modern civilization—owe much to the checks and balances the statistician have produced. One can talk convincingly where definite figures can be produced, and our campaigns against typhoid, malaria, yellow fever, tuberculosis, and infant mortality, owe much of their success to the fact that we could convince the laity and thereby interest them in our propaganda.

Again, many things which have been falsely proclaimed as the omega of treatment of a particular disease are found fallacious under the cold analysis of statistics. There are a certain few fallacies in our statistics, and always will be. These are due to imperfections of medical science and deficiencies of a few of our profession. But happily these causes are being lessened, and the few that creep in do not injure the value of the whole.

Where large numbers of the human family are accounted for it is almost uncanny the way events transpire, and the certainty of their occurrence. For example: We can say there will be so many suicides in 1917 from hanging; so many perforations in typhoid, with little fear that our statements will be far out of the way. An error in a hundred events might change our conclusions, but when dealing with hundreds of thousands its effect is negligible. From this you can see the importance of securing all the data. To make our statistics reliable we must be able to register practically every event.

Lay organizations, such as labor unions, civic bodies of various kinds, federations of women's clubs, and our churches, are showing an increasing interest in this work, and I believe our medical organizations should be the leaders and not the laggards.

After all vital statistics are of more importance to the medical man than to any other class, and our attitude toward the subject should not be other than friendly.

#### ITS VALUE TO THE INDIVIDUAL

This third reason for registration is probably the most important in that its value is to the individual citizen. The registration of deaths is imperative for the settlements of estates, life insurance, annuities, damage cases, etc. The registration of births is one of prime importance to the individual. There is no relationship in life when the failure to produce a birth certificate may not seriously incommode the individual, and birth registration is particularly important for the poor. Their places of habitation are more or less temporary, and in after life if the necessity to establish the exact age arises it is often times difficult or impossible for them to establish by acceptable affidavit their age and nativity.

A very tragic example of this occurred at the outbreak of the war. Some twenty-five years ago a young man was born in an Ohio city. After his birth his parents, who were Austrians, moved away and shortly thereafter died. This boy was raised in an institution and at the outbreak of the war happened to be in a belligerent country. He was impressed in a regiment and naturally protested that he was an American citizen. He was allowed to make an effort to prove his assertion, but as no record either official or by affidavit could be produced, we can only assume that he, an American citizen, was compelled to serve as a soldier in a foreign country, because of

our then inadequate birth registration. Had this birth been registered there would have been no difficulty in establishing his claim.

Because of many newly made laws the necessity of birth registration is being brought home to us. The child labor, inheritance, pensions laws and especially widow pensions laws where ages of dependent children must be known, criminal responsibility of the young, school admission and graduation, the practice of certain professions, the engagement in certain trades, voting, the limitation of guardianship, civil service requirements, "age of consent" for females, military service, and many other reasons with which I will not tire you, all point to its importance. There never was a time in our national existence when the importance of birth registration was pointed out so clearly as at present. The necessity of those of military age to produce accurate record is imperative, and there will be much confusion in the enforcement of our universal military training law because we have no accurate record for men of the required age.

It is a patriotic duty to report births, and the great crisis through which we are passing only emphasizes its importance. In the final analysis of the causes of the war it is possible that the historian will record as one of its causes the rapid decrease of the birth rate of certain of the belligerent nations.

It is a moral duty we owe to a helpless babe to give it a badge of citizenship. It is a duty we owe to ourselves as physicians, for great good has come to us through this means. The man who fails to report a birth violates the state law and subjects himself to a heavy fine. He does an injury to the helpless babe, and violates the confidence of a trusting family. And he cheats no one but himself, as the public is being rapidly educated to expect the fulfillment of this duty. The registration of the birth of a baby may save its property, its health, its liberty, and its life.

I shall not tire you with a lot of statistics, as you will secure the statistics through the Ohio State Medical Journal and the Ohio Public Health Journal. It is our intention to supply the statistics to these publications at the earliest possible moment, and we believe that they will be more valuable to you if furnished promptly.

Our bureau contains a mine of information. We invite you to make full use of it. It is always available, and we will gladly furnish it for the asking. I also extend to you an invitation to visit this bureau, as I feel that by a closer co-operation we will be mutually benefited.

Since this paper was written the funds necessary to put in force the so-called "Mother's Certificate Plan" have been secured. This plan is now in use in New York, New Jersey, Virginia, Michigan and Wisconsin, and their registrars report excellent results.

Briefly, the plan consists in sending to each mother a copy of the certificate of her child's

birth, and also the inauguration of a campaign to educate the mother to the value of birth registration. The theory is that the mother who does not receive a certificate will apply for same either of the state bureau or the local registrar, and in that way the names of the physicians who are not making reports can be secured. This plan was put in operation beginning June 1st, 1917, and eventually we expect it to do birth registration a great deal of good.

The response of the profession has been very encouraging.

For January, February, March and April of 1915 32,330 births were registered.

For January, February, March and April of 1916 35,674 births were registered.

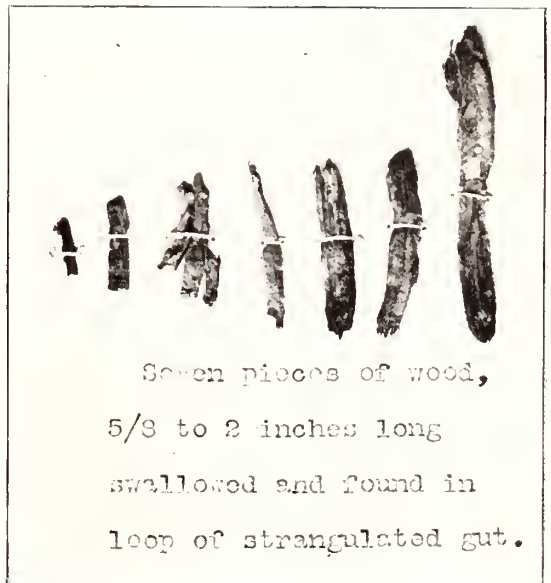
For January, February, March and April of 1917 37,791 births were registered.

A part of this is of course due to a greater population, but much is due to a more complete report.

### REPORT OF A CASE OF RIGHT STRANGULATED INGUINAL HERNIA WITH A FOREIGN BODY IN THE STRANGULATED LOOP OF THE ILEUM, BY

FRANK CARTER LARAMORE, M. D., MT. VERNON

Dwight McCammett, two years and three months old, was sent to me by Dr. T. L. Ely, ruptured from birth, wearing a truss for the past year. On April 18th truss was taken off and bowel came down, and at noon vomited, restless and did not sleep well. Dr. Ely called April 19th, ten A. M. After gentle taxis, case was sent to hospital. Operation under ether at three P. M.



Sac opened. Contents: knuckle of ileum strangulated, ulcerated and discharging pus—in the gut an oblong mass, irregular, movable, size of thumb. Gut over one end gangrenous and perforated;

enlarged this opening and delivered a mass of wood sticks, seven pieces five-eighths inch to two inches; closed the opening in gut with a double row of Lembert's sutures cat gut.

Also unfolded a second ulcerated spot in the same way. Radical operation for hernia followed.

Uneventful recovery. Just when and where this little boy swallowed these sticks is not known. They passed down the intestinal tract and were trapped in the knuckle of gut in the hernial sac. When the last one got in, the door was closed and the gut strangulated.

## Anomalies in Behavior of the Uterine Musculature\*

A. J. Skeel, M.D., Cleveland, Ohio

THE purpose of this paper is two-fold: first, to direct your thought to a condition which I feel has been given too little attention, and to draw out in the discussion, various plans for lowering its fetal mortality; second, it is my desire to emphasize the necessity for more careful consideration of the real obstetric problems presented in the mechanics and physiology of labor.

In the present much needed campaign to have obstetricians prepare themselves for the surgery demanded by modern obstetrics, we must take heed lest the art of accouchment, as such, be allowed to stagnate for want of study and thought. Much as surgery has done and is doing for the advancement of obstetrics, yet refinement of surgical technique or the ability to remove an infected kidney or resect a torn gut should not be utilized as a substitute for knowledge of obstetric mechanism.

That a little more attention to the proper presentation of obstetric mechanics by our good men is desirable, may perhaps be best illustrated by some of the errors which have been allowed to creep into our standard texts. In the various revisions the authors have apparently been too busy describing the technique of some major surgical procedure to take time to review the humbler topic of obstetrics as the practitioner must use it. For example, until recently several of the best known obstetric texts made the statement that in face presentation, chin anterior, the occipito mental diameter of the head is involved at the moment of escape from the vulva, and that consequently very serious tears often of the third degree are common in this condition. Now, any man of experience who has watched these deliveries knows that the chin escapes from beneath the pubic arch instead of stemming against it; that the occipito cervical diameter corresponds to the antero posterior diameter of the outlet at the moment of delivery, and that serious tears are extremely rare in this condition. Cragin in his new text book has properly stated the matter, and the next edition of De Lee will do so.

So able a man as Williams, who has aroused the ambition of obstetricians throughout the country to raise their surgical standards, per-

mits such a statement as the following to appear in his book in a discussion of obstetric dynamics. Concerning the amount of tractile force exerted by the obstetric forceps he says, "A greater force than this (80-100 lbs.) cannot come into play as it has been shown that one of 120 lbs. is sufficient to tear the child's head from its body." Page 232; Edition 3. It is perfectly apparent that resistance to the tractile force of the obstetric forceps, is the resistance of the pelvis and soft parts *to the passage of the head, not the shoulders*, and that consequently the obstetric forceps exerts practically no tractile force on the child's neck.

I say the fact that such gross errors as these are permitted to creep into texts written by our leading men suggests the danger that they are giving their best thought to abdominal surgery and not to obstetrics. Certainly that man is a better obstetrician who can do his obstetric surgery well. Unquestionably vaginal, cervical, and pelvic work should be a part of the obstetrician's training, but the line must be drawn somewhere. No man can do good obstetrics and spread himself out over the whole field of surgery, and the recent suggestion by Hirst that the obstetrician is incompetent who balks at a nephrectomy, means that upper abdominal surgery, gall-bladder work, stomach work, etc., should be a part of the obstetrician's routine. For anyone will admit that the man who does this work well must do it frequently. So, while recognizing the necessity for the obstetrician to be a master of plastic surgery, and to be able to do pelvic work, etc., I am making this plea: that he should not neglect obstetrics, proper, and for recognition of the fact that the expert obstetrician should be at least as familiar with the mechanism of labor as he is with the technique of Cesarean section. Hence this brief study of the action of the uterine musculature.

The anomalies of behavior in the uterine musculature may be classified under two heads: First, those due to failure of the necessary mechanical conditions; and, second, those due to failure of physiological conditions.

In order to properly consider those anomalies due to failure of mechanical conditions, it will be necessary to briefly state the normal anatomy from the standpoint of uterine mechanics. Roughly, the muscular fibres of the uterus con-

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sist of an external longitudinal layer, an inner circular layer, strengthened and specialized below in the circular fibres of the cervix, and a middle layer. The fibres of the latter run obliquely through the uterine wall, from without inward, and from above spirally downward. This middle group may thus, probably by its contraction, shorten both longitudinal and transverse diameters of the uterus, at the same time that the thickness of the uterine wall increases.

Normally, of course, all of these fibres act conjointly to produce definite results. However, in order to analyze the uterine action, it is necessary to study its behavior as if these groups were able to act more or less independently. It has been shown that the distance from the fundus uteri (breech) to the presenting head is lengthened during a uterine contraction, thus advancing the presenting part into the pelvis. This is due to extension of the flexed fetal spine, and this straightening or extension can be caused by nothing else than the contraction of the circular fibres of the body of the uterus. The obliquely placed longitudinal fibres running from without downward and inward to the inner circular layer in the cervical region, pull these gradually yielding bundles upward, first obliterating the cervix, then as the action continues, dilating it, and eventually drawing it up over the presenting part, which up to this time furnishes the necessary resistance. Still continuing their action after cervical dilation and retraction are complete, they meet the resistance of the vaginal and fascial attachments to the bony pelvis.

The contractions of the circular fibres at this time prevent the bending, buckling or flexion of the now straightened fetal spine. During the first stage then, for mechanical reasons the longitudinal fibres are first obliterating, then dilating the cervix to which they are attached, and only when this point or ring of attachment has been drawn up to the level of the vaginal uterine junction does the counter pull of the fixed pelvic wall cause this force to result in expulsion. During the second stage these same fibres continuing this action keep the fetal spine straightened, thus presenting a rigid line from breech to head, for the fundal pressure to act upon. If it were not attached to something capable of resisting its upward pull, the uterus could exert no downward pressure on the child, no expulsive force. The bony pelvis furnishes this need. Hence expulsive efforts begin when cervical retraction is complete and are not necessarily dependent upon complete cervical dilatation.

We see this anomalous action clinically in mal-position and presentations as e. g. in shoulder or back. Under these conditions the presenting part rides high. It cannot descend into the pelvic brim, the dilating pressure of the presenting part is missing, and the upward pull on the cervix meets imperfect resistance, there-

fore the traction of the longitudinal and spiral fibres draws the circular cervical bundles upward, in its incompletely dilated condition. When these have been drawn as high as the level of the vaginal and fascial attachments, expulsive force is exerted on the uterine contents. If we examine such a case after some hours of labor we find second stage pains, possibly thinning out of the lower uterine segment, and an incompletely dilated cervix. Sometimes if this process has been long continued we find the circular fibres of the entire cervical region bunched in a thick rigid ring below the presenting part. Recent studies by Demelin of uteri in section after prolonged labor, indicate that the circular fibres of this entire region may be pulled upward and massed into groups anywhere that dilating force is not present, and this certainly corresponds to the clinical condition with which we occasionally meet.

I encountered such a case about a year ago. The patient, a multipara with a moderately contracted pelvis, had been in labor some 48 hours. The liquor amnii long had been drained away. The large head was riding high. Second stage pains had been present for about eight hours. Examination showed a thick rigid ring in front of the head, but at the level of the pelvic brim. This ring admitted three fingers; above the ring the lower segment was quite thin; the child was dead. Under deep ether anesthesia the ring yielded to manual dilatation, after which craniotomy was done.

We may have then, as the result of imperfect resistance to the upward pull of the longitudinal group, second stage pains with (a) a simple lack of complete cervical dilatation, (b) in addition to the incomplete dilatation a distinct grouping or clumping of the circular fibres of the cervical region. This latter condition probably represents merely a more advanced stage in the same abnormal mechanism.

#### FAILURE OF FUNCTIONAL CONDITION

Just why labor should begin at all we do not know. That it is more or less independent of the central nervous system we do know. How this nicely balanced process is controlled we do not understand, but if balance fails or if proper co-ordination in the process fails, the result is frequently disastrous—to the child and sometimes to the mother.

When a uterus fails to perform in its usual fashion with regard to ridding itself of its contents, something is wrong with this mechanism. The average uterus at term, for example, proceeds to effective labor pains. When labor fails to appear at the expected period either our calculations as to time are wrong, or the normal stimulus to labor (whatever that may be) is missing, or that particular uterus fails to respond to the normal stimulus. If our calculation is wrong the fault is of course with us, not with the uterus. We have illustrations of the

second proposition, viz. that the normal stimulus to labor is missing, in those cases which really run far beyond term.

I encountered one such recently. The patient, one of unusual intelligence, had suffered a very serious hemorrhage 18 months previously. She menstruated last on February 4th, felt life early in June and came to me about two weeks later. My record of her examination at that time shows diagnosis of normal 4½ months pregnancy. We estimated her date of delivery as November 12th.

Ordinarily, I do not permit patients to run more than two weeks over term, but she was in good condition, had a large pelvis and the cervix was not shortened at all, as is usually the case when nearing term. On December 8th I took her to the hospital, introduced bougies and packed the cervix with gauze. Two days of this produced no uterine action whatever. Thinking that there must be some error in her dates, I allowed her to go home. On December 26th we again brought her to the hospital, and after dilating the cervix instrumentally introduced a Number 3 bag. Pains started in half hour and she was delivered after an ordinary labor lasting seven hours. The child had rather large hard bones, was long and quite emaciated, and lived only a few minutes. This uterus could conduct a normal labor, but was evidently insensitive to any ordinary stimulation at or near term.

I have one patient whom I have delivered three times. With her first pregnancy, she came into my hands one month overdue, urine boiling almost solid. Attempts to induce labor failed utterly. We finally did a manual dilatation and forceps extraction of a dead fetus. Then followed a tremendous post partum hemorrhage which nearly cost her life.

Against my advice she became pregnant again, developed some albumin, and some two weeks past term I again tried to induce labor. This time we had some labor pains, but inertia was marked, forceps had to be used, and again a post partum hemorrhage, requiring desperate work to save the patient's life. On the third occasion, we induced labor exactly at term, labor went on beautifully and there was no hemorrhage. This uterus can conduct a perfect labor, nothing is wrong with its enervation, or muscle development. On the earlier occasions, either the normal stimulus to labor at term was lacking, or the uterus was insensitive to that stimulus.

It seems probable that ordinary primary uterine inertia is of this same type, rather than that particular uterus is unable to labor vigorously. Marked primary uterine inertia may be present in one labor, and entirely absent in another.

Sometimes the failure of successful effort on the part of the uterus is due apparently to lack of rhythm. So-called retraction of the uterus occurs with no definite efforts at vigorous con-

tractions, alternating with good relaxation. This frequently occurs when the protective liquor amnii is missing, either because of scanty supply or because of premature rupture. I recently lost a baby in such a case, after rupture of the bag at term, but before the onset of labor. The mother was sent to the hospital when membranes ruptured and vaginal examination showed that labor had not begun. She was kept in bed and mother's and child's condition carefully watched. The mother complained of nothing more than slight abdominal discomfort, the fetal heart remained undisturbed, and we waited three days expecting the onset of labor. On the third day the fetal heart disappeared, shortly thereafter labor started, and a dead child was quickly delivered.

I am inclined to believe that in these cases, the absence of the liquor amnii allows irritation of the inner circular muscle layers by direct contact with the fetal parts. Why the uterus as a whole does not respond, of course I cannot say. That it was entirely possible for this uterus to conduct a perfectly coordinated labor was apparent as soon as the added stimulus of death of the fetus became effective.

We see similar abnormal behavior of the uterine muscle occasionally, when attempting to induce labor with a bag. Ordinarily the presence of the inflated bag is sufficient to initiate a perfectly well coordinated labor. Occasionally however, *local* irritation seems to result; ineffective, more or less painful contractions occur, but little or no progress is made. In stubborn cases one may spend days trying to stimulate the uterus to dilate its own cervix over a bag in ordinary manner, and finally be obliged to resort to dilatation by bag traction and manual dilatation, rather than by uterine action. Here again the possibility arises and is suggested by the feel of the cervix, that the inner muscular layer of the uterus has responded to local irritation, instead of general action being instituted.

That local action of a portion of the uterine muscle can occur without setting up general action may be observed by anyone at a Cesarean. I frequently inject pituitrin directly into the uterine wall. Response by local contraction with blanching is almost immediate, later the response becomes general. Probably direct contact of pituitrin with the muscle is what causes its effect, and the later general response is to absorbed portions of the drug brought back to the uterus in the general circulation.

I have endeavored to show (1) that certain forms of anomalous action by the uterine muscle are due to faulty obstetric mechanism; (2) that other anomalies of uterine behavior are due to absence of a normal sensitiveness, or if you like, of a proper sensitization of the muscle tissue of the uterus; and (3) still a third class of cases seem to be due to absence of the usual coordination and rhythm of action.



# The Treatment of Bichloride of Mercury Poisoning

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FIFTEEN years ago, the fashion for suicides was to take carbolic acid. Recently gas poisoning and bichloride of mercury poisoning have come into vogue. With the increase in the number of cases many studies on the various phases of pathology and treatment have appeared.

## PATHOLOGY AND CHEMISTRY

Locally, mercury produces necrosis and sloughing of the tissues. Internally, practically every organ is affected; the liver, colon and kidneys are injured the most. At first there is produced cloudy swelling, leading to fatty degeneration and necrosis, very frequently to hemorrhagic changes and subsequently to calcification.

Flexner and Sweet<sup>1</sup> have demonstrated that mercury absorbed by the gastro-intestinal tract is taken up by the liver, secreted by the bile and then reabsorbed by the liver from the intestines. Rosenbloom<sup>2</sup> found that almost one-third of the mercury obtained from the body of a suicide was obtained from the blood. Burmeister and McNally<sup>3</sup> have found mercury in the blood of dogs ten minutes after small doses of mercury were introduced into the stomach. They found that the kidney changes varied with the size of the dose in massive intoxication and that liver changes varied as the duration of the intoxication.

## SYMPTOMS

Commencing with burns from local application, the symptoms produced are classical. Vomiting, gastric and intestinal hemorrhages, blood, pus and casts in the urine, oliguria, or anuria, anasarca, follow rapidly in uncontrolled cases. As the condition progresses, the patient may enter into a state of muttering delirium, coma, convulsions and finally death.

To determine whether a patient has actually introduced mercury into the system, we have used the method described by Vogel and Lee<sup>4</sup> for the detection of the metal in the secretions and excretions. This is a simple and accurate method by which one can detect mercury in the proportion of 1:100,000.

## TREATMENT

The following methods of treatment are among those reported:

Schisler<sup>5</sup> uses 30 to 60 grains of magnesium oxide three hourly with large amounts of water. If edema has developed, the quantity of water is reduced. Anderson<sup>6</sup> advises hydraulic irrigation through a caecostomy wound in the effort to hasten elimination through the intestine. Wilms<sup>7</sup> uses calcium sulphide by mouth and intravenously.

He maintains that calcium sulphide is the chemical antidote for bichloride of mercury.

Previously patients have been treated symptomatically, by giving large amounts of water, water restriction, hot packs, hypodermoclysis and proctoclysis.

Lambert and Patterson<sup>8</sup> have the most successful report on the treatment of bichloride of mercury poisoning. In a series of 16 cases they report but two deaths. Their treatment consists in giving the patient large amounts of fluid by mouth; 8 oz. of milk two hourly alternated with 8 oz. of the following mixture two hourly.

Potassium Bitartrate .....	4 grams
Sugar .....	4 grams
Lactose .....	15 grams

lemon juice 1 oz. to water 16 oz. (480 c. c.)

Together with the large quantity of fluids given by mouth, they give a solution containing 1 dram of potassium acetate to the pint of water continuously by rectum. They also wash the stomach twice daily and give two colonic irrigations two times a day. A daily hot pack is added.

After an experimental study on rabbits, Burmeister<sup>9</sup> suggests the use of copious venesection to be followed by transfusion of normal blood.

Patients poisoned with mercury die with all the symptoms of acute nephritis. The evidences that we get of acute nephritis are merely an indication of what is going on throughout the body.<sup>10</sup> Just as the kidneys undergo cloudy swelling so are the other tissues swollen to a more or less extent. When albumin, blood and casts are found in the urine, we may be reasonably sure that the other organs have undergone similar changes, i. e. severe cloudy swelling. Oliguria or anuria develop and associated with either, many of the symptoms appear as nausea, vomiting and headache, probably depending upon the edema of the brain.

We have used this principle of colloidal swelling described by Fischer, as the basis for our treatment. We give alkali, hypertonic salts by mouth, by rectum and intravenously. We have used a pleasant alkaline drink, modified from the old English potus imperialis which consists of,

Cream or tartar.....	4 grams
Sodium citrate .....	2 grams
Sugar .....	2 grams

with lemon or orange juice to taste, to 8 ounces of water.

This drink is best made by placing the cream of tartar and sodium citrate into the lemonade just before using. In conjunction with this we use the intravenous injection of Fischer's solution, which is,

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Sodium carbonate (cryst) .....10 grams  
 Sodium chloride .....15 grams  
 to 1000 c. c. of water.

The treatment commences by washing the stomach with the whites of three eggs and one quart of milk, followed by water until the stomach is emptied. Before the stomach tube is removed 3 oz. of magnesium sulphate with 6 oz. of water is introduced and allowed to remain in the stomach. The patient is then given a soap-suds enema.

If the patient did not vomit shortly after taking the poison and did not reach medical aid for at least three hours later, an intravenous injection of Fischer's solution is given at once. Usually over 1,000 c. c. are introduced into the system. We have given as high as 2,000 c. c. of the solution without any disturbance to the patient. Then the patient is given 8 glasses of "Imperial Drink" a day and large quantities of water by mouth. He is allowed a liberal diet, almost anything except an excess of protein foods.

We use the analysis of the urine as a control of the treatment. The patient should void large quantities of urine as he is taking large amounts of fluid. We endeavor to keep the urine alkaline to a saturated solution of methyl red in alcohol, for Fischer has shown that if the urine of a nephritic cannot be made alkaline to methyl red, this patient continues in a dangerous state. An animal poisoned with mercury is at least a potential, if not an actual nephritic. Almost all of the patients develop an albuminuria early, but this gradually, or occasionally, rapidly disappears as soon as sufficient alkali can be introduced into the body to counteract the abnormal amount of acids produced.

We have had complications only in one patient; he developed a severe necrosis of the mucous membrane of both sides of the cheek, and later in the course of the disease he had severe intestinal hemorrhages, in all probability from the colitis produced by the mercury excreted through the bowel. Similar cases were described by Lambert and Patterson.

#### RESULTS

Since the above was written, one more case was treated with success.

We can report upon eighteen consecutive cases personally treated and ten cases similarly treated in other parts of the hospital. The series began in July, 1915, and continues to the present time. Of the total number of twenty-eight cases, only one died and the other twenty-seven were discharged from the hospital free from any discoverable symptoms of mercurial poisoning. The amounts taken by these patients, according to their own statements, varied from three grains to 82 grains of bichloride of mercury, all taken by mouth except in the case of the woman who died. She had been using bichloride douches and local applications for three weeks before ad-

mission. This woman on admission maintained that she had bitten a 7.5 grain tablet in two, thinking that it was a cathartic pill. She did not swallow any of it as it burned her tongue and mouth. Later, on further questioning she admitted having used bichloride in a solution of one 7.5 grain tablet to a pint of water as a local application to three large venereal sores on her labia, for the preceding three weeks, and had used bichloride douches for the same length of time. The patient had been drinking large quantities of whiskey for the last three weeks. Mercury was obtained from the first specimens of urine and stool. The patient received the emergency treatment and was sent to the ward. She did not void during the night and on catheterizing, ten ounces of urine were obtained. This urine was dark brown acid and contained a heavy cloud of albumen and a large amount of blood. An intravenous injection of 1350 c. c. of Fischer's was given ten hours after admission. She was nauseated and vomited blood from the start. Twelve hours after the intravenous injection was given, four ounces of dark bloody alkaline urine was obtained. In this specimen there were many granular, blood and pus casts. Her respirations became rapid and her temperature rose gradually. The urine became acid again and continued bloody. Three days after admission another intravenous of 2,000 c. c. of Fischer's solution was given. The patient had become irrational before the second intravenous injection, but seemed to rally after it. Several hours later, however, she developed muscular twitchings and became comatose. She continued in this condition for several hours and died following a convulsion involving her entire body.

The autopsy showed acute glomerular nephritis with fatty changes in the medullary substance, a fatty liver and a patchy broncho-pneumonia. From the symptoms and the rapid course of the disease, it seemed as though she had introduced more mercury into the system than she admitted. Comparing this case with others who took larger doses, it seems most probable that she had absorbed various amounts of mercury by douching and local applications, or that she did not tell the truth about the amount she swallowed.

A serious but not fatal case was that of a man who took 45 grains of bichloride of mercury. He came to the ward twelve hours later. He had not vomited after taking the tablets. On admission, his stomach was washed, and a soap suds enema was given. On catheterizing, the urine obtained was acid to methyl-red and showed a moderate cloud of albumin with granular casts and blood, chemically and microscopically. Twelve and one-half ounces of urine were obtained the first day. An intravenous injection of 2,000 c. c. of Fischer's solution was immediately

given. The patient was urged to swallow as much fluid as he could, but this was very painful, as he had developed a severe mercurial stomatitis. There was a complete suppression of urine for three days following the day of admission. On the third day after admission, he was given 1,800 c. c. of Fisher's solution intravenously. Orthoform powder applied locally diminished the pain of swallowing so that he could take large amounts of milk, and "Imperial Drink." On the fifth day after admission the patient voided but three ounces of urine, which showed many granular casts and red blood cells, and was strongly acid to methyl red. On the sixth day the patient again only voided three ounces. In the meantime, alkali and fluids were pushed by mouth and rectum (Fischer's solution by Murphy drip.) A slight edema of the ankles developed on the third day; this edema continued to increase so that on the sixth day after admission the patient's face, hands, abdomen and legs were swollen with a soft edema. On the seventh day the patient voided 136 ounces of urine; this urine was alkaline to methyl red, showed a slight cloud of albumin, and scattered granular casts and many red blood cells. Following this large voiding, the patient continued to secrete large amounts of urine, and the edema disappeared. The albuminuria continued for thirty days, after which the urine became normal chemically and microscopically, and remained so until the patient was discharged, fifty-eight days after entering the hospital. On the fourth day after admission the patient had tarry stools, which continued until the seventeenth day of his illness. This man ran such a severe course probably because of the unavoidable delay in instituting the treatment.

The following case is typical of those in which treatment was promptly instituted. A man, after drinking six glasses of beer and omitting his evening meal, dissolved at least five 7½ grain bichloride tablets in warm water and drank the solution with suicidal intent. He thought he vomited about fifteen minutes later. He reached the hospital two and one-half hours after taking the poison. His stomach was washed with milk, eggs and warm water and ten ounces of saturated solution of magnesium sulphate allowed to remain in the stomach. He vomited a portion of this after several minutes, and more magnesium sulphate was given to him. He was given a simple enema and one hour later, an intravenous injection of 1,300 c. c. of Fischer's solution. The urine voided during the night was acid to methyl red and showed no albumin. Later in the day the urine was still acid and showed albumin, granular and hyaline casts and blood. Mercury was obtained from the gastric washings and from specimens of stool and urine. The first day he voided twenty and one-half ounces of urine. He was given large amounts of fluid and six glasses

of "Imperial Drink" a day. His urine remained acid and showed albumin and casts. He was given a second intravenous injection of 1,200 c. c. of Fisher's solution thirty-six hours after admission and five hours later his urine was alkaline to methyl-red and no albumin was found. The urine remained clear and he voided large amounts until he was discharged twenty days after entering the hospital. This man had no complications, such as stomatitis or intestinal hemorrhages and no disquieting symptoms.

No hard and fast rule can be laid down whether to give or not to give the intravenous injection, but frequently it can be omitted. If the patient has vomited within fifteen minutes after taking the poison and has taken only about fifteen grains, we watch the amount of urine voided and the acidity. If the amount voided is close to the normal limits and the urine becomes alkaline on the medication by mouth within the first twelve to twenty-four hours, we may omit the intravenous injection of Fischer's solution, but if the urine continues to be acid to methyl-red, the intravenous injection must be given without delay, and repeated if necessary.

Usually the patient's urine becomes alkaline after three or four days, and remains so. The patients are kept under treatment until the urine has been constantly alkaline from ten to twelve days and are then discharged if no complications have developed.

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PARAFFIN FILMS.—The popular propaganda for "Ambrine" having brought the paraffin film treatment of burns into prominence, Torald Sollman has instituted experiments to devise a suitable, open formula preparation which is simple and yet meets all requirements. He suggests that surgeons who desire to experiment with the paraffin treatment of burns use simple preparations of known composition. Ordinary paraffin melting at about 50 C. (122 F.) appears to possess practically the mechanical properties of "Ambrine." A mixture containing some asphaltum (asphalt varnish, Trinidad or Bermudez, "asphalt cement" and Texas asphalt were tried) gives a preparation of superior pliability. Other formulas are given and their trial suggested. (*Jour. A. M. A.*, April 7, 1917, p. 1037.)

## The Modern Treatment of Syphilis\*

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A discussion of the treatment of syphilis should begin with prophylaxis, especially in view of conditions at this time, when large bodies of men are being mobilized in or near various cities. This mobilization usually makes for the spread of venereal disease in the adjacent community, so education among the lay population along prophylactic lines is in order.

Reasoner has recently demonstrated that soap lather renders the *treponema pallidum* non motile immediately and destroys it in a few seconds. The use of calomel ointment, 33%, is of prophylactic value if applied shortly after exposure. The former measure, on the account of the accessibility of soap, should be made known to the public.

No amount of moral teaching, legislative or other prohibitory measure will stop prostitution or clandestine sexual intercourse. While the doctor by his intimate knowledge of venereal disease is in a position to be one of the best educators and should do everything in his power, sometimes his greatest good comes from giving the young man something practical, something he can use to protect himself when he does fall, and thus lessen this great morbidity.

The fear of syphilis and gonorrhoea keeps very few men in the straight and narrow path any more than capital punishment stops crime, and in our opinion the elevation to a higher moral status gradually going on is not due to the bogey of syphilis but to man's inherent love and admiration of virtue and his desire for clean living, and having healthy children. Unfortunately, because of environment or excesses in food and drink he is tempted in a weak moment and exposes himself to infection. It is our province, then, to tell him of the value of these prophylactics, particularly soap in thoroughly cleansing himself after exposure. The danger of mouth infection should also be talked about, owing to the well known tendency of the moist, very infectious buccal lesions to persist in the individual with secondary syphilis.

The treatment of this disease should first of all take into account the condition of the individual, the heart, blood pressure, urine, etc. The blood picture should precede specific treatment. A history or rather a treatment form, is very essential and should be so arranged that it stimulates system and accuracy in keeping records of treatment and other data. We suggest a form similar to the one accompanying this article. (See Figure A.)

The patient's name does not appear on these history sheets, but a number is given him and kept on a separate index card with his name. This little procedure pleases the average patient, particularly when his history is dictated to a stenographer.

We believe that a record of incubation periods and description of secondaries may be important records and of value in relation to the future behavior of these cases in reference to central involvement. It is just such data as this which will clear up the problem of special strains of the spirochete and may give light on prognosis. The diagnosis should describe the leading symptoms of the disease, the word syphilis or lues being unnecessary, and the pathology should be briefly stated as primary lesion, "papular syphilid, mucus patch, condyloma, leg ulcer, ulceration nasal bones, periostitis of tibia, etc." The systematic recording of treatment is what this form aims to urge and this we think is best carried out under four columns as illustrated on the form.

The treatment of syphilis should first take into consideration the stage of the disease, the treatment of the primary stage being quite different from the late secondary and tertiary; second, the type of lesion, some cases presenting ulcerative lesions suggestive of a cacechic state demanding a tonic treatment; and third, the size, age and sex of the individual.

There is a vast difference in the routine followed by different syphilographers in the treatment of syphilis. It is the consensus of opinion, however, that the treatment of the primary stage should be intensive, and that if an early diagnosis of the primary lesion can be made by the microscope and dark field, before the Wasserman is positive, the disease can be aborted in the majority of cases by intensive treatment. Pollitzer gives a daily injection of salvarsan, one decigram per kilo of body weight, on three successive days, followed by eight weekly salicylate injections. He claims that robust individuals, who are hospitalized, given proper preliminary catharsis and put on a dietary regime, have no untoward results from this treatment, and he states that practically all early cases are aborted to remain clinically and serologically well. His treatment in secondary stages is made up of these intensive courses at intervals of three or four months regardless of Wasserman findings.

This treatment for the primary case we believe is a little too intensive, certainly for the ambulatory patient. There seems to be no doubt in the minds of the men handling a great deal of salvarsan and neo-salvarsan that differ-

\*Resume of a paper presented before the Section of Dermatology, Proctology and Genito-Urinary Surgery, Annual Meeting, Ohio State Medical Association, Springfield, Ohio, May 14, 1917.

ent batches of these products vary in toxicity and that reactions are due largely to this, rather than to anaphylaxis or hypersusceptibility to the drug. If we were assured of a uniform product this very intensive treatment might be justifiable, particularly in patients who are hospitalized.

Weschelman and other European syphilographers, and Fordyce in this country, believe in longer intervals. The latter's course consists of five to six injections of salvarsan four decigrams to the dose, at intervals of one week, combined with weekly injections of an insoluble salt of mercury.

After considerable observation of the various workers in this line and consideration of the arguments in favor of this and that routine, the writer has come to the following conclusions:

Certain lots of salvarsan are more toxic than others. Toxic symptoms seem to follow three or four decigram doses about the same as larger doses. The drug is expensive, and small doses are not proportionately cheaper. This question of expense is the greatest factor to at least 50% of your patients. Because of these various factors, and not believing in hypersusceptibility or anaphylaxis, we try to adhere to the following plans in the treatment of a syphilitic.

In the primary stage, early or pre-Wasserman diagnosis, three full doses of salvarsan are

given, the first two one week apart, and third in two weeks from second. Mercury is begun immediately, or preceeding the first salvarsan. One of the insoluble salts, from one to two grains to the dose is given; two weekly for four doses and six at weekly intervals making ten in all. We consider this the minimum. In many cases we advise more treatment if the conditions so warrant. The first course should sterilize the majority of cases if inaugurated before Wasserman positive. No more treatment is given for two months. Wasserman of blood is then made. If negative another full dose of salvarsan is given and blood is taken 24 hours afterwards for a second Wasserman.

Even though the Wasserman is still negative after the provocative salvarsan injection the second course of treatment is given. It consists of another salvarsan in three weeks and subsequently six mercury injections. The case receives no more treatment but is watched for at least a year. If positive the courses are continued as in the first instance only salvarsan is given at two week intervals. The Wasserman is the best guide to the treatment of constitutional syphilis and the treatment should be governed largely by the findings.

Certainly there is no setting down of hard and fast rules as to the amount of treatment in a given case.

### FIGURE A—SUGGESTED CASE HISTORY FORM

Date	Referred by		
Number	Age	Sex	
Address	Occupation	S. M. W.	
FAMILY HISTORY:			
PERSONAL HISTORY:			
PRESENT ILLNESS:			
Site of Primary Lesion	1st Incubation		
Secondary Lesions	2d Incubation		
Tertiary			
Heart	B. P.	Former Wt.	
		Present Wt.	
Blood	Urine		
DIAGNOSIS: Stage of Disease)			
TREATMENT:			
HG.	Salvarsan	Other Med.	Lab. Find.

After repeated courses of mercury injections the writer believes that a short course of K. I. is indicated to aid absorption of the mercury from sites of injection and its elimination. In no case in our opinion should mercury be continued over long periods as it undoubtedly breaks down the red corpuscles and certainly loses its anti-toxic properties. The interval between courses we think should be long enough and K. I. given so as when a new course is started it bears the highest therapeutic efficiency. The treatment of the late stages is the same with the exception of a longer interval between salvarsans, at least two to three weeks with mercury as in the primary stage. K. I. is indicated in all tertiary lesions, in late secondary lesions of the large papular or nodular type, certainly in all manifestations in the blood vessels and internal organs.

The writer wishes to emphasize the value of a sharp clean-cut course of treatment with intervals between no matter whether the mercury is given by injection or inunction. The giving of mercury pills internally is now considered haphazard, un-scientific and inefficient for any stage of syphilis. If mercury is given by inunction a 33% mercural ointment is the best preparation to use, as it is more volatile than calomel ointment and for this reason easier to get into the body. The assumption is that a lot of it is inhaled, and for this reason the upper part of the body is the best site for inunction. If in-

jections are well taken we would consider three per week as being equivalent to one injection of 1½ grains mercury salicylate.

Since the discovery and use of salvarsan great efforts have been made, not only in Germany and France, but in this country, to make similar or superior products; Arsenobenzol, Schamberg and Arsenobenzol, Bilon, the latter made by Poulenc Freres, Paris. They seem almost identical in their physical and therapeutic characteristics to salvarsan. Diarsenol, the Canadian product, seems the same although slightly more toxic. Luargol, arsenobenzol plus silver bromide and antimony, the latter two being fixed chemically, is a remedy brought out by the Pasteur Institute in Paris. The work done with this product, and it has been extensive against the various trypanosomes, and in all stages of syphilis, demonstrates this drug is very much more potent therapeutically than salvarsan. The writer has been using this product for the past few weeks with marked success. There is no question, with the discovery of newer weapons to attack this disease, that our treatment will change materially.

Men like Warthin certainly dampen our enthusiasm when they show us that treatment merely renders syphilis latent. However, with our knowledge of the clinical behavior of these cases I think our patients deserve all we believe treatment will do for them and the last word in that treatment should be system.

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### New Health Advisory Council

A new committee to represent the Ohio branch, Council of National Defense, in all matters relating to health, hospitals and nursing, which will have a special field in aiding to care for wounded soldiers returned from European battlefields, among other duties, was appointed August 14 by Governor Cox. The members are:

Dr. R. H. Bishop, Jr., Cleveland health commissioner, who is designated chairman; Howell Wright, executive secretary of the council and secretary of the Cleveland hospital council who is named secretary; Miss Mary H. Roberts, Cincinnati, member of the nurses' examining committee, state medical board, Cincinnati; Fred H. Bunn, Youngstown, president of the Ohio hospital association and superintendent of Youngstown city hospital; Robert G. Paterson, Columbus, executive secretary Ohio Society for Prevention of Tuberculosis; Dr. C. D. Selby, Toledo, member of the medical section, state committee of national defense and secretary Ohio State Medical Association; Dr. George D. Lummis, Middletown, chairman of public health council, state department of health, and the Rev. Father Bernard P. O'Reilly, Dayton, St. Mary's College, Dayton. Several important public health matters are under consideration—one of which is the care of tuberculous soldiers.

## WAR NOTES

### Some Impressions Gained in Examining Under the Selective Draft Plan

J. E. Tuckerman, M. D., Cleveland, Ohio

The task of making physical examinations of those drawn in the selective service draft would be a large one even if there were plenty of leisure time. With the expressed wish of the government that it be done as quickly as possible the task has become a tremendous burden upon the time of the members of the board. Certainly, some method should be worked out so that practically all of those to be called in November shall have been examined prior to that time. This could easily be done by ordering the boards to continue examining until the requisite number of physically fit is determined. This could be done in a more leisurely manner than the present examinations, there would probably be less rejections at the mobilization camps, and the men who are giving their service gratis to the government would not need to devote all their time to the detriment of their business. A board examining for two days in the week could easily examine the number requisite for the next call by the time November is at hand.

Those particulars in which the instructions as to physical examination are definite in the matter of rejection are simple to determine. The difficulty arises in deciding whether or not a certain physical condition is serious enough to be a cause for rejection. This refers mainly to the matter of flat feet, varicocele, and in less degree to what does and does not constitute hemorrhoids. I have no doubt that a number of individuals will be rejected at the mobilization camps who have been passed by the local boards because the local boards have no criterion by which to judge. For instance! How large must a varicocele be to impede locomotion, or how flat must a foot be to be cause for rejection? Obviously the civilian physician has no definite experience upon which to base his judgment.

Passing now to the impression gained in examining so far some twelve hundred men, these things stand out prominently. It is absolutely astounding how many men go about with rotted and decayed shells of teeth in their mouths. It is surprising how many individuals have varicoceles of less or greater degree when the condition is one which can easily be remedied by an operation under local anesthetic. It is also surprising how many young men there are going about with marked hernia.

One is also impressed with the fact that there are many individuals otherwise in apparently perfect health who are just at or a few pounds below the minimum weights established by the regulations. Generally these individuals consider themselves in perfectly good health and are surprised to learn that they are under weight.

Among the matters of minor interest there were

but five or six individuals in the twelve hundred who signed their names with their left hands. There was but one who had to make his mark. There were two cripples; one a hopeless imbecile, and one a newspaper merchant of the street corner. There were four or five epileptics, proof of the condition to be furnished the board. There was one individual wearing a glass eye following enucleation and four or five with marked cataracts due to trauma. Of thirty or forty individuals claiming kidney disease, but two showed anything in the urinalysis. Enlarged prostate was claimed by three individuals, but no marked enlargement found upon examination. Urethral stricture in two instances; in one multiple strictures were present; in the other none existed, although probably there were strictures previous to operative treatment. It must not be inferred that these individuals were malingering, they honestly believed they had what they said they had.

Malingering has been very slight, and confined in general matters of hearing and particularly to eyesight. There were however in the latter but three clear cases of refusal to see what the absence of refractive error and a clear fundus would indicate the individual ought to see. At this moment I recall but two definite cases of malingering upon hearing. Obviously those who endeavor to falsify either hearing or sight would not do so did they know how relatively simple it is ordinarily to determine deception, and did they realize that all they succeed in doing is to waste some of the examiner's time and a great deal more of their own by having to appear for special examination.

The general impressions given above are not absolutely statistical as we have had no time to compile the records. They do show that the study of the physical examination records from a statistical standpoint might be of considerable interest and possibly of value.

In general I wish to comment upon the readiness with which physicians have given of their time when asked for it, and to contrast this action with that of the steel magnates and others whose chief interest seems to be the per cent they are going to make upon their production. In times when the mental and training equipment of a physician is not only asked for but utilized without compensation, it seems no more than just that the large manufacturing concerns supplying the government should be satisfied to receive the mere cost of production without any interest upon the investment, and should consider themselves fortunate in the end to receive back their industrial plant in good condition, for it is conceivable that the individual who is drafted may not even bring back himself.

## Various Plans Being Developed to Lend Financial Aid to Physicians Who Enter the Army

Plans to protect the financial interest of physicians who enter military service are being developed in many communities. The Toledo method, as explained in *The Journal* last month, has been generally adopted, with modifications.

A mass meeting of the physicians of Franklin County was held in Columbus on August 8. The Council of the Academy of Medicine had been working on plans for several weeks and presented to the meeting the following general plan:

1. To advance for personal equipment not to exceed one hundred dollars upon application to the chairman of trustees of the Patriotic Fund.
2. To present life insurance to the extent of one thousand dollars to each physician of Franklin County entering the service of the Army or Navy.
3. To secure a special fund to be applied to

MANY PHYSICIANS FROM CUYAHOGA COUNTY HAVE GONE TO THE FRONT IN THE SERVICE OF OUR COUNTRY.

IF YOU ARE A PATIENT OF ANY OF THESE, KINDLY INFORM THE PHYSICIAN WHOM YOU ARE NOW ABOUT TO CONSULT OF THIS FACT, AS FORTY PER CENT OF YOUR FEE GOES TO YOUR OWN PHYSICIAN OR HIS FAMILY.

Figure A—Text of the wall card for physician's offices, recommended by the special committee that is working out war-relief measures for the Cleveland Academy of Medicine.

any emergency needs of the soldier physician or his family that may arise.

**Equipment:** Any physician who desires to secure equipment for service may apply to the chairman of the trustees of the Patriotic Fund. The petition to be acted upon by the trustees and the amount to be advanced not to exceed one hundred dollars. This sum is to be regarded as a debt to the profession of the county and to be refunded as soon as practicable.

**Insurance:** The premium on a \$1000-20 payment life, non-participating insurance policy will be allowed each physician of the county which may be applied in the following ways: For New Life Insurance; for payment on Life Insurance Premiums already contracted.

Investigations by the committee appointed by the Council revealed the fact that only one old-line life insurance company offers insurance without a "war rider" to those who enter the medical service of the Army and Navy. This company is the Western Southern Life Insurance Company of Cincinnati. Any member wishing to

pay the "war rider" in an other company may do so by carrying the additional expense personally, under this plan.

The organization for purposes of raising and administering a Patriotic Fund is a committee of 20 members of the profession of Franklin County who shall meet to determine in general the proper appropriation for the individual members of the local profession. A sub-committee of one man shall be appointed from this number to organize the work of soliciting personally each member of the profession in the county and carry out the suggestions of the general committee.

The plan to issue insurance policies is a distinct innovation. Since it was first announced we have received several inquiries from medical societies in various parts of the country. It meets one of the important protective needs—the situation of a man whose family can live comfortably on his army salary and would suffer only in the event of the death of the breadwinner. It is probable that the government will work out an insurance plan for all who enter army service, but this additional protection certainly will be greatly appreciated.

### PLANS IN CLEVELAND.

In Cleveland, the proposition is being considered by a committee consisting of M. J. Lichty, George E. Follansbee, N. M. Jones, A. Peskind, William Clark and W. H. Humiston, acting in conjunction with the Council of the Academy of Medicine.

The present plan of this committee is to establish a benefit fund and to organize a non-profit sharing, mutual protective and loan association, of which the Cleveland Academy of Medicine shall be the sponsor. The object of this fund shall be to collect funds and to aid dependents and to relieve want or suffering by either gift or loan, as the trustees see fit. It is proposed to raise the fund through monthly contributions by the physicians of Cuyahoga County. They will be asked to contribute from \$2.00 to \$10.00 per month for the period of the war.

In Cuyahoga County they are giving careful consideration to the problem of sharing fees collected from patients of army physicians. At a recent meeting of the committee, the suggestion was adopted that every physician in the county place in his waiting room a card similar to the one printed on this page (see Figure A). The following additional recommendations were made:

1. That wherever possible physicians shall arrange before going into service for a substitute or alternate to carry on their work.
2. That when physicians meet new patients they inquire from such patients whether they have been under the care of physicians now in the serv-



ice, and that such new patients shall be informed that 40% of all fees collected from them shall be forwarded to such army physician's dependents.

3. That we depend upon the honor of the physicians remaining at home and upon their own method of keeping books to put this plan in action.

#### MONTGOMERY COUNTY.

The Montgomery County Medical Society held a special meeting on July 29 to consider measures for the protection of the financial interests of physicians who go to the front. More than 70 responded to the call issued by Dr. E. A. Baber, the president, and spent an entire evening in careful consideration of the various phases of this problem. As a result it was voted unanimously to adopt the so-called Toledo plan and to raise a cash fund for the development of this work. The administration of this fund was placed in the hands of a special committee appointed by the president consisting of Dr. E. M. Huston, Dr. Webster Smith and Dr. H. C. Haning. Dr. Smith is chairman.

The various phases of relief work were thoroughly discussed and the committee was instructed to get in touch with the Columbus Academy of Medicine and to carefully consider the proposal to purchase life insurance for physicians who enter service. George V. Sheridan, executive secretary of the State Association, attended the meeting and explained the various plans that have been adopted and are under consideration at various other points.

Montgomery County physicians are thoroughly alive to the seriousness of the situation and are determined to take every possible measure to prevent the "penalization of the patriotism" of those men who abandon their practices to enter the service of their country.

#### HANCOCK COUNTY.

Physicians of Hancock County met in Findlay on August 8, and discussed the matter at some length. Their decision is indicated in the following resolution which was adopted and will be made the working basis for that county:

Inasmuch as some of our number may volunteer and other may be drafted into the medical service of our country during the present war, we, the undersigned physicians and surgeons of Hancock County, hereby pledge ourselves that we will so far as possible protect the practice of each one so called to the country's aid and endeavor to care for the families dependent upon those who by age, education, qualification, and patriotism are called upon to assume the onerous duties of the war's burden, and that we recommend the following:

1st. When a medical practitioner of Hancock County is called to the colors, he shall forward to the Secretary of the Hancock County Medical Society an alphabetical list of his regular patrons, which shall be verified and approved by two colleagues in his vicinity.

2nd. These lists shall be printed and distributed to each physician engaged in practice in Hancock County.

3rd. It is further suggested that each physician entering the United States Service distribute cards to his regular patrons which can be presented by them when seeking services of other physicians after his departure.

4th. When a physician is called upon to attend an absentee's patient he shall set aside thirty per cent (30%) of all net profits collected from such patient and transmit the amount monthly to the Treasurer of the Hancock County

Medical Society who shall hold such moneys, subject to the order of said absentee.

5th. It shall be the duty of each practicing physician who remains at home to ask each new patient presenting himself for treatment who his usual medical attendant has been, regardless of the fact as to whether or not said patient presents an absent physician card.

6th. When it is known that a physician has been commissioned for service the Secretary of the Hancock County Ohio Medical Society shall insert in each of the Findlay daily papers a notice requesting that each person who regards the absent physician as his regular attendant to send notice to the Secretary of the Hancock County Society to that effect and the Secretary shall add the supplemental names to those that the concerned physician has already submitted.

The resolution was prepared by a special committee consisting of Drs. J. C. Tritch, J. T. Baker, D. C. Hughes, J. M. Firmin and E. J. Thomas.

Several other county societies have adopted the proposal to share one-third of the fees collected with the army physician. The Ross County Medical Society, meeting in Chillicothe on June 18, formally adopted a resolution to this effect.

#### LOCAL CO-OPERATION.

Plans to protect practice are not confined to the larger cities. Dr. J. F. Hill, who operates Rocky Glen Sanitarium near McConnelsville, has been commissioned for special army work. The physicians of Malta and McConnelsville have notified the sanitarium that they will take charge of his work during his absence, donating their services. The secretary of the county medical society will have charge of the division of work and assign members to service during set periods.

#### COLUMBUS NAVAL UNIT

Columbus profession will be represented at the front by a naval unit equipped to man one of the six new naval station hospitals which the government is erecting along the Eastern and Southern coasts at a cost of \$2,500,000.

Dr. Verne A. Dodd, chief of staff at Protestant Hospital and acting head of the department of surgery in the college of medicine at Ohio State University, has been named director of the Columbus unit, and surgeon in charge with the naval rank of lieutenant commander.

Fred O. Williams will be in charge of the medical department of the unit, with the rank of lieutenant commander; Dr. Arthur M. Hauer, instructor in the college of medicine at Ohio State University, who will have charge of the eye, ear, nose and throat department, ranking as passed assistant surgeon; Dr. Jonathan Forman, assistant professor of pathology at Ohio State University, who will be pathologist, as passed assistant surgeon; Dr. Carl C. Hugger, of the department of pathology and X-Ray at Ohio State University, will be radiographer and will be designated as assistant surgeon; and Dr. Philip J. Reel, assistant in the department of surgery at Ohio State University, will be Dr. Dodd's assistant, with the rank of assistant surgeon.

In addition there will be a staff of 70 enlisted men and a corps of 21 nurses under the direction

of Miss Carrie E. Churchill, former directress of nurses at Grant Hospital.

Dr. W. A. Galloway has been named in place of Dr. Ben R. McClellan to act on the Greene County Exemption Board. Dr. McClellan's connection with the Medical Officers' Reserve Corps disqualified him from serving on the county board.

Dr. O. E. Chenoweth, Lima, is serving with the French Army in the medical department.

Dr. D. T. McGriff of Lima, who is ready to enter service, has been delayed by illness.

Dr. R. E. Skeel, Cleveland, is serving with the Blake Hospital in Paris. Dr. S. W. Kelly, who accompanied Dr. Skeel to Paris several weeks ago, is at present connected with the French Ambul-

ance service, in charge of a receiving station. He expects to be transferred.

Dr. W. H. Henry, of Hamden, secretary of the Vinton County society, has entered active service. Dr. O. S. Cox, of McArthur, will serve as secretary of the society during his absence.

Dr. C. W. Maxson, Steubenville, sailed late in July, after a brief stay at Fort Benjamin Harrison. Mrs. Maxson has also sailed and will engage in hospital work in France.

Dr. F. E. Bunts, Cleveland, a major in the Medical Reserve Corps, reported at Ft. Sam Houston late in July.

Captain L. L. Syman, Springfield, has been ordered to Ft. Riley, Kansas.

## Roster of Ohio Physicians Who Have Answered the Call of Their Country for Service in the Great War

We present herewith a fairly complete roster of the Ohio physicians who, prior to August 15, either had entered active military service on a full or part time basis, or have accepted commissions and are awaiting orders. There are 441 in this roster.

We realize, of course, that this list is incomplete. It was compiled from the records of the War Department, and in each instance the list was submitted for correction to the secretary of the county medical society. There may be numerous mistakes. Probably there are.

In some few instances the men mentioned have not been called. For example we included the personnel of the base hospital organized at Youngstown, as these men are ready to leave on short notice and probably will be called into service very soon. We have not included the 250 physicians who are giving their services in connection with the selective draft work.

We ask the aid of members in correcting this list and keeping it up to date. Certainly it is a clear answer to the charge that the physicians of Ohio are "slackers."

### ADAMS COUNTY

Kennedy, Edwin J.....Peebles  
 Irwin, J. W.....Seaman  
 Irwin, R. W. E.....Manchester

### ALLEN COUNTY

Buchanan, R. A.....Lima  
 Chenoweth, O. E.....Lima  
 Gamble, Charles D.....Spencerville  
 Hay, Virgil H.....Lima  
 Hibbard, Burt.....Lima  
 Johnson, J. R.....Lima  
 King, G. W.....Lima  
 Longworth, Ira.....Lima  
 Miller, G. E.....Spencerville  
 Pfeiffer, Albert.....Spencerville  
 Sinks, E. D.....Lima  
 Wagner, M. A.....Lima  
 Wolfe, John R.....Delphos

### ASHLAND COUNTY

Heyde, Jacob M.....Loudonville  
 Powell, Otho J.....Ashland

### ASHTABULA COUNTY

Burroughs, S. H.....Ashtabula  
 Crosby, Charles C.....Ashtabula

Dickson, O. A.....Jefferson  
 Collander, Paul.....Ashtabula  
 Leet, W. H.....Conneaut  
 Pardee, A. H.....Ashtabula  
 Sherwood, G. O.....Geneva  
 Wilson, Harold.....Conneaut  
 Wynkoop, R. B.....Ashtabula

### ATHENS COUNTY

Farmer, Alfred G.....Athens  
 McLaughlin, P. R.....Guysville

### AUGLAIZE COUNTY

Deerhake, William A.....St. Marys

### BELMONT COUNTY

Barrett, Park M.....St. Clairsville  
 Wright, Fred A.....Bellaire

### BROWN COUNTY

Chaney, Herbert M.....Sardinia

### BUTLER COUNTY

Griffith, W. E.....Hamilton  
 Grafft, John A.....Hamilton

### CARROLL COUNTY

Rheil, J. A.....Malvern  
 Shipley, R. T.....Carrollton

# THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

<b>CHAMPAIGN COUNTY</b>	
Pearce, H. M.....	Urbana
<b>CLARK COUNTY</b>	
Syman, L. L.....	Springfield
<b>CLERMONT COUNTY</b>	
Hicks, W. M.....	Amelia
Kennedy, Edw. J.....	Milford
Roberts, David M.....	New Richmond
<b>CLINTON COUNTY</b>	
Brown, Henry M.....	New Vienna
Conard, Robert.....	Blanchester
<b>COLUMBIANA COUNTY</b>	
Bailey, W. N.....	East Liverpool
Bennett, H. W.....	Lisbon
<b>COSHOCTON COUNTY</b>	
Cureton, B. F.....	Walhonding
<b>CRAWFORD COUNTY</b>	
Caton, Russell J.....	Bucyrus
Gordon, Harold J.....	Bucyrus
<b>CUYAHOGA COUNTY</b>	
Barney, William R.....	Cleveland
Bernstein, Theodore.....	Cleveland
Blakenhorn, M. A.....	Cleveland
Boutwell, Joseph H.....	Cleveland
Bowers, Charles A.....	Cleveland
Brainard, Albert J.....	Cleveland
Brock, Samuel.....	Cleveland
Bunts, F. E.....	Cleveland
Christie, C. B.....	Cleveland
Cooper, Fredeick S.....	Cleveland
Crile, George W.....	Cleveland
Eisenbrey, A. B.....	Cleveland
Forbes, Roy P.....	Cleveland
Gibson, Frank S.....	Cleveland
Gill, William C.....	Cleveland
Graham, Allen.....	Cleveland
Harrison, B. I.....	Cleveland
Herrick, H. Burt.....	Cleveland
Hill, Walter C.....	Cleveland
Hinton, Drury.....	Cleveland
Jones, Thomas E.....	Cleveland
Karshner, Howard.....	Cleveland
Kelly, S. W.....	Cleveland
Kline, David R.....	Cleveland
Lichty, M. J.....	Cleveland
Lower, William E.....	Cleveland
MacFarland, C. H., Jr.....	Cleveland
Marine, David.....	Cleveland
McClellan, Joseph E.....	Cleveland
Morril, Gordon N.....	Cleveland
Norton, James T.....	Cleveland
Paryzek, Harry.....	Cleveland
Perkins, Roger G.....	Cleveland
Placak, J. C.....	Cleveland
Rogers, W. B.....	Cleveland
Rohland, William F.....	Cleveland
Ruh, Harold O.....	Cleveland
Sanford, H. L.....	Cleveland
Sherman, H. G.....	Cleveland
Sherry, Leroy B.....	Cleveland
Shupe, T. P.....	Cleveland
Skeel, R. E.....	Cleveland
Spurney, Anton B.....	Cleveland
Stifey, Richard E.....	Cleveland
Stone, Charles W.....	Cleveland
Thomas, Meethyn A.....	Cleveland
Treister, C. D.....	Cleveland
Updegraff, R. K.....	Cleveland
Wagner, Harold F.....	Cleveland
Wahl, Harry.....	Cleveland
Wakefield, E. F.....	Chagrin Falls
Warner, A. R.....	Cleveland
Weihrauch, H. D.....	Cleveland
Williams, R. W.....	Cleveland
Yoder, I. I.....	Cleveland
<b>DARKE COUNTY</b>	
Hunter, Mathew C.....	Greenville
<b>DEFIANCE COUNTY</b>	
Cass, James W.....	Farmer
Kittredge, M. R.....	Evansport
<b>DELAWARE COUNTY</b>	
Miller, Floyd V.....	Delaware
Postle, Franklin D.....	Delaware
<b>ERIE COUNTY</b>	
Fenker, William T.....	Sandusky
<b>FAIRFIELD COUNTY</b>	
Bone, P. S.....	Lancaster
Brown, Carl W.....	Bremen
Hamilton, C. H.....	Lancaster
Lantz, James M.....	Lancaster
Lutz, Fred A.....	Amanda
<b>FAYETTE COUNTY</b>	
Hodson, Herman O.....	Washington C. H.
Howell, Luther P.....	Washington C. H.
<b>FRANKLIN COUNTY</b>	
Adel, E. E.....	Columbus
Albanese, N. A.....	Columbus
Boucher, H. E.....	Columbus
Boudreau, F. G.....	Columbus
Brehm, G. W.....	Columbus
Burkett, Dora V.....	Columbus
Dawson, Dudley T.....	Columbus
Denser, Clarence H.....	Columbus
Dodd, Verne A.....	Columbus
Duffee, W. E.....	Columbus
Dunn, J. M.....	Columbus
Dysart, N. C.....	Columbus
Eckstorm, J. B. C.....	Columbus
Edelman, Samuel D.....	Columbus
Edwards, J. C.....	Columbus
Elder, R. P.....	Columbus
Forman, J.....	Columbus

## THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

Gallen, F. T.....	Columbus		
Goodman, S. J.....	Columbus		
Gordon, Elijah J.....	Columbus		
Hauer, A. M.....	Columbus		
Heckler, F. A.....	Columbus		
Hindman, Samuel.....	Columbus		
Hugger, C. C.....	Columbus		
Kerschner, J. E.....	Columbus		
Lehner, Charles S.....	Columbus		
Ludwig, E. C.....	Columbus		
Markwith, R. E.....	Columbus		
Maxwell, Charles L.....	Columbus		
McCampbell, E. F.....	Columbus		
McClelland, C. E.....	Columbus		
McDowell, John R.....	Columbus		
McKay, Walter H.....	Columbus		
Means, Jack.....	Columbus		
Oelgoetz, A. W.....	Columbus		
Osborn, Morse F.....	Columbus		
Owen, G. F.....	Columbus		
Pfeifer, C. E.....	Columbus		
Philips, D. P.....	Columbus		
Postle, C. D.....	Columbus		
Postle, H. V.....	Columbus		
Postle, Robert S.....	Shepard		
Reel, Phillip.....	Columbus		
Renner, John W.....	Hilliards		
Russell, Lecky H.....	Columbus		
Schaeffer, G. C.....	Columbus		
Seeds, A. H.....	Columbus		
Shaffer, Edwin F.....	Columbus		
Sharp, C. E.....	Columbus		
Sheetz, J. W.....	Columbus		
Smith, Edward E.....	Columbus		
Snively, Harry H.....	Columbus		
Taylor, S. B.....	Columbus		
Taylor, W. M.....	Columbus		
Thornton, R. A.....	Columbus		
Warren, J. H.....	Columbus		
Wells, C. H.....	Columbus		
Wilcox, S. S.....	Columbus		
Williams, F.....	Columbus		
Wilson, Philip D.....	Columbus		
Winders, Frank.....	Columbus		
Wright, H. R.....	Columbus		
Wood, E. C.....	Columbus		
<b>FULTON COUNTY</b>			
Hartmann, Carl F.....	Wauseon		
Maddox, W. H.....	Wauseon		
Murbach, Clarence F.....	Archbold		
<b>GALLIA COUNTY</b>			
Holzer, C. E.....	Gallipolis		
Rose, E. J.....	Gallipolis		
<b>GEAUGA COUNTY</b>			
Hopkins, O. A.....	Chardon		
Myler, T. F.....	Burton		
<b>GREENE COUNTY</b>			
Darnell, William T.....	Xenia		
McClellan, Ben R.....	Xenia		
Shields, L.....	Xenia		
<b>GUERNSEY COUNTY</b>			
Danforth, V. H.....	Byesville		
Lane, Fred W.....	Cambridge		
Lewis, E. R.....	Kimbolton		
<b>HAMILTON COUNTY</b>			
Applegate, Mathew M.....	Cincinnati		
Bader, Ellis.....	Cincinnati		
Bentley, James M.....	Cincinnati		
Brown, Herbert A.....	Cincinnati		
Byrne, John F.....	Cincinnati		
DeNeen, D. D.....	Cincinnati		
Dryer, Charles S.....	Cincinnati		
Fayen, Emmet.....	Cincinnati		
Feid, Louis, Jr.....	Cincinnati		
Fennel, Eric A.....	Cincinnati		
Freudenberger, Harry.....	Cincinnati		
Geringer, Albert O.....	Cincinnati		
Gillespie, William.....	Cincinnati		
Hall, Joseph A.....	Cincinnati		
Hendley, Frank W.....	Cincinnati		
Hiner, Carl.....	Cincinnati		
Klein, Elmer A.....	Norwood		
Koch, Arthur E.....	Cincinnati		
Lee, Duke.....	Cincinnati		
Maddox, Robert D.....	Cincinnati		
Maertz, Charles.....	Cincinnati		
Maloney, Louis.....	Cincinnati		
McCarthy, Merrick F.....	Cincinnati		
Metz, Charles W.....	Cincinnati		
Neal, Charles A.....	Cincinnati		
Odom, Stanley G.....	Cincinnati		
Paden, Russell H.....	Cincinnati		
Peterson, Marcellus L.....	Cincinnati		
Place, Philip.....	Cincinnati		
Querner, Louis A.....	Cincinnati		
Ransohoff, Joseph.....	Cincinnati		
Rhodes, G. B.....	Cincinnati		
Ross, William L., Jr.....	Cincinnati		
Schroeder, John H.....	Cincinnati		
Shank, Reed.....	Cincinnati		
Spelman, John D.....	Cincinnati		
Stammell, Charles H.....	Cincinnati		
Tomassene, Raymond A.....	Cincinnati		
Topmoeller, W. J.....	Cincinnati		
Urner, M. H.....	Cincinnati		
Van Voast, R. A.....	Cincinnati		
Ware, H. J.....	Cincinnati		
Weintz, C. H.....	Cincinnati		
Woodward, Henry L.....	Cincinnati		
<b>HANCOCK COUNTY</b>			
Cooper, Edwin H.....	Findlay		
Pennington, P. C.....	Findlay		
Todd, C. D.....	McComb		

# THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

<b>HARDIN COUNTY</b>		<b>LUCAS COUNTY</b>	
Belt, Leroy L.....	Kenton	Belyea, James A.....	Toledo
Crum, John R.....	Forest	Cass, James M.....	Toledo
<b>HARRISON COUNTY</b>		Eyestone F. L.....	Toledo
Curtis, W. H. H.....	Piedmont	Ferneau, Frank D.....	Toledo
<b>HENRY COUNTY</b>		Ficklin, Frank B.....	Toledo
Bolles, Julius R.....	Holgate	Figley, Karl D.....	Toledo
Norris, O. L.....	Deshler	Gillette, Norris W.....	Toledo
<b>HIGHLAND COUNTY</b>		Girardot, Adolph J.....	Toledo
Larkin, J. C.....	Hillsboro	Harrison, Jay M.....	Toledo
<b>HOCKING COUNTY</b>		Hetler, George A.....	Toledo
Lyon, Claude C.....	Logan	Iford, Daniel W.....	Toledo
<b>HOLMES COUNTY</b>		Johnson, Philip M.....	Toledo
Olmstead, Atlee R.....	Millersburg	Lawless, Robert E.....	Toledo
Putnam, S. I.....	Millersburg	McCormick, Edward J.....	Toledo
<b>HURON COUNTY</b>		McGonigle, M. B.....	Toledo
Gill, Robert C.....	Norwalk	Meador, H. B.....	Toledo
<b>JACKSON COUNTY</b>		Myers, Foster.....	Toledo
Davis, Daniel W.....	Wellston	Pilliod, Frank W.....	Toledo
Gahm, Halder L.....	Jackson	Reig, Phil W.....	Toledo
<b>JEFFERSON COUNTY</b>		Schade, August H.....	Toledo
Biddle, James K.....	Steubenville	Souder, Charles G.....	Toledo
Biddle, Victor.....	Steubenville	Whitwham, G. P.....	Toledo
Caldwell, John R.....	Rayland	Wilson, Dale.....	Toledo
Erskine, DeMarr.....	Steubenville	<b>MADISON COUNTY</b>	
Ferguson, G. A.....	Toronto	Christopher, Harry V.....	London
Huth, Leo.....	Follansbee	Kerr, George M.....	Lilly Chapel
Jones, Thomas.....	Steubenville	Parker, John W.....	London
Maxson, Charles W.....	Steubenville	<b>MAHONING COUNTY</b>	
<b>KNOX COUNTY</b>		Allsop, W. K.....	Youngstown
Blair, Harry W.....	Mt. Vernon	Barrett, C. D.....	Youngstown
Clark, Edw. M.....	Mt. Vernon	Bierkamp, F. J.....	Youngstown
Claypool, John R.....	Mt. Vernon	Borden, P. G.....	Youngstown
Conard, Carrol D.....	Mt. Vernon	Brant, A. E.....	Youngstown
Norrick, John H.....	Fredericktown	Buchanan, J. U.....	Youngstown
Pumphrey, J. M.....	Mt. Vernon	Bunn, W. H.....	Youngstown
Workman, I. S.....	Mt. Vernon	Clark, C. R.....	Youngstown
<b>LAKE COUNTY</b>		Cliffe, Earl.....	Youngstown
None Reported.		Fenton, R. W.....	Youngstown
<b>LAWRENCE COUNTY</b>		Fitzpatrick, F. P.....	Youngstown
Stewart, Forrest R.....	Sherritt	Hudnut, O. D.....	Youngstown
<b>LICKING COUNTY</b>		Jones, M. P.....	Youngstown
Brown, James A.....	Newark	McCurdy, S. M.....	Youngstown
<b>LOGAN COUNTY</b>		McNamara, Frank W.....	Youngstown
Davis, Claude.....	East Liberty	Meyer, Nathan W.....	Youngstown
McCracken, A. J.....	Bellefontaine	Morrall, R. R.....	Youngstown
Pratt, Robert.....	Bellefontaine	Moses, C. H.....	Youngstown
Startzman, C. K.....	Bellefontaine	Nesbitt, D. A.....	Youngstown
<b>LORAIN COUNTY</b>		Osborne, H. M.....	Youngstown
Dager, W. F.....	Lorain	Painter, A. M.....	Youngstown
Hart, W. E.....	Elyria	Phillips, D. B.....	Youngstown
Kramer, J. C.....	Elyria	Reed, C. M.....	Youngstown
Metcalf, H. M.....	Elyria	Sherbondy, J. A.....	Youngstown
Parker, Milo G.....	Amherst	Thomas, E. R.....	Youngstown
Smith, Arthur B.....	Elyria	Washburn, J. L.....	Youngstown
		Wilson, B. W.....	Youngstown
		Wolferth, C. C.....	Youngstown

**THE PHYSICIAN'S ROLL OF HONOR FOR OHIO**

MARION COUNTY

None Reported.

MEDINA COUNTY

Appleby, A. G. .... Valley City  
Brintnall, R. A. .... Seville

MEIGS COUNTY

Bing, Byron ..... Pomeroy

MERCER COUNTY

Gibbons, John T. .... Celina  
Ransbottom, I. J. .... Coldwater  
Schirack, C. J. .... Coldwater

MIAMI COUNTY

Haley, Michael R. .... Piqua  
Teeter, Judson ..... Pleasant Hill

MONROE COUNTY

Thomson, W. E. .... Antioch

MONTGOMERY COUNTY

Bayless C. O. .... Dayton  
Carley, A. W. .... Dayton  
Dickinson, T. H. .... Germantown  
Giffin, Guy G. .... Dayton  
Hewitt, Archie E. .... Dayton  
Hunt, Charles T. .... Miamisburg  
Kislig, Fred K. .... Dayton  
Mansur, William B. .... Dayton  
McClellan, H. H. .... Dayton  
McKemy, J. W. .... Dayton  
Rounds, Frederick C. .... Dayton  
Wood, Thomas M. .... Dayton

MORGAN COUNTY

Hill, J. F. .... McConnellsville

MORROW COUNTY

Bennett, W. S. .... Cardington  
Virtue, D. B. .... Iberia

MUSKINGUM COUNTY

Brush, E. R. .... Zanesville  
Loebell, Maurice ..... Sonora  
Sutton, Thomas ..... Zanesville  
Walters, Alvin H. .... Zanesville

NOBLE COUNTY

Dew, F. R. .... Belle Valley

OTTAWA COUNTY

McCracken, Charles ..... Port Clinton  
Starkes, C. C. .... Port Clinton

PAULDING COUNTY

DeMuth, F. F. .... Cecil

PERRY COUNTY

Burrell, Guthrie O. .... New Lexington  
Shaw, H. W. .... Junction City

PICKAWAY COUNTY

Jackson, Harry D. .... Circleville

PIKE COUNTY

Seiler, I. P. .... Piketon  
Tidd, E. W. .... Stockdale

PORTAGE COUNTY

None Reported.

PREBLE COUNTY

Silver, H. Z. .... Eaton

PUTNAM COUNTY

None Reported.

RICHLAND COUNTY

Mecklem, W. P. .... Mansfield  
Stober, John F. .... Lexington  
Walker, C. S. .... Plymouth

ROSS COUNTY

Dunn, A. H. .... Chillicothe  
Holmes, R. W. .... Chillicothe  
McCafferty, Lawrence ..... Chillicothe

SANDUSKY COUNTY

Baker, E. W. .... Clyde  
Eyestone, A. G. .... Gibsonburg  
Trumbull, H. N. .... Woodville

SCIOTO COUNTY

Mills, A. B. .... New Boston  
Moore, A. R. .... Portsmouth  
Quinn, W. A. .... Portsmouth  
Rapp, Harry F. .... Portsmouth  
Robe, O. W. .... Portsmouth

SENECA COUNTY

West, James A. .... Tiffin

SHELBY COUNTY

Conner, Franklin ..... Sidney  
Englerth, Benjamin ..... Anna  
LeMaster, Vernon ..... Sidney  
Silver, Arthur ..... Sidney

STARK COUNTY

Barnard, Benj. C. .... Alliance  
Dougherty, J. B. .... New Berlin  
Hamilton, Claude D. .... Canton  
Lawrence, Gerald P. .... Canton  
Ramsey, P. M. .... Alliance  
Scranton, Homer J. .... Alliance  
South, John J. .... Massillon

SUMMIT COUNTY

Alspach, E. Z. .... Kenmore  
Barton, E. W. .... Akron  
Gillespie, B. H. .... Akron  
Haralson, C. H. .... Akron  
Heckert, H. R. .... Akron  
Logan, G. M. .... Akron  
Long, P. B. .... Copley  
Luce, R. V. .... Akron  
Postle, R. S. .... Akron  
Power, R. E. .... Akron  
Rogers, W. J. .... Akron  
Smith, C. C. .... Akron

TRUMBULL COUNTY

Ailes, M. D.....Warren  
 Hoover, D. E.....Warren  
 Moore, L. G., Jr.....Kinsman  
 Waller, C. E.....Warren  
 Williams, C. C.....Niles

TUSCARAWAS COUNTY

Calhoun G. E.....Uhrichsville  
 Coleman, H. A.....New Philadelphia  
 Marquand, B. A.....Canal Dover  
 Shawecker, K. E.....New Philadelphia  
 Wilson, Roy A.....Dennison

UNION COUNTY

Boylan, J. L.....Milford Center  
 Goff, William M.....Marysville  
 MacIvor, Angus .....Marysville

VAN WERT COUNTY

Church, Charles G.....Van Wert  
 Hanna, Myron .....Scott  
 Lawhead, W. E.....Van Wert  
 Musgrave, A. C.....Ohio City  
 Reeder, M. E.....Ohio City

VINTON COUNTY

Cox, O. S. ....McArthur  
 Henry, W. H.....Hamden

WARREN COUNTY

None Reported.

WASHINGTON COUNTY

Adair, Frank .....Beverly  
 Penrose, J. B.....Marietta  
 Sellew, Timothy .....Watertown

WAYNE COUNTY

Bertolette, Harry B.....Shreve  
 Ice, K. C.....Shreve

WILLIAMS COUNTY

Curl, George.....Edgerton

WOOD COUNTY

Biggs, I. L.....Custar  
 Boyle, Frank V.....Bowling Green  
 Harrison, A. M.....Bowling Green  
 Rae, James W.....Bowling Green

WYANDOT COUNTY

Bowman, J. C.....Upper Sandusky

## War Notes

Federal, state and local health officials will unite to protect the health of troops stationed at the Chillicothe cantonment. Early in August representatives of the United States Public Health Service investigated the situation in co-operation with men from the State Health Department. As a result the governor designated a special sanitary district surrounding the camp for a radius of five miles—including the city. Dr. David E. Roush, of the State Department, was placed in charge of the work. The staff of the board have been co-operating in their several capacities. Acting Secretary J. E. Bauman, has completed arrangements with various city and township health authorities in the territory surrounding the camp by which all conflict has been eliminated between federal, state and local health officials.

Dr. Tom Sutton, son of Dr. and Mrs. H. T. Sutton of Zanesville, who since graduation from Johns Hopkins and hospital service in the University hospital, has been junior naval surgeon on *The Nevada*, visited Ohio early in August. He has been transferred to the destroyer fleet, and expects to see exceedingly active service.

Twenty physicians belonging to the Medical Reserve Corps have made application for the post at Fairfield, the aviation camp near Dayton established to give our air men practical training.

Dr. and Mrs. W. A. Belt have received a cablegram from their son, Dr. Leroy L. Belt, announcing his safe arrival in France.

“American physicians are treated like lords

in old England,” writes Dr. Ellis Bader, former receiving physician of the Cincinnati general hospital, now one of the staff of Wanner War Hospital. Dr. Bader is in charge of an extensive X-Ray department in the hospital which is in Epsom, 10 miles from London.

Dr. A. R. Moore of Portsmouth, a first lieutenant in the U. S. Red Cross Medical Corps, sailed in August for “Somewhere in France.”

Dr. John W. Murphy, Cincinnati, has petitioned the Surgeon-General to waive the age limitation and admit him to service. His two associates, Drs. M. H. Urner and M. F. McCarty are commissioned.

Dr. Roger Griswold Perkins, professor of hygiene, Western Reserve University, Cleveland, is a member of the Red Cross commission which has taken charge of sanitary and health conditions and general relief in Roumania. It is the third commission appointed and its duties are similar to those previously sent to France and Russia. A staff of physicians and nurses accompanied the commission.

Dr. Robert B. Pratt, Bellefontaine, M. O. R. C., has been ordered to report at Rockefeller Institute for special training under Alexis Carrel.

Dr. Claude Davis of East Liberty is at the Army Medical School in Washington.

Dr. Burt Hibbard, Lima, M. O. R. C., was aboard the transport that was rammed recently off our coast. He sailed later and is now in France.

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 \*\* PUBLIC HEALTH NOTES \*\*  
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Out of 45 legislatures in session during 1917, 38 enacted anti-tuberculosis laws. Fourteen passed laws relating to county tuberculosis hospitals. In New York the legislature passed a "County Hospital War Emergency Measure." This law provides that any county in the state not yet provided with a tuberculosis hospital, shall no longer have option in the matter. The State Department of Health will be empowered to step in and establish a hospital in the dilatory county and compel the county to pay the bill for building and supporting it. Of the eleven New York counties which have taken favorable action recently, a large part were forced into line by this law. In Ohio but 22 counties out of 88 have made hospital provision for the tuberculous.

—Miss Helena R. Stewart, State Supervising Nurse, State Department of Health, has just completed her annual report of the public health nursing service in the Division of Public Health Education and Tuberculosis. The report covers the period July 1, 1916 to June 30, 1917. On July 1, 1916, there were 57 nursing centers in the state. During the period under report 18 new nursing centers were established and 4 nursing centers were discontinued, thus making a net total gain of 14 or making a total of 71 nursing centers in Ohio on June 30, 1917. During the year the state supervising nurse established and attended 13 district conferences with the local public health nurses.

—The six-county tuberculosis hospital at Chillicothe will be ready for use on September 1. The buildings have cost \$35,000 and the furnishings \$10,000.

—The State Board of Health, at its last meeting held in July, passed a set of resolutions urging public health nurses in Ohio to remain on their job at home, rather than to rush into the field of war nursing. This resolution is in line with the developments in the national nursing organizations taken within the past few months.

—The Akron health department is pushing work on a new tuberculosis clinic and dispensary which is to be opened September 1.

—The new Ohio-Miami Medical College building, Cincinnati, is nearing completion. It will be opened for 1918 classes.

—The Ohio Board of State Charities has employed Miss Bertha J. Schulze, a graduate of Lakeside Hospital and the Western Reserve Course in Public Health Nursing, as a visitor in the Children's Welfare Department. Miss Schulze is the first nurse to be employed by this department. Her duties will be to advise Chil-

dren's Homes throughout the state as to the physical care of their wards.

—Plans are being drawn for an addition to the Medina County Infirmary. The new section, which is to be completed before winter, will be used for a hospital.

—Among the survey recommendations made by Dr. Carrol Fox, of the United States Health Service, for the city of Piqua are: a full-time health officer to be paid not less than \$2,000 per year, said officer to have an office, be birth registrar and have a clerk; a milk and food inspector; the employment of a second city nurse; the elimination of surface wells and the extension of water mains to all parts of the city; free distribution of disinfectants and anti-tuberculosis supplies; a new garbage collection system and disposal plant; a filtration plant and the appropriation of \$8,500 for minor improvements. Dr. Fox suggested that the present city nurse work under the health department, urged physicians to use the state laboratory more freely, emphasized the need of pasteurizing milk, and solicited the aid of policemen in locating nuisances.

—Dr. Henry H. Goddard of Vineland, N. J., expert in juvenile research work, came to Columbus, July 14, to confer with the board of administration and Governor Cox regarding the plans and location of the new \$100,000 building for the department of child research. As no appropriation for the purchase of ground was made, the building will have to be erected on state property. Several sites in Columbus are under consideration.

—Dr. Paul M. Holmes, Columbus, until recently with the State Health Department, has been employed by the Toledo University to co-operate with the Toledo Health Department as head of the new bureau of industrial hygiene. His work will consist of a study of industrial plants of that city with a view to eliminating health hazards and improving health conditions.

—The section of the Columbus school survey devoted to physical examination of pupils reports that 26% of the pupils have defects of vision that require glasses. The survey recommends that the board of education employ a school dentist to care for the children of indigent parents and establish additional open window schoolrooms for tubercular pupils.

—A public tuberculosis and social disease clinic has been opened by the board of health at Akron.

—Six thousand bad teeth were found in 2,300 Toledo school children recently examined, according to a report of Dr. P. B. Brockway, school physician.

—Compulsory inspection of restaurant employes will be demanded of the Akron board of health as the result of the discovery of three restaurant employes, who are afflicted with venereal diseases.



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**HOSPITAL NEWS NOTES**  
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The erection and equipment of a modern 1000-bed hospital is one of the important features of the federal army cantonment that is being established near Chillicothe. Hospital provision will be made for 3 per cent of the troops in camp. A complete modern hospital will be constructed. With the space reserved for extensions, the hospital and its auxiliary buildings will require 60 acres. This allotment will leave generous space between the various buildings of each hospital.

The government plans to spend about \$500,000 on this group. The hospital will have equipment equal to that of the best institutions in the country, although the construction of the buildings will be of much cheaper quality.

One type is being used in all the hospital construction work done by the Army. All the buildings are 24 feet wide, the length varying to meet the needs. The wards are usually 157 feet long, which is the size needed for 32 beds. There will be a diet kitchen for each ward, and a corridor connecting with the buildings on either side which will be covered.

About 70 buildings will be comprised in each cantonment hospital on the 1,000-bed basis. In some cases two wards are joined, thus reducing the actual number of separate buildings, but the number of buildings will reach about 70, counting each ward as a building.

Each hospital will have a well-equipped laboratory where bacteriological and pathological work can be done which any well-equipped hospital could handle. Some special tests will be made at the department hospitals, which will take care of any work that the divisional hospitals at the camps cannot attend to.

There will also be an infirmary for each regiment which will fulfill the functions usually performed by such institutions. There men not needing to be confined in hospital will report when any condition appears which demands watching. There vaccination will be done and the typhoid and paratyphoid preventive treatments administered.

—McClellan Hospital, Xenia, has installed new X-Ray laboratory equipment. It is in charge of Dr. McClellan's son, Mr. Schuyler McClellan.

—By reversing the decision of the Common Pleas Court of Madison County, declaring void that portion of the will of Sarah J. Johnson which set aside \$31,000 for a charity trust, the Court of Appeals has authorized Matthew L. Rea, trustee of the estate, to build a public hospital on the ground left for that purpose by Bertha Coover in London.

—Fayette Hospital Company, capitalized at \$10,000, has been organized for the purpose of

renting, equipping and operating the old Fayette Hospital at Washington C. H. The hospital, which was founded six years ago by Dr. L. M. McFadden, found it impossible under the old plan of operation, to maintain the daily average of 15 patients required by the nurse registration law in order to conduct a nurses' training school. The new corporation plans to extend the work of the hospital in such a manner that the requirements of the law may be met.

—Dr. Arthur G. Hyde, superintendent of the Cleveland State Hospital, reports that during the past year 678 cases of insanity have been admitted to the hospital. This is an increase of 87 over the previous year, making the total number of cases enrolled at present 1,785. The capacity of the hospital is 1,300. Dr. Hyde attributes the increase partly to the influence of the war, but chiefly to the rapid growth of the city.

—St. Joseph's Hospital, Lorain, was dedicated August 12. The structure, which has been in the course of construction for a year and a half, is one of the most modern hospitals in the country.

—Trustees of the Memorial Hospital of Sandusky County announce that Colonel W. C. Hayes will give \$10,000 in addition to the \$50,000 already given if the hospital is completed by April 1, 1918.

—The Youngstown Hospital Association and St. Elizabeth's Hospital have asked the city council to pay them \$2.25 per day for the care of city patients. Increased cost of living, they say, makes it impossible for them to handle patients at the present rate of \$1.75 per day.

—Changes in the management of Elyria Memorial Hospital include a new superintendent, a new cook and a new surgical nurse for the operating room. An addition is being built to the hospital building and the new power house and laundry are nearing completion.

—The Mary Rutan Hospital, soon to be constructed in Bellefontaine, will be a modern two-story building containing 20 rooms.

—Defiance Hospital is to be reopened in the near future. The Hospital Association and the City Federation of Women's Clubs have promised to co-operate financially with the institution. Miss House has been re-employed to manage the hospital.

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**MOST DOUBTLESS.**

"Gabe," said the lawyer to the amazed negro witness, who had been listening to a heated discussion as to the admissibility of certain testimony, "you have followed carefully this intricate discussion touching on the various aspects of medical jurisprudence involved in the issues we have before us for adjudication; and in view of that I now desire to know the theory advanced by my learned brother."

The witness cast a triumphant side glance at his own attorney. Then he puffed out his lips and his chest. "Most doubtless," he answered. —Everybody's.

### Cedar Point Meeting a Splendid Success.

Northern Ohio physicians who failed to attend the group meeting at Cedar Point on July 20, when Dr. W. D. Porter of Cincinnati, presented a review of obstetrics under the auspices of the Committee on Medical Education, missed one of the most pleasant and profitable gatherings ever held in that section of the state. It was the best attended meeting of the series.

President H. C. Schoepfle and Secretary P. F. Southwick of the Erie County Medical Society had charge of the arrangements, and managed the meeting in a most competent manner. Dr. Porter started lecturing at three o'clock. At six a dinner was served to more than 100 visiting doctors and their wives, following which Dr. E. O. Smith of Cincinnati, President of the State Association, made a brief address in which he called attention to the work of the society and the important matters facing organized medicine. Dr. Porter resumed lecturing after dinner.

During the meeting the state committee, of which Dr. C. E. Briggs of Cleveland, is chairman, held a meeting to work out details of the lecture work for next year. Acting on the suggestion of Council they definitely decided to devote the next series to the subject of internal medicine and methods of precision in diagnosis. The committee expects to announce shortly the name of the lecturer for the 1917 series.

The delightful Cedar Point meeting completed the summer series. In October the work will be resumed in eastern Ohio. Executive Secretary Sheridan is in correspondence with local societies arranging a series for the Western Reserve territory. These will be held in October, and details will be announced in the October issue. The registration at Cedar Point was as follows:

Amherst—A. F. McQueen, Bryce Miller, H. W. Powers. Avon—J. R. Pipes. Beaumont, Cal.—F. D. West. Bellevue—C. C. Richards, I. I. Good, H. R. Dewey, C. J. Wehr, C. L. Harding, F. M. Kent. Bloomdale—Ellsworth

Sheldon. Bloomingville—M. J. Love. Bowling Green—H. J. Powell, F. D. Halleck, D. S. McKendree. Castalia—William Storey, Smith Gorsuch. Cincinnati—E. O. Smith, B. H. Smith, J. C. Marcus. Cleveland—A. J. Skeel, M. J. Lichty, P. Beach, L. S. Brookhart, J. M. Moore, W. H. Rieger, C. E. Briggs. Clyde—E. W. Baker, Curtice—F. D. Ingraham. Custer—I. L. Biggs, W. W. Mannhardt. Cygnet—F. L. Sterling.

Dunbridge—J. M. Smith. Elyria—J. C. Kramer, E. E. Sheffield, W. B. Hubbell, O. T. Maynard, F. A. Lawrence, G. D. Nicholas, C. H. Cushing, George Gill. Fostoria—E. L. Overholt, N. C. Miller. Fremont—D. W. Philo, C. R. Pontius, C. I. Kuntz, B. O. Kreilich, F. L. Moore, M. Stamm, E. M. Ickes, M. O. Phillips. Genoa—C. B. Downing. Gibsonburg—P. E. Kern. Grafton—W. C. Park. Grand Rapids—E. F. Peinert, Graytown—J. G. Ballou. Huron—H. G. Morse. Jerry City—Harriet D. Covert. Kelleys Island—G. W. Manning. Lexington—J. P. Stober. Lindsey—W. H. Booth. Lorain—W. F. Dager, B. E. Garver, C. R. Meek, D. E. Stephan, David Thomas, A. T. Grills. Vallooy Adair. Luckey—A. A. Babione. Melmore—R. G. Steele. Milan—R. E. Garnhart. Monroeville—M. L. Hindley, E. B. C. Pilkey. Newark—Harry E. Hunt. North Ridgeville—P. L. Morgan. Norwalk—J. A. Sipher, M. L. Battles. Oak Harbor—F. S. Heller. Old Fort—C. I. Anders. Pemberville—H. E. Ward. Pittsburgh, Pa.—Y. A. Fischer. Port Clinton—C. C. Starkes, H. J. Pool. Rising Sun—J. J. Stitt.

Sandusky—Henry Graefe, Jr., G. F. Thompson, Fred Schoepfle, C. B. Bliss, C. A. Schimansky, R. B. Hubbard, H. W. Lehan, G. H. Boehmer, J. T. Haynes, H. C. Schoepfle, P. F. Southwick, H. D. Peterson, R. T. Saunders, C. R. Knoble, Charles Graefe. Stony Ridge—W. H. Price. Tiffin—B. W. Mercer, P. J. Leahy, G. W. Williard. Toledo—C. W. Moots, John Gardiner, G. M. Todd. Vermilion—B. B. Buell, E. J. Heinig. Vickery—J. H. Bowman. Wellington—F. M. Sponseller. Weston—J. C. Wetherill, G. C. Aurand.

### Small Advertisements of Interest

*Hospital Assistant*—Position open as assistant in hospital and general practice for physician not subject to conscription. Salary and commission. Write Dr. H. J. Pool The Pool Hospital, Port Clinton, Ohio.

*For Sale*—A \$3,400 village and country practice. No opposition. Good roads, nice home. \$1,000 cash, balance to suit purchaser. D. W. N., care The Journal.

*For Sale or Rent*—Physicians Home, 1185 Franklin Ave., Columbus. Modern, hot water heat. Finely built. Inquire next door east or write A. H. Bagshaw, Gahanna, Ohio.

*Investment*—If you have six hundred dollars to invest in a safe proposition that will yield seven per cent net, write me. Central or Southwestern Ohio physicians will be particularly interested as they can easily investigate. J., care The Journal.

*Wanted to Buy*—Physician, not subject to conscription, desires good, unopposed location. Address B. A., care The Journal.

*For Sale*—Oakland Roadster, a bargain; owner gone to war. Address Dr. J. E. Hunter, Greenville, Ohio.

*For Sale*—As I am going into the Army my practice and location are for sale. The purchaser of my house will get my practice free. This is one of the best locations in Northwestern Ohio. Address Dr. X, care The Journal.

### Here's a Bargain, If You Want to Speed up Your up Your Office Work and Increase Efficiency

Many busy physicians, who have found it profitable to themselves and to their patients to manage their business and professional affairs on a business basis, have installed dictating machines in their office. This makes it possible for them to attend to their correspondence when it is most convenient—regardless of the time of their stenographer. It enables a second-class stenographer to give first-class service, and simplifies the work of the better stenographers.

Recently *The Journal* made a change in its central office work. We no longer need our dictating outfit. We have a complete modern Edison equipment, nearly new, in first-class condition. We bought it at a bargain, and will sell it at a bargain. If you are interested write Executive Secretary Sheridan, 131 East State st., Columbus.



## Second District Will Hold a "Medical Chautauqua" at Dayton in September--Seventh District Program

We are advised by Dr. L. G. Bowers, of Dayton, president of the Second Councilor District Medical Society, of a most interesting innovation as a substitute for their annual meeting.

The society offers a practical post-graduate course, in Dayton, with lectures daily from 9 A. M. to 4 P. M., from September 24 to 28. It will be, in effect, a "medical Chautauqua."

The lecturers will be men of national reputation. They have secured Dr. Chas. Emerson, Dean of Indiana University, for internal medicine and nervous diseases; Dr. Martin Fischer, of Cincinnati, on physiology and focal infections; Dr. A. S. Warthin, of Michigan University, for pathology; Dr. Isaac Abt, of North Western University, for pediatrics; Dr. Rudolph Holmes, of Rush Medical College, for obstetrics; Dr. E. C. Rosenow, of Rochester, Minn., on focal infections in relation to systemic diseases and Dr. C. A. Hamann, Dean of Western Reserve University, on surgery.

Dr. E. L. Braunlin, of Dayton, secretary of the society, advises us that they have received 175 pledges of support and attendance. While the meetings are arranged primarily for the doctors of the Second District, we presume that a general invitation is extended. For details regarding registration, cost, etc., write Dr. Bowers or Dr. Braunlin, or Dr. J. E. Hunter, of Greenville, the councilor for the district.

This ambitious plan is a move in the right direction. The doctor of today is learning that post-graduate study is a practical necessity. If the Dayton plan proves successful it will be adopted in other sections of the state.

### Program for Seventh District Meeting

The annual meeting of the Seventh Councilor District Medical Society will be held in Uhrichsville Thursday, September 13, in the afternoon. The feature will be a splendid symposium on the cancer subject. The following essayists have been secured:

Dr. E. O. Smith, Cincinnati, president of the Ohio State Medical Association, "Cancer of the Genito-Urinary Tract."

Dr. J. F. Baldwin, Columbus, president-elect of the Ohio State Medical Association, "Cancer of the Uterus and Breast."

Dr. Hugh Baldwin, Columbus, "Cancer of the Prostate and Kidney."

Dr. James M. Rector, Columbus, "Cancer of Gastro-Intestinal Tract."

Dr. J. E. Groves, of Uhrichsville, is president, and Dr. G. T. Haverfield of Uhrichsville, is secretary of the Association. The Seventh District meeting is well worth attending and the character of the program this year should insure an unusually large meeting.

### Rules Against Nurse-Anesthetists

The giving of various drugs to produce anesthesia when surgical operations are being performed constitutes the practice of medicine, under the provisions of the medical laws of this state. It is, therefore, illegal for a nurse or any person other than a licensed physician to administer an anesthetic in Ohio.

This opinion, which confirms a similar opinion rendered by Attorney General Hogan in 1911, was handed down August 14 by Attorney General Joseph McGhee. It was issued to Mr. Howell Wright, member of the Senate from the Cleveland district, who is also secretary of the Cleveland Hospital Council. Mr. Wright authorizes the statement that this opinion will be contested in the courts and that very shortly the Supreme Court of Ohio will be asked to pass upon the question as to whether a nurse, acting under the direction of a surgeon, may administer an anesthetic. Undoubtedly the case will be bitterly fought, as the organized anesthetists will seek to have the court sustain Mr. McGhee's ruling.

A more detailed review of the opinion, which is very interesting, will be presented next month.

### GEAUGA COUNTY INCREASES

Geauga County refuses to lag behind the procession. Dr. Isa Teed-Cramton, who put the county society in the One Hundred Percent class early in the game, has sent in dues for two additional members—raising the county total to twelve.

### A Sensible Pamphlet

We suggest that you write to the Howard-Holt Company at Cedar Rapids, Iowa, for the little pamphlet they have just issued setting forth the essential facts regarding "Siomine," an insoluble iodine product containing an iodine content slightly higher than that found in potassium iodide. The pamphlet contains a brief discussion of iodide ion and the physiological and pharmacological basis of "Siomine" medication. It further briefly outlines the uses and indications of the product in a concise manner. The feature that we particularly like is the tempered tone of the claims the company makes for its product. It was developed after five years of careful research and has been subjected to careful clinical tests. It has been accepted by the Council of Pharmacy and Chemistry of the American Medical Association.

## Association's Plan of Defense Against Civil Malpractice Suits is Operating Smoothly

The work of the Association in conducting the defense of its members who are sued for civil malpractice is progressing in a most satisfactory manner. The Committee on Medical Defense is now engaged in several suits in various parts of the state, and the value of this defense as an Association measure is being more clearly demonstrated each week.

We print below a list of the county medical defense committeemen—the names of men who were chosen in each county to act as the local representative of the State Association in medical defense matters.

If you are sued or threatened with suit and desire to have the Association take over your defense, it is well to get in touch immediately with the medical defense committeeman for your county. If this is not convenient, write or wire Executive Secretary Sheridan at the Columbus office for the necessary application blanks. But in any event, consult your county defense committeeman at the earliest opportunity.

The Association, in handling suits thus far, has been successful in eliminating several threatened suits that were nothing less than attempts to blackmail busy physicians. When the shyster lawyers engineering these attempts learned that the doctor was protected by the Association, and that able legal counsel would be placed at his disposal by the Association, they hesitated.

We suggest that if you are not familiar with the regulations under which this defense plan is operated, your drop a line to *The Journal*. We will send you a pamphlet setting forth these regulations.

For special information concerning the medical defense operated by the Association, we suggest that you write one of the following members of the committee:

Dr. J. E. Tuckerman, 733 Osborn Bldg., Cleveland.

Dr. W. J. Stone, Colton Building, Toledo.

Dr. C. T. Souther, 628 Elm Street, Cincinnati, St., Columbus.

Executive Secretary, G. V. Sheridan, 131 East State St., Columbus.

The following are the local committeemen:

Adams	O. B. Kirkpatrick	Cherry Fork
Allan	Oliver S. Steiner	Lima, Ohio
Ashland	A. L. Sherick	Ashland
Ashtabula	S. H. Burroughs	Ashtabula
Athens	A. L. Pritchard	Nelsonville
Auglaize	G. E. Noble	St. Marys
Belmont	John A. Clark	Bellaire
Brown	A. W. Francis	Ripley
Butler	P. M. Sater	Hamilton
Champaign	D. C. Hauser	Urbana
Clark	C. S. Ramsey	Springfield
Clermont	F. H. Lever	Loveland
Clinton	Frank A. Peelle	Wilmington
Columbiana	Dr. W. A. Hobbs	East Liverpool
Coshocton	Lister Pomerene	Coshocton
Crawford	E. D. Helfrich	Galion
Cuyahoga	G. E. Follansbee	Cleveland
Darke	A. F. Sarver	Greenville
Defiance	Geo. W. Huffman	Defiance

Delaware	C. W. Chidester	Delaware
Erie	William Graefe	Sandusky
Fairfield	H. M. Hazelton	Lancaster
Fayette	Loring Brock	Washington C. H.
Franklin	J. F. Baldwin	Columbus
Fulton	E. A. Murbach	Archbold
Gallia	J. S. Biddle	Gallipolis
Gauga	T. F. Myler	Burton
Greene	W. A. Calloway	Xenia
Guernsey	C. A. Frame	Cambridge
Hamilton	Albert Freiberg	Cincinnati
Hancock	J. P. Baker	Findlay
Hardin	Edgar Protzman	Kenton
Harrison	J. A. McGrew	New Athens
Henry	H. F. Rohrs	Napoleon
Highland	Lockhart Nelson	Hillsboro
Hocking	M. H. Cherrington	Logan
Holmes	F. D. Carson	Holmesville
Huron	John A. Sipher	Norwalk
Jackson	A. G. Ray	Jackson
Jefferson	W. A. Strayer	Stuebenville
Knox	F. C. Larimore	Mt. Vernon
Lake	Geo. F. Barnett	Fairport
Lawrence	E. E. Ellsworth	Ironton
Licking	Clark B. Hatch	Newark
Logan	W. W. Hamer	Bellefontaine
Lorain	S. V. Burley	Lorain
Lucas	W. J. Stone	Toledo
Madison	C. T. Gallagher	Mt. Sterling
Mahoning	W. H. Buechner	Youngstown
Marion	Robert C. M. Lewis	Marion
Medina	E. L. Crum	Lodi
Meigs	L. A. Thomas	Middleport
Mercer	J. E. Hattery	Celina
Miami	Gair Jennings	West Milton
Monroe	G. W. Steward	Jerusalem
Montgomery	Lynn M. Jones	Dayton
Morgan	Lee Humphrey	Malta
Morrow	J. C. McCormick	Mt. Gilead
Muskingum	C. U. Hanna	Zanesville
Noble	W. E. Radcliffe	Caldwell
Ottawa	H. J. Pool	Port Clinton
Paulding	John U. Fauster	Paulding
Perry	J. G. McDougal	New Lexington
Pickaway	Geo. H. Colvill	Circleville
Pike	I. Preston Seiler	Pikeeton
Portage	W. B. Andrews	Kent
Preble	D. W. McQueen	Camden
Putnam	C. O. Beardsley	Ottawa
Richland	John Nichols	Mansfield
Ross	Gilbert E. Robbins	Chillicothe
Sandusky	C. R. Pontius	Fremont
Scioto	James W. Fitch	Portsmouth
Seneca	M. W. Uberroth	Tiffin
Shelby	A. B. Gudenkauf	Sidney
Stark	D. S. Gardner	Massillon
Summit	H. S. Davidson	Akron
Trumbull	D. G. Simpson	Warren
Tuscarawas	J. E. Groves	Uhrichsville
Union	L. Henderson	Marysville
Van Wert	S. Tuttle	Van Wert
Vinton	O. S. Cox	McArthur
Warren	N. A. Hamilton	Franklin
Washington	R. B. Hart	Marietta
Wayne	G. W. Ryall	Wooster
Williams	J. A. Weitz	Montpelier
Wood	C. C. Greiner	Pemberville
Wyandot	I. N. Zeis	Carey

### DR. GIBBON IMPROVING

We are very glad indeed to report that Dr. Harmon B. Gibbon, of Tiffin, is rapidly recovering health and strength. His breakdown occurred shortly after his retirement as president of the State Medical Association in May.

Dr. George W. Crile of Cleveland has been appointed to the special committee of the Section on Surgery, A. M. A., to "study the problem of unnecessary operations and of incompetent surgeons. Dr. A. D. Bevan, Chicago, is chairman. Drs. Mayo (W. J.), Deaver, Brewer, McKenzie, Finney and Haggard are the other members.

## Vital Statistics For 1916 Show 112,951 Births in Ohio—a Material Increase Over the 1915 Rate

Through the courtesy of Dr. Monger, State Registrar of Vital Statistics, we are able to publish this month the complete birth registration statistics for Ohio for the year 1916, and a comparison with the 1915 figures.

It shows a material increase in the birth rate—possibly due to improvement in the collection of statistics.

In the following compilation Summit county again leads with the highest birth rate. Its record this year is 38.1, while the rate for the state is 21.9.

Champaign county, which had the lowest rate in 1915, yields this year to Lake county.

All of the large counties, where the system of collection has been uniformly good for years, show steady increases—indicating that the increase in the rate for the state is real and not due entirely to improvement in the collection of data.

The rate by counties.

Counties	Number		Rate	
	1915	1916	1915	1916
Adams .....	504	435	20.4	17.6
Allen .....	1328	1370	21.7	22.1
Ashland .....	481	523	20.1	21.7
Ashtabula .....	1306	1343	20.4	20.8
Athens .....	1159	1063	22.0	19.9
Auglaize .....	613	619	19.6	19.8
Belmont .....	2047	2172	24.0	25.0
Brown .....	399	404	16.1	16.3
Butler .....	1680	1907	21.7	24.2
Carroll .....	300	261	19.0	16.6
Champaign .....	361	430	13.7	16.3
Clark .....	1338	1473	19.0	20.7
Clermont .....	405	469	13.7	15.9
Clinton .....	336	368	14.2	15.5
Columbiana .....	1694	1680	21.0	20.6
Coshocton .....	562	546	18.4	17.8
Crawford .....	612	660	17.9	19.3
Cuyahoga .....	17850	20418	24.1	26.8
Darke .....	894	930	20.7	21.5
Defiance .....	416	439	17.7	17.9
Delaware .....	450	495	16.3	17.9
Erie .....	742	708	19.2	18.3
Fairfield .....	822	823	19.7	19.5
Fayette .....	376	350	17.3	16.1
Franklin .....	4723	5146	18.8	20.0
Fulton .....	539	511	22.0	20.8
Gallia .....	406	396	15.8	15.4
Geauga .....	245	223	16.7	15.2
Greene .....	520	506	17.5	17.0
Guernsey .....	816	864	17.3	18.0
Hamilton .....	8745	8948	17.9	18.2
Hancock .....	738	767	19.5	20.3
Hardin .....	516	547	17.0	18.0
Harrison .....	269	310	14.1	16.3
Henry .....	517	571	20.6	22.3
Highland .....	401	449	14.0	15.6
Hocking .....	490	464	20.7	19.6
Holmes .....	331	372	18.5	20.8
Huron .....	565	594	16.1	16.8
Jackson .....	592	573	19.2	18.6
Jefferson .....	1367	1447	17.9	18.4
Knox .....	552	580	17.6	18.3
Lake .....	343	353	14.5	14.9
Lawrence .....	719	751	18.2	19.0
Licking .....	995	988	16.6	16.2
Logan .....	531	538	17.7	17.9
Lorain .....	1964	1980	22.5	22.2
Lucas .....	5285	5984	24.8	27.5
Mahoning .....	3469	3964	24.7	27.4
Madison .....	367	479	18.4	24.1
Marion .....	699	754	19.0	20.2
Medina .....	443	467	18.1	19.0
Meigs .....	448	421	17.5	16.4
Mercer .....	628	617	22.8	22.4
Miami .....	922	894	20.0	19.3
Monroe .....	446	456	18.3	18.8
Montgomery .....	3476	3915	19.2	21.2
Morgan .....	257	276	16.0	17.1
Morrow .....	285	321	16.0	19.1
Muskingum .....	1047	1101	17.5	18.3
Noble .....	391	318	21.0	17.1
Ottawa .....	508	473	22.6	21.1
Paulding .....	462	469	20.3	20.6
Perry .....	817	696	21.9	18.5
Pickaway .....	551	567	21.1	21.7
Pike .....	262	306	16.7	19.5
Portage .....	546	505	17.7	16.3
Preble .....	378	367	15.8	15.3
Putnam .....	748	752	25.0	25.1
Richland .....	919	1027	18.6	20.6
Ross .....	885	882	22.9	22.0
Sandusky .....	620	669	17.4	18.7
Scioto .....	1347	1321	25.7	24.8
Seneca .....	854	930	19.8	21.5
Shelby .....	566	597	22.9	24.2
Stark .....	2992	3235	21.7	23.0
Summit .....	4260	5005	33.4	38.1
Trumbull .....	1211	1213	21.6	21.4
Tuscarawas .....	1276	1279	21.7	21.6
Union .....	393	368	18.0	16.8
Van Wert .....	503	477	17.3	16.4
Vinton .....	280	281	21.4	21.5
Warren .....	390	424	15.9	17.3
Washington .....	889	764	19.6	16.8
Wayne .....	762	792	20.0	20.7
Williams .....	499	467	19.7	18.4
Wood .....	903	955	19.5	20.6
Wyandot .....	358	399	17.2	19.2
<b>Total .....</b>	<b>105,901</b>	<b>112,951</b>	<b>20.8</b>	<b>21.9</b>

## Industrial Cities of State Show Increased Birth Rate--Akron Leads While Painesville Has Lowest

In the following compilation we show the rate and comparative birth figures for the cities of Ohio. The rate is based upon the number of births per thousand population.

Akron—the wonder city of Ohio—leads in this field, with a rate for 1916 almost double the average city rate in the state. Middletown, with its unusually good system for collecting data, had this honor in 1915.

Painesville again has the lowest city rate, with a figure less than half the average.

It will be noted that almost without exception the industrial centers of the state—particularly those in which industries profited by munitions orders during 1916—show an increase in their rate.

The data, by cities:

City	Number 1915	Number 1916	Rate 1915	Rate 1916
Akron .....	2991	3598	36.1	32.0
Alliance .....	428	440	23.4	23.2
Ashland .....	187	191	22.7	22.5
Ashtabula .....	503	574	23.8	26.6
Athens .....	116	111	17.2	15.9
Barberton .....	437	487	36.2	38.7
Bellaire .....	385	401	26.5	27.0
Bellefontaine .....	154	156	17.0	16.9
Bellevue .....	93	114	16.1	19.3
Bowling Green .....	110	105	20.7	19.8
Bucyrus .....	167	206	18.7	22.6
Cambridge .....	298	316	23.0	23.8
Canal Dover .....	151	184	20.8	25.0
Canton .....	1429	1587	23.6	25.4
Chillicothe .....	349	301	22.8	19.3
Cincinnati .....	7372	7501	18.3	18.4
Circleville .....	151	132	22.4	19.6
Cleveland .....	16429	18662	24.8	27.4
Columbus .....	3923	4325	18.6	20.0
Conneaut .....	194	214	21.7	23.6
Coshocton .....	184	178	16.3	15.2
Dayton .....	2615	3000	19.7	22.0
Defiance .....	153	171	20.9	23.3
Delaware .....	146	181	15.1	18.5
Delphos .....	108	109	20.3	20.3
East Cleveland .....	172	218	13.7	16.5
East Liverpool .....	402	348	17.9	15.2
Elyria .....	341	434	18.9	23.3
Findlay .....	309	335	20.8	22.5
Fostoria .....	159	201	15.0	18.7
Fremont .....	216	237	21.6	23.6
Galion .....	101	104	14.0	14.4
Gallipolis .....	91	78	16.2	13.8
Greenville .....	106	118	16.0	17.6
Hamilton .....	710	852	17.2	20.1
Ironton .....	200	231	14.4	16.6
Jackson .....	99	94	16.8	15.7
Kenton .....	85	120	11.5	16.2
Lakewood .....	520	619	32.6	38.4
Lancaster .....	324	347	21.2	22.1

City	Number 1915	Number 1916	Rate 1915	Rate 1916
Lima .....	731	781	22.9	24.2
Lorain .....	986	949	27.6	25.7
Mansfield .....	509	575	22.7	25.3
Marietta .....	285	254	22.1	19.7
Marion .....	454	495	21.0	22.3
Martins Ferry .....	309	298	31.3	29.8
Massillon .....	275	316	18.2	20.6
Middletown .....	609	617	39.7	39.5
Mt. Vernon .....	196	228	18.9	21.5
Nelsonville .....	172	161	26.7	24.8
New Philadelphia .....	211	212	21.6	21.2
Newark .....	457	495	15.6	16.5
Niles .....	188	180	22.3	21.4
Norwalk .....	112	109	13.5	13.0
Norwood .....	249	298	11.7	13.4
Painesville .....	56	65	9.7	11.2
Piqua .....	290	285	20.6	20.1
Portsmouth .....	667	681	25.2	25.2
Ravenna .....	112	118	18.7	19.2
St. Bernard .....	118	126	20.2	20.9
St. Marys .....	128	123	21.6	20.6
Salem .....	217	219	22.4	22.3
Sandusky .....	433	399	21.5	19.8
Sidney .....	158	179	22.3	24.9
Springfield .....	1080	1175	21.0	22.4
Steubenville .....	568	539	21.3	19.6
Tiffin .....	259	258	20.9	20.7
Toledo .....	4627	5371	25.3	29.0
Troy .....	119	123	19.0	19.6
Urbana .....	97	105	11.8	12.6
Van Wert .....	93	109	12.3	14.3
Wapakoneta .....	82	112	13.4	17.9
Warren .....	402	436	32.3	34.4
Washington C. H. .....	106	107	13.1	13.0
Wellston .....	153	116	22.3	16.8
Wellsville .....	210	238	24.4	27.1
Wooster .....	130	126	21.1	20.4
Xenia .....	157	152	18.0	17.4
Youngstown .....	2520	2806	26.0	27.9
Zanesville .....	538	569	17.7	18.4
Total of Cities.....	61,967	68,085	22.12	23.7

### TWO PHYSICIANS APPOINTED

Two Cincinnati physicians have been signally honored by Governor Cox. Dr. J. M. Withrow, member of the board of education and prominent in educational work, was appointed to the new State Board of Education which was appointed so that Ohio might comply with the federal statutes providing for state aid in vocational training. Dr. W. D. Haines was reappointed to the state commission which will select a site and start the building of the new Ohio Institution for the Education of Crippled and Deformed Children.

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 COUNTY SOCIETIES  
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## FIRST DISTRICT

*Warren County* Medical Society held an interesting meeting at Lebanon Tuesday, August 14. Captain George C. Schaefer, M. O. R. C., Columbus, now stationed at Columbus Barracks, gave an interesting resume of the army medical service, explaining in detail the duties of medical officers and their tremendous responsibilities in the present war. The twenty physicians present indicated a keen interest in this work and made numerous inquiries as to special points regarding same.

Dr. James M. Rector, of Columbus, was the essayist of the afternoon. He presented an exceedingly interesting and valuable review of stomach disorders and explained the newer methods of treating the same. His discussion was illustrated by numerous slides which emphasized the points made.

The undersigned made a few brilliant remarks relative to the future development of medicine in this state, and took occasion to compliment the Warren county physicians upon their splendid legislative co-operation.

In passing it might be remarked that Warren county has a society that might well serve as a model for numerous other counties. Their meetings are held regularly and their attendance is uniformly good. The so-called "country doctors" in Warren as well as those who practice in town realize the value of frequent meetings and are sufficiently broad-minded to sacrifice a half-day each month to keep in touch with the advances in medicine. The result is that the Warren county society is able to secure essayists who have something to report. The man who prepares a paper for a Warren county meeting is in the first place assured of a good audience, and in the second, is assured of a lively discussion.—G. V. S., Executive Secretary.

*Adams County* Medical Society, meeting at Peebles on August 9, enjoyed the following program: "When to Operate," Dr. Woodson H. Taulbee, Maysville, Kentucky; "Placenta Previa," Dr. F. C. Leeds, Winchester. Interesting discussions followed each paper. The meeting was held in the morning and the society attended the Chautauqua in the afternoon.—O. T. SPROULL, Correspondent.

## THIRD DISTRICT

*Mercer, Van Wert and Auglaize County* Medical Societies, in joint session at Celina on June 24, had a large representation from each of the

counties. Dr. C. W. Moots of Toledo, spoke on "Gynecological Fallacies." Dr. Carl Mundy read a splendid paper on "Anterior Poliomyelitis," based upon the experience with 116 cases in Toledo last year when he was epidemiologist of the Toledo Board of Health. Dr. A. C. Bartholomew of Van Wert, presented a paper on "Acute Sinus Infections," and Dr. W. B. Van Note, district councilor, gave a well-timed talk on organization and legislative matters concerning the health of the state. The papers and talks were first-class and very much enjoyed by all present.

On October 22, Van Wert, Paulding and Mercer County Medical Societies will hold a joint meeting in Van Wert. The next meeting of the Mercer County Society will be held in Celina on August 28.—D. H. RICHARDSON, Correspondent.

## FOURTH DISTRICT

*Putnam County* Medical Society held its fourteenth annual meeting at Kalida, Ohio, on August 2. Dr. J. F. Baldwin of Columbus, president-elect of the State Association, spoke on "The Eternal Why," Dr. J. R. Tillotson of Delphos, president of the Northwestern Medical Society, on "The Physiology of Pregnancy." There were short talks by other guests. After this the physicians were invited to the home of Dr. Douglass for dinner. Eighteen members and 22 visitors were present. Six county societies were represented.—H. A. NEISWANDER, Correspondent.

## FIFTH DISTRICT

*Lorain County* Medical Society, at the invitation of Drs. Buell and Heinig, held its annual outing at the Maud Elton Hotel, Vermilion, on July 31. The members, their families and friends enjoyed a fish dinner for which Mr. Ed. Kishman, an interested and appreciated friend of the society, donated 100 pounds of fresh caught white fish. Covers were laid for 40 and the occasion was enjoyed by all. A vote of thanks was extended to Mr. Kinsman. The secretary read an interesting letter from Dr. W. E. Hart, now at Ft. Oglethorpe, Georgia. The president appointed Drs. Charles Cushing and W. B. Hubbell of Elyria, Birt Garver of Lorain, W. F. Thatcher of Oberlin and E. J. Heinig of Vermilion a committee of five to formulate a plan for caring for the professional interests of our members who go to war. The next meeting of the society will be held September 11.—C. O. JASTER, Correspondent.

## SIXTH DISTRICT

*Wayne County* Medical Society held its monthly meeting in Orrville on July 10, with a good representation of the membership present. The following program proved beneficial as well as interesting: "Autopical Treatment of Fractures of Femoral Neck," Dr. O. P. Ulrich. Discussion

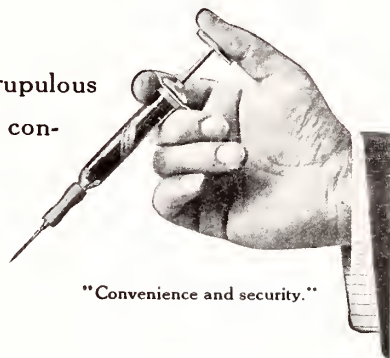


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opened by Dr. H. J. Stoll. "Poliomyelitis," by Dr. H. Blankenhorn. Discussion opened by Dr. L. A. Yocum. "Goiter," by Dr. O. G. Grady. Discussion opened by Dr. J. G. Wishard. (From a news clipping).

### SEVENTH DISTRICT

*Portage County Medical Society*—The August meeting designated as "School Night" was held at the Elks' Club, Ravenna, August 9. A large and representative attendance was present including as invited guests, Supt. Trescott of Ravenna, Supt. Bryant of Kent, and County Supt. Pore and his three assistants. Following the routine business of the evening the program, which was devoted entirely to Health Supervision in the Public Schools, was carried out. C. J. Waggoner of Ravenna, discussed contagious diseases in the schools in an able and complete manner, outlining plans in force in Ravenna schools and bringing out the advantage of having a school physician whose ultimatum would be final as to a child's admission to school when suffering from a communicable disorder.

E. H. Knowlton of Mantua talked on "What is Being Done in Rural Schools," bringing out the fact that although Portage County is well to the front in school centralization, health supervision in these centralized schools is as yet little known.

B. H. Nichols of Ravenna, discussed the relation of the Board of Health to the schools and said that unfortunately our Health Boards are not generally alive to the importance of the prevention of disease, devoting their time chiefly to questions of quarantine and similar matters. He presented copies of school forms used in Cleveland and other places and urged upon the members active co-operation with school board in stamping out communicable diseases, and the adoption of suitable forms and regulations which would make their action more effective.

W. B. Andrews of Kent addressed the society on "The Relation of the Physician to the Schools." He referred to the duty of the physician to the schools, to the physician's influence in shaping health regulations, and to the benefit the physician himself derives from such association. He called attention to the fact that a doctor's presence on the board influenced certain legislation that would not be considered except for his presence and influence.

The discussion then became general and was taken part in by all present. It was brought out that while much had been done in Ravenna and Kent, much had been left undone and suggestions were made for improvement along the lines of prevention, quarantine and treatment, especially of the indigent. Suggestions were made that physicians conduct Red Cross classes among

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the teachers and have talks along health lines at county institutes.

The superintendents showed an active interest in the meeting and congratulated the society on its activity.

The meeting was a great success and will probably be followed by others of a similar character.—W. B. ANDREWS, Correspondent.

*Columbiana County Medical Society* held its regular monthly meeting July 19, with thirty-five members present. Dr. C. R. Jones, of Pittsburg, Pennsylvania, addressed the society.—J. M. KING, Correspondent.

TENTH DISTRICT

*Knox County Medical Society* gave a dinner at the Curtis House, Mt. Vernon, on August 2, in honor of Drs. I. S. Workman, J. R. Claypool, C. S. Conard and J. M. Pumphrey, all of Mt. Vernon, who have enlisted in the Medical Officers' Reserve Corps. Of course at such a gathering as this, there is more or less of solemnity, but the brave spirit of those in uniform crowded this into the background and inspired greater respect for their profession. It was a pleasant evening, enjoyed by all. Lieutenants Claypool and Conard have been ordered to Ft. Benjamin Harrison and Lieutenant Pumphrey to Ft. Riley. Captain Workman, who had been ordered to Ft. Benjamin Harrison, has been placed on the inactive list temporarily because of the sudden death of his wife and was unable to be present. Twenty members of the society and Dr. Bowman, of the United States Army, and Prof. Charles E. Welch, of the Mt. Vernon Hospital Sanitarium, were present. When it came time to separate, adjournment was made "to meet at another dinner upon the return of our colleagues from their military duties."—E. V. ACKERMAN, Correspondent.

FOOD TO THE FRONT

The war has given a tremendous importance to the whole subject of diet. Food ranks almost with bullets as a vital factor in the great struggle, and efficient utilization of the crops is just as necessary as big harvests. The Carnegie Institute of Boston is to conduct a series of experiments this fall to demonstrate whether men and women cannot maintain their powers on a smaller ration than has hitherto been accepted as the minimum. The Battle Creek Sanitarium has just finished a metabolism experiment lasting forty-five days, with ten subjects. The object was to determine the effect of different diets on the chemical composition of the blood. The results have not yet been tabulated.

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Drs. Kennon Dunham of Cincinnati, Walter C. Hill of Cleveland and Mr. H. W. Dachtler of Toledo, are members of an auxiliary advisory committee recently appointed to serve with a preparedness committee of the American Roentgen Ray Society. Both committees were named by the president of the society at the request of the National Council of Defense.

Work planned by these committees consists of a canvass of the country for a complete list of medical men available for military roentgenology, the establishment of schools in different geographical centers, where uniform instruction in military roentgenology may be obtained and the preparation of a manual on military roentgenography.

The committee desires to reach all roentgenologists. Men in this line of work, who are willing to volunteer their services, should communicate with the Committee of Preparedness of the American Roentgen Ray Society, Cornell University Medical College, First Avenue and Twenty-eighth Street, New York City.

### Hon. Wallace Yaple

The death of Hon. Wallace Yaple in Columbus, recently, is a loss to the medical profession. As one of the original members of the Industrial Commission, Mr. Yaple was an important factor in developing our workmen's compensation plan. In fact it was his untiring work in this development that caused his physical breakdown. He was a thorough student of social insurance, and years ago discovered a fact that many state insurance administrators seem to ignore: that best medical attention obtainable, regardless of its cost, is the cheapest in the end. Mr. Yaple stood for that principle, and was largely instrumental in ironing out the more serious difficulties in the medical administration of the Ohio system. It is not entirely satisfactory, of course, but from a medical standpoint, it is the best in the country, and comparatively it is a gem. And Mr. Yaple's keen insight was responsible to a considerable degree.

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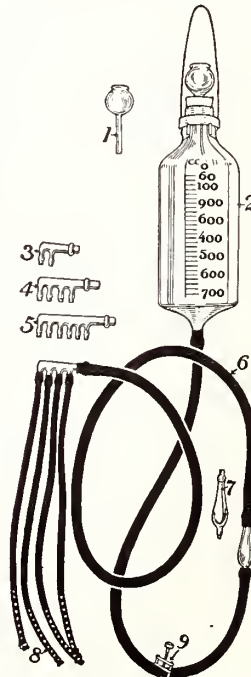


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BOOKS RECEIVED

DISEASES OF THE STOMACH, INTESTINES, AND PANCREAS New (3rd) Edition Revised, by Robert Coleman Kemp, M. D., Professor of Gastro-intestinal Diseases at the Fordham University Medical School. Third edition, revised and enlarged. Octavo of 1096 pages, with 438 illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, \$7.00 net; Half Morocco, \$8.50 net.

TRAUMATIC SURGERY, by John J. Moorehead, M. D., F. A. C. S., Adjunct Professor of Surgery in the New York Post-Graduate School and Hospital. Octavo volume of 760 pages with 522 original illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, \$6.50 net; Half Morocco, \$8.00 net.

DISEASES OF THE GENITO-URINARY ORGANS AND THE KIDNEYS (Fourth Revised Edition), by Robert H. Greene, M. D., Professor of Genito-Urinary Surgery at the Fordham University, New York; and Harlow Brooks, M. D., Professor of Clinical Medicine, University and Bellevue Hospital Medical College. Fourth Edition thoroughly revised. Octavo of 666 pages, 301 illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, \$5.50 net; Half Morocco, \$7.00 net.

THE ROENTGEN DIAGNOSIS OF DISEASES OF THE ALIMENTARY CANAL, by Russell D. Carman, M. D., Head of Section on Roentgenology, Division of Medicine, Mayo Clinic and Albert Miller, M. D., First Assistant in Roentgenology at the Mayo Clinic. Octavo of 558 pages with 504 original illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, \$6.00 net; Half Morocco, \$7.50 net.

PRACTICAL TREATMENT, Volume IV., by 76 eminent specialists. Edited by John H. Musser, Jr., M. D., Associate in Medicine, University of Pennsylvania and Thomas C. Kelly, M. D., Instructor in University of Pennsylvania. Desk Index to the complete set of four volume. Octavo 1000 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, \$7.00 net; Half Morocco, \$8.50 net.

IMPOTENCY, STERILITY AND ARTIFICIAL IMPREGNATION, by Frank P. Davis, Ph. D., M. D., Price \$1.25. The C. V. Mosby Company, St. Louis, Mo.

MAN AN ADAPTIVE MECHANISM, by George W. Crile, M. D., F. A. C. S., Professor of Surgery, School of Medicine Western Reserve University, Visiting surgeon Lakeside Hospital, Cleveland, 379 pages. Price \$2.50. The MacMillan Co., New York.

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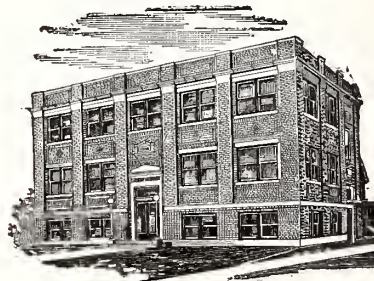
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MEDICAL CLINICS OF CHICAGO, Volume II, No. 5. Published bi-monthly by W. D. Saunders Co. Price \$8.00 per year.

DIAGNOSIS OF OCULAR SYMPTOMS, by Matthias Lanckton Foster, M. D., F. A. C. S., member of American Ophthalmological Society. Ophthalmic Surgeon to the New Rochelle Hospital. Price \$6.00. Rebman Co., publishers, 141 W. 36 St., New York.

TEXT BOOK OF SURGICAL OPERATIONS, illustrated by clinical observations, by Prof. Fedor Krause, Directing Physician Augusta Hospital, Berlin, and Emil Heymann, M. D., Chief Physician Augusta Hospital. Translated by Albert Ehrenfried, A. B., M. D., F. A. C. S. Volume II. Price \$7.00. Rebman Co., New York.

UROLOGY, Diseases of the Urinary Organs, Diseases of the Male Genital Organs. The Venereal Diseases, by Edward L. Keyes, Jr., M. D., Ph. D., Prof. of Urology, Cornell University Medical College. 887 pages, 204 illustrations in the text, 18 plates, 4 colored. D. Appleton & Co., New York and London.

GENERAL MEDICINE, Volume I of the Practical Medicine Series for 1917. Edited by Frank Billings M. S., M. D., Head of Medical Department, and Dean of faculty, Rush Medical College, Chicago, assisted by Burrell O. Raulston, A. B., M. D. Resident Pathologist, Presbyterian Hospital. Price \$1.50. The Year Book Publishers, Chicago. Price series of ten volumes, \$10.00.

GENERAL SURGERY, Volume II of The Practical Medical Series for 1917. Edited by Albert J. Oschner, M. D., F. R. M. S., L. L. D., F. A. C. S. Surgeon-in-Chief, Augustana and St. Mary's of Nazareth Hospitals; Professor of Surgery in the Medical Department of the State University of Illinois. Price \$2.00. The Year Book Publishers, Chicago.

INTERNAL SECRETIONS—THEIR PHYSIOLOGY AND APPLICATION TO PATHOLOGY, by E. Gley, M. D., member Academy of Medicine of Paris, Professor of Physiology, College of France. 231 pages. Price \$2.00 net. Paul B. Hoeber, publisher.

CANCER—ITS CAUSE AND TREATMENT, by L. Duncan Bulkley, A. M., M. D., Senior Physician to the New York Skin and Cancer Hospital. Price \$1.50 net. Paul B. Hbeber, publisher, New York.

PRINCIPLES OF TREATMENT OF BROKEN LIMBS, by William F. Fluhrer, M. D., Consulting Surgeon to Bellevue and Mt. Sinai Hospital. Price \$3.00. The Rebman Company, New York.

DIAGNOSIS AND TREATMENT OF ABNORMALITIES MYOCARDIAL FUNCTION, by S. Stuart Hart, A. M., M. D., Assistant Professor Clinical Medicine College of P. & S. Columbia University. Price \$4.50. The Rebman Company, New York.

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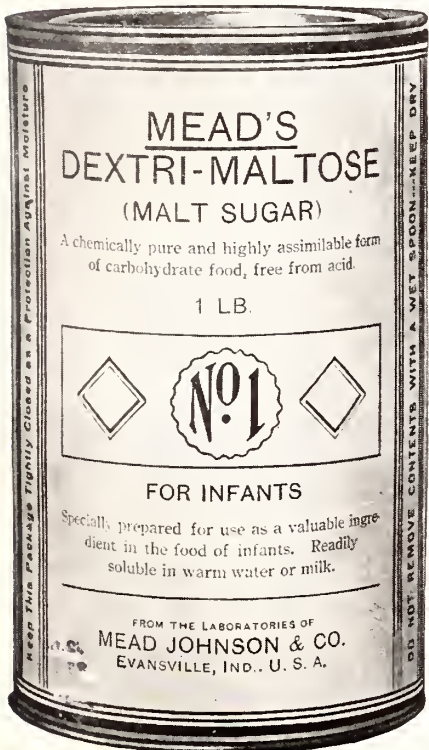


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## Council Transacts Considerable Business at Mid-Summer Meeting: President Names Committees

The following are the official minutes of the last session of the Council, as reported by Dr. Wells Teachnor, the secretary:

Council of The Ohio State Medical Association met at the office of The Journal of the Association in Columbus, Ohio, Monday evening, July 2, 1917, with Dr. E. O. Smith, the president, in the chair. The following members of the Council were present: Drs. Carothers, Van Note, Lichty, Headley, Hunter, Rardin, Teachnor. Dr. J. F. Baldwin, president-elect, and Mr. George V. Sheridan, executive secretary, were also present.

The question of membership of Drs. Tucker and Robinson, of Mt. Gilead, in the Morrow County Medical Society was, after a brief statement made by Dr. Robinson, postponed for final decision until the next meeting of the Council.

The resolution from the Miami Valley Hospital, Dayton, relative to compulsory internship of one year for graduates in medicine, which was referred by the House of Delegates of the State Association to the Council at the Springfield meeting, was, on motion seconded and carried, referred by Council to the Committee on Public

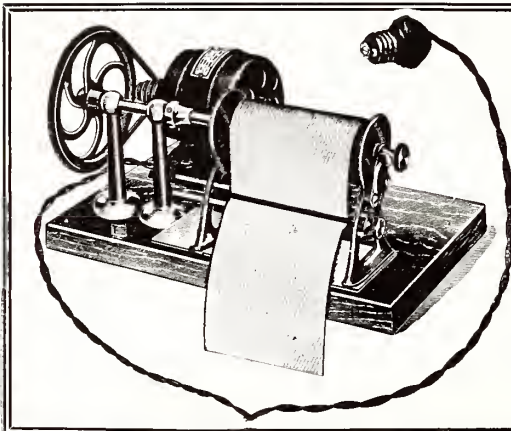
Policy and Legislation for such action as they think necessary.

On motion duly seconded and carried, the Committees on Control of Cancer and Sociology were continued for the ensuing year.

On motion duly seconded and carried, the Council recommended to the Committee on Medical Education that the subject of "Scientific Diagnosis and Internal Medicine" be considered by the committee as a timely and suitable subject to be discussed next year.

At the annual session of the House of Delegates of the Ohio State Medical Association held May 15, 1917, a resolution was adopted to the effect that Council assume charge of the local arrangements for the annual meetings, bear the expense, provide for the entertainment and assume charge of the exhibits. Columbus, Ohio, was selected as the place for the 1918 meeting. To conform to this resolution the Council voted that a three day session be held and selected Dr. Teachnor as chairman of the committee on arrangements.

On motion seconded and carried, the President, Secretary of Council and Dr. Hunter were ap-

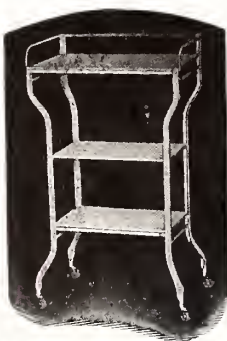


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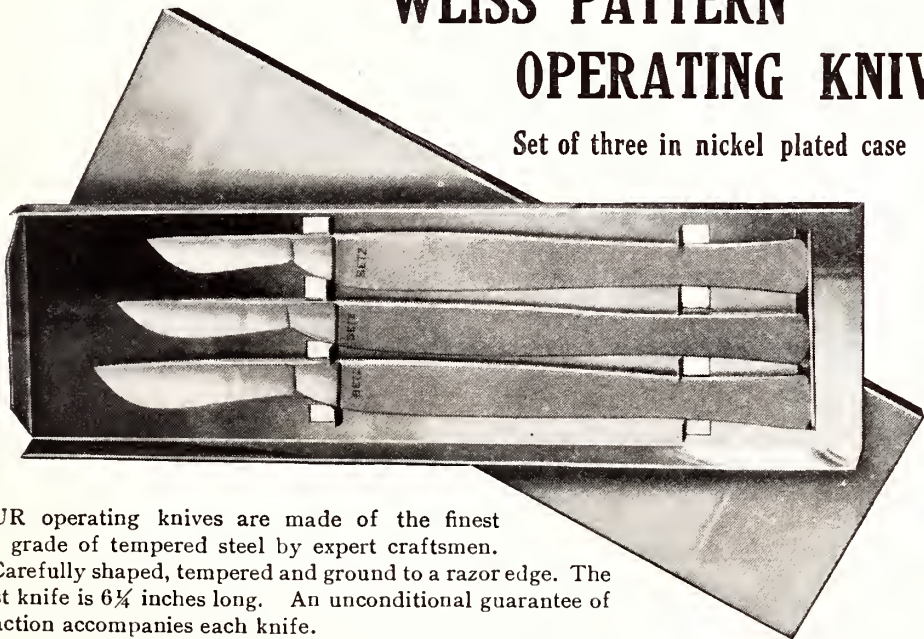
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pointed as the program committee of Council to arrange, with the various section officers, the program for the annual session.

On motion of Dr. Hunter, seconded by Dr. Van Note, the Secretary-Treasurer was authorized to pro-rate the dues of new members for the balance of the year in the same manner as it has been done heretofore.

Mr. Sheridan, the executive secretary, made a brief report for the Medical Defense Committee. He reported that the campaign for the solicitation of new members by the proposition of the American Medical Association, which was submitted to the Council at the last meeting, had been temporarily postponed.

On motion of Dr. Lichty duly seconded and carried, the President, President-elect and one member of Council were authorized, on the suggestion of the secretary of the Committee on Public Policy and Legislation, to call upon the Governor at an early date to discuss the question of medical legislation in anticipation of an early session of the legislature. Dr. Lichty was appointed by the President as a third member of the committee.

The President appointed the following committees for the ensuing year:

#### MEDICAL EDUCATION

Dr. Charles E. Briggs, Cleveland, chairman; Dr. William D. Porter, Cincinnati; Dr. Harry E. Hunt, Newark.

#### CONTROL OF CANCER

Dr. Andre Crotti Columbus, chairman; Dr. J. H. Jacobson, Toledo; Dr. Charles E. Holzer, Gallipolis.

#### GENERAL SECRETARIES COMMITTEE

Dr. J. F. Baldwin, Columbus, chairman; Dr. C. D. Selby, Toledo; Dr. K. R. Teachnor, Leesburg; Dr. C. O. Jaster, Lorain; Dr. Ivor G. Clark, Columbus.

#### CONTROL OF VENEREAL DISEASES

Dr. M. L. Heidingsfeld, Cincinnati, chairman. Dr. Charles Shepard, Columbus; Dr. R. S. Walker, Toledo.

#### COMMITTEE ON SOCIOLOGY

Dr. S. J. Goodman, Columbus, chairman; Dr. G. C. McCullough, Troy; Dr. J. F. Elder, Youngstown.

There being no further business the Council adjourned to meet Monday, October 1, 1917, at Dr. Baldwin's office.

*Dayton*—Dr. C. A. Ihle, of Cincinnati, has removed to Dayton and established offices in the Reibold building. Dr. Ihle is limiting his practice to treatment of diseases of the skin—a field in which he has had wide experience.

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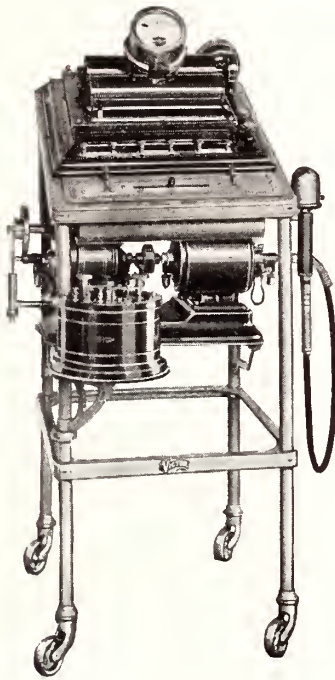


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 \*\* NEWS NOTES OF OHIO \*\*  
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*Wellston*—Dr. John E. Sylvester and family are spending the summer in Colorado.

*Cincinnati*—Dr. E. O. Swartz is taking post-graduate work at Johns Hopkins Hospital.

*Younstown*—Dr. C. W. Colby, formerly of Wellsville, has opened an office in this city.

*Norwalk*—Dr. M. L. Battles has moved here from Olena, where he practiced three years.

*Ironton*—Dr. Lester Keller, formerly of this city, has purchased a large ranch at Yorba Linda, California.

*Ashtabula*—Drs. E. A. Darby and M. E. Stewart of Toledo have established permanent offices in this city.

*Eaton*—Dr. and Mrs. A. A. Lovett, left July 14 for a trip to Glacier Park, Wyoming and Yellowstone Park.

*Mt. Vernon*—Dr. F. L. Singrey left July 25 for New York City to attend medical clinics and take post-graduate work.

*Geneva*—Dr. Frank W. Beck, recently of Girard, Pennsylvania, has taken possession of his new office in this city.

*Woodstock*—Dr. Martin E. Harrell, a 1917 graduate of the Cincinnati Eclectic Medical School, will open an office here.

*Warren*—Dr. Edward Brinkerhoff recently moved here from Bristolville where he has been practicing for the past 30 years.

*Lancaster*—Dr. H. M. Hazelton has been appointed health officer to act in the absence of Dr. C. H. Hamilton, during the war.

*Kunkle*—Dr. Howard J. Luxan has located here. He was formerly house surgeon at the Wabash Hospital, Peru, Indiana.

*Lore City*—Dr. Charles F. Shively has opened an office here. He recently completed an internship at St. Francis Hospital, Columbus.

*Cincinnati*—Drs. E. O. Smith and C. E. Shinkle of Cincinnati, addressed the Eagle Valley Medical Society at Sanders, Kentucky, on August 8.

*Fremont*—Dr. W. L. Stierwalt and daughter have returned from Hot Springs, Arkansas, where they spent a month for the benefit of the doctor's health.

*Ashtabula*—Dr. R. B. Wynkoop has tendered his resignation as coroner of Ashtabula County. Mr. Leo D. Brown, an embalmer, was appointed to succeed him.

*Massillon*—Dr. R. W. Dickey has moved from this city to Atlantic City, New Jersey. He will be located in the Park Apartments, Ohio and Atlantic Avenues.

*Tiffin*—Dr. Proctor Benner has retired from

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"Diastase normally exists in constant proportion all the tissues, organs and fluids of the human body where its action has been demonstrated to be intracellular, as for example, converting the glycogen of the liver that its product may be utilized for structural growth and repair of wastes."

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active practice. Dr. Benner has been a Tiffin practitioner for 14 years, having been associated for five years with his father, the late Dr. C. T. Benner.

*Canton*—Dr. Claude D. Hamilton has been appointed by the health board as city physician. Heretofore Dr. C. A. Portz has been Canton's only city physician, but increased work made a second appointment necessary.

*Cambridge*—Dr. and Mrs. N. M. Dewees have gone to Palacios, Texas, to take possession of their new suburban home and fruit farm. Besides cultivating his farm Dr. Dewees expects to continue medical practice in Palacios.

*Urbana*—Dr. C. C. Craig has returned after spending four months in Florida. He has announced that due to the condition of his health he will retire from the practice of medicine, in which he has engaged for 20 years.

*Akron*—Dr. J. J. McShane resigned August 1, as head of the city health board to accept a position on the Illinois state board of health. Dr. McShane, who is an expert epidemiologist, expects to have a larger field for his work in Illinois. The Akron post pays \$2800.

*Wauseon*—Fulton County Republicans are "booming" Dr. E. H. Rorick, retired physician of Fayette, for governor. They consider his service

as a member of the state board of administration a step toward the governorship, and point to his splendid public record in institution work.

*Elyria*—Dr. George H. Matson, secretary of the state medical board, successfully prosecuted a midwife, who had evaded registration, here on July 30. A fine of \$25.00 and costs was imposed. While in this part of Ohio, Dr. Matson and his assistant made opportune calls on a druggist, a masseuse and a chiropractor—all offenders against the medical act.

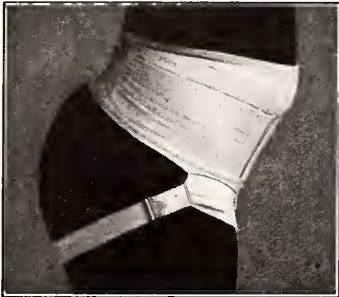
*Eaton*—Owing to the advanced price of drugs, increased traveling expenses and the high cost of living, Preble County physicians have been compelled to raise their prices and have adopted the following fee bill which became effective July 20: Town visit, \$1.50; country visit, \$1.50 for first mile and 50c extra for each additional mile or fraction of mile; additional patient in family, 75c; night visit, after 8 p. m. and before 7 a. m., 50c to \$1.00 extra; office call, 75c and \$1.00; ordinary case of confinement, including one visit, \$15.00. All other work advanced in proportion.

*Cleveland*—Dr. Walter G. Stern, orthopedic surgeon to the Mt. Sinai Hospital was elected vice-president of the American Orthopedic Association at its annual meeting in Pittsburg, June 2, 1917.

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The important work of providing trained neurologists and psychiatrists for war service has been undertaken by the American Medico-Psychological Association in connection with the National Committee for Mental Hygiene. Dr. E. A. Baber, superintendent of the Dayton State Hospital, has been made chairman of the Ohio Committee and is engaged in recruiting neurologists and psychiatrists for this service.

Statistics show that mental disorders increase very materially during war times. For example, they show that the percentage of mental disorders among the troops on the Mexican border was three times as great as the adult rate in New York state. During the Spanish American War the rate ranged from eight to twenty per thousand. In this war our first army of 500,000 men may be expected, during the first three years, to develop 4,500 cases of insanity. In addition to definite mental disorders there will develop a wide range of hysteria and neurasthenia. This has materially increased during the mobilization period. In France splendid results have been obtained in the neuro-psychiatric clinics, through which fighting men have been returned to the front in two or three weeks, after neurotic invalidism lasting for several months.

The American plan, as outlined by Dr. Baber, provides for the establishment of a neurological ward of thirty beds in connection with each of the main base hospitals. All men having had special experience in this field are requested to communicate with Dr. Baber.

### Lawyers Like Our Plan.

The promptness with which Ohio physicians are tackling the problem of protecting the interests of brother physicians who enter the service has been the subject of wide comment. At the recent meeting of the Ohio State Bar Association it was highly commended and the lawyers adopted a similar plan to protect enlisted lawyers. The press comment has been very general. The following editorial from the Cleveland Press is typical:

"We learn today a lesson in patriotism and unselfishness from the doctors. In at least one state (Ohio) the medical men have agreed to share fees with doctors who go to the front.

"Thus, if Dr. Brown goes to the front and Dr. Smith stays home, Smith forwards to Brown half of any fees he may get for treating Brown's patients in Brown's absence.

"The medical profession is filled with traditions of heroic and unselfish action but there is nothing that quite matches this for broad gauge human goodness on such a large scale.

"We have to thank the war for showing up in the human race an immeasurable amount of lofty idealism and willingness to serve and sacrifice that ordinarily we would not suspect was there.

"We hope many will follow where these doctors lead."

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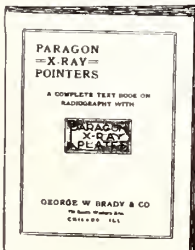
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**American Hospital Association Meeting Cleveland,  
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Ohio physicians, particularly those interested in hospital work, will have a splendid opportunity this month to hear a discussion of hospital matters when the American Hospital Association meets in Cleveland. The sessions open on Tuesday, September 11, and continue through the balance of the week.

One of the chief topics of discussion will be the effect of war upon hospital management. The disruption of staffs due to war service, the vital question of food and surgical supplies and the governmental standardization work are questions that will be thoroughly reviewed.

Hospitals are keenly alive to the social insurance question. On September 12, the association will consider the report of the committee on health insurance to be submitted by Dr. S. S. Goldwater of New York, while Dr. Thomas Howell of New York will speak on the relation of the hospitals to workmen's compensation acts. The Wednesday evening session will be devoted to a discussion of hospital business management, with papers by Dr. A. R. Warner, Mr. F. E. Chapman, Mr. Howell Wright of Cleveland and Dr. A. C. Bachmeyer of Cincinnati.

Copies of the official program may be secured by addressing the Cleveland Hospital Council, Anisfield Building, Cleveland. The following are some of the interesting papers noted:

*Organization and Direction of After-Care Committee for Poliomyelitis*—Dr. Donald E. Baxter, New York City.

*The Venereal Disease Problem and the Hospital*—Dr. H. L. F. Locke, Hartford, Conn.

*Publicity as a Means of Education and Support*—Dr. Frederick D. Greene, New York City.

*Hospitalism, Causes and Treatment*—Mr. Pliny O. Clark, Wheeling, W. Va.

*The Reorganization of the Civilian Hospital on a War Basis*—Major Winford H. Smith, M. R. C., Baltimore.

*Role of the Civilian Hospital Organization in Time of War*—Colonel Jefferson R. Kean, U. S. A., Director American Red Cross.

*The Hospital, a Teaching Institution*—Dr. H. G. Goodwin, Albany N. Y. Discussion by Dr. C. R. Holmes, Cincinnati, Ohio.

*The Relation of the Superintendent to Research Work*—Dr. H. O. Collins, Minneapolis, Minn. Discussion opened by Dr. J. F. Baldwin, Columbus, Ohio.

*The Preservation of the Health of the Civilian Population in Time of War; What the Civilian Hospital May Do to Aid the Government*—Surgeon-General Rupert Blue, U. S. P. H. S.

*The Obligation of the Community to Support Adequate Hospital Facilities*—Dr. W. T. Graham, Iowa City, Iowa.

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# Ohio State Medical Journal

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**Next Meeting of the State Association,  
Columbus, May, 1918**

## Editorials

### Now is the Time

Right now, at the beginning of the Fall season, is the time to overhaul your county medical society and inject new life.

The general disorganization caused by war preparations has had its effect on medical organizations in many communities. This must not be. There never was a time in the history of the state when the need for intensive organization was greater. There never was a time when it was more necessary to maintain a high standard of efficiency in the medical profession.

Not only problems incidental to wartime are pressing, but many home conditions will need attention during the coming months. It is of the greatest possible importance that county medical societies keep in touch with the survey that has been started by the state in the field of sickness insurance. The executive secretary has arranged to keep the legislative committeemen of each society in close touch with the progress of this survey, and these problems as they arise should be made the subject of careful discussion in county society meetings. This is a big subject—the biggest that has ever faced the profession in this state, and unless we keep in touch with it from the start irreparable damage may be done.

Dr. E. O. Smith, the President of the Association, is active and on the job. He has made arrangements to attend a number of county and district meetings. Crowd him a bit. Endeavor to have him visit your county. He is in close touch with the medical situation in the state, and can inject enthusiasm.

Keep in touch with your district councilor. If he doesn't volunteer to visit your society, get after him. Keep him informed as to your programs, and if there is internal trouble in your organization, call him in.

And, for goodness' sake, support your county society officers when they attempt to speed up things and get results. Remember, they are not paid to cajole you into attending meetings or reading a paper. They are doing it, unselfishly, in an honest endeavor to improve medical practice conditions in your county, your state and the nation.

### The New Sickness Insurance Commission

Governor Cox after several months of delay, late in August announced the personnel of the state commission to study the subject of sickness insurance and old age pensions. The commission has started work and plans an extensive survey of the subject upon which to base its re-

port to the General Assembly which convenes early in 1919. The personnel of the commission is as follows:

Mr. W. A. Julian, Cincinnati, manufacturer; Mr. T. J. Donnelly, Columbus, secretary Ohio Federation of Labor; Dr. D. F. Garland, Dayton, director of public welfare and well known social worker; Dr. Andrew Warner, Cleveland, superintendent of Lakeside Hospital and one of the most prominent medical social workers in the country; Prof. M. B. Hammond, Columbus, member of the faculty of Ohio State University, and member of the original commission which administered the workmen's compensation act in Ohio; Mr. O. B. Chapman, Youngstown, leader of the labor group in the Ohio General Assembly, and member of the executive committee of the Ohio Federation of Labor; and Mr. W. R. Kennedy, Youngstown, president of the Youngstown Sheet and Tube Company.

It will be noted that there is no practicing physician on this commission—a fact that must be deplored by all who recognize the close relation between this general subject and the practice of medicine. Dr. Warner, the single physician appointed, is a man splendidly equipped for the work, but his training and affiliation tends to cause him to approach the subject from the social rather than the medical viewpoint. The medico-social viewpoint undoubtedly should be represented, but we had hoped that the governor would add a second physician to this commission, and select a man for the additional place who is familiar with the every-day conditions of medical practice in Ohio. However, on the whole, we feel that this is an excellent commission and one that will not foist upon the state any ill-considered plan.

The appointment of a commission means that Ohio is to give serious consideration to a matter that is of tremendous importance to the citizens of this state and particularly to the physicians of Ohio. It means that Ohio will not enter blindly upon the development of any system without ascertaining the facts and thoroughly understanding its probable effects. The newly appointed commission has \$25,000 which it may spend for the employment of a secretary and a corps of investigators. By profiting through the investigations made in other states—notably California, Massachusetts and New York—and by the established facts relative to the operation of social insurance in European countries, this amount should be sufficient for a fairly thorough survey of the question. The main fact to determine, of course, is, how sickness insurance would fit into the industrial situation here in Ohio.

The scope of the commission's work is specifically outlined in the following terms: "It shall be the duty of such commission to make an inquiry into the subject of sickness, and the causes thereof; the loss to individuals and to the public

thereby; the adequacy of the present methods of treatment and care of such sickness and of meeting the losses caused by such sickness by existing insurance companies or associations, or otherwise; and the influence of working and living conditions upon the health of employed and unemployed persons and methods for the prevention of such sickness, and other related subjects. It shall also be the duty of such commission to make an inquiry into the subject of old age in its relation to industry and to the public interest and of the adequacy of existing methods of caring for aged workers."

The commission is directed to make a full report of its work and findings to the Eighty-third General Assembly which will be convened in Columbus in January, 1919, but it is also authorized to make partial reports prior to that time.

This probably is the most important problem facing the physicians of Ohio. Through our Columbus office this Association will keep in close touch with this newly appointed commission, and through *The Journal* we hope to make it possible to keep every member in the state thoroughly advised as to the development of this survey.

It should be thoroughly understood that the Ohio State Medical Association is not committed upon this subject. In fact, the writer believes that a majority of our members are radically opposed to any system of this sort. But the Association, as an association, will endeavor to maintain a judicial attitude and to consider the facts as they are presented and to base its conclusion upon these facts.

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#### New Executive Heads

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During the present month boards controlling two of the state departments most closely affecting the medical profession have called new men to assume executive charge.

Dr. H. M. Platter, of Columbus, has been selected by the State Board of Medical Registration to assume the important duties of secretary and executive officer. On Dr. Platter will fall the task of carrying forward the duties laid down by Dr. George Matson. Dr. Platter is well fitted for this work. His experience in the State Department of Health, and his service as assistant secretary of the board at the time it was organized on its present basis, will serve the state in good stead. Let us all co-operate with him and his department to lighten the task.

The reorganized State Health Department passes under the control of Dr. A. W. Freeman, selected by the new State Health Council as State Commissioner of Health. With broad powers, the development of public health activities in this state from this time forward will be largely in Doctor Freeman's hands. *The Journal* will do everything in its power to aid Dr. Freeman and his staff in this important work.

### Ohio is Responding Splendidly

Ohio physicians are responding splendidly to the call by the Surgeon General for medical officers. Drs. Ben R. McClellan of Xenia and M. B. McGonigle of Toledo, lieutenants in the Medical Officers Reserve Corps who are touring the state for the recruiting service, have met with splendid response thus far. They find that the physicians of Ohio are facing the situation squarely and that generally speaking, the medical profession realizes that every available man must do his bit of army service.

Starting in Northwestern Ohio, these men have proceeded from county to county, holding recruiting meetings in each county seat town. These meetings are arranged through the office of the Executive Secretary of the Association, and an effort is made in each county to secure the attendance of every physician in each county. Almost without exception this has been done.

Late in September there was an annoying interruption in this work caused by conflicting orders issued by the Surgeon-General. While on tour, following the pre-arranged schedule, Dr. McClellan and Dr. McGonigle were suddenly ordered to report for duty to Fort Benjamin Harrison. Of course, it was necessary to at once drop their work in Ohio and obey orders. This made it necessary to hurriedly cancel several meetings, and to temporarily postpone all recruiting plans.

At the instance of Dr. C. A. Hamann, chairman of the State Council of Defense, Medical Section, Mr. Sheridan went to Washington, September 20. New orders have been issued and recruiting work will be resumed early in October.

The delay is regrettable, but unavoidable. Every governmental department in Washington is overloaded. Many civilians are giving up their private affairs to help out. In the period of reorganization mistakes are inevitable.

It is practically certain, however, that the recruiting service will be resumed in Ohio during October, under the direction of Dr. McClellan and Dr. McGonigle.

Dr. McGonigle presents the actual facts relative to military service and gives the physicians an idea of army conditions. He is prepared to answer in detail all questions concerning pay, equipment, character of service, etc. Dr. McClellan presents the patriotic features of the situation. He emphasizes the tremendous and pressing need that the country is now facing, and places the emergency in such light that every doctor who hears him speak is forced to give his individual case grave consideration. Dr. McClellan does not underestimate the extent of the sacrifice which the busy physician must make if

he enters army service, but he also points out the compensatory features.

"Those men who go into the army medical service will be thrown into direct contact with the leading physicians and surgeons of the allied countries," he points out. "They will return to their home communities at the end of the war much better physicians than when they entered the service. They will have profited by having their wits sharpened by constant service, by having an abundance of wonderful experience, and by their direct contact with the great men of the profession."

The professional advantages offered by army service and the unprecedented conditions abroad were set forth in detail. Dr. McClellan cited the experience of a young Cincinnati man—son of Dr. Robert Carothers—who several months ago entered the British medical service and has since been stationed in an English war hospital. Although barely three years out of medical college, this young man has had a variety of clinical experience in this work far in excess of experience gained by the average physician or surgeon in a life-time. At the close of the war he will return to this country wonderfully equipped to proceed with his profession.

These men have an official communication from Surgeon General Gorgas which serves to clear up the situation relative to special services for specialists. When a man accepts a commission in the Medical Officers' Reserve Corps he must accept it without "strings," but the Surgeon General has promised that men who are fitted for work in special branches will be assigned to that work in the army insofar as it is possible. This of course is in accordance with sound sense, as it will be necessary in building up a great military organization to command the best ability of every man who enters service.

Again *The Journal* urges that when these recruiting officers visit your county you make it a point to attend the general meeting, and to have a personal talk with the visiting officers. Their visit to your city will afford you an opportunity to get in intimate touch with the service, and if you are contemplating enlistment they are authorized to give you the physical and professional examination. Relative to the latter point, *The Journal* is in a position to assure you that it is not ultra-technical, and that any physician who is able to conduct a general practice of medicine and who bears a good reputation in his community will be able to pass this examination without the slightest trouble. Many men who have been away from college for a number of years naturally fear any technical quiz. The army examiners realize that a busy practitioner cannot maintain the same technical proficiency that is possible for a recent graduate, and they make full allowance for this condition.

### Another Lie Nailed

When the American Osteopathic Association held its annual meeting in Columbus early in August, the statement was issued that osteopaths has been admitted to the medical service of the United States Army on a par with licensed physicians. Press agents employed by the Ohio osteopaths dilated on this alleged fact to their heart's content, gleefully asserting that the army medical corps had "broken down" and that the government found it necessary to turn from medicine to osteopathy.

At the time we doubted the statement, but as there is considerable confusion in Washington we were not able to secure an authentic denial until recently. This evidence of the unreliability of the claims made by the osteopaths is reinforced by the leading editorial in the September number of *The Journal of Osteopathy*—which is published at Kirksville, Missouri. We quote:

#### OSTEOPATHY TURNED DOWN

"Osteopaths have been refused commissions in the Medical Service of the United States Army, despite the assurance published a month ago that they would be allowed to take the same examination as those having an M. D. degree. When the actual examination papers of osteopathic physicians came into Washington, with applications for commissions, the papers were returned, not accepted. The judge advocate general had ruled that the M. D. degree was essential."

We wonder if the osteopathic press bureau will give the same publicity to this as to the previous announcements.

### Dope-Sellers Are on the Run

The days of the patent medicine fraud are numbered. In Congress, the anti-prohibitionists are fighting the patent medicine manufacturers, charging that proprietary medicines are merely beverages which escape the prohibition laws under the cloak of medicines. A St. Louis congressman recently cited 747 patents with alcohol content ranging up to 90%, listed by the Internal Revenue Department. The better class of druggists likewise are getting away from domination by these swindlers. In northern Ohio they are co-operating with Dr. R. H. Bishop, health commissioner of Cleveland, who is waging a persistent war against "doped" package medicines. President Eugene R. Selzer of the Ohio State Pharmaceutical Association, in his recent presidential address at their annual meeting, made the following comment:

"I feel that I ought to speak of what is being done in Cleveland regarding false and misleading advertisements for proprietary medicines. Our City Health Commissioner has ordered the Cleveland druggists to discontinue the sale of a number of them. The advertisements bore

false statements and the analyses showed them to be harmful or worthless. The Northern Ohio Druggists' Association passed a resolution not to sell any Baby Soothing Syrups or medicines containing narcotics. I believe that all members feel the same about soothing syrups containing narcotics. If our association would look into this matter and take action, the public would appreciate it very much."

When the druggists the state over take a strong position against fraudulent proprietaries, the days of the business will indeed be numbered.

### The Council is Busy This Fall

The Council of the State Association is feeling the effects of war demands. One member, Dr. M. J. Lichty of Cleveland, has entered active military service as a commissioned officer. Two members—Drs. Wells Teachnor of Columbus and E. J. March of Canton—are serving on the federal district exemption boards. They are facing heavy and responsible tasks. The remaining members of the council, almost without exception, are serving on the local and district exemption boards. So, if during the next few months your councilor seems to be neglecting your society, be a bit charitable.

### You Can Do Your Bit

Are you doing your share to help boost the cause of medical organization in Ohio by helping boost *The Journal*?

We believe you will admit that *The Journal* is a considerable factor in galvanizing our organization work.

The most practical method by which you can help us in the rather difficult task of issuing a "live" journal is to patronize our advertisers, for they provide the great bulk of the sinews of war.

Look over the advertisements in this issue. Bear these firms in mind. Other things being equal, give them at least a share of your business. They are helping, very materially, to make possible the continued development of this journal.

**THE LUTIN TEST.**—Confirmatory of previous investigations, H. N. Cole and H. V. Parysek find that some non-syphilitics respond positively to the luetin test and that in those non-syphilitics who do not respond spontaneously the reaction can generally be provoked by iodides. They also demonstrated that the reaction may be provoked by potassium nitrate and potassium bromide. Proving that the potassium ion in the potassium iodide and bromide was not concerned in the reaction, they found that the luetin test may be provoked by sodium bromide, sodium iodide and calcium bromide. (*Jour. A. M. A.*, April 14, 1917, p. 1089.)



## Dr. George H. Matson---Who Sacrificed His Life For the Public Good

When, on August twenty-first, death issued summons to Dr. George H. Matson, for eleven years secretary and executive officer of the State Board of Medical Registration, the medical profession of Ohio and the citizenship of the state sustained a real loss. His going has left a gap that will be very difficult to fill.

He died in harness. We believe that he would have preferred that way. Facing a mountain of work, he had rushed to the Union Station in Columbus to catch a train for Toledo, where more of the board's work awaited him. Death came with terrible suddenness. When he left his office a few moments before he apparently was in the best of health. He dropped to the floor while standing in the waiting room. Before medical aid could be summoned he had passed away.

The writer of these few lines knew George Matson—had been closely associated with him in his official work for five years. He knew him to be, first of all, a splendid gentleman, kind and honorable. He knew him to be a public official whose loyalty and devotion to the state which he served was so great that he drove himself unsparingly to safe-guard the public interest. He knew him to be so up-standing, so honorable and square in his difficult public dealings that even the worst of the black-guards who constantly fought him were unable, at any time, to besmirch his character in the slightest degree.

\* \* \*

Practically, George Matson sacrificed his life to the cause of medical education, and in the protection of the public from the crooked and the incompetent. There can be little doubt of it.

The tremendous pressure of over-work commenced four years ago, when after years of careful study he became convinced that the state, to protect the next generation, must take active measures in the control of the half-baked and dangerous cults. He investigated the situation in other states and conferred at length with his colleagues in different parts of the country. The present Platt-Ellis law, which provides for the licensure of these individuals and offers some measure of control, was the direct result of his labor in this field. It is a new thing, and revolutionary, but those who have investigated the Ohio situation feel that Ohio has taken a step in the development of this system that other states must eventually take.

At about this time, the nurse registration question became a live issue in our state—which had hitherto lagged behind in this field. Doctor Matson, after endless conferences with the different interests affected, succeeded in bringing them together finally and as a direct result of his unflinching work the Legislature was prevailed upon to adopt the system now in effect.

This meant the addition, simultaneously, of two involved and delicate tasks to his already onerous duties. Those of you who were not familiar with the situation here at Columbus have no conception of the immensity of the task, and its peculiar difficulties. In the nurse registration field, for example, hundreds of applicants were clamoring for exemption certificates. To each applicant it was a serious matter, and each case needed individual attention. Later, the question of hospital recognition and nurse training became the subject of bitter controversy. Doctor Matson, after first convincing himself that he was right, stood by his guns and fought to the finish for the establishment of what he felt to be the right



DOCTOR GEORGE HIRAM MATSON

*“Those who knew him best,  
loved him best”*

principles. Many of us disagreed with him on points at issue, but without exception, so far as I know, his stand was respected.

The cult registration situation was far worse. In dealing with the hospital and nurse questions, he was dealing with honorable men and women. In dealing with the cult practice problems he was brought into constant clash with a gang of human skunks, male and female.

Do not understand that I class all cult practi-

tioners under this heading. Many of them are honest enough, and decent enough, no matter how deluded they may be. But there are in the group many who deserve penitentiary sentences rather than state recognition—and it was these who made Doctor Matson's task so difficult in his last two years.

With their weazened brains fired by the thought of "easy money" to be gained through gulling the sick, they would stop at nothing in their wild scramble to secure certificates under the exemption clauses of the Platt-Ellis law. It was Matson who stood in their path—protecting the public so far as he could against their rapacious and dangerous demands. It was Matson who stood the brunt of the attack, which ranged from personal vituperation to trumped up arrests on fake charges, and unsigned communications threatening death.

But Doctor Matson, smiling and uncomplaining, held his position unafraid and defied them to the end. If the Platt-Ellis law eventually proves to be the public protective measure which we believe it will become, the new system will stand as a monument to the industry, fidelity and uncompromising bravery of this splendid man.

\* \* \*

Doctor Matson was a man who had many friends and many enemies. Big men have. While he was the chief target of the attacks of anti-medical propagandists throughout the country, he was likewise the personal friend of many of the country's most prominent medical educators. He was one of the organizers of the Federation of State Medical Boards of the United States, and always was active at its national meetings. In the legislative councils of the American Medical Association his advice was always sought and usually followed.

While he was entirely lacking in political cunning, the politicians in this state respected him and seldom attempted to interfere in the workings of his department. The governors who have been in office have relied on him, explicitly, for advice in state matters of a medical nature. Particularly the present governor turned to him for counsel in this field. He knew that what Matson told him would be Matson's honest opinion, not subject to the slightest modification by any influence under the shining sun.

One of the finest tributes that has been paid him is from the pen of Mr. James Faulkner, the veteran Columbus correspondent of *The Cincinnati Enquirer*. Those of you who are familiar with things political in this state, know that Mr. Faulkner is exceedingly sparing in his words of praise. He has for years been extremely critical of the medical profession, and in many legislative fights in recent sessions he came in sharp conflict with Doctor Matson. But, following his untimely death, Mr. Faulkner, after commenting

upon the substantial loss to the medical profession, wrote:

"As a public servant he was scrupulously honest and frugal, denying himself ordinary comforts in traveling in order to keep down his expense account. This ancient champion of moderation in all things had many a 'set-to' with the secretary because of the eternal row over converting medical ethics into Ohio statute law, but it always knew in what part of the ring to find him—directly in front! The medical profession can esteem itself lucky if it ever succeeds in getting another man who will like Matson, make its cause his own and be ready to die for principle."

Similar expressions in and around the State House were common.

\* \* \*

I believe that the medical profession of Ohio will never fully comprehend the debt it owes to Doctor George Matson. Unless thrown into intimate and constant contact with him it would be impossible to understand the extent of his devotion to his ideals and to the interests of the sick people of the state. He never spared himself. Time was no object. He worked until the task was completed. He deliberately sacrificed his personal aims to the public welfare. Time after time members of the Medical Board, who knew that he was wrecking his health, begged and ordered him to take a rest—to go on a long vacation. He would merely smile, and dig harder into the task ahead of him.

His public spirit manifested itself in many ways. He was intensely interested in the development of Ohio State University, and was prominent in the alumni activities of the college. He knew the country's need for medical officers, and had accepted a commission in the Medical Officer's Reserve Corps. His friends, knowing the great need for his services at home, pleaded with him to avoid the army—but he was prepared to answer a call at any moment.

He was, in fact a brave, generous, capable man of that rare type who places the public good above personal gain. In expressing sympathy to the widow and daughters on whom the loss falls most harshly, we base that expression upon some knowledge of how tremendous the blow must be. A man of Doctor Matson's type is the man who leaves the widest gap in the home circle, for they who knew him best, loved him best.

NASOPHARYNGEAL DISINFECTION BY HYPOCHLORITES.—While the practical sterilization of infected wounds by means of hypochlorites has been effected, the sterilization of the nose and throat is far more difficult, especially in the case of diphtheria and meningococcus carriers. Encouraging results from the use of a hypochlorite substitute, dichloramine-T have been reported, but these require confirmation. (Jour. A. M. A., Aug. 25, 1917, p. 651).

## Original Articles

# Sarcoma of the Stomach\*

Frank Warner, M.D., F.A.C.S., Columbus, Ohio

RECENTLY I made a detail histological study of a series of malignant tumors.<sup>1</sup> This discussion is based upon the anatomical study of three specimens—two specimens of leiomyosarcoma and one of Hodgkins Disease<sup>2</sup> of the stomach—and a review of the literature.

The first recorded case of sarcoma of the stomach was by Bruch,<sup>3</sup> in 1847. Later, Virchow,<sup>4</sup> 1864, made a report of the disease. Wolff<sup>5</sup> relates the communication concerning sarcoma of the stomach made by Cayley. This was followed by the observations of Hardy, Dreyer, Drost, and Hermann Schlesinger. Since these, many observers are constantly enriching the literature on this disease.

While sarcoma of the stomach is still regarded as a rather rare disease, the figures relating to its frequency are being slightly recast, from time to time, as many laboratory specimens of supposedly carcinomatous involvement of the organ are being more carefully studied.

Frazier,<sup>6</sup> in reporting one case, quotes Drost and Wild, who had collected 423 sarcomas of various structures, one of which was situated in the stomach. In the list of 840 specimens of sarcoma of the Berlin Pathological Society, there is but one of the stomach.

Yates,<sup>6</sup> in his collection of 800 malignancies of the stomach, found that but 2% were sarcoma.

Aaron,<sup>7</sup> in commenting upon the infrequency of sarcoma in comparison to carcinoma, states that Hosch, in giving the results of 13,387 autopsies, found six primary sarcomas of the stomach, and that Tilger, in 3500 autopsies, relates a single case of sarcoma of that organ.

It is usually stated now that sarcoma constitutes about 2% of the primary malignant diseases of the stomach. Means and Forman<sup>8</sup> give the collected cases of sarcoma of the stomach as 202.

The age of incidence seems well distributed, though greatest between the ages of 40 and 50 years, according to Carner and Fairbanks, (quoted by Frazier) and also MacCormack and Welsh, who collected 35 cases were between the ages of 50 and 60 and six between 60 and 80. Opposed to these conclusions, Scudder<sup>9</sup> thinks the disease is one of the young, while Hertzler<sup>10</sup> believes it about equally distributed throughout the various ages.

The majority of sarcomas of the stomach are located either on the posterior wall or greater curvature, though they are about as generally distributed in position as they are in the age at

which they occur. Next to these positions, they have been found, in the order of their frequency, on the lesser curvature, anterior wall, cardia and pylorus. Occasionally the infiltration is pretty general throughout the wall of the stomach. The fact that pyloric stenosis is of such infrequent occurrence led Dauwe and LaRoy<sup>7</sup> to the conclusion that the diagnosis of sarcoma of the stomach might reasonably be excluded when this took place.

Of the two specimens of sarcoma of the stomach which I had opportunity to study, one was of a large cystic type, taking its origin from the greater curvature, and the other was a smaller growth arising posteriorly from the pyloric region of the stomach. Both were leiomyosarcomas or malignant leiomyoblastomas.

Carcinoma takes its origin from the mucous membrane of the stomach, while sarcoma arises from the:

1. Connective tissue, when it is a true fibrosarcoma.
2. From the smooth muscle cells of the wall of the stomach, as in the two specimens mentioned above, when it is a leiomyosarcoma or malignant leiomyoblastoma.
3. From the lymphoid nodules, when it is a malignant lymphoblastoma, following Mallory's classification, (lymphosarcoma—Hodgkin's disease).
4. From endothelial cells of blood vessels or lymph channels when an endothelioma, or hemangio-endothelio-blastoma results.

Much has been said by the collectors of the various cases reported in regard to the type of cell of which the growth is largely composed—whether small round celled, large round celled, small spindle celled or large spindle celled. While this gives us some information in regard to the liability to metastasize, the small round celled being the most frequent and the spindle celled the least likely to effect this change, it does not tell us the cell origin of the tumor and leaves one in the dark as to whether the malignant growth has arisen from fibroblast, lymphoblast or smooth muscle cell. A differential stain should be made, if we would further learn the type of sarcoma.

A careful study of the different cell types from which a sarcoma of the stomach develops, and the method of development from these cells, helps to explain the different behavior of their growth.

There are four types of tumor of the stomach

\*Read before the Section on Surgery, Ohio State Medical Association, in annual session at Springfield, May 15, 1917.

which are non-epithelial, yet malignant in their progress:

1. Leiomyosarcoma.
2. Fibro-sarcoma.
3. Lymphoblastoma.  
Lymphosarcoma.
4. Endithelioma.  
Scirrhus type—Hodgkin's disease.

First. *Leiomyosarcoma* occurs frequently at the same period of life—between 30 and 50 years—that malignant leiomyoma of the uterus develops.

Just as a sarcoma may engraft itself upon a leiomyoma of the uterus (as described in a recent paper<sup>11</sup>) so a like tumor of the stomach may undergo similar behavior. Indeed the history of the growth of leiomyosarcomas in both the stomach and uterus would seem to indicate that the original tumor was not unlikely benign in character; that the malignant behavior of the cells is a later expression of their growth. If this is the case, it well explains why sarcoma of the stomach is regarded by many writers as being of such slow growth. In fact it is the one principal point that helps differentiate sarcoma from carcinoma of the stomach. A leiomyosarcoma takes its origin, as its name implies, from the smooth muscle cells of the stomach. The appearance of the cells may be that of the cells of any sarcoma elsewhere—they may be round celled or spindle celled growths, the latter being the less malignant of the two. These variations in the appearance of the cells are due to the rapidity of the growth; the more rapid the development of the neoplasm, the less opportunity for a differentiation into the usual spindle type of cell making up the smooth muscle fibres. To determine the origin of the cells, a differential stain must be employed.

If a leiomyoblastoma is not malignant at the outstart, it is easy to see why many cases of sarcoma of the stomach have been thought to have been in existence for a long time; whereas, the malignant element may have only recently engrafted itself on the growth. A leiomyoma might exist for years without causing any more pronounced symptoms than a similar growth causes, generally, in the uterus, but when the malignant element has engrafted itself thereon more pronounced symptoms manifest themselves.

A true *fibro-sarcoma* is developed from the connective tissue. It occurs especially in young individuals and may be expected to grow more rapidly than the preceding form of tumor. When considering the age at which a sarcoma of the stomach develops, one must remember that the preceding type occurs later in life than fibrosarcomata.

*Lymphoblastomas* develop from the lymph nodules in the stomach. The growth may result in the formation of a lymphosarcoma or in the scirrhus form of a lymphoblastoma, Hodg-

kins disease. These neoplasms occur usually in young adults or early middle life. One of the specimens studied by me was of this type.

Though Hodgkins disease of the stomach arises from the lymph nodules of that organ, there is not an unanimity of agreement as to whether the lymphatic involvement is neoplastic or inflammatory. If neoplastic, it is a lymphoblastoma of a malignant type (scirrhus lymphosarcoma). Mallory<sup>12</sup> holds strongly to this view.

Any round-celled sarcoma bears the same appearance. In the examination of such a specimen, it may appear to be a lymphosarcoma, when on more careful examination with differential stains, the growth may prove to be either a derivative of smooth muscle fibres or fibroblasts. Very frequently, in rapidly growing and very cellular leiomyosarcomas and fibrosarcomas, the opportunity for complete differentiation of the cell types is so slight as to result in round cells, not characteristic of their origin. These facts should be borne in mind in making a diagnosis of the type of a sarcoma; otherwise one may pronounce the neoplasm a round celled sarcoma, when in reality the growth may be a leiomyosarcoma, a fibrosarcoma, or a lymphosarcoma.

A *lymphosarcoma* is more apt to produce metastases than any other non-epithelial tumor of the stomach. These metastases occur at an earlier date in the progress of the neoplasm. These metastases also occur more readily because of the smallness of the cells and their ameboid properties, thus making it easy for them to enter and diffuse themselves in the various lymphatic spaces.

Forman<sup>13</sup> observes: "From the study of a single section it may prove impossible to differentiate the lymphosarcoma from several other forms of lymphoid overgrowth—especially from a gland involved by chronic lymphoid leukemia or aleukemic leukemia (pseudoleukemia without fibrosis). In lymphosarcoma there is not a leukemic state of the blood. There is an infiltration form of growth with a regional distribution, as a rule. So it is by a study of the clinical data, the relation of the lymphoid overgrowth to the rest of the organism, and the microscopical sections taken from many portions of the tumor, that a diagnosis of lymphosarcoma can be made."

The *endotheliomata* arise from the endothelial cells of the lymph vessels or the blood vessels. They seldom produce metastases either in the stomach or elsewhere in the body.

Sarcoma of the stomach has been regarded as a rather rare disease, but more careful investigations will likely show that it is much more frequently encountered than has been thought. One must know the manner of growth in order to explain their clinical symptoms.

A diagnosis of sarcoma of the stomach is scarcely possible preceding operation and a histological examination. At one time Harlow Brooks,

Dauwe and Leroy<sup>7</sup> thought the absence of free hydrochloric acid and the presence of occult blood pointed to carcinoma rather than sarcoma of the stomach. But all observers see cases of carcinoma of this organ with a normal amount of free hydrochloric acid and no occult blood. Even with a small amount of occult blood present, it forms only a feeble link in the chain as a diagnostic point.

The operative treatment of sarcoma of the stomach seems rather more hopeful, in some of the sources of its cell type origin, than does that for carcinoma. Metastases are a later occurrence in sarcoma than in carcinoma of this organ.

These practical points seem worthy of the surgeon's consideration when an exploratory operation for a malignant growth of the stomach is done. In some cases, the mass, if carcinoma, may seem scarcely worth the trial of removal, when if not carcinoma, the neoplasm could be more successfully attacked because of the improbability of metastases having occurred and its lesser malignancy.

#### CONCLUSIONS.

1. Sarcoma of the stomach is frequently mistaken for carcinoma.

2. In discussing the age at which sarcoma of the stomach occurs, its tendency to metastasize and the rate of its growth, one should have clearly in mind the cell origin of the neoplasm of which he is speaking.

3. A sarcoma of the stomach may take its cell origin from smooth muscle cells from fibroblasts, from lymph nodes of that organ, or from endothelial cells of the lymph spaces or blood vessels.

4. Depending upon the cell type of their origin, a sarcoma of the stomach may be a leiomyosarcoma, a fibrosarcoma, a lymphoblastoma, a

lymphosarcoma, a scirrhus lymphosarcoma or Hodgkins disease, or an endothelioma.

5. The form of sarcoma of the stomach which most frequently results in metastases is the lymphosarcoma; least frequently, the endothelioma.

6. Leiomyosarcoma is the slowest in growth and less likely to metastasize than lymphosarcoma or fibrosarcoma.

7. Lymphosarcoma and fibrosarcoma occur at an earlier age, as a rule, than leiomyosarcoma.

8. There is less tendency to recurrence after the removal of a leiomyosarcoma or fibrosarcoma of the stomach than after an excision of a carcinoma.

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## Some Bacteriological Findings in Conjunctivitis\*

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THE bacterial findings in conjunctivitis differ greatly in different regions, and it is in recognition of this fact that the observations in Cleveland are reported and contrasted with those from certain other places.

During this series of examinations no epidemic of conjunctivitis occurred. There were observed 197 cases of acute and chronic conjunctivitis. The secretions from 106 of these cases, or in about 54 per cent., were negative bacteriologically, or contained only those organisms found in nearly every normal conjunctival sac. Twenty-three cases in which the staphylococcus aureus was found, and one in which the staphylococcus citreus was present, are included among the neg-

atives cases, because it has not been proven that the staphylococcus produces conjunctivitis (1). In man, all experiments for producing conjunctivitis by rubbing virulent staphylococcus aureus into the intact conjunctival sac have failed (2). Two cases in which the micrococcus catarrhalis was found are also included among the negative cases, because this organism has not been proven to cause inflammation of the conjunctiva (3).

The number of cases the secretion from which was bacteriologically positive was 91, or about 46 per cent. The organisms which are reported as having been found in these cases were present either in pure culture, or if the infection was a mixed one, the organism reported was the one which predominated, or which appeared to be the most important.

The Morax-Axenfeld diplobacillus was found in

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37 cases, or about 41 per cent., while the Koch-Weeks bacillus was present in but 2 cases, or 2.2 per cent. Thus in the absence of an epidemic of contagious conjunctivitis, the diplobacillus is frequently encountered in Cleveland, while the Koch-Weeks bacillus is a very rare finding. Both the diplobacillus and the Koch-Weeks bacillus are wide spread over the earth, but their distribution is very far from an even one, and to this irregularity of distribution considerable interest is attached. There is also a very great geographical irregularity in the comparative frequency of occurrence of the diplobacillus conjunctivitis and of the Koch-Weeks bacillus conjunctivitis. In some districts diplobacillus conjunctivitis is relatively frequent while that due to the Koch-Weeks bacillus is scarcely known. In other sections of the same country Koch-Weeks conjunctivitis is frequently met while the Morax-Axenfeld form is less commonly seen. In this country in New York City conjunctivitis due to a Koch-Weeks infection is frequent, while that due to the Morax-Axenfeld diplobacillus is uncommon. Of 80 cases of conjunctivitis occurring in New York City which were bacteriologically positive, the Koch-Weeks bacillus occurred in over 56 per cent., and the diplobacillus in but slightly over 6 per cent (4). From Philadelphia (5) and Chicago (6) have been reported findings quite the opposite to those reported from New York. In those cities the diplobacillus form of conjunctivitis seems to be common, while that due to the Koch-Weeks bacillus is a rarity. In Omaha (7) it has been found that the Koch-Weeks bacillus does not occur, but the diplobacillus is encountered. In Toledo, Snyder (8) found the Koch-Weeks bacillus but once in 203 cases of conjunctivitis examined bacteriologically, and observed the diplobacillus in 3 cases of this series.

In Canada, the diplobacillus form of conjunctivitis was observed 1015 times in Montreal during the past few years, while the Koch-Weeks type was met but 10 times (9).

The association of the Koch-Weeks bacillus with conjunctivitis is common in Paris (10). In Glasgow (11) the Koch-Weeks bacillus was associated with over 66 per cent. of 287 cases of conjunctivitis which were bacteriologically positive, while the diplobacillus was found in about 20 per cent. The Koch-Weeks infection was observed in 47 per cent. of 664 bacteriologically positive cases of conjunctivitis occurring in Aberdeen (12) and the diplobacillus in 41 per cent. In other parts of Europe the conditions are reversed and the Morax-Axenfeld organism is that most commonly found. Of 622 cases of conjunctivitis occurring in Freiburg (13) as the result of a bacterial infection, 83 per cent. was due to the diplobacillus while but 7 per cent. was occasioned by the Koch-Weeks bacillus. The diplobacillus infection was observed in Lausanne (14) in 66 per cent. of 281 cases in which causal organisms were found, while the Koch-Weeks organ-

ism was present in but 8 per cent. The Koch-Weeks conjunctivitis is met only very exceptionally or not at all in Marburg, Breslau, Rostock (15), Vienna, Würzburg and Copenhagen (16) while that due to the diplobacillus is not uncommon.

The pneumococcus is an organism of universal distribution, but pneumococcus conjunctivitis is very unevenly distributed. Infection with the pneumococcus was found 34 times, or in 37 per cent. of the cases of bacterial conjunctivitis observed in Cleveland. In New York (4) 27 per cent. of the positive cases were of pneumococcus origin. In Toledo, Snyder (8) found a similar infection in 28 per cent. of the cases which were associated with causal organisms. Similar findings have been reported from Chicago (6) and from Omaha (7) as well as from Marburg, Breslau and Rostock (15). In Freiburg (13) the pneumococcus was not as often observed, there appearing about 5 per cent. of such cases among 622 positive cases. In Lausanne (14), Glasgow (11) and Aberdeen (12) there was but 4 to 5 per cent. of pneumococcus infection among those cases of bacteriologically positive conjunctivitis which were studied.

Streptococci were found 10 times, or in about 11 per cent. of the positive cases of conjunctivitis studied in Cleveland. In one of these cases a streptococcus which was Gram-negative both in the original slide preparation and in culture, was associated with a severe conjunctivitis. In this case there was a free purulent discharge, marked chemosis and swelling of the lids.

The streptococcus mucosus was observed in one case of severe conjunctivitis in which the conjunctiva was chemotic and the lids swollen. Based upon the appearance of the conjunctiva and of the lids a diagnosis of panophthalmitis was made in this case, without inquiry as to the bacterial findings, and the eye was enucleated. Because of a corneal scar the vision with this eye was poor, but it was the only eye the patient possessed, the other having been previously excised. No signs of panophthalmitis were apparent in the enucleated eye.

Two cases of infection of the conjunctiva with the colon bacillus were observed. One case was that of an infant 3 days old, in whom both eyes were affected, there being chemosis and mucopurulent discharge. The second case occurred in a patient 73 years old who had a cataract in each eye. The eyes of this patient were treated for more than a year before the bacteriological findings warranted the performance of a cataract extraction.

The staphylococcus pyogenes albus was found in one case, and this is the only case of the many in which white staphylococci were observed where there seemed established a causal association with the conjunctivitis. The Meibomian glands of this patient were stuffed with secretion and there occurred occasional active foci of lid in-

fection from which the white staphylococcus was recovered. Twice cultures of this organism were inoculated into the anterior chamber of rabbits, and each time a violent hypopyon iritis occurred and an associated muco-purulent conjunctivitis.

Influenza bacilli were found in two cases. The gonococcus was found twice in this series, once in an infant and once in an adult.

The value of making routine bacteriological examinations from the secretion of inflamed conjunctiva cannot be too often urged. There are few or no typical clinical pictures by means of which the etiological diagnosis of conjunctivitis can be made, and there are few cases in which a knowledge of the bacteria associated with the condition does not to some degree influence the treatment and management of the case. If one intends making such a study of his cases of conjunctivitis, he should first familiarize himself with the bacteria which inhabit the normal conjunctival sac. Ignorance of the fact that the normally found xerosis bacilli resemble somewhat the true Klebs-Loeffler diphtheria bacilli, is responsible for an occasional startling diagnosis.

In many cases the study of a slide preparation made from the conjunctival secretion is sufficient, but in other cases cultures are necessary. Cultures would seem an advantage in every case, if the results are interpreted in the light of the findings from the original smear.

The technic employed in the study of the cases in this series consisted in the making of

implantation slide preparations with a small swab which had been rubbed over the surface of the conjunctiva. The advantage of this method is that in cases with scanty secretion, more of the secretion will be obtained with the swab than with a loop.

The implanting of the secretion on the slide instead of smearing it about, yields a preparation in which the cellular elements are nearly perfect, instead of being broken up. Toluidin blue solution was employed for staining, and the sharpness and definition of the picture obtainable with this stain are equalled by none of the more commonly employed stains.

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## Some Points in the Treatment of Syphilitic Brain Conditions\*

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IN calling attention to some of the organic brain changes due to syphilis, our object is to awaken the realization that every case of syphilis may be potentially a case of paresis, tabes or cerebral syphilis and that it remains to determine whether or not the nervous system may in years to come prove fertile soil for the onslaught of the spirochete.

In the Ohio State Medical Journal of February, 1916, we noted the apparent increase in the number of cases of paresis and the marked increase proportionately in those admitted to our state hospitals.

Paradoxical as it may seem, this can be viewed in a hopeful light, for we realize that more physicians are recognizing syphilitic brain diseases and are making efforts to restrict the activities of those affected at a time when the judgment shows marked impairment. It is our hope that the physician may use the simple methods at his

disposal to diagnose the cases early—very early, in fact before the clinical symptoms have become marked and destructive changes take place in the brain tissue.

It is fortunate that but 2% of the cases of syphilis develop paresis, but as yet we have no means of knowing which two it will be. Though we may know the treatment given in the initial and secondary stages, this knowledge is of little assistance. We shall in time awaken to the fact that every case of syphilis must have, as a safeguard, at least one or two examinations yearly of the blood and spinal fluid.

It is rare that a case of syphilitic brain disease is admitted to this hospital where the initial lesion does not antedate the present trouble by more than five years. So often we are told that the syphilis was contracted years before and now, years after, the patient reaps a harvest of paresis, and before he is aware of the danger irreparable damage has resulted.

We realize that the manifestations of syphilis

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of the nervous system, as exemplified by paresis or tabes, are protean in character, and unless we pay attention to each case we overlook many in which the spirochete, or its end products, are the causative factors.

During the past year our routine Wasserman examinations have shown a rather large number of cases with positive reactions where we little expected. Of just what importance a positive Wasserman is in a case that clinically and psychologically belongs to the dementia praecox or manic-depressive groups, we are not prepared to say. It may be of secondary importance, but in some instances we have the so-called mixed psychoses.

We have several groups of cases that we know to be of syphilitic origin, among them being meningomyelitis, syphilitic meningitis, cerebral gumma, cerebro-spinal syphilis, endarteritis of the cerebral or spinal vessels, syphilitic neurasthenia, tabes and paresis.

Time and experience have shown that the remedies of value in treating the superficial lesions of syphilis are of little value in treating the tertiary, deeply-seated, destructive processes in organs like the central nervous system where the cells, as neurons, are highly specialized and whose powers of conduction are easily destroyed.

During the past two years I have been treating a series of seventy-five cases with the deep muscular injections of the salicylate of mercury. For a time I tried sodium cacodylate, but found it of no value. The cases were given one treatment each week. Some of them received but one treatment while others received as many as thirty-three. Although we used the insoluble salt and had as a result some sore gums and salivation, yet in no case was this serious. We have obtained a variety of results—some were very pleasing and some in spite of long continued treatment absolute failures. A few of the great number of paresis cases treated responded remarkably well. We have not, however, allowed our enthusiasm over these few cases to run away with our judgment, for we realize that these cases are not absolutely well, though they have made remarkable improvement clinically and in some instances cytologically. They still retain the agent which may at any time cause another mental conflagration. We have seen many cases of paresis show remissions without the aid of any remedial agents and for that reason we are conservative in making any claims.

There were three cases of sufficient interest to recite the histories.

No. 1-9238 admitted July 25, 1916. An agitated, expansive paretic with a history of lues fifteen years ago. Wasserman positive. Was excited, very delusional and homicidal. About one year previous to admission had an attack of depression and was given one treatment of neo-salvarsan with a "recovery." Within the first

seven weeks of his stay in the hospital he was given three treatments of neo-salvarsan with no effect. October 14 he was given his first treatment of the salicylate of mercury, followed by weekly treatments until January 20. During this time he received 23½ grains, usually in 2 grain doses. He was given warm packs for his marked restlessness, and within a short time showed a pronounced change for the better. This continued until he was allowed to go out on a trial visit with relatives who recently informed us that he continues quite well.

No. 2-9409 admitted January 18, 1917. A history of lues 20 years ago with a positive Wasserman at time of admission. An expansive, agitated case of paresis showing the most grandiose delusions I have ever seen. He had many money making schemes and showed marked motor restlessness. These delusions continued for about one month and disappeared over night—a very unusual occurrence. The patient said they seemed like a beautiful dream. Treatment was started two days after admission and continued until May 19. He was given from one to two grains at a dose and in 14 treatments received 21½ grains. He was also given 40 grains of potassium iodide three times daily during most of his stay in the hospital. We had some trouble with sore gums in this case. His improvement, which was both clinical and cytological, was gradual. When allowed to go home, he appeared normal to most of his friends.

No. 3—9587 admitted December 27, 1916. Was brought to the hospital in an ambulance in serious condition. For two weeks had been confined to bed and failing rapidly; marked tremors, untidy, unable to recognize friends. He was admitted in a very restless condition and would not remain in bed unless restrained. Was quite apprehensive. He had pronounced physical signs and was regarded as in the last stage of paresis. The marked restlessness responded nicely to warm baths. January 7, 11 days after admission, he was given his first treatment. In 7 treatments he received 10½ grains, at the end of which he showed a marked improvement mentally, but the tremors were still pronounced. At the earnest solicitation of his friends he was allowed to go home—not as recovered, but with the understanding that his treatment had only started.

These three cases who showed such remarkable improvement feel that they are well and it is in this that the grave danger lies. We appreciate that they are only improved and are at the point when intensive treatment long continued may arrest the disease. We might expect the patient, who has had pronounced impairment in judgment to fail to appreciate his danger, but if possible we enlist the aid of the friends and relatives in securing further treatment.

Although we do have changes for the better in some cases of paresis, it is in the cases of cere-



bral syphilis or syphilitic meningitis of the base of the brain that we expect more lasting benefits from treatment. These cases, many of which were formerly diagnosed as mania, depression, melancholia, paranoia, etc., manifest a variety of symptoms, depending upon the parts involved. They are now more correctly diagnosed with the aid of the laboratory.

We recently received from one of the general hospitals of the city, a case who presented many of the classical symptoms of mania but whose spinal fluid showed him to be a specific case. He died of exhaustion within a few days after admission, but at the time of his death had not developed physical signs that would justify a diagnosis of syphilitic brain disease.

Although it is not a difficult matter, with the aid of the laboratory findings and such clinical symptoms as may be manifest, to place these cases in a general group, it is in some instances a very difficult and almost impossible task to differentiate some cases of paresis from some of cerebral syphilis or syphilis of the base.

We have had some excellent results in a few cases that we regarded as paresis but whom we were treating in the hope that they might prove to be cases of some other variety. This is one time in which we are pleased to have the end result show us our mistakes in diagnosis.

We recall one case whom we had regarded as a far advanced, demented parietic who responded to nine treatments—17½ grains combined with K. I. He was not only well mentally, but his blood and spinal fluid were negative in reaction.

He was told to keep up treatment from time to time and keep in close touch with his physician.

We have treated but few cases of tabes and have no conclusions to offer. There have been some excellent results reported from the use of salvarsan and salvarsanized serum in this group. It is true here as with paresis that some cases have remissions without medication. We have one such patient in the hospital at the present time. He is able to do very fine cabinet making and inlaid wood work—most remarkable for a case of tabes of long standing.

When we see cases growing better without treatment and others growing worse in spite of all treatment it is very easy to assume an attitude of indifference and cease all efforts to find anything of avail. Institutions of this character are often censured because they do not show better results, but when we consider that many of our cases are what we might term end-result cases, we feel happy indeed to find so many of them showing improvement under intensive treatment.

In the cases where the destructive processes have taken place we can no more expect lasting results from anti-syphilitic treatment than can the surgeon in the inoperable cancer case. We expect and invite criticism, but unless the family physician can awaken his patient to the dangers of his syphilitic infection and the physician himself follow Fournier's dogma "strike hard, quick and often," we have no means at our disposal of preventing syphilitic diseases of the nervous system.

## Tumors of Urethra and Vesical Sphincter\*

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THE urethra is occasionally the seat of neoplasma of various kinds, and since the advent of endoscopy and cystoscopy, urethral and vesical tumors have been found more frequently than previously. They vary in gravity from benign to malignant growths. We would say from records of 100 cases examined during the past year that they occur in some form in at least ten per cent of all persons. They may either cause great disturbance or little inconvenience.

In this short paper we will take up separately, a brief discussion of the following tumors: papilloma, polyp, angioma, cyst, sarcoma and carcinoma.

### PAPILLOMA

Papillomata are found throughout the whole course of the urethra, but more especially in the

anterior urethra, and are usually associated with a previous history of urethritis. They are of a character similar to the vegetation found upon the prepuce or glans. They are sessile, with many warty protuberances when viewed through the endoscope. They spring from the papilla of the mucous membrane and are found more often singly near the bulb, and in groups or nests in the region of the meatus. This is sometimes reversed as in a case reported by the writer at the American Urological Society in April. Papillomata are prone to recurrence and we believe to malignancy if not energetically treated. The papillomata, when occurring in the posterior urethra of the male or at the vesical sphincter in either sex, are of the true villous type. The site of predilection in the posterior urethra is near the veru montanum. In the female the site of attachment in the urethra is just anterior to the vesical sphincter, extending through the sphincter to the edge of the trigone. These are independent of the vesical papillomata.

\*Read before the Section on Dermatology, Proctology and G. U. Surgery, Ohio State Medical Association, in annual session at Springfield, May 14, 1917.

## POLYP

The polyp while classed with the papilloma by many writers, which classification we believe to be incorrect, as they are more of a fibrous growth than epithelial, are especially found in that portion of the urethra anterior to the vera and posterior to the triangular ligament, and are of the same form and consistency as the polyp found in other parts of the body. We do not believe that they are dependent on any previous specific disease, as in three cases previously mentioned, two had no previous history of urethritis. No age is exempt, as cases have been recorded in children as young as seven months. They often have pedicles of such length as to allow the body of the tumor to extend into the vesical sphincter and thus cause great vesical irritation and interference with the urinary flow. Vascular polypi, to which the terms, urethral caruncles and angiomas have been applied, are found most frequently in the female urethra, being exceptionally rare in the male. They are found most commonly at the middle period of life, although they have been observed in patients as young as three years. In the female, they present themselves as a rule, at the external meatus or just within the urethra on the floor. In the male they are found just within the meatus or in the fossa navicularis. They appear as bright red succulent looking growths, having a distinct pedicle, and extremely sensitive. They are ordinarily single, but may be found multiple. The growth is composed of dilated capillaries intermixed with connective tissue, and has a covering of stratified epithelium.

## CYSTS

Cysts are found in the posterior urethra, and present themselves in two different types, viz: the inflammatory, which usually follows urethritis, is most frequently found in the supra montana portion, although quite often seen in the montane portion, and may involve the coliculus itself. The cysts vary in size from one to five millimeters in diameter and may be confluent or discreet. The simple discreet variety is the more common, tiny hemispheres or ovoid bodies occurring near the sphincteric margin.

The second type presents itself in the form of simple retention lesions, such as belong to the involution changes of the senile period.

Dr. Pelouze of Philadelphia described a new growth which he calls lymphoid bodies, and which he claims to have found in the posterior urethra of tubercular patients, which we will describe in his own language;

"The lymphoid bodies are small, slightly pedunculated or sessile, masses of tissue springing from a mucosa that seems little, if at all, inflamed. These bodies vary considerably in size, are of a pearly white, rarely red, color and minute blood vessels can be seen traversing their smooth unbroken surfaces. These are apparently solid masses of tissue that later seem to undergo a cystic change. In the cystic stage they are easily ruptured and a whitish substance exudes. When ruptured, they leave an abraded reddish surface, usually circular in outline, with a small shred of white tissue attached to the edge. Such areas may be the only evidence of urethral trouble and should excite suspicion.

While the location of these bodies is usually upon the lateral walls just distal to the vesical neck, they may occur upon most any portion of the prostatic urethral wall or veru montanum. I have observed them, upon one occasion, just distal to the bulbo-membranous junction of the urethra. They also occur in the anterior trigonal angle and urethra of the female."

We have seen no cases of malignant neoplasms of the urethra, but primary cases of such have been reported. In searching the literature we find that one primary case of each has been reported the sarcoma by Mark, and carcinoma by Grunfeld. Many other cases have been reported, but in most instances the diagnosis was not established until later in the history of the case; thus many are lead to believe that they were likely secondary to similar growths involving body of the penis in the male, or cervix in the female. The symptoms of urethral tumors are those of chronic urethritis with obstructions (if the growth be sufficiently large) and perhaps hemorrhage during micturition. Benign tumors of the urethra are usually found casually when the surgeon is seeking a case for protracted urethral discharges or irritation. They may sometimes be felt on palpation. Another symptom we have found in these cases of urethral neoplasms near the vera, has been impotency in varying degrees.

## SUMMARY

In our series of 100 cases examined, of which 24 were females, we found four cases of caruncle and two of papilloma. The papillomata extending throughout the whole anterior urethra. over the vesical sphincter of the trigone.

In the 76 males examined we found 7 cases of papilloma, one of which was multiple, the tumors extending throughout the whole anterior urethra. The posterior two inches of the anterior urethra were so studded with these growths that it was impossible to view any normal mucous membrane. We found six cases of single papillomata of which three were located at or near the meatus, and three in the posterior urethra, their site of attachment being near the veru montanum. One of these extended from this site through the vesical sphincter.

Three cases of polypi were found, their site of attachment being in that part of the urethra between the vera and the triangular ligament.

We also found one case which would come under Dr. Pelouze's classification, but until we had read his paper we were at a loss as to how to classify, but we are convinced that he is correct in his conclusions, as this patient was found to be tubercular, upon examination by an internist. We wish to compliment Dr. Pelouze on his initiative in describing this type.

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## Veratrum Viride and Pilocarpin Hydrochlorate---Two Valuable Remedies, When Indicated, if Carefully Administered

H. F. Biggar, M. D., Cleveland

FROM Dr. Fordyce Baker's "Puerperal Fever" I first learned of the value of *veratrum viride* (American hellebore—poke-root) in puerperal fever, and subsequently from others its value in the first stages of pneumonia and in acute pelvic infections. It is a dangerous remedy unless carefully given and closely watched. In the congestive stage of pneumonia and puerperal fever a half or one minim dose every two or three hours is sufficient to reduce the temperature and pulse, the repetition of the dose and the frequency depending on the temperature and pulse. In adults in pneumonia the dosage has been one to two minims every hour until the desired results are apparent; should the heart's action become affected then resort to strychnine to sustain. *Veratrum viride* is a depressor; it diminishes the force of the heart beat by a direct influence of the cardiac muscle and reduces arterial excitement. Norwood's tincture is a reliable preparation. I have found it also a valuable remedy in acute laryngitis.

I had a very unpleasant experience with *veratrum* in a four year old patient with bronchopneumonia. The condition was intensely severe—rapid pulse, high temperature and very rapid breathing. At the evening visit the patient was slightly improved, and instructions were given as to the frequency of the dosage, which was prepared as follows: 5 minims of *veratrum* in 4 ounces of water; a teaspoonful to be given every one or two hours or less frequently as might be indicated by the pulse and temperature. Early next morning I was summoned and found the patient moribund, cyanotic, almost pulseless, merely a feeble response and breathing only three to the minute—mere gasps—eyes fixed and glassy. I thought the case hopeless. The patient's father, a physician, began manipulating the heart by external pressure, when the little fellow gave a more pronounced gasp which was followed with a slight expectoration of bright blood and shortly after by three other expectorations, when breathing slightly improved and the cyanosis slowly disappeared.

The almost fatal condition was due to the nurse not following implicitly the directions and continuing the *veratrum* without observing the pulse and temperature. The father saved the son.

### PILOCARPIN HYDROCHLORATE

*Pilocarpin* (*jaborandi*—*pilocarpi-foliola*) has proved of great value in two very desperate cases. This was after Gerrard and Hardy (1875) had discovered the alkaloid of *jaborandi*.

Case 1. A lad of six years with scarlet fever,

throat invaded in appearance similar to the leathery patches in diphtheria. My first call found the patient with the entire skin copper colored and shiny, pulse feeble and rapid, temperature 104°, respiration labored, tongue smooth, red and dry and urine scanty.

I immediately asked for counsel for the case was desperate. As an apparently hopeless case we decided to give *pilocarpin* ¼ grain hypodermatically. The response was unexpectedly gratifying—within a half-hour the patient began to perspire with free salivation and frequent bowel and bladder movements. He recovered and is now a champion golfer.

Case 2. Mr. ———, 40 years, luetic, interstitial nephritis and for the last two years had occasional attacks of collapse with death seeming imminent. Both the patient and his family realized the seriousness of his condition. At each attack syncope became more critical. At 10 A. M. the patient began to show decided symptoms of profound collapse, and appreciating his condition, requested that if possible that he be kept alive until the arrival of his brother from the east at 12 M. When the collapse began, a hypodermic injection of ¼ grain of *pilocarpin* was given and in a half-hour the usual symptoms followed, so that when his brother arrived at 12:15 P. M. his mind was perfectly clear. At 2 P. M. another sinking condition was in evidence and he again requested the same treatment that he might greet, with a clear mind, a sister who was expected at 3 P. M. Another hypodermic was given with the usual symptoms but less pronounced, and when the sister arrived at 3:15 P. M. his mind was clear. He died at 4:15 P. M.

*Jaborandi*, either in the tincture or the fluid extract proportion, has been of value in the milder forms of uremia, scarlatina, dropsy, edema of lungs, exophthalmic goitre with tachycardia, irregular and dicrotic pulse and even in limiting the duration of parotitis and also in inducing diaphoresis.

SOME MISCELLANEOUS NOSTRUMS.—Newspapers advertise Swift's Sure Specific for the treatment of "rheumatism" and "impure blood." The advertising matter sent out by its promoters recommends "S. S. S." for the self-treatment of syphilis. No information is offered in regard to the composition of "S. S. S." except that it contains 15 per cent alcohol and the claim that it is "made from purely vegetable ingredients." (Jour. A. M. A., Aug. 25, 1917, p. 663.)

## Inflammation of the Eyes of the New Born--Observations of the Operation of the Present Law\*

James E. Bauman, Secretary and Executive Officer, Ohio State Board of Health, Columbus

THE act for the prevention of blindness from inflammation of the eyes of the new-born was passed by the Ohio General Assembly May 19, 1915, and became effective Aug. 20, 1915.

Briefly summarized this act provides as follows:

1. Inflammation of the eyes of the new-born is defined as "Any inflammation, swelling or redness in either one or both eyes of any infant, either apart from or together with any unnatural discharge from the eye or eyes of such infant, independent of the nature of the infection, if any, occurring any time within two weeks after the birth of such infant."

2. It shall be the duty of a physician, surgeon, obstetrician, midwife, nurse, maternity home or hospital of any nature, or the parent, relative, or any person attendant on or assisting in any way whatsoever, any infant or the mother of an infant at childbirth, or any time within two weeks after child birth, knowing the condition above defined to exist, to report such fact within six hours, in such manner as the State Board of Health shall elect, to the health officer of the city, village or township in which the infant or mother of the infant may reside.

3. It shall be the duty of the local health officer to investigate any case reported to him and to report all cases of inflammation of the eyes of the new-born and the result of all such investigations as the State Board of Health shall direct.

4. It shall be the duty of the State Board of Health to provide for the gratuitous distribution of a scientific prophylactic for inflammation of the eyes of the new-born, together with proper directions for the use and administration thereof, to all physicians and midwives; to provide, if necessary, daily inspection and prompt and gratuitous treatment of any infant whose eyes are infected.

5. Physicians, midwives, or other persons in attendance upon a case of childbirth in a maternity home, hospital, public or charitable institution, are required to use some prophylactic against inflammation of the eyes of the new-born, and to make a record of the prophylactic used in every case. It is also the duty of the midwife in every case of childbirth under her care immediately after birth to use such prophylactic against inflammation of the eyes of the new-born as the State Board of Health shall require.

6. The penalty for failure to report within six hours the condition of inflammation of the eyes of the new-born occurring in an infant under fourteen days old for failure to use a prophylactic, when required by law, is a fine of not less than fifty dollars nor more than one hundred dollars for the first offense, and for the second or subsequent offense a fine of not less than one hundred dollars nor more than three hundred dollars. It is made the duty of the prosecuting attorney of the county to prosecute all violations of this act.

7. It is made the duty of the State Board of Health to promulgate rules and regulations necessary for the purpose of this act, and such as the State Board of Health may deem necessary for the further and proper guidance of local health officers.

In compliance with this act the State Board of Health has issued and sent to each physician, midwife, nurse, maternity home and hospital in the state a circular containing the act and the rules and regulations, together with a pamphlet entitled "Sore Eyes May Cause Total Blindness." Blanks are also provided for the reporting of all cases of inflammation of the eyes of the new-born.

As in the notification of communicable disease, physicians have not, as a rule, reported these cases as promptly or as completely as they should. Reports from midwives and nurses have been more promptly made. To encourage the making of such reports and as compensation the act provides that a fee of fifty cents shall be paid by the state for each report properly made.

During the period August 20, 1915—December 31, 1916, \$387.50 was paid for reporting, divided as follows: physicians \$211.50, midwives \$136.50, nurses \$38.50, hospitals \$1.00.

Many reports are received for which compensation cannot be made. For instance, the law contemplates reports of cases of infants not more than two weeks old, also that the report shall be made within six hours after discovery. Therefore, compensation cannot be made where the provisions of the law will not apply.

The State Board of Health has been supplying a prophylactic for the treatment of the eyes of the new-born since 1910. Since the act went into effect 35,000 treatments have been distributed from the State Board of Health laboratory. The monthly distribution at this time is approximately 2,000.

In order to make it convenient for physicians and others to secure these outfits some three hundred stations have been provided. Usually, these are at drug stores. The outfits are also

\*Read before the Section on Hygiene and Sanitary Science, Ohio State Medical Association, in annual session at Springfield, May 14, 1917.

supplied on request to health officers, dispensaries, physicians, nurses and others who apply to the State Board of Health. There has been a very general distribution of a circular containing a list of these outfit stations.

A more general use of the prophylactic is desirable. As noted above the law requires that a prophylactic shall be used in the eyes of each child born in a maternity home, hospital, public or charitable institution. No distinction is made as to the person in attendance, whether it be a physician, midwife, nurse or other person. It is also required that a midwife shall use the prophylactic in each case of childbirth she attends. It would be of distinct benefit to use a prophylactic in every case of childbirth, no matter by whom attended or where the birth occurs.

Following is a brief summary of 1649 cases of inflammation of the eyes of the newborn reported to the State Board of Health, August 1915-December 1916.

1915 August	-----	16
September	-----	23
October	-----	37
November	-----	76
December	-----	99
Total 5 months, 1915, 251 cases.		
Monthly average, 50 cases		
1916 January	-----	101
February	-----	114
March	-----	125
April	-----	119
May	-----	101
June	-----	113
July	-----	120
August	-----	120
September	-----	119
October	-----	119
November	-----	118
December	-----	163
Total 12 months, 1916		1398 cases
Monthly average		117 cases

The monthly average of cases reported and investigated in 1916 was more than double the average for the five months of 1915.

Of the 1649 cases reported during the seventeen-month period, August 1915-December 1916, 914 were boys and 735 girls. Slightly less than 5 per cent were colored. Two of the reported cases occurred in mongolian infants.

In over 28 per cent of all cases the infants were under 4 days of age at date of report. These cases were cases of inflammation of the eyes of the newborn as defined by the legislation and required to be reported, but investigation reports indicate that for the most part they were cases of reaction of the silver nitrate and occurred particularly in the practice of midwives. This latter fact might be considered as evidence that midwives have a much larger number of silver reactions than do physicians were it not also evident from other facts at hand that many physicians do not report the slight reaction cases.

Physicians were in attendance at birth in 68 per cent of the cases and used a prophylactic in 78 per cent of all cases attended by them. There were only eleven reported instances of the failure of midwives to use prophylactic in the 512 cases attended by midwives at birth. In 26 instances, however, it could not be positively ascertained

whether the midwives did or did not use the prophylactic.

The investigation reports indicate specific infection in 902 cases, less than 55 per cent of all cases. The eye specimens examined totaled 452.

There were 37 cases of impairment or probable impairment of vision in the total of 1649 reported cases, 2 1-5 per cent of all cases suffering impairment or probable impairment. The probable impairment cases numbered 6 in all, and are included in the total of 37 cases although the physicians in attendance in each instance reported the damage to sight, if any, as slight. The following analysis of the impairment cases would indicate the effectiveness of the work for the prevention of blindness.

7 cases of impairment in 251 cases reported August-December 1915, 3 per cent.

24 cases of impairment in 673 cases reported January-June 1916, 3½ per cent.

6 cases of impairment in 725 cases reported July-December 1916, 4-5 of 1 per cent.

During the last three months of 1916, in which 373 cases were reported, no positively impaired vision case resulted and but one probable impairment case was recorded.

Of the 31 impairment cases 24 occurred in cities and 7 in villages and townships. From one city 7 cases were recorded, from a second city 4 cases, from 3 cities 2 each, and one each from the remaining 7 cities in which the infants were born. Of the 6 probable impairment cases, 5 occurred in cities and the other in a township.

The following table summarizes the impairment or probable impairment of vision in the 37 cases.

Total loss of vision both eyes	-----	2
Probable loss of vision both eyes	-----	1
Total loss of vision, one eye with partial loss of other eye	-----	6
Total loss of vision one eye	-----	14
Partial loss of vision both eyes	-----	1
Probable partial loss of vision both eyes	-----	1
Partial loss of vision one eye	-----	7
Probable loss of vision one eye	-----	5
Cases impairment	-----	31
Cases probable impairment	-----	6
Total cases, impairment	-----	37
Total cases, reported	-----	1649
Percent impaired vision	-----	.022

The history of the 37 cases of impaired vision as to attendance at birth and the use of a prophylactic is as follows:

**BIRTHS WITH PROPHYLACTIC REPORTED**

	Used	Not Used	Not Known	Total
Physicians	20	10	1	31
Midwives	2	1	1	4
Unattended at birth by physician or midwife with no Prophylactic used	-----	-----	-----	2
Total	-----	-----	-----	37

The figures show that physicians were in attendance upon 84% of the impaired vision cases, using prophylactic in 65% of such cases. Midwives attended only 11%, leaving 5% unattended at birth. While physicians attended at birth slightly over twice as many of the 1649 cases reported of inflammation of the eyes of the newborn as did midwives, they had in proportion 3½

times as many cases of impaired vision as did midwives. It should be noted the prophylactic was not used by the physician in 35% of the blindness cases, and in 22% of all the reported cases of inflammation occurring in the practice of physicians.

In the 20 cases of blindness in physicians' practice, with prophylactic used, the infants were with but few exceptions over four days of age at date of report. From this evidence and from consideration of age of infants in reported cases of inflammation of the eyes of the newborn, it seems probable that physicians may not watch closely enough for secondary infection and that the midwife's case of secondary infection is more quickly discovered and reported, the latter by reason of the more careful supervision of the midwife's cases by the public health nurse.

\* \* \*

While the state health department realizes that it has not secured anything like complete reports, it has been more successful in this respect than it has been in securing the prosecution of those who have failed or refused to make reports, when evidence sufficient to warrant prosecution has been furnished.

Information has been furnished the prosecuting attorney in 53 cases—against 36 physicians and 17 midwives; these were for failure to report 47, failure to use prophylactic 6. In 33 cases no criminal action was instituted by the prosecuting attorney; in three cases the grand jury failed to return an indictment.

In the 17 cases prosecuted, 3 were dismissed and 1 has not been decided, 13 were convicted.

The state health department has not filed information in all cases where there was a technical violation of the law, but has been satisfied to warn the offender. In most cases this has been sufficient to insure future reports.

The work that has been done in the prevention of blindness under the authority of this act, has not reached as far as the necessities of conditions demand. With the active co-operation of physicians and others in securing early reports of cases and assistance, and the means to promptly provide treatment much greater success may be expected for the future. The state health department has reason to be encouraged in this phase of its work by the fact that there has been an increasing interest manifested as the work has become better understood. The cost has been trifling when consideration is given to the fact that vision has been saved in many cases where failure to provide treatment would have meant a life-long infliction—the greatest infliction that can befall an individual, the loss of sight. If you have suggestions to make that will tend to increase the effectiveness of this work, you will find that the state health department will welcome your aid.

### Cost of Equipment

There seems to be much misinformation concerning the cost of equipment needed by medical officers in the Army. This has been made the subject of a recent circular issued by the War Department, copy of which has been furnished us by Colonel Charles Willcox of the Columbus Barracks. We quote:

"One common error is that the field outfit costs not less than \$300.00. An officer of the Reserve may easily spend this amount of money upon his outfit should he so desire; but it is entirely an unnecessary expenditure and an extravagance. Most officers of the Army buy their service uniforms from the Quartermaster Corps. The prices July 1, 1916, were as follows: coat, cotton, olive drab, \$1.33; woolen, olive drab, \$3.95. Shoes, russet, \$2.81. Overcoat, olive drab, \$9.04. Trousers, cotton, olive drab, \$1.19; woolen, olive drab, \$2.62. Cot, folding, \$2.06. Each officer should also provide himself with a folding chair, or table, the price of which is about the same as that of a cot; also a lantern and a few other articles. Owing to the recent increase in prices, raw material and cost of labor, these articles will be from two to two and a half times the prices quoted above.

"Blankets (each officer should supply himself with three) may be purchased in the open market at approximately \$6.00 apiece. Bedding rolls cannot now be purchased from the Quartermaster's Department, but should be purchased in open market for about \$10.00. Puttees, about \$10.00 per pair.

"It is an unnecessary extravagance for officers to purchase field uniforms at a price of \$40.00, \$50.00, or more.

"Mess expense. In the field officers as a rule mess with their organizations, the cost of which will be approximately \$15.00 per month. Additional expenses will depend the personal equation of the officer.

"The pay of the various grades is as follows: lieutenant, \$2,000.00, captain, \$2,400.00, major, \$3,000.00, plus ten per cent for foreign service.

Fifty dollars per month for an officer in the field would be a very liberal allowance for all expenses. It is understood that a number of medical men refuse to apply for commission in the Reserve Corps on the grounds that the mess dues and other necessary expense require the full salary of a first lieutenant. Such belief is absolutely incorrect. The expenses are as indicated above, and there is no reason why an officer in the field should not save the greater portion of his pay. In cantonments and camps in the United States the expenses would possibly be slightly higher, but in no case should they prevent an officer from saving the major portion of his pay should he so desire."

# THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

**ADAMS COUNTY**

Ellison, S. J. .... *West Union*  
 Kennedy, Edwin J. .... *Peebles*  
 Irwin, J. W. .... *Seaman*  
 Irwin, R. W. E. .... *Manchester*  
 Sproull, O. T. .... *West Union*

**ALLEN COUNTY**  
*Lima*

Basinger, H. L. ....  
 Black, William .....  
 Bradfield, J. C. ....  
 Hay, Virgil H. ....  
 Hibbard, Burt .....  
 Johnson, J. R. ....  
 King, G. W. ....  
 Day, J. M. .... *Waynesfield*  
 Gamble, Charles D. .... *Spencerville*  
 Miller, G. E. .... *Spencerville*  
 Soash, M. D. .... *Bluffton*  
 Wolfe, John R. .... *Delphos*

**ASHLAND COUNTY**

Heyde, Jacob M. .... *Loudonville*  
 Powell, Otho J. .... *Ashland*

**ASHTABULA COUNTY**  
*Ashtabula*

Burroughs, S. H. ....  
 Collander, Paul .....  
 Crosby, Charles C. ....  
 Pardee, A. H. ....  
 Wynkoop, R. B. ....  
 Dickson, O. A. .... *Jefferson*  
 Leet, W. H. .... *Conneaut*  
 Sherwood, G. O. .... *Geneva*  
 Wilson, Harold .....

**ATHENS COUNTY**  
*Athens*

Address, C. H. ....  
 Douthitt, C. M. ....  
 Farmer, A. G. ....  
 Hooper, E. L. ....  
 Merwin, J. T. ....  
 Osborn, F. A. ....  
 Crossen, K. T. .... *Albany*  
 Danford, V. G. .... *Trimble*  
 Harper, E. D. .... *Guyssville*  
 McLaughlin, P. R. .... *Guyssville*  
 Pedigo, S. E. G. .... *Marshfield*  
 Sprague, Wiley T. .... *Chauncey*

**AUGLAIZE COUNTY**

Deerhake, W. A. .... *St. Marys*

**BELMONT COUNTY**

Barrett, Park M. .... *St. Clairsville*  
 Berry, J. C. .... *Shadyside*  
 Wright, Fred A. .... *Bellaire*

**BROWN COUNTY**

Chaney, Herbert M. .... *Sardinia*  
 Jackson, E. H. .... *Georgetown*  
 Tyler, George P., Jr. .... *Ripley*

**BUTLER COUNTY**

Burdsall, R. E. .... *Seven Mile*  
 Griffith, W. E. .... *Hamilton*  
 Grafft, John A. .... *Hamilton*

**CARROLL COUNTY**

Hathaway, J. J. .... *Carrollton*  
 Rheil, J. A. .... *Mahers*  
 Shipley, R. T. .... *Carrollton*

**CHAMPAIGN COUNTY**

Harrell, Martin E. .... *Woodstock*  
 Middleton, A. H. .... *Cable*  
 Pearce, H. M. .... *Urbana*  
 Smith, M. L. .... *Urbana*

**CLARK COUNTY**  
*Springfield*

Hamma, C. B. ....  
 Miller, Harry .....  
 Ort, Wallace A. ....  
 Rind, Robert C. ....  
 Syman, L. L. ....  
 Weihrach, H. V. ....

**CLERMONT COUNTY**

Kennedy, Edw. J. .... *Milford*  
 Roberts, David M. .... *New Richmond*  
 Wakefield, J. D. .... *Loveland*

**CLINTON COUNTY**

Brown, Henry M. .... *New Vienna*  
 Conard, Robert ..... *Blanchester*  
 Hicks, W. M. .... *New Vienna*  
 Martin, A. B. .... *Blanchester*

**COLUMBIANA COUNTY**

Bailey, C. H. .... *East Liverpool*  
 Bennett, H. W. .... *Lisbon*  
 Mills, F. T. .... *Salem*  
 Thompson, R. B. .... *Salem*

**COSHOCTON COUNTY**

Cureton, R. F. .... *Walkonding*  
 Keenan, W. H. .... *Coshocton*  
 Lower, J. D. .... *Coshocton*  
 Wilson, Thomas R. .... *Bakersville*

**CRAWFORD COUNTY**

Caton, Russell J. .... *Bucyrus*  
 Gates, W. C. .... *Bucyrus*  
 Gordon, Harold J. .... *Bucyrus*

**CUYAHOGA COUNTY**  
*Cleveland*

Allen, Maurice L. ....  
 Barney, William R. ....  
 Bernstein, Theodore ....  
 Blankenhorn, M. A. ....  
 Boutwell, Joseph H. ....  
 Bowers, Charles A. ....  
 Brainard, Albert J. ....  
 Brock, Samuel .....  
 Bunts, F. E. ....  
 Christie, C. D. ....  
 Cooper, Frederick S. ....  
 Crile, George W. ....  
 Darby, John C. ....  
 Eisenbrey, A. B. ....  
 Forbes, Roy P. ....  
 Gibson, Frank S. ....  
 Gill, William C. ....  
 Goodman, Charles ....  
 Graham, Allen .....  
 Grossman, A. B. ....  
 Harrison, B. I. ....  
 Herrick, H. Burt .....  
 Hill, Walter C. ....  
 Hinton, Drury .....  
 Jasinski, I. E. ....  
 Jones, Thomas E. ....  
 Karshner, Howard ....  
 Kelly, S. W. ....  
 Kline, David R. ....  
 Lichty, M. J. ....  
 Lower, William E. ....  
 MacDonald, D. M. ....  
 Wakefield, E. F. .... *Chagrin Falls*  
 MacFarland, C. H., Jr. ....  
 Marine, David .....  
 McClellan, Joseph E. ....  
 McGay, N. P. ....  
 Morril, Gordon N. ....  
 Norton, James T. ....  
 Paryzek, Harry .....  
 Perkins, Roger G. ....  
 Placak, J. C. ....  
 Rogers, W. B. ....  
 Rohland, William F. ....  
 Ruh, Harold O. ....  
 Sanford, H. L. ....  
 Sherman, H. G. ....  
 Sherry, Leroy B. ....  
 Shupe, T. P. ....  
 Skeel, R. E. ....  
 Spurney, Anton B. ....  
 Stofey, Richard E. ....  
 Stone, Charles W. ....  
 Stotter, A. L. ....  
 Thomas, Meethyn A. ....  
 Treister, C. D. ....  
 Updegraff, R. K. ....  
 Wagner, Harold F. ....  
 Wahl, Harry .....  
 Warner, A. R. ....  
 West, J. Hubert .....  
 Williams, R. W. ....  
 Witt, E. E. ....  
 Yoder, I. I. ....

**DARKE COUNTY**

Bishop, W. D. .... *Hallansburg*  
 Hunter, Matthew C. .... *Greenville*  
 Husted, E. G. .... *Greenville*  
 Sarver, A. F. .... *Greenville*  
 Van Lue, J. W. .... *Gettysburg*

**DEFIANCE COUNTY**

Cass, James W. .... *Farmer*  
 Kettredge, M. R. .... *Evansport*

**DELAWARE COUNTY**

Miller, Floyd V. .... *Delaware*  
 Postle, Franklin D. .... *Delaware*  
 Robinson, G. E. .... *Ostrander*

**ERIE COUNTY**

Fenker, William T. .... *Sandusky*  
 Houghtaling, F. M. .... *Huron*

**FAIRFIELD COUNTY**

Bone, P. S. .... *Lancaster*  
 Brown, Carl W. .... *Bremen*  
 Hamilton, C. H. .... *Lancaster*  
 Lantz, James M. .... *Lancaster*  
 Lutz, Fred A. .... *Amanda*

**FAYETTE COUNTY**

Hodson, Herman O. .... *Washington C. H.*  
 Howell, Luther P. .... *Washington C. H.*

**FRANKLIN COUNTY**  
*Columbus*

Adel, E. E. ....  
 Albanese, N. A. ....  
 Boucher, H. E. ....  
 Boudreau, F. G. ....  
 Brehm, G. W. ....  
 Burkett, Doris V. ....  
 Dawson, Dudley T. ....  
 Denser, Clarence H. ....  
 Dodd, Verne A. ....  
 Duffee, W. E. ....  
 Dunn, J. M. ....  
 Dysart, N. C. ....  
 Eckstorm, J. B. C. ....  
 Edelman, Samuel D. ....  
 Edwards, J. C. ....  
 Elder, R. P. ....  
 Forman, J. ....  
 Gallen, F. T. ....  
 Gilliam, D. B. ....  
 Goodman, S. J. ....  
 Gordon, Elijah J. ....  
 Hauer, A. M. ....  
 Heckler, F. A. ....  
 Hindman, Samuel ....  
 Hugger, C. C. ....  
 Jolley, Roy F. ....  
 Jones, W. I. ....  
 Kerschner, J. E. ....  
 Lawrence, Gerald P. ....  
 Lehner, Charles S. ....  
 Ludwig, E. C. ....  
 Markwith, R. E. ....  
 Maxwell, Charles L. ....  
 McCafferty, Lawrence ....  
 McCampbell, E. F. ....  
 McClelland, C. E. ....  
 McDowell, John R. ....  
 McKay, Walter H. ....  
 Means, Jack .....  
 Oelgoetz, A. W. ....  
 Osborn, Morse F. ....  
 Owen, G. F. ....  
 Pfeifer, C. E. ....  
 Postle, C. D. ....  
 Postle, H. V. ....  
 Reel, Phillip .....  
 Russell, Lecky H. ....  
 Schaeffer, G. C. ....  
 Seeds, A. H. ....  
 Sellenings, Oscar H. ....

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

Shaffer, Edwin F.
Sharp, C. E.
Sheetz, J. W.
Smith, Edward E.
Smith, C. T.
Snively, Harry H.
Taylor, S. B.
Taylor, W. M.
Thornton, R. A.
Postle, Robert S.
Renner, John W.

Warren, J. H.
Wells, C. H.
Wilcox, S. S.
Williams, Fred
Wilson, Philip D.
Winders, Frank
Wright, H. R.
Wood, E. C.

HIGHLAND COUNTY
Ambrose, W. H.
Frame, J. H.
Larkin, J. C.
McAllister, J. L.
Varney, J. D.

HOCKING COUNTY
Hayman, E. H.
Lyon, Claude C.

HOLMES COUNTY
Olmstead, Atlee R.
Putnam, S. I.

HURON COUNTY
Gill, Robert C.

JACKSON COUNTY
Davis, Daniel W.
Gahm, Halder L.
Henry, J. W.
Parker, W. H.

JEFFERSON COUNTY
Biddle, James K.
Biddle, Victor
Erskine, DeMarr
Jones, Thomas
Maxson, Charles W.

Caldwell, John R.
Ferguson, G. A.
Huth, Leo

KNOX COUNTY
Blair, Harry W.
Clark, Edw. M.
Claypool, John R.
Conard, Carrol D.

Cooper, Fred S.
Pumphrey, J. M.
Workman, I. S.

Norrick, John H.

LAKE COUNTY
None reported

LAWRENCE COUNTY
Marting, W. F.
Stewart, Forrest R.

LICKING COUNTY
Brown, James A.
Hixson, A. H.
Johnson, E. H.
Lewis, W. H.
Marriott, L. L.

LOGAN COUNTY
Carey, William H.
McCracken, A. J.
Pratt, Malcolm L.
Pratt, Robert
Startzman, C. K.
Swan, G. H.

Croft, J. W.
Davis, Claude
Fulwider, Robert M.
Zurmehly, S. L.

LORAIN COUNTY
Hart, W. E.
Kramer, J. C.
Metcalfe, H. M.
Smith, Arthur B.

Dager, W. F.
Mikolando, Otto
Richardson, V. M.

LUCAS COUNTY
Belyea, James A.
Cass, James M.
Eystone, F. L.
Ferneau, Frank D.
Ficklin, Frank B.
Figley, Karl D.
Gillette, Norris W.
Girardot, Adolph J.
Harrison, Jay M.
Hetler, George A.
Iford, Daniel W.
Johnson, Philip M.
Lawless, Robert E.
McCormick, Edward J.
McGonigle, M. B.
Meador, H. B.
Myers, Foster
Pilliod, Frank W.
Reig, Phil W.
Schade, August H.
Souder, Charles G.
Whitwham, G. P.

Wilson, Dale
MADISON COUNTY
Christopher, Harry V.
Kerr, George M.
Parker, John W.

MAHONING COUNTY
Allsop, W. K.
Barrett, C. D.
Bierkamp, F. J.
Blaine, William M.
Borden, P. G.
Brant, A. E.
Buchanan, J. U.
Bunn, W. H.
Clark, C. R.
Cliffe, Earl
Fenton, R. W.
Fitzpatrick, F. P.
Hudnut, O. D.
Jones, M. P.
Kaskinski, T. J.
McCurdy, S. M.
McNamara, Frank W.
Meyer, Nathan W.

FULTON COUNTY
Evers, William
Hartmann, Carl F.
Maddox, W. H.
Murbach, Clarence F.

GALLIA COUNTY
Holzer, C. E.
Rose, E. J.

GEAUGA COUNTY
Hopkins, O. A.
Myler, T. F.

GREENE COUNTY
Darnell, William T.
McClellan, Ben R.
Shields, L.

GUERNSEY COUNTY
Danford, V. H.
Lane, Fred W.

HAMILTON COUNTY
Applegate, Matthew M.
Bader, Ellis
Baehr, Edward
Benjamin, Julian
Bentley, James M.
Biern, Oscar B.
Brown, Herbert A.
Brummett, J. S.
Byrne, John F.
Caldwell, J. A.
Carothers, Ralph
DeNeen, D. D.
Dryer, Charles S.
Ervin, Charles K.
Fayen, Emmet
Feid, Louis, Jr.
Fennel, Eric A.
Ford, Starr
Freiberg, A. H.
Freudenberger, Harry
Friedlander, Alfred
Geringer, Albert O.
Gillespie, William
Hagen, J. Stewart
Hall, Joseph A.
Hauser, Selmar
Holmes, C. R.
Kelley, Thomas
Kiely, C. E.
Koch, Arthur E.
Lamb, Benjamin
Lee, Duke
Lindenberger, L. N.
Maddox, Robert D.
Maertz, Charles
Swing, Fred
Cadwallader, J. C.
Klein, Elmer A.

Cincinnati
Maloney, Louis
McCarthy, Merrick F.
Mehan, George T.
Metz, Charles W.
Morris, Rodger
Mytinger, Walter
Neal, Charles A.
Odom, Stanley G.
Paden, Russell H.
Paul, Charles M.
Peterson, Marcellus L.
Pirrung, J. Edward
Place, Philip
Querner, Louis A.
Ransohoff, J. Louis
Rhodes, G. B.
Ross, William L., Jr.
Sattler, Ray
Schriver, L. H.
Schroeder, John H.
Shank, Reed
Smith, A. H.
Souther, C. T.
Southworth, J. Rufus
Spelman, John D.
Staley, R. W.
Stammell, Charles H.
Tomassene, Raymond A.
Topmoeller, W. J.
Urner, M. H.
Van Voast, R. A.
Ware, H. J.
Weintz, C. H.
Woodward, Henry L.
Woolley, Paul G.

Harrison
Norwood
Norwood

HANCOCK COUNTY
Cooper, Edwin H.
Pennington, P. C.
Todd, C. D.
Van Horn, A. M.

Findlay
Findlay
McComb
Findlay

HARDIN COUNTY
Belt, LeRoy L.
Nourse, John D.
Snodgrass, Frank B.
Phillips, D. P., Jr.
Schuette, R. G.

Forest
McGuffey
Mt. Victory
Ada

HARRISON COUNTY
Curtis, W. H. II.

Piedmont

HENRY COUNTY
Bolles, Julius R.
Norris, O. L.

Holaate
Deshler



# THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

<p>Morrall, R. R. Moses, C. H. Nesbitt, D. A. Osborn, H. M. Painter, A. M. Phillips, D. B.</p>	<p>Reed, C. M. Sherbondy, J. A. Thomas, E. R. Washburn, J. L. Wilson, B. W. Wolfert, C. C.</p>
<p><b>MARION COUNTY</b></p>	
Hurd, B. B.	Caledonia
Shira, Don	LaRue
<p><b>MEDINA COUNTY</b></p>	
Appleby, A. G.	Valley City
Brintnall, R. A.	Seville
<p><b>MEIGS COUNTY</b></p>	
Bing, Byron	Pomeroy
<p><b>MERCER COUNTY</b></p>	
Ayers, Frank E.	Celina
Gibbons, John T.	Celina
Ransbottom, I. J.	Coldwater
Schirack, C. J.	Coldwater
Wickerham, James O.	Rockford
<p><b>MIAMI COUNTY</b></p>	
Haley, Michael R.	Piqua
Teeter, Judson	Pleasant Hill
<p><b>MONROE COUNTY</b></p>	
Thomson, W. E.	Antioch
<p><b>MONTGOMERY COUNTY</b> Dayton</p>	
Bayless, C. O.	Kalter, G. E.
Carley, A. W.	Kislig, Fred K.
Cline, C. L.	Mansur, William B.
Coleman, C. A.	McClellan, H. H.
George, J. C.	McKemy, J. W.
Giffin, Guy G.	Rounds, Frederick C.
Hewitt, Archie E.	Wood, Thomas M.
Dickinson, T. H.	Germantown
Hunt, Charles T.	Miamisburg
<p><b>MORGAN COUNTY</b></p>	
Hill, J. F.	McConnelsville
<p><b>MORROW COUNTY</b></p>	
Bennett, W. S.	Cardington
Virtue, D. B.	Iberia
<p><b>MUSKINGUM COUNTY</b> Zanesville</p>	
Allen, S. L.	Brush, E. R.
Baron, Frederick S.	Sutton, Thomas
	Walters, Alvin H.
Loebell, Maurice	Sonora
Dells, Robert E.	Nashport
<p><b>NOBLE COUNTY</b></p>	
Dew, F. R.	Belle Valley
<p><b>OTTAWA COUNTY</b></p>	
McCracken, Charles	Port Clinton
Starkes, C. C.	Port Clinton
Van Epp, Owen B.	Port Clinton
<p><b>PAULDING COUNTY</b></p>	
Fast, L. R.	Paulding
Miller, John C.	Payne
Moats, George E.	Antwerp
<p><b>PERRY COUNTY</b></p>	
Burrell, Guthrie O.	New Lexington
McNerney, N. H.	Corning
Shaw, H. W.	Junction City
Sommer, J. C.	Somerset
<p><b>PICKAWAY COUNTY</b></p>	
Jackson, Harry D.	Circleville
McKay, W. H.	Orient
<p><b>PIKE COUNTY</b></p>	
Seiler, I. P.	Piketon
Tidd, E. W.	Stockdale
<p><b>PORTAGE COUNTY</b></p>	
Nichols, B. H.	Ravenna
<p><b>PREBLE COUNTY</b></p>	
Silver, H. Z.	Eaton
<p><b>PUTNAM COUNTY</b></p>	
Davis, B. P.	Ft. Jennings
Owens, Otto J.	Ottawa
Siddall, John D.	Kalida
<p><b>RICHLAND COUNTY</b></p>	
Mecklem, W. P.	Mansfield
Stober, John F.	Lexington
Walker, C. S.	Plymouth
<p><b>ROSS COUNTY</b></p>	
Dunn, A. H.	Chillicothe
Holmes, R. W.	Chillicothe
Smith, W. B.	Frankfort
Tinker, L. M.	Frankfort
<p><b>SANDUSKY COUNTY</b></p>	
Baker, E. W.	Clyde
Deemer, R. A.	Fremont
Eyestone, A. G.	Gibsonburg
Harding, Charles L.	Bellevue
Philo, D. W.	Fremont
Trumbull, H. N.	Woodville

<p><b>SCIOTO COUNTY</b> Portsmouth</p>	
Moore, A. R.	Rardin, J. S.
Quinn, W. A.	Robe, O. W.
Rapp, Harry F.	Ruggles, S. D.
<p><b>SENECA COUNTY</b></p>	
Johnston, Cecil	Fostoria
Leonard, William N.	Fostoria
Wenner, Henry L., Jr.	Tiffin
<p><b>SHELBY COUNTY</b></p>	
Connor, Franklin	Sidney
Engleth, Benjamin	Anna
LeMaster, Vernon	Sidney
<p><b>STARK COUNTY</b></p>	
Barnard, Benj. C.	Alliance
Casey, L. E.	Minerva
Dougherty, J. B.	New Berlin
Hamilton, Claude D.	Canton
Holston, J. D.	Massillon
O'Brien, John D.	Canton
Ramsey, P. M.	Alliance
Scranton, Homer J.	Alliance
South, John J.	Massillon
<p><b>SUMMIT COUNTY</b> Akron</p>	
Barton, E. W.	Luce, R. V.
Gillespie, B. H.	Postle, R. S.
Haralson, C. H.	Power, R. E.
Heckert, H. R.	Rogers, W. J.
Logan, G. M.	Smith, C. C.
Alspach, E. Z.	Kenmore
Long, P. B.	Copley
<p><b>TRUMBULL COUNTY</b> Warren</p>	
Ailes, M. D.	Manley, O. T.
Hoover, D. E.	Waller, C. E.
Knappenberger, M. T.	Wright, E. H.
Moore, L. G., Jr.	Kinsman
Williams, C. C.	Niles
<p><b>TUSCARAWAS COUNTY</b></p>	
Calhoun, G. E.	Uhrichsville
Coleman, H. A.	New Philadelphia
Marquand, B. A.	Canal Dover
Shawacker, K. E.	New Philadelphia
Wilson, Roy A.	Dennison
<p><b>UNION COUNTY</b></p>	
Boylan, J. L.	Milford Center
	F. C. Marysville
Goff, William M.	Marysville
MacIvor, Angus	Marysville
<p><b>VAN WERT COUNTY</b> Van Wert</p>	
Church, Charles G.	Lawhead, W. E.
Flemming, R. C.	Leake, N. E.
Logan, _____	
Hanna, Myron	Scott
Musgrave, A. C.	Ohio City
Reed, F. E.	Wren
Reeder, M. E.	Ohio City
Roller, W. C.	Wilshire
<p><b>VINTON COUNTY</b></p>	
Cox, O. S.	McArthur
Henry, W. H.	Hamden
<p><b>WARREN COUNTY</b></p>	
Krohn, C. P.	Morrow
<p><b>WASHINGTON COUNTY</b></p>	
Adair, Frank	Beverly
Edwards, C. E.	Brounsfield
Gale, Larry	Newport
Penrose, J. B.	Marietta
Sellew, Timothy	Watertown
Stewart, J. M.	Marietta
<p><b>WAYNE COUNTY</b></p>	
Bertolette, Harry B.	Shreve
Ice, K. C.	Shreve
<p><b>WILLIAMS COUNTY</b></p>	
Long, James W.	Bryan
Curl, George	Edgerton
Patton, Homer H.	Mountbeler
Pemberthy, Jesse P.	Bryan
<p><b>WOOD COUNTY</b> Bowling Green</p>	
Boyle, Frank V.	Rae, James W.
Harrison, A. M.	Schrader, C. O.
Biggs, I. L.	Custar
Bowers, M. H.	Perrysburg
Wetherill, J. C.	Weston
<p><b>WYANDOT COUNTY</b> Upper Sandusky</p>	
Bowman, J. C.	Smith, Arthur N.
Kenan, Frederick	Naus, Walter L.
Griest, T. C.	Nevada
Van Buren, R. C.	Carey

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## War Notes

On September 15 the Surgeon General's office announced that commissions in the Medical Officers' Reserve Corps had been recommended for 716 Ohio physicians, or 8.9 per cent of the 8045 physicians who are registered in Ohio.

In the official ranking of states issued by the Council of Defense, Medical Section, this does not give Ohio a very good "send-off." We stand thirty-eighth in the list of states, Pennsylvania stands second, having commissioned 1801 physicians, or 15.7 per cent of the total number registered.

Michigan, Kentucky, Indiana, Illinois, and New York are all far in advance of Ohio.

Dr. F. E. Bunts, chairman of the Ohio Council of Defense, Medical Section, having been called to active service, is succeeded by Dr. C. A. Hamann, of Cleveland. At a recent meeting of the committee in Columbus plans were perfected to improve the work in Ohio.

The Executive Secretary of the State Association was in Washington late in September, on business connected with medical recruiting. While there he was emphatically assured by men prominently identified with the Surgeon General's office *that there would not be a special draft for army physicians.* The nation-wide response from the medical profession has entirely eliminated even the remote possibility that such action might be necessary.

Red Cross Base Hospital Unit No. 25, organized under the auspices of Cincinnati General Hospital, is equipped and ready to move on short notice. Dr. William Gillespie, Major, M. O. R. C., is in command of the unit. The following physicians and surgeons are attached to the staff. Drs. H. L. Woodward, Charles M. Paul, C. T. Souther, J. E. Pirrung, Allan Ramsey, Starr Ford, Paul G. Woolley, J. Stewart Hagen, Rufus Southworth, J. E. Caldwell, L. N. Lindenberg, R. W. Staley, L. H. Schriver, A. E. Klein, Thomas Kelley, Ray Sattler, C. E. Kiely, M. F. McCarthy, Clay Crawford, A. H. Smith and Reed Shank. In addition there will be 65 trained nurses, 152 enlisted men and six civil employes. The unit expects service in France at an early date and will have charge of a base hospital equipped to accommodate 500 patients.

Dr. John D. O'Brien was the first Canton physician to enter active service. He left for Fort Benjamin Harrison August 31.

The Pratt family of Bellefontaine is certainly well represented in the medical branch of military service. Dr. Lester L. Pratt is serving with the Fifth Regiment, U. S. Marines, in France;

Dr. Robert B. Pratt, M. O. R. C., is attached to Hospital Ambulance Corps No. 38 and Dr. Malcolm L. Pratt, U. S. N., is on active duty in the east.

Cleveland friends of Dr. R. E. Skeel, who went to France several months ago after being commissioned as a major in the United States service, and who was for a time in charge of the Blake Hospital in Paris, have received a new cable address from him which indicates that he is now located on the Western Front in charge of a front line hospital.

Owing to his military duties, both here and at Camp Sherman, Chillicothe,—where he will have charge of the specialties in the large base hospital—Major C. R. Holmes temporarily has closed his private hospital in Cincinnati. His office practice will be cared for by Dr. G. A. Hinnen.

According to a cablegram received September 6, Drs. Ellis R. Bader, Benjamin Lamb, Oscar B. Biern, J. S. Brummett and Ralph Carothers, Cincinnati physicians stationed in England, will be transferred to the Western battle front.

Dr. Albert Frieberg, of Cincinnati, is engaged in important war service. With Drs. Robert W. Lovett, of Boston, G. G. Davis, of Philadelphia, F. H. Albee, of New York, and John L. Porter, of Chicago, he is serving on the advisory orthopedic board which was appointed by Surgeon General to have general charge of reconstruction work among the physically disabled soldiers and to make recommendations to the Surgeon General concerning orthopedic matters. Orthopedic hospitals are being established with a view of not only rendering the special treatment necessary, but re-educating crippled soldiers to fit them for self-supporting work.

Doctors who are entering war service should read their life insurance policies and determine the exemptions, or, better still, write life insurance companies in which they are insured and ask for information concerning war service and its effect on life insurance that was in force before the beginning of the war. This is a very important matter, and should be attended to at once by those who have not already taken such precautions.

Dr. R. W. Holmes, Chillicothe, has been transferred from Ft. Oglethorpe, Georgia, to Jefferson Hospital, Philadelphia, where he has been assigned to special X-Ray work.

Lieutenant A. H. Seeds has announced the following as members of the board which will examine applicants for the training school for

aviators at Ohio State University: Drs. Andrew W. Prout, Ivor G. Clark, J. B. Alcorn, Andrew Timberman, William C. Davis, G. A. Sulzer, C. H. Hoffhine, W. H. Hodges, Reese Williams, A. C. Wolfe, Hugh G. Beatty, C. P. Linhart, J. H. J. Upham, F. M. Stanton, R. A. Ramsey, J. J. Coons, J. W. Leist, C. T. Okey and H. B. Blakey.

Dr. George W. Crile is to be one of the leaders in medical research work among soldiers in France. The War Council of the National Red Cross has appropriated \$100,000 for this work.

Three members of the Ohio National Guard were ordered to Camp Sheridan, Montgomery, Alabama, during August for duty in connection with the completion of that camp. Lieut. Col. Joseph A. Hall, Cincinnati, was named chief surgeon of the camp, Major John C. Darby, Cleveland, assistant chief surgeon, and Major Charles A. Neal, Cincinnati, sanitary officer. Dr. Darby has been in the service 27 years, having served in the Spanish-American War and on the Mexican border.

Captain Adam E. Schlanzer, U. S. A., who has been stationed at Columbus Barracks' Hospital for some time, has been assigned to command of Base Hospital No. 31, Youngstown.

Dr. E. R. Hayhurst, assistant professor of industrial hygiene, Ohio State University College of Medicine, spent the summer in Chicago teaching camp sanitation and military hygiene in the officers' training school conducted by the University of Chicago.

Dr. Ralph Carothers, son of Dr. Robert Carothers, of Cincinnati, who was graduated by Ohio-Miami in 1915 and who went to England a year ago as contract surgeon for the Red Cross, has been signally honored by appointment as a lieutenant in the Royal Army Medical Corps. He holds the distinction of being the first American to receive such appointment, although several have since been commissioned. He is stationed at the southern general base hospital in Birmingham and reports received here indicate that he is securing a truly wonderful service covering all branches of surgery. His experience during his year abroad is indicative of the splendid opportunities the war affords to well trained young American physicians. They are sorely needed in English and French hospitals and during their service there receive a wider and more thorough experience in surgery in a few months than they could possibly secure in this country in many years. At the end of the war they will return to America as surgeons of proven ability and broad experience, and with the additional benefit of close association with the best men on the Continent. Dr. Carothers'

younger son, Tom, is driving a front line ammunition truck in the service of the French Army and has been cited for bravery under fire.

Dr. G. Wayne Brehm, Columbus, who has been stationed at Camp Greenleaf (Fort Oglethorpe, Georgia) since June 27, has been appointed instructor in trench and field gas warfare in the medical officers' training camp.

Dr. B. A. Marquand of Canal Dover, lieutenant M. O. R. C., who received orders to report at Ft. Benjamin Harrison September 15, will be delayed several weeks because of injuries sustained when his machine collided with a street car September 10.

Dr. C. S. Hoover, Major, Medical Officers' Reserve Corps, who went to France with the Lakeside Base Hospital, has returned to Cleveland on a leave of absence. His leave is for a period of two months, with the privilege of a two-months further extension. He has not decided definitely as to whether he will return. Dr. Hoover reports that the Ohio physicians who are serving in France are having a wonderful experience, and that all are in good health. Lakeside Base is stationed some distance behind the line but many of its staff members have been detailed at various times to service in the dressing and first aid stations immediately behind the front lines.

Dr. Eugene F. McCampbell, Columbus, dean of the College of Medicine, Ohio State University, who has been on duty at Columbus Barracks for some months, was ordered by the Surgeon General to report at Washington early in September. It is believed that he will be detailed for foreign service.

The following is a general summary covering movement of Ohio physicians in war service since the last issue of *The Journal*:

*To Fort Benjamin Harrison:* Ralph Powers, Amherst; Otto J. Powell, Ashland; E. L. Hooper, Athens; A. J. McCracken, Bellefontaine; C. E. Edwards, Brownsfield; J. D. O'Brien, Canton; J. T. Gibbons, Celina; A. H. Dunn, Chillicothe; H. M. Urner, C. H. Weintz and H. L. Woodward, Cincinnati; A. B. Grossman, I. E. Jasinski, D. M. MacDonald, N. P. McGay and E. E. Wolf, Cleveland; Harold Wilson, Conneaut; I. J. Ransbottom, Coldwater; J. C. Edwards, Columbus; C. O. Bayless, A. W. Carley, Dayton; Leo Huth, Follansbee; W. B. Smith, Frankfort; W. E. Griffith, Hamilton; J. R. Bolles, Holgate; J. R. Johnson, Lima; J. M. Heyde, Loudonville; W. P. Mecklem, Mansfield; L. E. Casey, Minerva; J. R. Claypool, D. C. Conard, Mt. Vernon; W. H. Ambrose, New Petersburg; Owen Van Epp, Port Clinton; G. P. Tyler, Jr., Ripley; F. J. Pilliod, Toledo; T. G. Sellev, Watertown; W. H. Maddox,

## How Every Physician In Active Practice Can Render Valuable Military Aid

Colonel Charles Willcox, Medical Corps, U. S. Army

At first glance it may appear difficult to see exactly how a physician in his daily practice at home can perform what is actually real military duty. A simple analysis will make it clear.

Few of us realize the enormous waste in medicines and to a lesser degree in dressings, instruments and appliances. How often do we prescribe  $\text{̄IV}$  and have our patient actually take  $\text{̄I}$ —and prescribe 12 powders or capsules and have him take two or three? Few physicians realize how much is thrown away. Multiply the waste in the practice of one man by the number of men in practice and the product is an enormous waste.

We are conserving food. We are conserving fuel, both coal and gasoline. We are not yet conserving **medical and surgical supplies**—and the military value of conservation here is real and is great.

In actual military service this conservation is of the greatest value at the front, where transportation is taxed to its limit. The factor of economy, while great, is one we can ignore, while dwelling on the true military aid conservation will render. Wastage represents not only alone wastage of the supplies, but wastage of valuable labor in manufacture, in transport, in drug stores. The men engaged in manufacture of something that subsequently is valueless because wasted can be profitably engaged in other war work. The space in cars used in transporting supplies that are wasted can be used in transporting coal, food, clothing, or ammunition. The work of men wasted in drug stores can be profitably utilized in other channels.

Battles are won not only by those at the front but by those at the rear who work for their sustenance and proper care.

I have endeavored to bring to the notice of the profession a simple factor, one that few of us realize and one to which we probably never even give a thought.

If you—each and every one—will bear in mind the importance of conservation you will render military aid. The earnest and combined efforts of all will make this aid tremendously valuable. I therefore advise as emphatically as I can that you follow these suggestions—thereby directly helping our armies in the field.

1. Prescribe only what is specifically indicated and calculate exactly the amount you desire your patient to take. Never give more.

2. Cut placebos to the minimum. Try encouragement, advice, and enlightenment. If for the moral effect you deem a placebo advisable, give a cheap one—an easily prepared one—and give a small one.

Use only the surgical dressings necessary. Often too much is used, as a factor of safety. This amount can as often be reduced and still be well within the factor of safety.

In short, conserve everything and waste nothing.

Your patients will not only not suffer—many will benefit by taking drugs less often and in smaller amounts and this is the important point, that will bear repetition: urgent demand for supplies of all kinds has increased greatly, not only for our needs but for those of our Allies. By constantly bearing this fact in mind, and acting accordingly, you will render valuable military aid to our cause.

Columbus Barracks, Ohio.

Wauseon; H. N. Trumbull, Woodville; T. J. Kasinski, Youngstown.

*To Columbus Barracks:* H. V. Postle, Columbus; J. A. Rhiel, Malvern.

*To First Ethan Allen, Vermont:* A. B. Smith, Elyria.

*To Fairfield Flying School:* C. P. Grover, Dayton.

*To Allentown, Pennsylvania:* W. J. Jones, Columbus.

*To Ann Arbor, Michigan:* Frank D. Ferneau, Toledo.

*To Army Medical School, Washington:* R. W. Wilson, Bakersville; B. B. Hurd, Caledonia; Charles Goodman, Cleveland; F. G. Boudreau, Lawrence McCafferty, Columbus; George Curl, Edgerton; Franklin Conner, Sidney.

*To Camp Green, Charlotte, North Carolina:* J. C. Placak, Cleveland.

*To Lakeside Hospital Unit (stationed in New York):* H. B. Meader, F. B. Ficklin, Toledo.

*To Camp McArthur, Waco, Texas:* J. W. Henry, Berlin Cross Roads.

## Youngstown is the Smallest City in the Country to Equip a Base Hospital Unit--A Splendid Achievement

Youngstown is the smallest city in the United States to equip and place a complete Base Hospital Unit at the disposal of the Red Cross.

The unit developed in connection with Youngstown City Hospital left for the Front on Saturday, August 8, with 27 officers and 153 enlisted men. The first stop was the training camp at Allentown, Pennsylvania, where at this writing the men are receiving final instructions. The 65 nurses of the unit left September 11 for Williamsburg Station, New York, where (at Base No. 1) they will receive their equipment and final training for service in the Army Nursing Corps. The equipment is waiting at an Atlantic port.

From the start we have been curious to learn how Youngstown was able to equip a base hospital unit where other larger cities in the state either failed or didn't try—Columbus, Toledo, Dayton and Akron. Ohio has but two other base hospitals—No. 4, organized in connection with Lakeside Hospital, Cleveland, which is now in France, and No. 25, organized in connection with Cincinnati General, which is expecting orders to move sometime this Fall.

There are several factors. First, Youngstown City Hospital is far larger than most of us realize. It has 260 beds, a daily average of 236 patients, a staff of 42 physicians and surgeons, a nurse training school of 80 pupils, with fourteen graduate instructors, and property valued at \$750,000. The Red Cross will not authorize the development of a base unit unless it is formed in conjunction with a single large hospital.

Secondly: Youngstown's civic spirit is strong, and its citizens are prosperous. Since the war storm first broke loose in 1914, its steel mills have attracted a flood of gold. It over-subscribed the last Liberty Bond issue three times. It doubled the quota amount asked for the Red Cross. Its citizens are accustomed to giving large amounts for worthy enterprises. So, when President James A. Campbell announced that the Youngstown Red Cross Chapter needed \$54,000 to equip a base hospital, the money was forthcoming in three days.

The fact that, though supported by the smallest city, the Youngstown unit was one of the first equipped, is largely due to the executive ability of Mr. Fred Bunn, superintendent of the hospital, who was made purchasing agent for the unit. It was Mr. Bunn who assembled quickly the enormous amount of equipment needed—the 500 hospital beds and mattresses, the 1500 blankets, the 5200 sheets, the 4200 pillow slips, the 800 cans of ether, the elaborate X-Ray and dental equipment, and the thousand-and-one other things that are necessary to a 500-bed hospital that can be shipped and set up quickly and efficiently.

Mr. Bunn, in conjunction with the hospital trustees and staff members, has so managed the details of the expedition that the Youngstown hospital will continue with only slight inconvenience. The places of the staff members will be held open—those remaining behind merely lengthening the terms of their normal rotating service.

The Youngstown unit was authorized April 7. Shortly before it was ready to leave, the War Department assigned Major A. E. Schlanzer and Captain C. E. Kiefer to the unit, as commanding officer and quartermaster. The staff of Youngstown physicians and specialists who left with the unit is as follows:

<i>Name</i>	<i>Status in Organization</i>
Major Colin R. Clark	Director and Chief of Medical Staff
Major J. A. Sherbondy	Asst. Director and Chief of Surgical Staff.
Major B. W. Wilson	First Ass't Medical Service
Capt. C. C. Wolferth	Chief of Laboratory
Capt. S. M. McCurdy	Registrar
Capt. M. P. Jones	First Ass't Surgical Service
Capt. A. E. Brant	Staff Surgeon and Urologist
Capt. J. L. Washburn	Ophthalmologist
Capt. F. J. Bierkamp	Rhinologist and Laryngologist
*Capt. R. R. Morrall	Orthopedic Surgeon
Lieut. W. H. Bunn	Staff Physician
Lieut. J. U. Buchanan	Staff Surgeon
Lieut. D. A. Nesbitt	Staff Surgeon
Lieut. E. R. Thomas	Staff Surgeon
Lieut. C. H. Moses	Staff Surgeon
Lieut. P. G. Borden	Neurologist
Lieut. D. B. Phillips	Staff Physician
Lieut. C. D. Barrett	Staff Physician
Lieut. R. W. Fenton	Staff Physician
Lieut. W. K. Allsop	Staff Surgeon
Lieut. O. D. Hudnut	Roentgenologist
Lieut. C. M. Reed	Pathologist
Lieut. F. W. Ward	Dentist
Lieut. W. H. McCreary	Dentist
Lieut. William Carson Press	Chaplain

\* Later: We are advised that Dr. Morrall has been transferred to Dr. Joel Goldwaite's orthopedic unit, for service in England.

The draft law exempts members of well recognized religious bodies, the creeds of which forbid the members to bear arms, from military duty "except in such branches of the service as the president shall declare non-combatant." These conscientious objectors, under the law, are liable to call for hospital engineer, commissary or signal units, and any other branch except that of trench warfare.

Dr. Edward McCormick, Toledo, who sailed for England early in September, has arrived in France with British troops.

## Northwestern Ohio District Meeting To Be Held in Lima October 17 and 18--Splendid Program Provided

We present herewith the program for the annual meeting of the Northwestern Ohio District Medical Association, which will hold a two-day session in Lima, Wednesday and Thursday, October 17 and 18, under the presidency of J. R. Tillotson of Delphos. The secretary, A. S. McKittrick of Kenton, advises us that the usual good attendance is expected.

The meetings include the Third and Fourth Councilor Districts of the State Association. W. B. Van Note, of Lima, councilor of the Third and Charles W. Moots, of Toledo, councilor of the Fourth, are working hard to bring the attendance up to the usual high standard—despite war conditions. The program:

### WEDNESDAY, OCTOBER 17

1. "An Operation for Procidencia," C. N. Smith, Toledo. Discussion opened by Ed Murbach, Archbold, and Fred Douglas, Toledo.

2. "Preventive Medicine," A. J. McCracken, Bellefontaine. Discussion opened by A. L. Walton, Sycamore, and N. L. MacLachlin, Findlay.

3. "Some Important Points in the Interpretation of the Wasserman Reaction," Thos. Ramsey, Toledo. Discussion opened by Chas. M. Harpster, Toledo; Louis Levison, Toledo and S. S. Hindman, Toledo.

4. "Consideration of the Etiology and Treatment of Pernicious Anemia," Chas. F. Daniels and Geo. L. Lambright, Tiffin. Discussion opened by J. W. Wilson, Van Wert; C. L. Dine, Minster, and J. N. Zeis, Carey.

4 P. M. "When Does a Kidney Need Surgical Treatment?" (Lantern Slides.) E. O. Smith, Cincinnati.

5. "Serious Results Following Mistaken Diagnoses of Some Eye Troubles," Walter H. Snyder, Toledo. Discussion opened by Earl Snyder, Bryan; C. E. Huston, Paulding and D. H. Richardson, Celina.

6. (Surgical paper—subject later)—Wm. Roush, Lima. Discussion opened by Harry S. Noble, St. Marys and E. R. Henning, Bellefontaine.

6:30 P. M. Dinner.

8:15 P. M. "Principles and Diagnosis of the Commoner Cardiac Lesions," Dr. Charles Louis Mix, Chicago, Ill.

### THURSDAY, 8:30 A. M.

7. "Ectopic Gestation," Dr. R. A. Palmer, Fostoria. Discussion opened by T. R. Thomas, Lima; D. H. Bowman, Kenton, and P. F. Weamer, Coldwater.

10:00 A. M. "Differential Diagnosis of Functional from Organic Disease of the Nervous System," Dr. Hugh T. Patrick, Chicago, Ill.

8. "Fractures of the Upper End of the Femur," Harry Dachtler, Toledo. Discussion opened by

J. B. Ury, Defiance; E. M. Ickes, Fremont, and O. H. Tudor, Kenton.

9. "Fracture of the Os Calcis," H. K. Mouser, Marion. Discussion opened by J. M. Firmin, Findlay, and A. N. Wisely, Ada, O.

10. "The Factor of Emotion," Louis Miller, Toledo. Discussion opened by W. H. Parent, Lima, and B. L. Good, Van Wert, O.

### Ninth District Meeting Program

The Ninth District Medical Association will hold its fifteenth annual session at Portsmouth on Thursday, October 4. The morning session will be devoted to business and the afternoon to the enjoyment of the following scientific program: "Gastro Intestinal Surgery," Dr. C. A. L. Reed, Cincinnati; "Rabies and Quinine," Case Reported, Dr. Joseph Ray, Coalton, discussion by Dr. Sylvester; "Surgery of Prostatic Hypertrophy," Dr. Charles S. Hamilton, Columbus; "Fee Splitting," Dr. Dan Gray, Ironton; "Osteomyelitis," Dr. C. D. Hoy, Columbus; "How Account for Post Operative Improvement When Pathology Has Not Been Removed," Dr. M. H. Cherrington, Logan discussion by Dr. Hyman; "Local and General Anaesthesia," Dr. B. Merrell Ricketts, Cincinnati.

Drs. J. W. Fitch, W. A. Ray and J. S. Rardin, all of Portsmouth, are president, secretary and councilor, respectively, of the Ninth District Association. The vice presidents are Drs. Harry Rapp, Portsmouth; Geo. W. Deem, Piketon; Wilson Lynd, Ironton; H. L. Gahm, Jackson; E. A. Moore, Union Furnace; C. G. Parker, Gallipolis; W. R. Moreland, Orland; and Byron Bing, Pomeroy.

### TOLEDO IS SPEEDING UP

Dr. C. W. Waggoner, secretary of the Toledo Academy of Medicine, has sent to all members a return post card, asking them to respond to the following:

"The First After Vacation Meeting of The Academy of Medicine will be held October 5th, 1917, and each Friday thereafter. Every member should do something to make these sessions more interesting.

"What will you do, and about what date will it be possible for you to participate?"

**CITRIC ACID AND CITRATES.**—Citric acid and the alkali citrates, potassium citrate and sodium citrate, are oxidized in the body with formation of carbonates and hence tend to increase the alkalinity of the blood. Citric acid and the alkali citrates tend to render the urine less acid and, in large doses, render it alkaline. (Jour. A. M. A., April 21, 1917, p. 1206.)

# A "THANK YOU" NOTE

The management of *The Journal* takes this opportunity to thank the 4500 members of our Association for co-operation that is commencing to show tangible results and which if continued, will make possible the continued growth and development of *The Journal*, with its consequent benefit to organized medicine in Ohio.

More than a year ago the Publication Committee, faced by the unprecedented increase in publication costs, discovered that it could continue, and weather the storm, only by securing increased support from our advertisers.

We faced facts squarely. We knew that sentiment largely has been eliminated from the advertising business. We knew that the big national advertisers, who conduct their advertising on a scientific business basis, would continue to use our journal if the money they invested continued to show an adequate return. We knew, further, that if it proved unprofitable, these advertisers would withdraw. And they would have been justified.

But we knew, likewise, that the 4500 members of our Association constitute a tremendous buying power, particularly for firms that deal with doctors and hospitals.

We knew that *The Journal* is the logical means by which reputable commercial concerns could reach this highly profitable field.

So, our task a year ago was to make *The Journal* a profitable advertising medium.

\* \* \*

You will remember that we placed the facts before you at that time.

Through these columns, and through the officers of component county societies, we explained in detail how the active co-operation of each individual member was necessary.

You may remember that we "talked turkey." We explained how a live and up-to-the-minute journal is the very life-blood of a virile organization. We explained how costs were soaring every month, and how this could be met only by increasing our advertising revenue.

Practically all of you knew that, in view of the way economic conditions are shaping in Ohio, it was absolutely necessary to maintain an adequate medical organization equipped to deal with state issues.

The Publication Committee tried to make you feel that by co-operating in this work—by taking a little extra care to patronize the firms which make possible your journal—you would be making a distinct contribution, not only to *The Journal* but to the cause of organized medicine in Ohio.

\* \* \*

We seem to have succeeded. You have "made good." An immediate and state-wide response was noticed late last Summer. It has continued, steadily, since. Many of our old advertisers, in renewing their contracts, have expressed their pleasure. The same condition has attracted many new advertisers to our columns.

The result, after one full year, has been that we carry more paid advertising than any other state medical journal in the United States.

The result, if continued during the next year, will be that we can continue our work with only slight retrenchment, while hundreds of other small journals—those which haven't 4500 loyal supporters behind them—will be forced to suspend.

The eventual result will be the sound development of a business policy that will make our journal the central force in our organized movement to advance medicine, and to improve medical practice conditions in our great state.

\* \* \*

We are particularly indebted to those physicians who direct hospitals, and who co-operated so effectively in that field.

But co-operation has extended throughout the organization. Some of the surgeons with the largest practices have joined forces with village practitioners.

We repeat: We are deeply grateful.

**Publication Committee, Ohio State Medical Association**



## Northeastern Ohio Physicians Should Arrange to Attend One of These Four "Obstetrical" Meetings During October

All physicians residing in the east-central and northeastern sections of the state who have not had an opportunity to attend one of the post-graduate "obstetric" meeting conducted under the auspices of the Committee on Medical Education of the State Association, are urged to attend one of the four inter-county group meetings arranged for October. The schedule, as announced by Dr. Charles Edwin Briggs of Cleveland, chairman of the committee, is as follows:

*October 11, Ashland, Methodist Church, 3:30 P. M.* Dinner served in the church at 5:30 P. M. at \$1.00 per plate. Lecture and discussion will be resumed at 6:30. This meeting is arranged for the special benefit of physicians in Ashland, Richland, Wayne and Medina Counties. Reservation for dinner should be made through Dr. W. M. McClellan, Ashland.

*October 12, Newark, meeting at Warden Hotel at 3:00 P. M., dinner at McDaniel's Restaurant at 5:30 P. M. at \$1.00 per plate.* Immediately after dinner physicians will return to hotel where lecture will be resumed. Dinner reservations should be made through Dr. Harry E. Hunt, Newark. This meeting is arranged for the benefit of physicians residing in Coshocton, Fairfield, Knox, Licking, Muskingum and Perry counties.

*October 18, Youngstown, auditorium of the Youngstown Club, in the Dollar Bank Building.* Dinner will be served at 6 P. M. in the same building at \$1.50 per plate. Immediately following dinner the lecture and discussion will be resumed until about 9 P. M. Those who will attend the meeting and desire to attend the dinner, should write immediately to Dr. H. E. Patrick, 415 Bryson Street, Youngstown, for reservations. This meeting is arranged for the special benefit of physicians in Mahoning, Trumbull, Ashtabula, Portage and physicians in the northern part of Columbiana county.

*October 19, Canton, meeting at 3:00 P. M. with subscription dinner, in Chamber of Commerce assembly rooms.* Meeting arranged for the special benefit of physicians in Stark, Summit, Carroll, and the northern half of Tuscarawas county. Members of the Association residing in this territory will be advised by mail of the exact details of these meetings. Reservations for dinner plates should be made through Dr. Fred G. King, 204 High Avenue, S. W., Canton.

These meetings, as most of our members know, are conducted under the auspices of the State Association by Dr. William D. Porter, Professor of Clinical Obstetrics, University of Cincinnati.

They are intended to offer to the practicing physicians of the state an opportunity to review, in the shortest possible time, the entire subject of obstetrics—in a thoroughly practical manner.

During the spring and early summer eleven of these conferences were held in the southern and western sections of the state, and were attended by hundreds of physicians. At our Columbus office we have received many expressions of warm approval.

Most physicians residing in the counties adjacent to these meeting points will receive special announcements concerning these meetings, but, understand this: *Every physician in Ohio—without regard to race or society affiliation—is cordially invited to attend any of them.* There is no charge of any kind, except for the dinner which is served in connection, under the direction of the local committee, and it isn't necessary for you to attend the dinner if you can eat more cheaply elsewhere.

Please do this: Write the chairman of the local arrangements that you are coming, so that he can make the necessary preparation.

### Typhoid is Expensive

In commenting upon the preventable waste due to typhoid fever in Ohio—which last year caused 772 deaths—a bulletin published by the State Health Department cites the experience of Steubenville.

In 1915 Steubenville had 21 deaths from typhoid fever, representing a loss of \$157,500. The city invested in water purification, spending some \$225,000, and last year cut down the number of deaths from 21 to 9, reducing the rate from 88.9 per 100,000 population to 33.2 per 100,000 population. Steubenville saved, the first year, nearly one-half the cost of water purification.

Cincinnati is another city that furnishes striking evidence of the results of water purification and milk inspection. Last year, Cincinnati had only 12 deaths from typhoid with a rate of 2.9 per 100,000 as compared with a state rate of 14.9. The Cincinnati rate now compares favorably with the typhoid rates of some of the European cities where science has practically eliminated typhoid fever.

While Ohio's death rate from typhoid is gradually being decreased, it is still considerably higher than the rate for the registration area of the United States. The average typhoid death rate for the registration area for the past seven years was 18.3 per 100,000 population while the average rate for Ohio was 21.6. Had the Ohio rate been held down to a point equal to the rate for the registration area it would have meant a saving of approximately 250 lives each year, or a total of 1,750 lives.

## Mississippi Valley Association, Meeting at Toledo Early in October Offers Interesting Program

This year offers you a splendid opportunity to attend one of the interesting sessions of the Mississippi Valley Medical Association. The forty-third annual meeting will be held at the Hotel Secor, Toledo, Ohio, Tuesday, Wednesday and Thursday, October 9, 10 and 11, 1917, under the presidency of Dr. Channing W. Barrett, of Chicago, Ill.

The arrangements for the meeting are in charge of a Committee of Arrangements, with Dr. Willard J. Stone as chairman. The meetings of the medical and surgical sections will convene promptly at 10 a. m. in their respective halls. The first evening a general session will be held to hear the address of the President, and the orations in medicine and surgery. The oration in surgery will be delivered by Dr. Joseph C. Bloodgood.

On the morning of the last day a joint session will be held with the Interstate Association of Anesthetists, an attractive program having been arranged.

The following is the tentative program as issued by the secretary, Dr. Henry Enos Tuley of Louisville.

### SYMPOSIUM ON SURGERY OF THE WAR

Bettman, Ralph B., Chicago, Ill.—"X-Ray in War Surgery."

Eastman, Joseph Rilus, Indianapolis, Ind.—"Surgery of the Chest."

King, J. E. J., Fort Benjamin Harrison, Ind.—"Surgery of the Nerves and Blood Vessels."

Moore, Wm. C., Summitville, Ind.—"Gun-Shot Injuries of Peripheral Nerves."

Oberembt, Bernard H., Milwaukee, Wis.—"Surgical Aspects of Extremities."

Discussion opened by J. E. Rueth, Sun Prairie, Wis.

### SYMPOSIUM ON OTOTOLOGY, OPHTHALMOLOGY, ETC.

Fisher, Lewis, Philadelphia, Pa.—"The Value of An Ear Examination in Medicine." (Illustrated with Moving Pictures.)

Suker, Geo. F., Chicago, Ill.—"The Recent Advancement Made in the Management of Optic Atrophy in Late Syphilis."

Heitger, Jos. D., Bedford, Ind.—

### SYMPOSIUM ON GOITRE

Beck, Joseph C.—Chicago, Ill.—"Discussion of the Subjects from the Standpoint of the Laryngologist."

Haggard, William D., Nashville, Tenn.—"General Surgical Consideration of the Subject."

Eisendrath, Daniel N., Chicago, Ill.—"The General Surgical Considerations."

Ochsner, Albert J., Chicago, Ill.—"Surgical Technique of Goitre Treatment."

Sloan, Harry G., Cleveland, Ohio—"Surgery of Exophthalmic Goitre."

Porter, Miles F., Fort Wayne, Ind.—"Conserva-

tive Measures in the Surgically Unfit."

Ryan, Granville N., Des Moines, Ia.—"Discussion of the Subject from the Standpoint of the General Practitioner."

Babcock, Robt. H.—"The Heart in Goitre."

### SYMPOSIUM ON SYPHILIS

Berghausen, Oscar, Cincinnati, Ohio—"Infections of the Cerebro-Spinal System." (Treatment.)

Corbus, B. C., Chicago, Ill.—"Prophylaxis of Cerebro-Spinal Syphilis."

Stoner, Willard C., Cleveland, Ohio—"Non-syphilitic Aortitis."

Goltman, M., Memphis, Tenn.—"Aneurysm Aneurysmorrhapy." (With report of 16 cases.)

Barnett, Chas. E., Fort Wayne, Ind.—"The Pathologic Vesiculae Seminales." Lantern Slides.

Discussion—E. O. Smith, Cincinnati; J. D. Barney, Boston.

Hamer, H. G., Indianapolis—"Prostatectomy." Mertz, H. O., Laporte, Ind.—"Ureteral Anomalies."

Brown, John Young, St. Louis, Mo.—"The High Mortality Rate in Acute Intestinal Obstruction."

Richter, Harry M., Chicago, Ill.—"Perforated Duodenal Ulcer." (Based primarily on a personal experience of 11 cases.)

Brown, Geo. V. I., Milwaukee, Wis.—"The Prevention and Correction of Post-operative Defects in the Surgical Treatment of Hare-lip and Cleft Palate."

Crafts, Leo. M., Minneapolis, Minn.—"Myasthenia Gravis." (With report of 3 cases.)

Gradwhol, R. B. M., St. Louis, Mo.—"The Value of the Complement Fixation Test in the Diagnosis of Incipient Tuberculosis."

Sterne, Albert E., Indianapolis, Ind.—"What Reliance Can Be Placed in Our Laboratory Findings in Central Nerve Syphilis?"

Wadsworth, W. W., Muncie, Ind.—

### JOINT SESSION WITH THE INTERSTATE ASSOCIATION OF ANESTHETISTS

Herb, Isabella C., Chicago, Ill.—"The Perfected Drop Method of Etherization and Its Availability in Routine Surgical Procedures."

Haines, W. D., Cincinnati, Ohio—"Ether and Etherization in Relation to Infection and Immunity."

Turner, C. E., and Jones, W. I., D. D. S., Columbus, Ohio—"Nitrous Oxid-Oxygen Anesthesia and Analgesia in Obstetrics." (Illustrated.)

Watson, Leigh F., Chicago, Ill.—"Some Observations on Local Anesthesia for Certain Operative Procedures." (Illustrated.)

Johnston, R. H., Baltimore, Md.—"Anaesthesia for and Technic of Direct Bronchoscopy, Laryngoscopy and Esophagoscopy."

## Ohio Has Made Great Strides in Health Conservation Since First Board was Established 31 Years Ago

The passing of the old State Board of Health and the appointment of a new State Health Council has directed public attention to the interesting development of public health work in this state. When the new law became effective July 1, the old State Board of Health closed an honorable career that covered 31 years. In that period it has grown from a one-man bureau, with an annual appropriation of 5,000, to a department with eight separate divisions employing 65 persons—many of them experts—and expending \$128,000 a year. During its career the board had but five secretaries. Dr. G. C. Ashmun, of Cleveland was the first. He was early succeeded by Dr. Guy B. Case, also of Cleveland, Dr. Probst took hold of the department in 1886 and served until 1911. Dr. E. F. McCampbell succeeded Dr. Probst, but later resigned to become dean of the college of medicine at Ohio State University. Mr. James E. Bauman has served as secretary since Dr. McCampbell's resignation.

Dr. T. Clark Miller of Massillon is the sole survivor of the first State Board of Health. There are very few surviving members of the old Ohio Sanitary Association from which the state department developed. Among these are Dr. John D. Jones of Cincinnati, Dr. H. J. Sharp of London, Dr. S. P. Wise of Middleburg and Dr. D. H. Beckwith of Cleveland.

When the State Board of Health was first established there were not more than 30 local Boards of Health in the state. There are to-day 2,143 health officers, with some 10,000 officers and employees. In Cincinnati, the largest city in the state at that time, Council would not permit the Board of Health to placard houses for contagious diseases for fear of driving away trade.

In 1888 councils were required in all cities and villages of 500 inhabitants and over to establish a Board of Health. Such boards were required to appoint a health officer.

In 1893 the State Board of Health wrote into the health code an amendment laying the foundation for the establishment of the present divisions of sanitary engineering and laboratories, which have resulted in making Ohio a pure-water state and had much to do with the prevention of epidemics of typhoid fever and other diseases.

Another important advance was also made in 1893 when Boards of Health were authorized to make their own rules and regulations independent of council. Receiving their power direct from the Legislature, they became virtually agents of the state. Their regulations were given all the force and effect of ordinances.

In 1902 the present health code, with a few exceptions prepared by the State Board of Health, was enacted. It permits villages to abolish the

Board of Health and appoint a health officer in lieu thereof.

The active campaign in Ohio against tuberculosis began in 1901 with the formation in the offices of the State Board of Health of the Ohio Society for the Prevention and Cure of Tuberculosis.

In 1888 a monthly sanitary bulletin was established by the State Board. It is now the Ohio Public Health Journal, issued by the department for the dissemination of public health news. A public health exhibit, consisting of moving pictures, featured by lectures, has been on the road since 1913, visiting cities, villages and county fairs for the purpose of educating the public in health matters.

Public health nursing in the state is supervised by a bureau in the division of public health education. In this bureau is also a nurse, who looks after the prevention of blindness in infants. This division also conducts a bureau of admission and discharges from the State Sanatorium and district tuberculosis hospitals.

From the health department laboratories there is distributed free of charge silver nitrate solution for the treatment of the eyes of the new born. The department has distributing stations in practically every community of the state for these outfits. This is only one of the many functions that have been added to the division of laboratories in recent years.

While the prevention of epidemics and checking the spread of diseases was one of the first objects of the State Board of Health, the division of communicable diseases was not organized until 1912. Prior to that time it was represented by an epidemiologist.

The division of plumbing inspection was organized in 1912.

The division of industrial hygiene and child welfare are more recent, but equally important developments of the department and their work at the present time are more or less educational. One of the first duties of the industrial hygiene division, established in 1913, was the making of a survey of industrial plants of Ohio. This survey demonstrated the need for much preventive work.

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Doctor Bergonie of the Bordeaux Medical Faculty, an eminent authority on dietetics, has come to the defense of that much ridiculed institution known throughout Europe as the "American breakfast." He says that a substantial meal should be substituted for the Continental breakfast of coffee and rolls, which is too light to "stoke the human furnace for a day's work," and that a light morning meal means economic loss at a time when food is short.

## New Cancer Remidy Which Don't Even Leave No Scar nor Nothing Is at Hand

The fuss and furor relative to the increasing menace of the cancer problem may now cease. The following is an exact copy of a letter received recently by Dr. Smith, president of the State Association, from a lady residing in Neelyville, Missouri:

"Dear Sir:—I saw advertised in the Chicago Examiner, where the Ohio State Medical Association, has said 80,000 in U. S. die of cancer in year, and in 1922 a 100,000 was declared. My Father has a remedy that will never fail to cure cancers, has his remedy Patented, patent was granted to him in 1912. Four years ago we was goin to start up a Sanitarium for cancers only, but we lost our Father through death, There for we wish to sell his patent. Small cancers as large as a 25c peice never even leaves a scar they are taken clean out by the roots and never will return. We have some cases that has been cured in 1911 and no trace of Cancer returning. These parties will gladly answer any letters written to them all who encloses a stamped envelope for reply. We have their sworn statements to prove what our rem-

idy is. And if this don't prove satisfctory to you, you may send me a case of cancer one the size of a dime or 25c peice this sate I can cure in seven to nine das, send a case one that has not been operated on or any other treatment used, then the patient can return to you for examination then you can see that my words are true. there will never will be any more dread of cancer when this treatment is knowing to the world. For further infermation about my Father's remedy write to Mr. \_\_\_\_\_, \_\_\_\_\_. As he knows all about our remedy. I am enclosing please find statements of parties that has been cured by my father's remedy. In writing to any of these parties please enclose a stamped envelope for reply."

Accompanying the communication are a number of testimonials signed by persons who claim they have "beened" cured by "Father's remedy." If you possess any "25c peice" cancers and a hankering to have them taken "clean out by the roots," advise us and we will place you in touch with this wonderful "remidy."

### Small Advertisements of Interest

*For Sale*—Physician's equipment at Eaton, Ohio, 4,000 population, county seat of Preble County on the P. C. C. & St. L. Ry., and D. & W. Traction line. Equipment consists of physician's library, large stock of drugs, large collection of surgical instruments and appliances, electrical outfit and X-Ray coil, high frequency apparatus, Finsen light, massage and spray, fine microscope and case of optical goods, chair and sterilizer. A rare opportunity for a doctor wishing a location as death and the war has claimed several doctors of this city. Address M. V. Michael, Admx., Eaton, Ohio.

*Position Wanted*—A Columbus girl with High school education and experienced in physician's office work would like a permanent position with a Columbus doctor. Call Free Employment office, 39 West Gay St., Citz. 4446.

*For Sale*—As I am going into the Army my practice and location are for sale. The purchaser of my house will get my practice free. This is one of the best locations in Northwestern Ohio. Address Dr. X, care *The Journal*.

*Wanted to Purchase*—If you have for sale a static machine or a high frequency outfit in first class condition, write, stating particulars and price, to O. L. B., Room 610 Wyandotte Bldg., Columbus.

*For Sale*—Surgical chair, modern, in splendid condition, and leather office couch. Will sell these cheaply. Have also several medical books that

would be of value to physicians in building up a reference library. Apply Mrs. George H. Matson, 1558 E. Long St., Columbus. Citizens Phone 13237.

### Not Milk Sickness

The reported appearance of three cases of milk sickness with one fatality in a family living near Westerville in Genoa Township, Delaware County, recently, was investigated by Dr. Frank G. Boudreau, Director of the Division of Communicable Diseases of the State Department of Health. Dr. Bourdeau is of the opinion that this is not a case of this rather obscure and interesting disease. The history of milk sickness shows that it was first reported in Ohio about 1810 by Dr. Daniel Drake of Cincinnati. At one time milk sickness was very common in Ohio and Illinois. There have been occasional outbreaks of the disease since, confined principally to localities previously affected. One of the more recent outbreaks was near Urbana, Champaign County, about five years ago, where three or four cases were reported. Chillicothe had an outbreak in 1841 resulting in 20 deaths. The mortality rate for the disease varies from 5 to 45 per cent.

The Baltimore Medical Society is conducting a crusade against unnecessary and obnoxious city noises. It is receiving the co-operation of the people and the police department. A policeman detailed to that work has been able, in most instances, to obtain abatement of noises without making arrests.

## Latest Development in Physicians and Surgeons Liability Insurance Policies--- New Plan Offered by the Aetna

The Aetna Life Insurance Company, of Hartford, Conn., is at present submitting to the doctors of Ohio in a new form, an old type of protection—physicians, and surgeons' liability insurance.

We desire to call particular attention to the fact that when a doctor buys liability insurance protection against what are usually called malpractice cases, he is purchasing a contract under which he may be compelled to call upon the insurance company for the payment of losses many years hence; this for the reason that during the period that the insurance is being carried for him, an act may be committed which will cause a suit to be brought many years hence. A minor has a right to bring suit in Ohio any time before he is twenty-two years of age, and when you add to such a waiting period the time necessary to have a case of this kind finally decided in the Supreme Court you will perceive that it is quite possible that from twenty-five to thirty years after the act was committed you may be looking for the company to pay the judgment that has been recovered against you. On this account it behooves every doctor who has need for indemnity insurance (in addition to the protection offered by the State Association) to purchase this kind of insurance from the strongest possible organization, which in the course of ordinary human events, will be certain to be here and able to pay the judgment if called on in the far distant future. This comment is particularly germane to this subject when we observe that several presumably strong casualty companies have retired from business during the past two or three years.

The policy is written on a so-called group plan." It is issued only to members in good standing of medical societies. A single policy only is issued, written in the name of a group of members of the designated medical society. It requires that before it shall become effective, a certain percentage of the membership of the society shall adopt this form of insurance and become members of the group. It is in no event written for less than a group of fifteen, and in societies of large membership, requires that at least 25% participate.

The Group Policy itself is held by a trustee elected by the members of the group and each doctor named in the policy receives, as evidence of his insurance, a certificate setting forth the exact period that his insurance is carried under the group policy and the premium that he has paid for such protection.

This proposal has been presented and approved by nearly two hundred of the county societies in the United States, and over one hundred and

fifty groups in such societies have been successfully formed, and the experience so far developed in the handling of the claims arising against the members of these groups indicates that the result sought to be achieved by the plan can be secured.

The policy provides full and complete protection against every civil claim for malpractice brought by any person, based on any kind of alleged malpractice, error or mistake occurring in the practice of the doctor's profession, until (if ever) it shall be shown that the damage was caused by the assured or any assistant of the assured while to any extent under the influence of intoxicants or narcotics or while engaged in or in consequence of the performance of an unlawful (criminal) act. Unlimited defense, including appeal bonds as security where necessary, is a provision. Over and above this item, its limits of indemnity vary from those of some other companies in this line, in that they are \$5000 for the individual case, and \$15,000 for annual claims, instead of \$15,000 for all claims that may develop during the term that the policy is carried, irrespective of the length of time.

One of the most important features of the policy is its special provision relating to the adjustment of claims, the interests of the physician being safeguarded, so that all cases will be properly handled to conserve the best interests of the doctor and medical profession as a whole. The company cannot settle in defiance of the assured's wishes.

The group form plan is now being presented to the various county society memberships in each county, by the company's representatives, and the plan should receive the fullest consideration of the medical profession of Ohio.

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The Association frequently made it plain that the institution of co-operative medical defense as an Association measure does not mean that there is no longer need for indemnity insurance—as offered by private companies. Many surgeons and others who do considerable operative work will always need indemnity insurance—in addition to the protection offered by the State Association. This Association in taking charge of your case does not assume liability for any judgment that may be rendered against you. The State Association will fight your case through the courts to the highest tribunal, and will bear all necessary expense—but if a verdict is then rendered against you, its liability ends. The private companies offering this insurance include indemnity for verdicts—and this is no doubt necessary to the physician whose work is in operative fields.



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 \* HOSPITAL NEWS NOTES \*  
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—A recently incorporated company has purchased the Orchard Springs Sanitarium, located five miles north of Dayton on the Covington Pike, from Dr. A. F. Shepherd of Columbus and Dayton. Dr. R. W. Adkins, for several years assistant superintendent of the Dayton State Hospital for the insane, has taken charge of the institution as medical director. Mrs. Adkins, who is a registered nurse, will have charge of the nursing staff. The new management will continue the past policy of the institution, which is thoroughly equipped for the care of functional and organic nervous diseases, selected cases of mild mental disorder, inebriety and drug addictions. Facilities are also provided for patients suffering from chronic non-communicable diseases requiring special forms of treatment. Much new equipment has been added. Dr. Shepherd retains his connection with the institution as president of the board of directors and consulting psychiatrist.

—A hospital survey to determine the exact cost of hospital service in Dayton in the Miami Valley and St. Elizabeth's Hospital is under consideration. It is probable that Dr. John Hornsby of Chicago, a well known hospital expert, will be asked to conduct the survey.

—The fiftieth annual report of Lakeside Hospital, Cleveland, covering the year 1916, has just been issued and is a most interesting document. During 1916, 2,539 patients were operated and 5,263 were cared for. The book includes interesting special reports by Dr. C. F. Hoover, of the staff of visiting physicians, Dr. G. W. Crile, visiting surgeon, Dr. W. H. Weir, visiting gynecologist, Dr. T. J. Taylor, roentgenologist, and others in charge of the various departments of this great institution. The report reflects great credit on Dr. A. R. Warner, the superintendent, as it is one of the most comprehensive and informative documents ever issued by a hospital.

—The 13 Ohio surgeons elected by the Fellows of the American College of Surgeons to attend a conference of 350 surgeons at Chicago, October 19-20, are: Drs. W. E. Lower, C. E. Briggs, F. E. Bunts, R. E. Skeel, Cleveland; Drs. C. S. Hamilton, J. F. Baldwin, Andre Crotti, F. F. Lawrence, Columbus; Dr. J. H. Jacobson, Toledo; Dr. L. G. Bowers, Dayton; Drs. J. C. Oliver, C. R. Holmes, Cincinnati, and Dr. Martin Stamm, Fremont. The purpose of the meeting is to lay out a plan for the standardization of the hospitals of this continent. An investigation will be made of unnecessary surgical operations, incompetent operations, division of fees, training of nurses and internes, equipment and use of

clinical laboratories and the keeping of case records.

—Nurses of the Salem City Hospital are now occupying the Hannah E. Mullins Nurses' Home, recently donated to the Salem Hospital Association.

—A committee of Marion physicians has been appointed to devise plans to meet the need of increased hospital facilities in that city. It is feared that the withdrawal of physicians, surgeons, dentists and nurses to the war zone may cause a curtailment of present limited hospital accommodations.

—Portage County officials are considering the purchase or lease of White Hospital, Ravenna, which was closed August 18. Service by several members of the staff in Europe made necessary the closing.

—The old nurses' home on the grounds of the Cleveland City Hospital has been offered to the government for a military hospital. It will accommodate 500 soldiers. Welfare Director Beman recently made a trip to Toronto to study the handling of wounded soldiers brought from Europe.

—Definite assurance is given that the maternity ward and the nurses' training school will be continued at St. Elizabeth Hospital, Dayton. Recently the entire staff threatened to resign when they received notice of a plan to eliminate these branches.

—The capacity of Mercy Hospital, Columbus, has been doubled by the completion of the new \$25,000 addition. Dr. Joseph Price is chief of staff.

—St. Joseph's Hospital, Lorain, was dedicated August 7. The building, unfurnished, cost approximately \$70,000.

—Directors of Hayes Memorial Hospital at Fremont have inspected hospitals in Norwalk, Elyria and Cleveland to get an idea of the equipment needed for the local institution.

—Plans submitted for a home for nurses of the Lancaster City Hospital estimate the cost at \$15,000—an increase of \$5,000 over the proposed bond issue for that purpose.

—Subscribers to the building fund for the Mansfield General Hospital are urged to meet their pledges in order that the institution may be opened by Thanksgiving.

—The new nurses' home and the maternity wing to the Middletown hospital will be ready for occupancy November 1.

—Drs. R. W. Athey and John McClure took over the management of Smith Hospital, Marietta, September 1. Dr. A. Howard Smith, founder and owner of the institution, has enlisted in the medical department of the U. S. Army and Mrs. Smith has entered the Red Cross nursing department.

—Plans for the new McKinley Hospital to be erected in Columbus estimate the cost at \$160,-

000. The building will contain 105 rooms, 3 operating rooms, diet kitchens, etc., but there will be no wards. It is reported that Dr. F. F. Lawrence will be in general charge. A group of prominent business men are financing the project.

—The recently organized committee on health, hospitals and nursing, formed under the auspices of the Ohio branch of the Council of National Defense, is conducting a survey of nursing facilities in the state. Letters have been sent over Governor Cox's signature to 600 public health organizations in Ohio, requesting complete information regarding local nursing situations. It is supplemental to the information collected regarding hospital resources.

—The Fountain Park Sanatorium which is under construction in Champaign County will be ready for occupancy this month. The building will have cost, when completed, about \$10,000.

—Measures for remodeling and enlarging Hempstead Hospital, Portsmouth, have been taken by the city council following the presentation of petitions by citizens of that city.

## PUBLIC HEALTH NOTES

—Members of the new State Health Council and Governor Cox are being generally commended for their action in selecting Dr. A. W. Freeman of the United States Public Health Service for the important post as Health Commissioner for Ohio, under the reorganized plan of state health administration. They are further commended for their broad-minded action in fixing Dr. Freeman's salary at \$6,000 per year, a sum sufficient to command for Ohio the services of the best men in the field of public health administration. A significant point in this respect is the almost complete lack of criticism that followed this action. A few years ago, had it been suggested that Ohio should pay a Health Commissioner a salary of more than half this amount, there would have been a storm of criticism. It means that the citizens of our state are rapidly coming to realize the value of public health protection and are willing to pay for the same. Dr. Freeman's broad experience in the federal service and his familiarity with Ohio conditions—due to his residence in Cincinnati while making the Ohio river survey—make him a splendid man for the place.

—Fourteen nurses and seven doctors have been appointed on the Akron school medical staff. This will be Akron's second year of the system which includes medical inspection of pupils under the direction of the board of health. The physicians who will have charge of inspection work are: Drs. F. V. Dunderman, M. C. Tuhol-

ske, W. H. Van Horn, O. Caldwell, Gordon Griffin, A. T. Gould and C. C. Smith.

—The following physicians have been appointed members of the medical council which will have charge of the health station to be established in the Mohawk-Brighton Social Unit experimental district in Cincinnati. Drs. D. H. Abbott, C. C. Agin, C. W. Beaman, A. Birchard, J. B. Grothaus, D. F. Kindel, A. G. Kreidler, S. H. Smith and W. A. Leveluwe.

—Physicians of Lorain, Huron, Erie, Sandusky and Ottawa Counties are taking the lead in a movement to establish an inter-county tuberculosis hospital as provided by the state law. Need of such an institution in the north-central portion of the state is very great. A conference was held at Sandusky on September 28.

—Several tuberculosis workers from Ohio are planning to attend the fifth annual Mississippi Valley Conference on Tuberculosis which will be held in Minneapolis and St. Paul, October 8-10. Dr. R. G. Paterson of Columbus, secretary of the Ohio Society for the Prevention of Tuberculosis, is vice president of the organization.

—Dr. R. H. Bishop, Jr., Health Commissioner of Cleveland, has asked the city council for an immediate appropriation of \$500,000 to provide a hospital for patients with advanced cases of tuberculosis with accommodations for 350 patients, accommodation for 200 additional patients in the incipient stage, and a nurses' home at the Warrensville Sanatorium.

—Marietta health officers are enforcing strict quarantine measures to prevent the spread of infantile paralysis from Parkersburg, West Virginia, to the Ohio city.

—The new "sanitary code," adopted by the Lancaster Board of Health provides for closer inspection of food and milk sold in the city, inspection of hotel kitchens, restaurants and bakeries, the enforcement of quarantine laws on communicable diseases, and the employment of a sanitary police officer. Measles, whooping cough and chicken-pox were added to the list of quarantine diseases. Dr. H. M. Hazelton, Health Officer, has instituted a campaign for increased health department appropriation.

—Dr. Herman H. Young has assumed his duties as director of the Youngstown children's service bureau. The new bureau will cooperate with city and county schools in an effort to discover and correct physical defects of pupils. Before coming to Youngstown, Dr. Young, who is an expert in child research work, was special investigator of the commission on provision for the feeble-minded in Kentucky.

—Inspectors in the drug division of the State Department of Agriculture report an increase in the drug traffic. Relaxation in vigilance on the part of state and federal authorities is given as the cause.



—During the month of August 500 cases of whooping cough reported to the health department and 2,000 unreported cases (estimated) resulted in the death of 18 Cleveland children.

—Stark County commissioners have awarded the contract for a \$6,000 county hospital for contagious diseases.

—The order of the Elyria Board of Health that all milk sold in the city must be pasteurized was contested in the courts. In passing on the case and sustaining the board in its position the judges of both the lower and appellate courts went into the merits of pasteurization and milk protection, and rendered an opinion that will be valuable in future actions where efforts are made to obstruct this most necessary public health protection. The new regulations adopted by the Elyria Board to control the marketing of milk are published in full in the August number of *The Ohio Public Health Journal*.

—A new illustrated, cloth-bound book on "Plumbing and Drainage" has just been issued by the State Department of Health. This book contains the laws of Ohio governing the location, construction, installation and inspection of plumbing and drainage and information pertaining to the installation of public comfort stations, public drinking fountains, public bath and wash houses, sanitary improvements for summer resorts, railroad sanitation, ventilation of school houses, hospitals, garages and sections of the general code relating to the sanitation of workshops and factories and public buildings. The State Printing Commission has ordered these books to be sold at cost, postage prepaid. The price fixed is 20 cents per copy.

—The city of Akron plans to enlarge its water filtration plant to a total capacity of thirty million gallons per day, placing it in the same class with the Columbus plant.

—Miss Marjorie Simpson, a representative of the State Board of Health department for the prevention of blindness, after investigating cases of eye infection among infants in Tiffin, reported three cases where the law had been violated by physicians who failed to report infection.

—City and county institutions in Hamilton County are over-crowded as a result of the importation of mentally and physically defective persons from neighboring cities. Probate Judge Lueder reports that of a number examined for sanity in his court on a recent date, 17 were newcomers in Cincinnati.

—Records compiled by the Dayton board of health show an increase of 230 births up to August 1, 1917, over a similar period last year. The report also shows a decrease in infant mortality from communicable diseases, and an increase in those caused by bad air and poor housing.

—Wooster city and township boards of health

have ordered a careful quarantine of all suspected cases of infantile paralysis.

—Cambridge Public Health League accepted the resignation of Miss Mary Beaver, community nurse, August 13. Miss Beaver made a report showing a total of 195 visits during the preceding month.

—Cleveland is considering the appointment of a city food "dictator" to cooperate with the government food administrator.

—An epidemic of diphtheria necessitated the closing of summer schools at Weston Heights settlement, Elyria, during the latter part of August.

—Under an ordinance recently passed by the Springfield City Commission, wells found unfit for domestic use will be sealed. Health Director E. B. Starr has recommended the installation of a chlorine plant at the waterworks station to improve the water for drinking purposes.

—Youngstown health officers say that city is free from infantile paralysis this summer. Last year there were a number of cases and several casualties resulted.

—Dr. Charles Augustus, assistant health director of Springfield, recently studied baby welfare work in Detroit and Buffalo with a view to using the information secured in opening a department for that work in Springfield.

—The Columbus school survey committee condemns the methods of teaching hygiene and sanitation in the schools as "too theoretical and technical." Practical demonstration should take the place of straight textbook work, according to the survey.

—Only 42 cases of acute infections poliomyelitis were reported in Ohio during the month of July. This is less than half the number reported in the same month last year. Statistics show a material falling off in the prevalence of measles during July of this year over previous years, a slight increase in scarlet fever and a material decrease in typhoid fever.

—The Cleveland Mothers' Home Guard canvassed the southeastern section of the city during the latter part of August to aid the health department in securing information on the infantile paralysis and whooping cough situation. They also reported on milk supply, sanitary conditions and other public health matters.

—Portsmouth Board of Education will employ a nurse for the medical inspection of school children.

—Miss Ethel Johnson, Cincinnati anti-tuberculosis worker, has succeeded Miss Elizabeth Corcoran as visiting nurse of Hamilton. Miss Corcoran resigned to enter war service with a base hospital unit.

—The report of the Kenton public health nurse shows a total of 223 calls made in July.

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 COUNTY SOCIETIES  
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*First District.*

*Highland County* Medical Society met in special session September 12 in the Hotel Parker, Hillsboro. J. L. McAllister, of Highland, presented a paper on "The Physician in Time of War and Medical Preparedness." The discussion was opened by Lockhart Nelson in his usual interesting way, followed by a lively discussion in which most of those present took part. W. W. Glenn, of Hillsboro, spoke on "A Consideration of the Revision of the Medical Fee Bill, Adopted October 4, 1905." All members present took part in the discussion, which was opened by W. B. Roads, of Hillsboro, and agreed to revise the old fee bill. All members not present, and physicians in active practice in the county, were to be notified of its revision and date of adoption to follow at our next meeting in October, 1917.—K. R. Teachnor, Correspondent.

*Second District.*

*Montgomery County* Medical Society, meeting in special session September 4, passed resolutions in memory of William F. Prather, treasurer of the organization, who died September 2.—(From a news clipping).

*Third District.*

*Marion County* Medical Society held its regular meeting at the Tally Wag club rooms September 4. After the business session R. C. M. Lewis read an interesting paper on "Medical Advertising" and a general discussion of the subject followed.—(From a news clipping).

*Fifth District.*

*Lake County* Medical Society held its first meeting after the summer vacation at the Parmly Hotel, Painesville, September 10. Seventeen were present. Supper was served at seven and the business session opened at eight, at which time A. P. Brady, president, gave a word of greeting to the doctors. The following committee was appointed to name the house physicians to the city hospital and select lecturers for the nurses in training: J. E. Black of Perry, J. V. Winans of Madison, and H. E. York of Painesville.

John W. Phillips of Cleveland gave the society a very practical talk on "Abnormal Blood Pressure, Its Cause, Significance and Correction." He said, in part, that the blood pressure should not be taken too often and that arterio-sclerosis was the end result causing high blood pressure. He named headache, dizziness, pain in the arms, legs and shoulders as salient symptoms. The

prognosis is not always bad—the pressure may vary 10-20, and yet mean nothing very serious. When the systolic and diastolic pressure are almost the same, myocardial weakness is the cause and death is imminent. As to treatment, he said the nitrites were most dependable in high blood pressure and the tincture or infusion of digitalis in low blood pressure. If the patient is working, have him rest one hour at noon and lie quietly in bed one day each week. The next meeting will be held October 1.—E. S. Jones, Correspondent.

*Lorain County* Medical Society met August 28 for five o'clock dinner at the Hotel Andwur, Elyria. Covers were laid for 28 at a special five-course dinner served in the grill room. Following the dinner, H. W. Powers, president, called the society to order for the purpose of considering the medical aspect of the war and the relation of the practitioners to the present medical needs of the army. The committee in charge of plans for the protection of doctors' practices who go to war will report at the next session which will be held September 11 in Lorain. Resolutions of respect in memory of Dr. George H. Matson were adopted.—C. O. Jaster. Correspondent.

*Sixth District.*

*Holmes County* Medical Society met in Millersburg September 11. J. C. Elder of Nashville, president, presided at the meeting, which was one of the best attended and most enthusiastic meetings the society has had in a number of years. W. D. Shumaker of Dover was our guest, and read a paper on "Personal Observations on Gall Bladder Surgery" which was freely discussed. A committee composed of Drs. Pomerene, Carson and Cole was appointed to consider a new fee bill for the county. Other topics of general interest were discussed.—A. T. Cole, Correspondent.

*Summit County* Medical Society resumed monthly meetings August 28, the attendance numbering 60 from Akron, Cuyahoga Falls, Copley, Kenmore, Twinsburg, New York and London, Ontario. Two new members—A. P. Magnus and J. S. Burnett, of Akron, were admitted, and five applications were presented. A standing vote passed resolutions of regret at the deaths of George Mattocks Frost, Louis Sanford Sweitzer, Leondias Strickland Ebright, Aber Esgar Foltz and Thomas Crawford Parks. The honored position of dean of the society now falls upon Samuel St. John Wright, A. B., M. D., of Akron, whose membership dates from 1876. The dean is not the member oldest in years but he is senior in point of membership. During 41 years of membership Dr. Wright has attended over 300 meetings. A vote of thanks was ex-

# ANNOUNCEMENT

## To the Medical Profession of Ohio

WITHIN the month the management of The Orchard Springs Sanitarium, situated just north of Dayton, has been entirely re-organized. A stock company has been formed to give it the necessary financial backing and provide funds for extensive improvements.

Dr. R. W. Adkins, for several years Assistant Superintendent of the Dayton State Hospital, has taken charge as Resident Medical Director. Mrs. Adkins, a graduate nurse (registered), will direct the institutional nursing staff. New employes have been added in every department, with a view of giving the best possible service to patients.

Dr. A. F. Shepherd, who built the institution in 1911, retains an active connection under the reorganization, as President of the Company, and Consulting Psychiatrist.

The aim of the new operating company will be to offer to the physicians of Ohio an institution where their patients may receive, at a **reasonable** rate, the best possible care and treatment. Our special aim will be to **co-operate with the family physician** in the care of the patient.

Orchard Springs Sanitarium, as many of you know, is a quiet, well-ordered private home-like institution with every facility for the care of functional and organic Nervous Diseases, selected cases of mild Mental Disorder, Inebriety and Drug Addictions. Invalids suffering from chronic non-communicable diseases requiring special forms of treatment are also received.

The Sanitarium is located on the Covington paved road, four miles north of the city, and is easily accessible by automobile or by Dayton and Covington traction cars—the latter making a regular stop.

Physicians touring in the section are cordially invited to stop at the institution and inspect the improved facilities.

## The Orchard Springs Sanitarium Co.

A. F. Shepherd, M. D., President

Both Phones, Dayton Exchange

tended Mrs. Sweitzer for her donation of the late L. S. Sweitzer's library. The program follows:

1. "Expert Diagnosis by Handwriting," D. C. Keller, Cuyahoga Falls. This was a report of the "diagnosis" made by a certain Cleveland physician who claims to possess the ability of diagnosing the physical condition of persons from their handwriting. 2. F. E. Read exhibited an interesting case of skin grafting for an extensive burn. 3. "Golden Rules Framed from Personal Experience with the Facts, Fancies, Foibles and Follies of Medicine" was presented by H. A. McCallum, M. D., M. R. C. P., LL. D., London, Ontario, dean of the Faculty of Medicine of Western University, past president of the Canadian Medical Association and honorary life member of this society. He gave the observations resulting from 31 years of practice and experience gained in leading medical centers of Canada, United States, Great Britain, France, Germany, Austria, and intimate friendship with Sir William Osler, Sir John MacKenzie and other leaders of the profession.

A vote of thanks was tendered Dr. McCallum for his splendid lecture, and so many requested copies of the lecture that he has decided to have

it printed and send a copy to each member of the society. As a climax he gave the history of the famous picture of the "Doctor," around which the Canadian flag was draped in his honor. Previous to the meeting Dr. McCallum was entertained at dinner at the University Club by the officers, graduates of Western University and neurologists.—A. S. McCormick, Correspondent.

#### *Seventh District.*

Jefferson County Medical Society held its regular monthly meeting at Steubenville, September 11. The program consisted of the presentation of clinical cases and reports.—J. R. Mossgrove, Correspondent.

#### *Eighth District.*

Muskingum County Medical Society met in regular session at Zanesville September 12. Jefferson C. Crossland presented an interesting paper on "Aneurism." C. H. Higgins, who was on the program for a paper on "Some Phases of Influenza," was unable to be present as he had been ordered by the War Department to report at Camp Taylor, Louisville, Kentucky.—(From a news clipping).

## Cooperative Malpractice Insurance

### Limited to Members of Recognized Medical Societies

#### Group Form Plan—

originated and issued only by Aetna Life Insurance Company to provide real protection and service on a common sense basis.

#### This Means Protection—

against loss arising from claims based upon any injury to a patient occurring in the lawful practice of the Assured's profession. No limitation on reason for making claim.

#### Avoids Technicalities—

furnishes complete defense; also indemnity, \$5,000 for one injury; \$15,000 total all judgments account of each year's acts.

Absolute Security.

#### Aetna Attorneys—

(specialists in personal injury claims) always available to Assured both before and after claim is made, without extra charge.

#### Compromises—

the Aetna prefers to defend suit to the highest court. Cannot settle without consent of Assured and approval of three members of the Group.

#### Appeal Bonds Furnished—

if necessary in defending suit (up to limit specified in policy) without cost or deposit of collateral—a radical departure of real value to the Assured.

Surplus to Policyholders—\$18,985,333.30

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C. H. Bancroft, Dist. Mgr., 8 East Long St., Columbus, Ohio.

# Stanolind

Trade Mark Reg. U. S. Pat. Off.

## Liquid Paraffin

(Medium Heavy)

Tasteless — Odorless — Colorless

### In Treating Hemorrhoids

**S**TANOLIND Liquid Paraffin, used regularly, very generally relieves hemorrhoids and fissure, even when of some years' standing.

Since these morbid conditions are usually the result of constipation, and are aggravated by straining, Stanolind Liquid Paraffin aids by rendering the intestinal contents less adhesive, by allaying irritation and thus by permitting the diseased tissues to become healed.

Where a contraindication for operative treatment exists, the use of Stanolind Liquid Paraffin in these conditions will frequently give relief from distressing symptoms and may even permit the parts to be restored to a condition where operative procedure may be postponed.

The *special advantage* of Stanolind Liquid Paraffin lies in the fact that its beneficial effects are not diminished by continual use, as is the case with almost any other laxative.

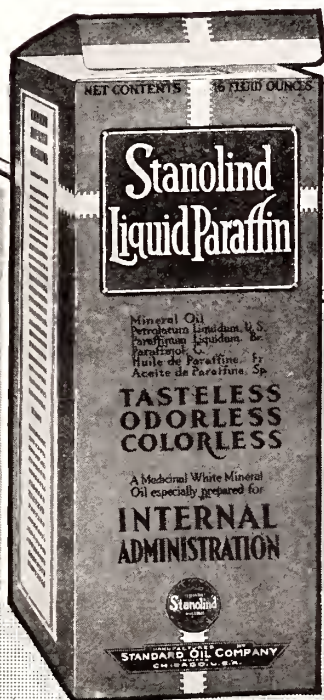
Stanolind Liquid Paraffin acts by lubrication and by adding bulk to the indigestible intestinal residue.

*A trial quantity with informative booklet will be sent on request.*

**Standard Oil Company**

(Indiana)  
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### The New Health Commissioner

Beginning October 1, Dr. Allen W. Freeman, formerly epidemiologist of the United States Public Health Service, becomes the Commissioner of Health of Ohio, thus completing the organization of the State Department of Health as contemplated by the new law passed by the legislature last March which abolished the old State Board of Health.

In securing the services of Dr. Freeman as the administrative and executive head of the department, the Public Health Council and the Governor deserve great credit. In Dr. Freeman the Council got the splendid combination of a young man and a trained expert in public health work.

Dr. Freeman is 36 years old and a native of Lynchburg, Va. He graduated from Richmond college and the Medical Department of Johns Hopkins University, 1905. His first public health work was as medical inspector of the Richmond City Health Department, 1907-08, under the direction of Dr. Ernest C. Levy—one of the most efficient municipal health officials of the United States.

In 1908 Dr. Freeman became assistant commissioner of health of the state of Virginia and attracted the attention of United States Public Health officials by his work in typhoid prevention. In 1915 the United States Public Health Service added Dr. Freeman to its staff of experts, giving him the title of epidemiologist. During the outbreak of infantile paralysis in New York last summer, Dr. Freeman was one of the experts assigned by the government to assist in checking this epidemic. He has more recently been engaged in a survey of cities in the Ohio river basin and in connection with this work has been stationed at the U. S. Marine Hospital at Cincinnati.

With his wife and two children Dr. Freeman will take up his residence in Columbus, October 1.

*Coshocton*—Dr. and Mrs. J. D. Lower have returned from Ann Arbor, where the doctor took post-graduate work and received his master's degree from the University of Michigan.

*Napoleon*—Dr. and Mrs. Charles Mowry are conducting interesting propaganda under the auspices of the Ohio Dry Federation. At various points throughout Ohio they are presenting charts, models, etc., to show the effect of alcohol on the human system.

*Physician Wanted*—Owing to war conditions the only doctor in New Marshfield has been called away. This is a good opportunity for a first-class physician. As we are eight or ten miles from the nearest doctor our town and the surrounding vicinity need a physician. Address Fred J. Burt, Clerk Board of Health, New Marshfield, Ohio.



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The grains retain their shape, though puffed to eight times normal size. This is because they are sealed in guns, and shot at the time of explosion.

The result is easy, complete digestion. Every atom feeds. And these airy titbits, thin and flaky, are also food confections.

This process was invented by Prof. A. P. Anderson, formerly of Columbia University. And no other method of cooking so fits these grains for food.

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**Puffed  
Wheat**

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**and Corn Puffs**

**Each 15c Except in Far West**

# Digestive Disturbances

in infants can usually be traced to faulty or improper food. These disagreeable conditions are successfully overcome by prescribing

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which is made from the highest quality of raw materials by the most modern and sanitary methods of manufacture—guaranteeing a finished product—that at all times is clean, wholesome and dependable for Infant Feeding.

*Samples, Analysis, Feeding Charts in any language, and our 52-page book, "Baby's Welfare," will be mailed upon receipt of professional card.*



Borden's  
 Condensed Milk  
 Company  
 "Leaders of Quality"  
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## 50% Better Prevention Defense Indemnity

1. All claims or suits for alleged civil malpractice, error or mistake, for which our contract holder,
2. Or his estate is sued, whether the act or omission was his own
3. Or that of any other person (not necessarily an assistant or agent),
4. All such claims arising in suits involving the collection of professional fees,
5. All claims arising in autopsies, inquests and in the prescribing and handling of drugs and medicines.
6. Defense through the court of last resort and until all legal remedies are exhausted.
7. Without limit as to amount expended.
8. You have a voice in the selection of local counsel.
9. If we lose, we pay to amount specified, in addition to the unlimited defense.
10. The only contract containing all the above features and which is protection per se.

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 Protection, Exclusively

### Communicable Disease in Ohio

August was a healthy month, according to statistics compiled by the State Health Department. The total of 3,376 reported cases of notifiable diseases for the month is almost 1,000 cases lower than the total reported to date for July, (4,301) and is below the totals for August 1916 and 1915. The eighty cities of the state reported 2,588 cases, leaving only 790 cases recorded for the rest of the state. Reports have been submitted promptly which together with the low totals and a number of comments from health officers would indicate that the state suffered from less reportable sickness during August 1917 than in August of previous years on record.

#### WHOOPING COUGH.

Attention was called to the facts that the July total for whooping cough was the highest of any of the notifiable diseases and that the greatest number of cases was recorded from a few city districts. The same statements are true for August. The total of 940 cases for July increased to 1,168 for August. Cleveland recorded 295 cases in July, 608 in August and the health commissioner of the city states that all cases have not been reported. Toledo, reporting 208 cases in July, recorded 138 for August, and Springfield 34 in July and 48 in August. Cincinnati reported 46 for July and 78 for August. The four cities cited make up a total of 872 cases or 75 percent of all cases for the month. Outside of the city districts, the villages of Barnesville, Belmont county, reporting 17 cases, and Milan, Erie county, reporting 10 cases, show the highest reported case incidence for the month.

#### TYPHOID FEVER.

The satisfaction with which but 185 cases of typhoid fever were recorded for July has been effaced by the recording of 412 cases for August, although the total for the month this year is lower than for any previous August on record. The totals for 1915 and 1916 were 613 and 707, for 1913 and 1914, 1,340 and 597 cases. The cases are scattered.

The cases are almost equally divided between cities and the rest of the state. Cuyahoga Falls, Summit county, reported the highest case incidence for the month, 3 cases. Barnesville, mentioned as having a high case rate for whooping cough, has reported a high rate for typhoid, 24 cases. Allen county is suffering from an outbreak, 35 cases having occurred so far, practically all traceable to one well, according to the report of a health officer.

#### POLIOMYELITIS, ACUTE INFECTIOUS.

Reports for August total 78 cases, 20 more than reported during July, but less than half the number reported during August of last year. The highest county total was recorded for Sum-

mit county, 22 cases, Wayne county following with 15 cases and Belmont county next with a total of 12 cases.

#### MENINGITIS, EPIDEMIC CEREBROSPINAL.

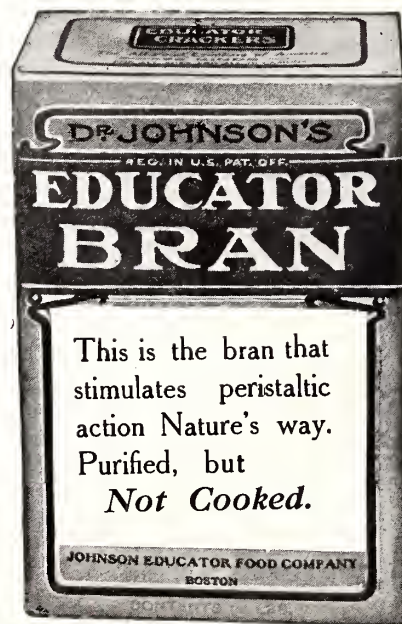
The August total of 22 cases is a reduction of 9 reported cases from the July total. The cases occurred as follows: Cuyahoga county—Cleveland 10, Bedford 1; Franklin county—Columbus 1; Hamilton county—Cincinnati 1; Medina county—Harrisville township 3; Montgomery county—Harrison township 1; Muskingum county—Zanesville 1; Summit county—Akron 3, Cuyahoga Falls 1.

Specimens Examined for Physicians and Surgeons

*Serologic*                      *Pathologic*  
**Bacteriologic**

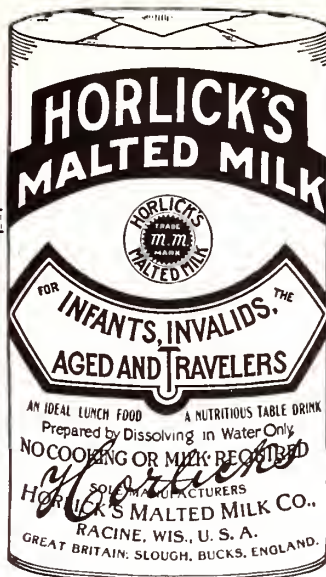
Booklet on Preparation and Forwarding Specimens for Laboratory Examination sent upon request.

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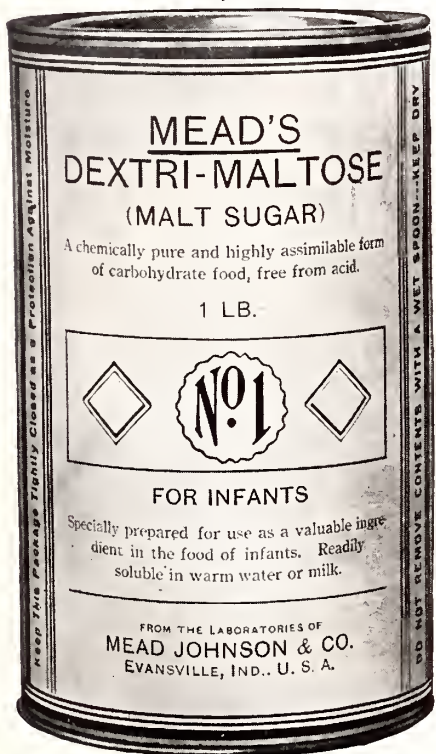
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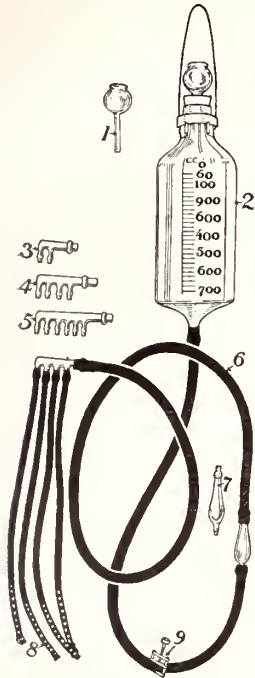


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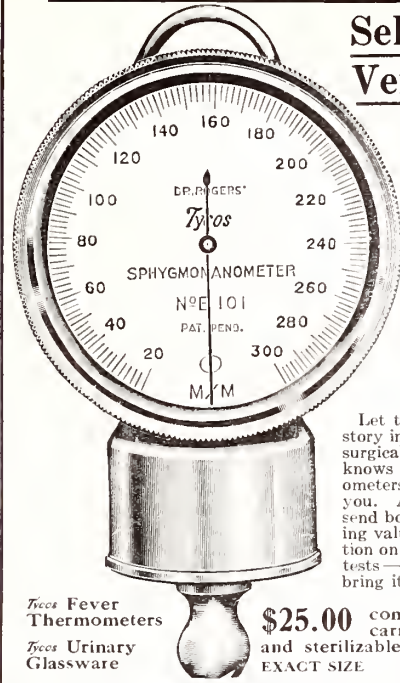
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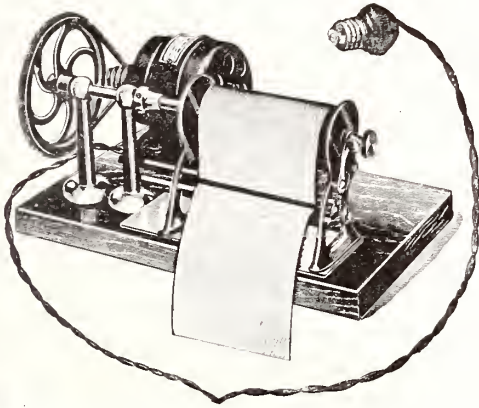
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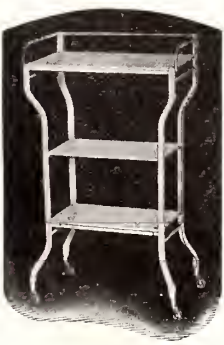


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**CATARACT, SENILE, TRAUMATIC AND CONGENITAL.** W. A. Fisher, M. D., Professor of Ophthalmology, Chicago Eye, Ear, Nose and Throat College. Price \$1.50. Chicago Eye, Ear, Nose and Throat College, Publishers.

**MAN, AN ADAPTIVE MECHANISM,** by George W. Crile, M. D., F. A. C. S., Professor of Surgery, School of Medicine, Western Reserve University. The Macmillan Company, Publishers, New York.

**PRINCIPLES OF TREATMENT OF BROKEN LIMBS.** A philosophic-surgical essay with surgical notes, by William F. Fluhrer, M. D., consulting surgeon to Bellevue and Mount Sinai Hospitals, New York. The Rebman Company, New York. Price \$3.00.

**THE DIAGNOSIS AND TREATMENT OF ABNORMALITIES OF MYOCARDIAL FUNCTION,** with special reference to the use of graphic methods. By T. Stuart Hart, A. M., M. D., Assistant Professor of Clinical Medicine in the College of Physicians and Surgeons, Columbia University. Visiting Physician to the Presbyterian Hospital in the City of New York. The Rebman Company, New York. Price \$4.50.

**A MANUAL OF PHYSICAL DIAGNOSIS,** by Austin Flint, M. D., LL. D., late Professor of the Principles and Practice of Medicine and of the Clinical Medicine in Bellevue Hospital Medical College, etc. Seventh edition, revised by Henry C. Thacher, M. S., M. D., Associate in Medicine in the College of Physicians and Surgeons of Columbia University; assistant attending physician Roosevelt and Lincoln Hospitals, New York. Lea & Febiger, Philadelphia and New York. Price \$2.50.

**MEDICAL AND SURGICAL REPORTS** of the Episcopal Hospital of Philadelphia, Vol. IV. Published by Wm. J. Dorman, Philadelphia.

**POLIOMYELITIS,** in all its aspects, by John Ruhrah, M. D., Professor of Pediatrics, University of Maryland, Medical School, and the College of Physicians and Surgeons; and Erwin E. Mayer, M. D., First Lieutenant in the Medical Officers' Reserve Corps, United States Army; instructor of Medicine in the University of Maryland Medical School and College of Physicians and Surgeons. Published by Lea & Febiger, Philadelphia and New York. Price \$3.25.

**FIRST AID AND EMERGENCY TREATMENT,** by A. C. Burnham, M. D., Medical Corps, U. S. R., Instructor in Surgery in the Polyclinic Hospital, New York City. Attending Surgeon, Department of Surgery, Vanderbilt Clinic, College of Physicians and Surgeons, New York City. Published by Lea & Febiger, Philadelphia and New York. Price \$2.00.

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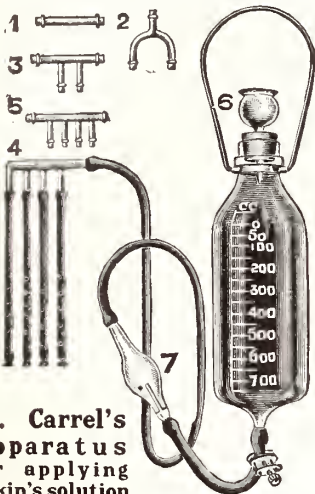
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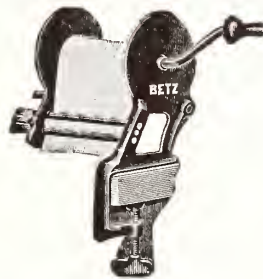
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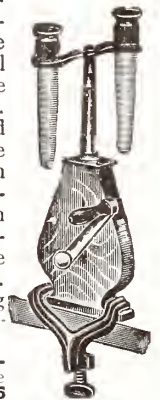
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 \* NEWS NOTES OF OHIO \*  
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*South Charleston*—Dr. Edward C. Nehls of Selma has opened an office here.

*Bucyrus*—Dr. and Mrs. W. C. Gates spent the month of September in Colorado.

*Newark*—Dr. and Mrs. D. J. Price have returned from a motor trip through the east.

*Canton*—Dr. Claude D. Hamilton, city physician, has resigned to take up military duties.

*Mansfield*—Dr. M. J. Davis and family have arrived home after a 1,200 mile auto trip through the east.

*Toledo*—Dr. E. Benjamin Gillette has succeeded Major Dale Wilson as police and fire surgeon of this city.

*Martinsville*—Dr. William K. Ruble, who was recently elected treasurer of Clinton County, has moved to Wilmington.

*Columbus*—Dr. C. H. Benson has been appointed chief physician at the Franklin County Infirmary to succeed Dr. R. B. Drury.

*Swanton*—Dr. Arthur A. Brindley has moved to Port Clinton, where he will be associated with Dr. H. J. Poole in the latter's hospital.

*Cincinnati*—Dr. John M. Adams was elected Surgeon-General of the Grand Army of the Republic at the annual encampment in Boston.

*Athens*—Dr. O. O. Fordyce, superintendent of the Athens State Hospital, is on a two months' leave of absence made necessary by ill health.

*Cleveland*—A sixteen-story building is to be erected at Cleveland which will cost \$750,000, and will be used exclusively by physicians and dentists, and dealers in medical and dental supplies.

*Pomeroy*—Dr. S. A. McCullough, coroner of Meigs County, who was formerly located at Chester, has moved here to occupy the offices of Dr. Byron Bing during the latter's absence at the Front. Dr. A. E. Lawrence has moved here from Coolville.

*Dayton*—Dr. L. F. Bucher, formerly medical inspector of the Dayton schools, has been appointed director of hygiene and supervisor of the teaching of hygiene for the term of three years, commencing September 1, 1917. He will receive an annual salary of \$3,600.

*Cincinnati*—Many Ohio friends of Dr. Charles A. L. Reed, who suffered a cerebral hemorrhage while sojourning in Atlantic City on August 23, will be glad to know that he is now improving. For a time his condition was very serious but reports from his bedside indicate that his eventual recovery may be expected.

## Dr. Alexis Carrel's

Apparatus for Administering

## Dakin's Solution

in the treatment of Infected Wounds, Compound Fractures, Acute and Chronic Osteomyelitis, Gangrenous Appendicitis, Peritonitis, etc.

We have the correct outfit. Particularly we would emphasize that we have the correct rubber tubing which is made specially for us.

Refer to Dr. Sherman's article, Surgery, Gynecology and Obstetues, March, 1917, on The Carrel Method of Wound Sterilization.

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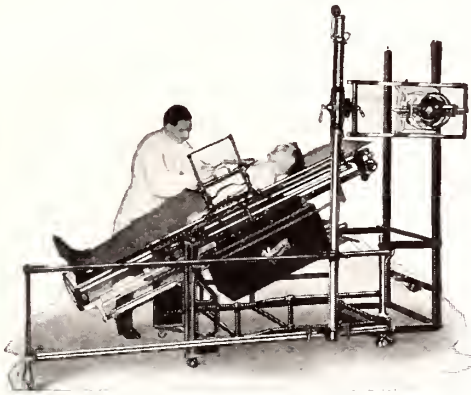
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### The Cost of the Springfield Meeting

Many of our readers who attended the annual meeting of the State Association at Springfield will be interested in the financial report of the local committee on arrangements which has been issued by Dr. W. C. Taylor, treasurer of the committee. Further, they will be somewhat surprised by the fact that the committee was able to refund to the local contributors 48 per cent of the amount collected.

The Springfield meeting will go down in the history of the Association as one of the most brilliant achievements. It certainly "placed Springfield on the medical map," and while this luxury came high *The Journal* believes that the public-spirited physicians of Clark County, who co-operated to make it such a success, will never regret the expenditure. The detailed statement follows:

#### RECEIPTS.

Local doctors .....	\$1,329.00	
Banquet tickets .....	810.00	
Exhibitors .....	2,538.50	
Refund (expense) .....	1.15	
Chamber Commerce (Springfield) .....	500.00	
		\$5,178.65

#### EXPENDITURES.

Printing and stamps .....	\$ 538.00
Sundry expense .....	115.31
Memorial Hall and expense.....	1,214.24
Music .....	212.50
Speakers .....	135.00
Banquets .....	1,640.72
Prizes (three) .....	150.00
Badges and signs .....	528.52
Refund local doctors (48%)....	644.36
	\$5,178.65

This budget tells merely the figures' side of the story. We have commented previously on the untiring work and clever co-operation of the Springfield physicians—which really accounted for the splendid success of the meeting.

**TREATMENT WITH VACCINES.**—The condition—self-limited infections and chronic infectious processes—in which vaccine treatment has been employed make it exceedingly difficult to determine if vaccines are of value. As pointed out by J. P. Leake of the United States Public Health Service, whenever the use of vaccines in a certain disease has been carefully controlled, its use has been found of little value. This is true of whooping cough, typhoid fever and gonorrhoeal vulvovaginitis and probably in pyorrhea alveolaris. As for the strikingly favorable results in individual instances which are reported by vaccine enthusiasts and repeated in advertisements, these may all be matched by equally brilliant results in cases not treated with vaccines. (*Jour. A. M. A.*, Aug. 25, 1917, p. 648.)

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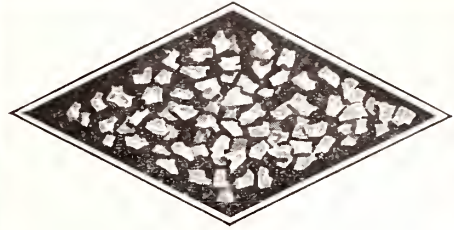
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During July Glenn V. John, a chiropractor at Lima, secured considerable advertising by announcing in the newspapers that he would establish a "unique charitable clinic" and give chiropractic treatment to the worthy poor for one hour on Monday, Wednesday and Friday of each week. The *Times Democrat* and other Lima newspapers commented freely upon the broad charity of "Dr." John, and expounded at length on the wonder-working possibilities of chiropractic. However, we find another side to the situation in the July issue of *The Chiropractic Bulletin*, published in Chicago. In it "Dr." John (page 17) publishes the following report of his "charitable" clinic:

"This morning at 10 bells sharp, I opened my first clinic for the people of Lima, and my office was packed, and even the corridors, until 12:45 p. m., noon.

"I attended 24 cases, giving each a complete analysis and taking all necessary history, and gave the adjustment, Palmer Recoil, if you please.

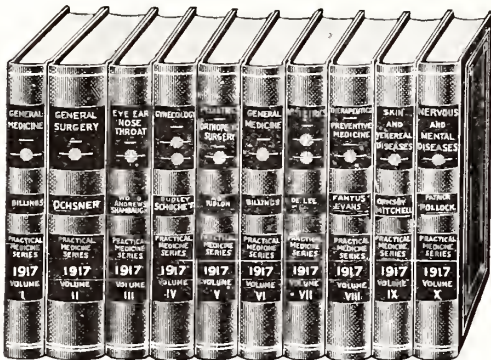
"I was unable to attend to about 12 cases, so I told them to call early, 8:00 a. m., Wednesday morning.

"I might say, that out of the 24 cases that I adjusted I FOUND 17 PAY PATIENTS, 6 OF THESE PAID FOR THE SERIES OF 12 ADJUSTMENTS, AND THE OTHERS TOOK THE SERIES OF 6 ADJUSTMENTS. DOES IT PAY?"

The capitals are by the editor of *The Chiropractic Bulletin* who adds the following aditorial comment:

"Chiropractors who complain of business being slow might try this. Why shouldn't you give some of your services to the poor, anyway? Every cured patient will be a walking advertisement for you, and you will be many times paid in new business for the services you give gratis to the worthy poor."

Many Ohio physicians are planning to attend the "war convention" of the Clinical Congress of Surgeons of North America, to be held in Chicago during the week of October 22.



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# Text of the Ruling by Attorney General McGhee of Nurse-Anesthetist

Mention was made in our September issue of the ruling by Attorney General McGhee to the effect that, under our Medical Practice Act, the administration of an anesthetic is a part of the practice of medicine, and that in Ohio no one is legally qualified to administer an anesthetic excepting a licensed practitioner—doctor or dentist.

In view of the recent decisions through out the United States, and particularly in Kentucky, the opinion by Mr. McGhee is very interesting. It was rendered in response to the following inquiry by Mr. Wright.

As a member of the Legislature, I desire an opinion as to whether the mere giving of the various drugs used in surgical anesthesia, given only under the personal direction and in the presence of the responsible operating surgeon, himself a licensed medical practitioner, by a person not a licensed practitioner of medicine, but who has prepared himself or herself, by satisfactory study and preparation, constitutes in itself the practice of medicine under the provisions of the Ohio Medical Practice Act."

Mr. McGhee, in his opinion, reviews in detail the various provisions of the Medical Practice Act—particularly Section 1286 which holds that "a person shall be regarded as practicing medicine who administers or dispenses for a fee or

compensation of any kind, direct or indirect, a drug or medicine." Commenting on this point he says:

"A surgical operation is directly within the statute covering the practice of medicine and when it is determined by the surgeon that in order to properly perform an operation, it is necessary that an anesthetic be used in order that the person upon whom the operation is being performed may be placed in the condition that the performance of such operation is possible, then the administering of such anesthetic becomes as much a part of the operation as does the performance of any other act in relation thereto.

The loss of feeling caused by the administration of a drug is called anesthesia. A surgeon would, under no circumstances, attempt to perform a complicated or prolonged operation without anesthesia being first produced. In order to increase the safety of operation it is necessary to note the effect the anesthetic has on the patient at the time anesthesia is being produced and following. The anesthetist studies his

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patient, the respiration and circulation as carefully as does the surgeon watch his operating knife while the operation is being made. After the operation is over the anesthetist studies the effect of the surgical shock, the effects of the anesthetic on the resistance of the tissues to disease and the process of recovery from the effects of the anesthetic.

It was held in Opinion No. E 222, Annual Report of the Attorney General, 1911-1912, Vol. 1, p. 876, that:

"The question whether the act of administering an anesthetic is an act requiring technical skill or an act of administering a drug for the cure or relief of a wound, disease, etc., or whether such act is a mere ministerial act, is a question of fact. If it is true, as herein assumed, that the first alternative is correct, then such act may not be performed by any other person than a licensed physician, neither under the direction of a licensed physician nor by way of assistance to such nor otherwise."

and,

"It is perfectly clear that a person need not be qualified as a physician in order to be permitted under the law to perform some necessary services in connection with an operation under the direction of a physician or a surgeon. Thus any person may, under the surgeon's direction, arrange the instruments for him, or hand him such appliances as he needs. I do not, however, regard the administration of an anesthetic as such an act as those described, unless I have a wrong impression of the nature of the fact. It is the act of administering itself the doing of which requires technical knowledge and professional skill. That would be such an act as could not be, under the law, delegated to another by a qualified physician, even though the person to whom it is delegated acts under the personal direction of the physician."

"In other words, if the administering of the anesthetic might be delegated to a person other than one who is licensed to perform such act under our law, then any other act which is required to be performed in the practice of medicine can likewise be delegated to a person other than one who is licensed to practice under our law. That is to say, a physician could delegate to one person the authority to diagnose and to another to prescribe and to another to perform operations, and all that would be necessary would be to simply show that the persons who were performing such acts were doing so under the proper delegated authority of a licensed physician. This cannot be understood to be the law in Ohio."

Mr. McGhee proceeds to outline the specific exemptions that are provided by our Medical Practice Act, citing the law to show that the exemptions are definite and that nurses or unlicensed anesthetists of any kind are not excepted, and that in view of these explicit exemptions permission for nurses to administer anesthetics cannot be read into the law.



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**Next Meeting of the State Association,  
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## Editorials

### Here Is Where You Can Render Real Aid

Do you, doctor, want to do your bit toward insuring the development of the Ohio State Medical Association?

Do you want to play your part in maintaining its strength and ability to cope with your problems during the next twelve months—a time when there will be far greater need of efficient medical organization than in any previous year?

Certainly, you do.

Here is the formula by which you may land a forty-centimetre wallop against medical crookedness and the sinister influences that are at work in this state, menacing the health of the people and the highest ideals of your profession.

1. Sit down, now, and write out a check for your 1918 dues, and mail it forthwith to the secretary-treasurer of your county medical society. Do not wait for him to telephone or write you. Beat him to it. Remember that the State Association dues for 1918 are \$4.00. Add to this the amount of your county society dues and get that check off in the next mail. That will be Wallop Number One.

2. Go to the next meeting of your society and urge the adoption of a resolution under which your society will pay from its treasury the state dues of those of your members who have entered active military service.

County societies throughout the state are arranging to do this, for two reasons: First, it is absolutely vital to the maintenance of the state organization that has been built up to protect your collective interests. By the time this *Journal* reaches you nearly one thousand of our members will be in military service—one-fifth of our entire organization. We cannot expect these men to draw on their meager service pay for society dues. At the same time it is of tremendous importance to them that the profession is adequately protected in their own state during their absence, and that their standing in organized medicine is preserved. Certainly the men who remain at home, restrained from active field service by one reason or another, owe it to these patriot physicians to take over this slight obligation.

The second reason why this action is necessary by every county society is the fact that it will equitably distribute the burden imposed by the war on organized medicine in our state. If every county unit takes care of the dues of its members in service the burden will fall lightly on each organization. If the State Association is compelled to assume the total load, it will be disastrous. It will mean the abrupt curtailment of much of the work which has required years to develop to its present state of efficiency.

We hope that you personally will take these points to heart. Organized medicine in Ohio is facing dangers undreamed of five years ago. Stop to recall the bitter assault that was made during the last session of the Ohio General Assembly upon the Medical Practice Act. Healers representing every degree of ignorance and cussedness combined forces and spent money freely to break down our medical practice regulations. Its integrity was maintained solely through active organized effort made possible by a State Medical Association that represented the great bulk of the practitioners in each county.

It is not improbable that in less than three months the legislature will again be assembled in Columbus, in special session. It is possible that the bitter attack will be renewed. It is certain that a year hence when the legislature meets in regular session it will be renewed with increased bitterness and backed by larger campaign funds. Today, while the activities of the medical profession are directed solely to the development of a smashing National army, while our physicians are leaving the state by hundreds to serve their country, these anti-medical propagandists are busy raising funds and strengthening their political fences for what they term "the 1919 drive." Under cover of war-time hysteria they plan a general legislative stampede.

If you think we over-estimate this danger, keep your eye on the chiropractor, or the Christian Science healer practicing in your community.

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Another "brass tacks" reason *why medical organization must not lag at this time* is the proposal to establish state sickness insurance, now being considered by a special commission appointed by our Governor to survey existing systems and make recommendations to the legislature that convenes in Columbus in 1919. We need not tell you what may happen if the medical profession in this state delegates to the visionists and social dreamers the entire development of this plan. You cannot deal with this problem separately. You must deal with it through state-wide co-operative effort. This cooperation is crystallized in the Ohio State Medical Association, which today represents 4600 physicians. Unless this Association has the funds to carry on this work, it will be powerless.

Speaking solely from a business standpoint and with a knowledge of conditions as they exist in Ohio today, the writer can assure you that the payment of your State Association dues is the best insurance that you can buy.

\* \* \*

*Why should dues be paid today when technically they are not due until January 1?* The answer to this question is purely administrative. The collection of dues from 4600 members—with our limited headquarters facilities in Columbus—is a

large and complicated task. If you pay promptly you help us immeasurably. The rush comes during the last week of the year. Hundreds of members will then realize that they must pay their 1918 dues before January 1 in order to maintain their standing, and particularly in order to maintain their protection by the Association against civil malpractice suits. During the Christmas holidays we will receive money by the sack-ful from these stragglers.

Our appeal is that *you pay now* so that we may not be so rushed during the month of December, and so that we may have time to look after other important administrative matters. It is absolutely necessary that this work be out of the way by the first week in January, as it is not improbable that by that time a special session of the legislature will be sitting in Columbus.

\* \* \*

*Just a word about your medical defense protection.* Last week while attending a meeting in Toledo the writer was approached by one of the leading physicians of Cincinnati. He said:

"I want to tell you that I never before appreciated the value of the State Medical Association. One morning I received a notice that I had been sued for damages by a patient whom I had attended so many months before that I had forgotten the case. I had unsuccessfully tried to collect some money from him and in retaliation he had brought suit through a third-rate lawyer who has a local reputation as a shyster. I had been carrying insurance protection in a private company and turned the case over to them. I found very quickly that I had violated some one of the thousand-and-one technicalities by which this particular company escapes its liabilities. I telephoned the Association offices in Columbus and in less than twenty-four hours your attorneys were on the job. I have heard nothing more about the suit and don't expect to. I am convinced that the shyster quit when he learned that I was backed in the matter by an organization of 4600 doctors."

Another recent case is significant. A doctor over in eastern Ohio—a well known country practitioner—was sued in a fracture case. He had attended the patient on January 9, 1917. It was clearly a case of blackmail, prompted by a patient who desired to evade payment of fee, and the doctor forwarded to our Columbus office an application for defense by the Association. We were compelled to notify him, regretfully, that he had been slow in the payment of his 1917 dues and that we had not received the check at this office for said dues until January 21. Under our regulations it was impossible for the Association to assume the defense of this case, as the treatment occurred during the period he was in arrears. The doctor was very decent about it and admitted that we were right. He wrote us asking that he be notified in future years at least thirty days in advance of January 1. His failure

to pay his dues promptly will cost him a sizeable lawyer fee.

So, if you will pay your 1917 dues *now* you will not only be helping us and the treasurer of your local society but you will (1) insure your protection against civil malpractice suits, (2) insure yourself against being dropped from the mailing list of *The Journal*, (3) and, in the most effective manner, be aiding in the important work of "speeding up" medical organization in Ohio.

Send that check, now!

### Is Mr. Wright Right?

We suggest that you read carefully the address by State Senator Howell Wright of Cleveland which was delivered at our Springfield session in May, and which is printed in this issue. Senator Wright gives expression to radical views. His remarks at Springfield developed widespread discussion—some harsh criticism and some warm commendation. The significant feature of the address is that it represents the viewpoint of a layman who has had the opportunity and the inclination to study medical practice conditions in the state, and more important, has had the opportunity by reason of service in the state legislature to gauge the attitude of our legislators toward the intricate medical practice problems with which they are forced to grapple at every session of the Ohio General Assembly.

Senator Wright points out what he believes to be serious weaknesses in our present system of protecting the sick public from the practice of unqualified persons. The remedy which he suggests is not entirely new, and even now is being given a trial in Illinois.

All of us who have given any thought to the subject know that there is something fundamentally wrong with our present system. Certainly it should not be necessary for the physicians of this state to fight before every session of our General Assembly for the maintenance of standards that do not in the slightest degree contribute to the material prosperity of the profession, but are designed solely to protect the sick from the ignorant and the unscrupulous. We know that it *shouldn't* be necessary, but we know that it is. The protection of the sick public is essentially a task of policing, and the state seems able to conduct adequate police control of practically every other kind of public offender. Why should not the state, independent of any cooperation by the profession, protect its citizenship against medical quacks and ignorant practitioners who rob sick people of their health, or their opportunity to regain health, or even of life itself?

The publication of this paper will probably attract to Mr. Wright considerable criticism from those who believe that the present system should be maintained, but *The Journal* feels

that it is due Mr. Wright to call attention to certain pertinent facts which in our opinion give him the right to speak plainly on this point.

First and most important, he, as a member of the State Senate from the Cleveland district, worked night and day during the five months' session of the General Assembly to uphold standards set and approved by the medical profession, and in the protection of all pending public health legislation. As chairman of the public health committee in the Senate he was a powerful factor in the success of our winter campaign, and it was very refreshing indeed to find such cooperation in a senator from Cleveland, which, for many years past, has been a legislative stronghold for the quacks and cults.

In addition, Mr. Wright was invited by Council to speak at the Springfield meeting for the purpose of reflecting the sentiment of the members of the legislature on these problems. He was, therefore, entitled to speak plainly.

Thirdly, if Mr. Wright is right, we should face the issue squarely and not adopt the tactics of the ostrich.

Without doubt the Medical Practice Act, during the 1919 session of the General Assembly, will be assailed far more bitterly than at any time in the past. It now seems improbable that medical practice matters will be given consideration during the special session of the General Assembly to be held this winter. It therefore behooves our Committee on Public Policy and Legislation to go into this matter rather carefully, and if it is found that changes are necessary, to cooperate in bringing about such changes.

### Important War-Time Work

While the nation generally is according the highest praise to the physicians who are leaving their homes and practices for service in the army, *The Journal* takes this opportunity to pay its tribute to another group who are rendering service no less essential and of equal importance. We refer to the medical members of the draft and exemption boards, many of whom have devoted a considerable portion of their time without compensation in helping Uncle Sam to assemble the great draft army.

In many of the smaller counties this work has been light and pleasant, but in the larger cities where districts are called upon to produce from three to five hundred recruits it has been exceedingly onerous. Almost without exception the physicians who have been called to this service have worked efficiently and uncomplainingly.

Months ago when Governor Cox summoned to his office members of the Council of The Ohio State Medical Association and delegated this important work to them, he emphasized the temptations that would face physicians. He cited

the scandals that accompanied the draft during the latter days of the Civil War, when medical men were frequently accused of accepting bribes to declare certain individuals unfit for service. At that time the governor expressed faith in the present-day medical profession, and that faith has been amply justified. With the exception of a single instance in one of the East Side districts of New York, we have not heard the slightest intimation that bribery has been permitted to taint the fairness of the draft machinery.

We feel that special recognition should be given to the six physicians who are serving on the Federal District Exemption Boards. Their work has been much heavier than that of local boards, as they are compelled to sit in judiciary capacity on cases that have been appealed in districts covering from 12 to 26 counties. In many cases these appeals have been sought persistently and great pressure has been brought to bear. The Ohio physicians engaged in this work are: Drs. E. J. March, Canton; W. H. Humiston, Cleveland; August Rhu, Marion; W. N. Bradford, Cambridge; Wells Teachnor, Columbus, and J. W. Withrow, Dayton.

It will be interesting to note during the period following the war whether the general public appreciates the sacrifices and public service of the medical profession of this country. During recent months one has heard very little from the pseudo cults and the various healers. Evidently they appreciate their inability to cope with a real situation and are lying low. Those of us who are optimistic feel that the medical profession will emerge from this war more firmly entrenched in the hearts of the American people than ever before.

### Help Sell Ten Million

Robert G. Paterson, of Columbus, executive secretary of the Ohio Society for the Prevention of Tuberculosis, will be in general charge of the campaign to sell ten million Red Cross Christmas Seals in Ohio, this year. Sales will start throughout the state on November 20. Physicians, who are qualified to know the special reasons for intensive work in tuberculosis prevention work during and after the war, should lend a hand wherever possible to advance this seal sale—as it is by this means that the sinews of war are supplied.

No, Constant Reader, we have not heard of any Christian Science healers who have volunteered their services to the government. Neither have we heard of any governments—black, white or yellow—foolish enough to accept their services. The rear end of a battle field offers a rather difficult problem to the disciples of the late Mary Baker Eddy.

### A Stitch In Time

The Toledo Academy of Medicine, so far as we are able to learn, is the only medical group in the state that is giving intensive consideration to the subject of state sickness insurance. During the past two years we have devoted much editorial attention to this matter. We have endeavored to warn the medical profession of Ohio that it is a problem that is immediately facing us, and one that must be given most careful consideration during the period in which the subject is being surveyed by the special state commission that has been appointed by Governor Cox. We have endeavored to warn you through these columns that the work of this commission may have a radical and permanent effect upon medical practice conditions in the state of Ohio. With the exception of interest shown here and there, we might have devoted our time and space, with equal profit, to a discussion of internal political conditions in Timbuctoo.

One striking exception is Toledo. Recently, the Academy there devoted an entire evening to a discussion of state sickness insurance—not of the vague general plans that were being worked out in the Continent prior to the war, or of some visionary thing that might be tried in this country in the dim and distant future, but of actual, tangible, definite plans *that are under consideration at this time, and in this state*, by a duly constituted commission that is under legal instruction to report with recommendations for the legislature that assembles in hardly more than a year's time.

Dr. Walter H. Snyder, chairman of the Academy's active legislative committee, presented the matter. There were present perhaps fifty members and the discussion was thorough and general. The result was that in Toledo the Academy through a special committee—Dr. Snyder, Dr. C. W. Moots and Dr. C. D. Selby—is organized *now* to deal with this matter practicably, and through the men who are to be elected to represent Lucas county in the General Assembly which is to deal with this question. Further, they are so much interested that they are arranging to take up the matter in the same manner in the smaller county societies in Northwestern Ohio, with a view of dealing with the situation directly for their entire section of the state.

If other societies will go after this question in a like manner we will not face the issue unprepared fifteen months hence.

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Another significant thing about the Toledo meeting is that without exception the doctors who heard the discussion are unalterably opposed to the adoption in Ohio of any plan of state sickness insurance. They feel that it will work incalculable hardship upon the practicing physician, and that it will be of little benefit to those

whom it seeks to benefit. Probably their experience with the workmen's compensation act has contributed in no small degree to this conclusion.

Speaking for the legislative committee of the State Association, *The Journal* reiterates that as a State Association we will maintain a judicial attitude until the survey is completed by the state commission, but it is certainly within the province of local organizations to take such action as they see fit—particularly if the conclusions are based upon careful investigation.

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#### Dr. Moots Retires

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We are very sorry that it is necessary for us to announce this month the resignation of Dr. Charles W. Moots, of Toledo, as a member of the state council for the Fourth District. Dr. Moots plans to enter naval service and this, coupled with increasing civic and professional demands upon his time, made it impossible for him to longer assume responsibility for this important organization work.

He retires after four years of energetic and unselfish service, during which period he was able to inculcate into the county societies comprising the Fourth District enough of his own enthusiasm for efficient medical organization to make the Fourth one of the strongholds of organized medicine in Ohio.

The district is particularly fortunate in the selection of his successor. Dr. E. A. Murbach, of Archbold, is a man well fitted to carry forward Dr. Moots' splendid work. He has a broad appreciation of the responsibilities and the possibilities of organized medicine, and under his leadership we expect Northwestern Ohio to continue its commanding position.

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#### EXPRESSION OF SORROW

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The Ohio State Medical Board, in session September 12, adopted the following resolutions relative to the death of Dr. Matson:

"WHEREAS, Divine providence has removed from our midst our beloved secretary and valued friend, Dr. George H. Matson,

"BE IT RESOLVED, that we, the members of the Ohio State Medical Board hereby officially record our individual regret and personal sorrow over his death and the cutting short so prematurely of such a promising and useful career;

"That we spread on our minutes this expression of our deep appreciation of his faithful and untiring services, and

"That we extend to his sorrowing family our heartfelt sympathy, feeling that our loss and that of the entire medical profession is second only to theirs."

#### Pastures No Longer Green

The Propaganda Department of the American Medical Association has published under the title, "At the Bar of Public Opinion," a collection of quoted opinions from magazines and newspapers on the nostrum evil and medical quackery.

The opinions, of course, are criticisms and are of peculiar interest because they come from sources which might be benefited financially by remaining silent. In the foreword of the pamphlet, the ever-ready stock statement of the manufacturers of fraudulent and dangerous patent medicines—"The doctors are opposed to 'patent medicine' because 'patent medicines' cut into the income of the medical profession"—is disposed of in the following fashion:

"Few excuses ever rested on a less substantial basis. Considered from the financial standpoint only, the fraudulent patent medicine business is the physician's greatest boon. Far from curtailing his income, the advertising and selling of fraudulent patent medicines greatly augment it. Every lurid patent medicine advertisement that frightens the healthy into the belief that they are ill sends four of such people to the doctor to one that it sends to the patent medicine counter. No small proportion of the physicians' patients are those who, neglectful of disease in its early stages and believing the claims made for fraudulent patent medicines, have placed their dependence on these products until they have reached a condition where prolonged medical attention is imperative."

Two Ohio papers, with such publications as *Colliers*, *The Philadelphia Public Ledger*, *Harper's Weekly*, *The New York Tribune* and *The Chicago Tribune*, are quoted in "At the Bar of Public Opinion." *The Canton Daily News*, Canton, Ohio, under date of May 16, 1915, expressed itself as follows:

"The *Daily News* believes that patent medicines, taken in the bulk, are an evil. Therefore they should not exist. The *News* has never heard any one argue to the contrary, and it does not believe there are any arguments to the contrary. It has already received many endorsements of its stand, and no criticism.

"Some patent medicines are the most vicious products of our time. They promise cures for incurable diseases. They cost lives by standing in the way of proper treatment of diseases which are curable by such treatment. They act as substitutes for liquor where liquor is barred. They create drug fiends.

"Such patent medicines as these are vipers that ought to be crushed, must be crushed and *will* be crushed. They prosper largely because they are advertised in newspapers, magazines and other mediums. They are advertised because these mediums make money by advertising them. This is a source of revenue which the *News* is only too glad to forego. The day will come when all newspapers, whether they want to or not, will be compelled to do without this blood money."

Here is what *The Cleveland News*, Cleveland, Ohio, thinks of the quack doctor:

"The quack doctor is among the most despicable of swindlers. He extorts the last dollar from the sick. He holds out false hopes. He inspires needless fears. He finds dangerous maladies where none exist. He deals in falsehood, relies on ignorance, capitalizes misfortune, teaches despair for his own profit and resorts to blackmail as a useful collection agency. He prostitutes the noble art of healing to lure in trusting victims."

## Original Articles

### Cancer of the Uterus\*

J. F. Baldwin, A. M., M. D., F. A. C. S.

Surgeon to Grant Hospital, etc., Columbus, Ohio.

FOR practical purposes there are but two points to be considered in a paper on cancer of the uterus: First, its early diagnosis; second, its treatment.

With our present knowledge of the subject of cancer in general, it is universally recognized that further improvement in statistics depends much more on early diagnosis than upon operative technique. While the surgeon is responsible for the perfection of his technique, promptness of diagnosis rests with the general practitioner.

While cancer of the uterus is most frequently seen in the fifth decade, it is very frequently found in the fourth and sixth, and later, and occasionally in the third. It is most prevalent among women who have borne children, but possibly the preponderance is not as great as it seems to be. I have had two cases of cancer of the cervix in nulliparous women of 27, one unmarried and with every evidence of virginity, and in one unmarried nullipara of only 24. A very few cases have been reported of young girls in their teens.

The frequency of cancer of the uterus, and the prime importance of early recognition and prompt operation, should be impressed upon women by every possible means. Every middle-aged woman, especially if she has borne children, should understand that anything unusual connected with her womb may possibly be an early symptom of cancer, and this all the more likely if she has passed her fortieth year. No one symptom can be mentioned as being of special significance. If we wait until the classical symptoms are well marked, we have waited too long. A little irregularity in the menstrual flow, especially if this irregularity presents itself as a slight discharge outside of the regular menstrual period, or as a prolongation of that period, should at once attract attention. So also should any staining, however slight, following coitus. An ordinary leucorrhoeal discharge is so common as to be without significance, but any change in the character of the discharge, especially an increase or a deepening in color, should lead her to consult her physician. Pain of any kind referred to the womb is significant. If the leucorrhoea change, the bleeding, or the pain comes on a few months or a few years after the menopause, then are these symptoms of the very gravest significance. The late symptoms, emaciation, cachexia, hemorrhages, offensive dis-

charge, severe pain, are really not of much importance; when they have appeared, the disease has almost certainly reached a hopeless stage so far as cure is concerned, and is probably past even any palliative operation beyond curretting and the cautery.

The importance of these early symptoms should be impressed upon the profession, and through them upon the public. So long as a physician satisfies his conscience and his clientele by telling patients who present symptoms of ectopic pregnancy that he thinks they are only threatened with a miscarriage, and makes no examination whatever to confirm this diagnosis, he will make no prompt diagnosis of tubal pregnancy; and so long as a physician tells the women who come to him with these possible early symptoms of uterine cancer, that they are simply entering upon "the change of life," he will make no early diagnosis of cancer of the uterus. Physicians must appreciate the possible dire significance of these symptoms, and the grave importance of their early recognition, and then by insisting on a thorough examination the diagnosis will be made, operative intervention will be promptly instituted, and very many lives will be saved. The attending physician must not delay with the idea of keeping the case under observation for a while. He would turn in an alarm promptly if his neighbor's house were blazing, or if only there were considerable smoke. Give the patient the benefit of the doubt. No one can tell when the cancer cells will drift into the lymphatic glands and connective tissue, and thus render an operation futile.

In making the examination, especially in cancer of the cervix, which is four times more common than cancer of the endometrium, the educated finger is of vastly more importance than the eye. Cancer of the cervix in the earlier stages may so closely resemble in appearance an abrasion, perhaps an imperfectly healed laceration, a diseased mucous follicle, or some other benign condition, as to be impossible of recognition, and many a cancer has been treated, and that, too, by intelligent physicians, for weeks and even months, as simply an "ulceration" of the cervix, without the physician at any time touching the diseased point with his finger, but trusting throughout to its appearance as presented to the eye through the speculum.

To the experienced examiner the peculiar "feel" of the tissue is almost characteristic, and sufficient usually to absolutely warrant a positive diagnosis. These cases then should always be

\*Read before a joint session of the Medical and Surgical Sections, Ohio State Medical Association, in annual session at Springfield, Ohio, May 16, 1917.



examined, and carefully examined, by the finger. The speculum may then be used if the attendant wishes, but this is of minor importance. In cases of doubt a surgeon should be promptly called in consultation. He sees scores of these cases where the attendant sees but one, and his opinion is necessarily of greater value, and should be accepted as final.

Cancer of the fundus is by no means so easy of early recognition. Here we must depend chiefly upon disturbances of menstruation and upon leucorrheal discharge. Pain may be present, but it is an uncertain symptom and of little weight. In case of doubt the sharp curet may be used, and the curettings subjected to microscopical examination. If the microscopist reports that the disease is cancerous, well and good; but if his report is negative, this report is not for a moment to be accepted as conclusive that the disease is not cancerous. Only a few years ago I made a hysterectomy in a cancer case, and found on examining the specimen that the entire endometrium was cancerous; and yet that patient had within a few months been subjected to two curettings at the hands of a prominent surgeon and the tissue removed had been examined by an unusually competent microscopist, with the report that he could find no cancer. The trouble with the curet is that it is too superficial in its action, and from repeated experiences I have come to regard these findings as entirely untrustworthy.

The safe rule in practice, it seems to me, is to regard a case presenting suspicious symptoms as a case of cancer of the fundus, unless the trouble can be proved to the contrary. The patient should be given the benefit of the doubt, since hysterectomy, skillfully performed, gives us a very low mortality, while any considerable delay means an absolutely fatal issue. In case of cancer of the cervix it is a very simple matter, under cocaine, to take out a little wedge of tissue, going in deeply enough to go through the suspicious growth into healthy tissue, and an error then in microscopical examination would be almost impossible.

No such microscopical examination should be made unless the pathologist is immediately at hand with the freezing microtome, so that the surgeon may get the report within a very few minutes. To wait, as was formerly the custom, for the tissue to be prepared in the usual routine way, means ample time for the cancer cells to have diffused themselves so that the patient's condition is worse than before.

The keynote of the whole matter is early diagnosis and prompt and thorough operation. The number of inoperable cases presenting themselves to the surgeon is appallingly large, though unquestionably there has been within the last few years a satisfactory improvement in this particular. Still further improvement must be secured

by impressing the matter upon the attending physicians, and through them upon the public. Perhaps the proposition to have an anonymous committee of the American Medical Association prepare suitable material for publication in the lay press, may be a wise one. Only by education can we accomplish the desired results.

Cancer of the cervix is practically four times as common as cancer of the fundus. From 60% to 75% of permanent cures may be expected to follow operation for cancer of the fundus. Cancer of the cervix gives a very much less favorable prognosis; certainly not to exceed five or ten per cent. of cures, after five years, can be expected, except in cases in which a radical Wirtheim operation is made under favorable circumstances, when the per cent. of cures may rise to 30 or 35 but with great increase in operative mortality.

In the treatment of uterine cancer, high amputation by the cautery, when the disease is limited to the cervix, as practiced for so many years by the late Dr. Byrne of Brooklyn, undoubtedly gives excellent results, and a number of surgeons are returning to that method of treatment. Most surgeons, however, prefer a thorough pan-hysterectomy to this cervical operation.

The radical Wirtheim gives unquestionably the best end results, but the primary mortality is so large that that operation has never become a favorite. All operators have probably abandoned the extensive removal of lymphatic glands, as was practiced originally by Wirtheim, because that feature of the operation added materially to the mortality and added little or nothing to the chances of permanent cure.

Within a few years two methods of treatment have been brought before the profession, both of which are still sub judice. The cooking of the cancer by Percy, of Illinois, is supposed by its originator to destroy the cancer cells, but without destroying normal tissue except in the immediate vicinity of the electrode: in other words, the vitality of the cancer cell is destroyed by an amount of heat several degrees below that which destroys normal tissue. The originator of the method has not yet published any final results. Indeed, it is too early for final results to be of much value. At least two autopsies have been reported, the patients having died a few days after the cauterization, but in neither of these did the theory of the originator appear to be sustained, since cancer cells and normal cells seemed to have reacted to the heat about the same. A paper giving these end results is announced to be read at the next meeting of the American Medical Association. Its appearance will be awaited with interest, but, like all such statistics, favorable reports will be much more apt to reach the author than reports of failures.

Radium had been brought forward quite prominently by several writers as by far the best

treatment in inoperable cases of uterine cancer. The writers insist on operation as the proper procedure if the case is operable, but when the stage of operability is past, then radium can be used apparently with great immediate benefit, and possibly with the prospect of ultimate cure. With this, as with the Percy cautery, time alone can tell. Radium is a two-edged sword, and fatalities have followed its use and many failures, but with increasing knowledge as to the technique of its employment no harm should result, and if further investigation shall give us as favorable results as have thus far been reported, its use will be widely extended.

Operators differ widely as to the character of cases which should be regarded as within the range of operability. The surgeon who is bold and an optimist will undertake operations on

many cases which a more timid and pessimistic colleague would declare inoperable. All are agreed, however, that thorough removal by surgical methods is the operation of choice in the early cases, except that there is evidence of a little reaction in cases of cancer of the cervix in favor of the old Byrne method.

In properly selected cases, and with a surgeon thoroughly versed in the technique, the radical operation of Wirtheim should doubtless be the operation of choice; but with less experienced surgeons something less radical would probably give on the whole the best results. But the only way to secure anything like a satisfactory rate of mortality will be by such an education of the profession, which has thus far been sadly lacking, and through them the public, as will result in earlier diagnosis and earlier operations.

## Purpura Hemorrhagica \*

E. W. Mitchell, M. D., Cincinnati

THERE is no more interesting field of study in the realm of medicine than that of the blood and of the blood-forming organs. Notwithstanding the great amount of study given to this subject in recent years, most of its problems remain obscure. The causes of pernicious anaemia or of the leukemias are still undecided and their treatment still unsatisfactory. The same may be said of the so-called hemorrhagic diseases. Extravasations of blood into skin and mucous membrane occur very frequently, and under most diverse conditions—under so many different conditions that purpura must be recognized as a symptom and not as a disease. However, certain groups of cases having this and other symptoms in common form a basis of classification, which is extremely useful, at least until further research shall enable us to classify according to the essential causes of the hemorrhages. Osler's grouping is as follows:

### 1. *Symptomatics Purpura.*

- (a) Infectious, occurring in infectious diseases.
- (b) Toxic, as from serpents and drugs.
- (c) Cachectic, as occurs in old age, cancer, scurvy, Bright's Disease, tuberculosis, etc.
- (d) Neurotic.
- (e) Mechanical, from Venous Stasis.

### 2. *Arthritic Purpura.*

- (a) Purpura simplex.
- (b) Purpura rheumatica (peliosis or Schönlein's Disease).
- (c) Henoch's purpura, the form associated with severe gastro-intestinal disturbances.
- (d) Purpura hemorrhagica, a severe form of hemorrhage of both skin and mucous membranes.

Another simpler and very convenient classification is that into primary and secondary. The

primary includes simple purpura, peliosis rheumatica, purpura hemorrhagica and Henoch's purpura. We call these primary or idiopathic because we do not discover the cause or causes which produce them. In the excellent chapter on purpura in Osler's *Modern Medicine*, Vol. IV, by Pratt, of 258 cases, 194 are classed as primary and 64 as secondary. Of the 194 primary, 52 are classed as purpura hemorrhagica. It is questionable whether these should be considered as separate entities inasmuch as the various groups overlap and run into each other to such a degree that accurate classification of individual cases is often impossible. It may be that in the process of time further studies of the blood, and especially of the process of coagulation, will enable the classification to be made on the basis of disturbances in the factors controlling coagulation. Formerly the tendency was to consider changes in the vessel walls as the primary cause, while now the fatty and hyaline degeneration of epithelium of the walls is considered by most observers as secondary to changes in the blood itself. The studies of Prof. Howell of Johns Hopkins University have thrown a good deal of light on the subject of coagulation. Coagulation takes place by the inter-action of thrombin and fibrinogen forming fibrin. Fibrinogen is present in the circulating blood; thrombin is not, but is formed from prothrombin, which can be obtained from the blood platelets, and is also found in the red bone marrow. The presence of calcium is also necessary for coagulation to take place. For the formation of thrombin from prothrombin there must be present the calcium ion and the so-called zymoplastic substance which seems to be present in all tissue cells. Prof. Howell thinks that there is an inhibiting substance which prevents calcium acting on prothrombin, i. e. "anti-

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thrombin," and also another inhibiting substance which prevents the formation of prothrombin, i. e. "antiprothrombin." It is evident, therefore, that the process of coagulation is exceedingly complex, and may be disturbed by changing any of several different factors. It is stated that fibrinogen is diminished in intoxications that injure the liver. Prothrombin has been found greatly diminished in hemorrhages of the new born and in hemophilia. In sepsis and miliary tuberculosis antithrombin is said to be in excess. The blood platelets have been found greatly diminished in purpura hemorrhagica, in lymphatic leukemia and in pernicious anaemia. Experimentally it has been shown that the platelets may be destroyed by the injection of diphtheria toxin and by benzol; also by antiplatelet serum. It is, therefore, a fair inference that the proximate cause of purpura is the circulation in the blood of toxins of some form. It is likely that many different toxic substances may produce the same effect. It is probable that different toxins may affect different elements of coagulation. These toxins may come, therefore, from any form of infection, from intestinal absorption, or possibly from auto-toxins formed in the metabolic processes of the various organs. Judging from recent literature there is now a tendency among clinicians to classify as *purpura hemorrhagica* cases with the following characteristics: hemorrhage from mucous membranes, petechia or ecchymoses of the skin, a markedly reduced platelet count, a much prolonged bleeding time, non-retractile blood clot, normal or somewhat delayed coagulation time. "It may occur as an idiopathic disease, though more especially in aplastic anaemia, leukemia, tuberculosis, etc." The following case I have classified as a case of purpura hemorrhagica, although unfortunately I did not secure a count of the blood platelets; but in other respects, in the severity of the hemorrhages of both skin and mucous membrane, the nonretractile clot, prolonged bleeding time, normal coagulation time, it corresponds to the definition given above.

#### CASE 1.

Charles C. S., aged 29, chemist by occupation, employed in the U. S. government office. A well developed, well nourished young man, weighing 165 pounds; family history unimportant; no disease since early childhood except frequent attacks of tonsillitis; drinks but not to excess. For the past month has had a bad cold, chiefly a nasal catarrh. On August 21, 1916, did not feel well. On the 22nd ate a lunch of beef steak, some vegetables, pie and ice cream. Was uncomfortable during the evening, vomited during the night and had one loose stool. On the 23rd had frequent vomiting during the day, a second loose stool and a severe headache.

I first saw the patient on the evening of the 23rd. At that time he had a temperature of 102

degrees. The physical examination was negative except tonsils somewhat swollen and red, and some gaseous distention of the intestines. He complained of no pain except a headache. He was given during the night fifteen grains of phenacetin and some bromo-cafine to relieve the headache and secure sleep, but all were vomited immediately. On the 24th all medicine and drink were vomited; temperature 104 degrees, pulse 110; bismuth, twenty grains every two hours, was vomited. In the evening vomiting had stopped, but he was restless and sleepless; was given hypodermically one-fourth grain of morphia with hyoscin-hydrobromate one-hundredth grain, after which he slept until morning and had no vomiting until after taking a dose of salts. He had eight small liquid stools during the day of the 25th. On the 24th a small petechial spot was noticed on the right foot, and a few over the forearms and tibia. Water was well retained during the 25th and in the evening one-half glass of milk. Morning and evening temperature 104 degrees; heart sounds normal, lungs clear, urine free in amount, sp. gr. 10-20, no sugar, no alb., no blood cells; liver and spleen not enlarged. On the morning of the 26th had a temperature of 103.6 degrees, pulse 120; had slept well after hypodermic of one-fourth grain of morphia; one-half glass of milk retained; bowels not moved, no vomiting, no distention. Over both lungs many fine rales were heard. He was expectorating blood-stained mucus. Since last visit there had appeared many petechia and some small ecchymoses on the hands and feet and a few on the trunk.

On the afternoon of the 26th he was transferred to the Jewish Hospital in anticipation of having a blood transfusion made, but because of delay in securing a donor and getting into communication with his people none was made. His temperature from the 26th to the morning of the 28th varied from 102-103 degrees. Coagulose was given hypodermically on the 26th and several doses of adrenalin. Within a few hours after entering the hospital almost the whole body was covered with petechiae and ecchymoses. On the 27th there was an abundant eruption of urticaria over the whole trunk except on the back. Vomiting occurred twice on the 26th and once on the 27th. Great restlessness and delirium developed and he died quite suddenly on the morning of the 28th with symptoms of cerebral-hemorrhage. Blood count made on the 26th was as follows: whites 15,200; diff; poly. 75%, lymph. 17%, large mon. neu. and trans. 3%, eosin. 3%, masts 1%. Urinalysis, alb. trace; under the microscope, some cylindroids and a few blood cells. *Post-mortem* not obtained. Under strict antiseptic precautions blood was taken from the heart for examination for microorganisms, with results which will be given by Dr. Fennel. While there may be significance in

the fact that the organisms obtained in this case showed pathogenic properties, its resemblance to the common hay bacillus, and the chances for contamination in the most careful bacteriologic work do not allow us to claim it to be the specific organism. This case presents the features of an acute infectious disease. As a rule blood cultures in purpura hemorrhagica have proven negative, but some positive results have been reported. Dr. H. L. Woodward has reported a case from service of the Cincinnati Hospital, in which a diplococcus was obtained in blood cultures. In cases complicating septic processes streptococci have been found in the blood. In ulcerative endocarditis purpura is so common a symptom as to be a most important diagnostic point.

This probably should not be classed as a "primary" purpura hemorrhagica since it was preceded by so severe an attack of gastro-enteritis. It illustrates the common association of purpura and urticaria in the profuse rash which appeared about thirty-six hours before death. In a case closely resembling the foregoing, which I saw recently with Dr. L. J. Krouse, an attack of severe gastro-enteritis had on the third day a profuse urticarial eruption. On the next day minute petechiae were scattered thickly over practically the whole body, the spots varying in size from that of a pin point to a dime. There were also hemorrhages from the lungs and mouth. The temperature was from 100 to 102 degrees, a few hours before death reaching 105 degrees. The patient, who was 33 years of age, a man of powerful physique, of previous good health, but of intemperate habits, died on the fifth day, apparently from the intense toxemia rather than from a loss of blood. The gastro-ingestion about and a very indigestible meal. The wine contained albumen and granular casts. He may have had Bright's Disease.

In cases so rapidly fatal there is little opportunity for efficient treatment. They closely approach the fulminant type, though as described in the books, in "*purpura fulminans*" the onset is very sudden, ecchymoses extend with great rapidity and death occurs in from 18 to 48 hours.

As an example of a more chronic form of purpura hemorrhagica the following is presented:

#### CASE 3.

Mrs. C. T. J., aged 50; two children, aged 23 and 18; living in excellent hygienic surroundings; family history good; several brothers and sisters living in good health; no history of unusual bleedings in any of the family. Ten years ago had calculus of the bladder, removed by crushing and aspiration. Passed the menopause two years ago without complications except the flow was profuse for several months prior to cessation. No miscarriages, pulse always regu-

lar, temperature normal, appetite good until recently; has not been out of Cincinnati except to spend the last few summers at a summer resort in Canada. Has not been taking drugs.

Came to the office for consultation May 6, 1913. Face looked somewhat puffy, mucous membranes pale; has had bleeding of the gums for the past two or three weeks; has also noticed petechia on the legs and spots of ecchymoses on any part of the skin which has been bruised. Gums and teeth in good condition, no pyorrhea, tonsils not inflamed or infected. For some weeks she has not had her usual energy, but has had no other special complaint, temperature normal; heart and lungs normal; liver and spleen not palpable, no enlarged glands.

#### Urinalysis:

Sp. gr. 10-24

Acid

No albu.

No sugar

Micro. Few red blood cells

#### Blood examination May 6:

H. B. 80%

Reds 1,531,250.

Whites 3,300

The leukocytes is unusual in Pur. Hem.

There is usually moderate leucocytosis.

L. L. 47%

S. L. 23%

Polys. 30%

No poikilocytosis

Slight discrepancy in sizes

No nucleated cells

#### TREATMENT

Sodium cacodylate, 0.2 every other day for four weeks. Three 20 C. C. doses of normal horse serum were given at five-day intervals. One week after the third dose annoying urticaria, with the temperature rising to 102 degrees, and much restlessness developed. Two weeks later another dose was given, followed within one hour by urticaria, great restlessness, temperature 101 degrees. Hemorrhages from the gums gradually became worse, ecchymoses on various portions of the body became more and more numerous. The microscope showed red blood cells in the urine. No decrease in the hemorrhages following the use of serum was observed during the months of May and June. There was a gradual increase in the amount of the hemorrhages, both appetite and condition fair. The patient made no complaint except increasing weakness, temperature varied but slightly from normal, except at times, until the last of June, when she ran an irregular temperature of 96½ to 101 degrees. On July 1 there was a rather sudden change for the worse. Many fresh ecchymoses appeared, with much bleeding from the gums. She became exceedingly weak.

Blood examination July 2 as follows:

Red cells 1,000,000  
H. B. 30%  
Some poikilocytosis  
Few nucleated reds

Differential

S. L. 67%  
L. L. 20%  
Polys. 11%  
Eos. 2%

Numerical count not made, but no notable increase in numbers of white cells.

On July 3 the patient became delirious. From the 3rd to the 7th there was bleeding from the eyes, gums, stomach, skin and kidneys, mild delirium with great prostration and constant air hunger up to the time of death on July 7.

Calcium salts were given very freely by mouth during much of the time of her illness, with no apparent effect. Three days before her death 10 C. C. of human defibrinated blood contributed by her son was given into the median basilic vein. This was followed half an hour afterward by a chill, fever and temperature of 101 degrees. The hemorrhages seemed to increase rather than to diminish. The son was a healthy young man aged 23 years. No test as to the reaction between his blood and the mother's was made prior to the administration.

It may be questioned whether this case was not one of "aleukemic leukemia," inasmuch as there was so marked a change in the proportions of the lymphocytes and polymorphonuclears. Other features of the case do not sustain that diagnosis. It can hardly be doubted that in cases of this kind some obscure infection destroys the blood platelets.

#### PURPURA HEMORRHAGICA

Although assignment to a special subdivision may be difficult or impossible in individual cases, the *diagnosis* of purpura is written on the surface. Scorbutus and hemophilia are readily distinguished, the former by association with gross errors in diet and spongy gums, the latter by the fact of its heredity and the obvious dependence of the hemorrhage upon trauma, and the normal or nearly normal platelet count.

The *prognosis* in secondary forms of purpura rests largely upon the primary disease. The occurrence of purpura in any disease is of most serious import, as indicating a malignant course. The prognosis in purpura simplex and in peliosis rheumatica is very good under careful treatment. The *foudroyant* forms are practically always fatal. In chronic forms of "primary" purpura hemorrhagica the prognosis of final recovery is also serious. In recent years transfusion of blood by direct or indirect method has been a life-saving measure in several forms of abnormal bleeding. I need only mention its extreme

value in meeting the emergency of ordinary acute hemorrhages. It is the one measure to be immediately used in hemophilia and in hemorrhagica neonatorum, and is nearly always successful. Hemorrhagica neonatorum probably belongs to the group of purpura hemorrhagica and is dependent upon some toxæmia. Blood transfusion has reduced the mortality from its old rate of 50 to 75 per cent to about 5 to 10 per cent. In many cases subcutaneous injection of whole blood has been successful. For transfusion a healthy donor, whose blood is not hæmolytic or agglutinative for the receptor, must be chosen.

Although cases reported to be purpura hemorrhagica have been successfully treated by transfusion as well as by subcutaneous injection, many failures are also reported. Temporary improvement is common. It might be expected that treatment of the symptom hemorrhage will not be curative unless also the continuance of infection be stopped.

The administration of calcium salts has been a routine treatment, but it is now held that calcium is not deficient in these cases. Normal horse serum has at times been successful. Emetine hydrochloride intravenously has been reported successful in at least one case. Thromboplastin (kephalin) promises to be of use, but is as yet *sub-judice*.

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## The Clinical Significance of Muscular Headaches\*

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**D**URING the past four years my attention has been called at frequent intervals to a form of headache manifesting itself by the presence of a latent arthritis of one or more of the joints of the neck and a hypertonic condition of the muscles attached to the joints. The headaches have been associated in the most cases with focal infections arising from tonsils, accessory sinuses, ears and teeth. In many cases the removal of the focal infection was sufficient to do away with the headache; in other patients there was no relief and other means had to be tried.

The joints most frequently involved are the sterno-clavicular, the sterno-costal, the acromio-clavicular and the cervical vertebrae. The patient may or may not have an arthritis of other joints of the body. In some of the severe cases of muscular headache the skiagraph has shown marked changes in the joints and it is worthy of mention that patients in whom the joints presented pathologic changes had little or no relief of headache after the removal of the focal infection. We have all undoubtedly been impressed with the fact that the mere removal of a focal infection is not always sufficient to do away with an arthritis. In some patients the skiagraph showed no pathologic changes of the joints, even though the patient had all the characteristic symptoms of a muscular headache. It is a known fact that an arthritis may be present without showing gross changes on the skiagraph.

When a joint becomes arthritic, the muscle attached to that joint may become hypertonic. The muscles most frequently involved in muscular headaches are the sterno-cleido mastoid, the trapezius and the splenius capitis. Physiology teaches us that a muscle is always in a state of slight tension. It is obvious that if a muscle were lax, considerable energy would be wasted to overcome this laxity at the moment of contraction. Under normal conditions the tendinous attachment of a muscle offers a certain amount of resistance during contraction. If this resistance be increased as a result of a latent arthritis of the joint to which the tendon is attached, there will occur an increased tension of the entire muscle—in other words, a hypertonic state of the muscle will ensue. As the circulation of the blood through a muscle depends on the contraction and the relaxation of that muscle, it may readily be seen that if a muscle becomes hypertonic, relaxation disappears, the circulation is disturbed, hyperemia with consequent thickening of the muscle fibres results. The thickening attacks the entire muscle and does not occur in the form of localized swellings. Permanent contraction of

the muscle does not take place when the muscle is in a state of simple hypertonus, when permanent contraction does occur; it depends on the presence of some pathological change in the muscle. One seldom finds the hypertonus affecting one muscle alone, there is usually an involvement of all the muscles of the neck and head. We may therefore say that a muscular headache is caused by a hypertonic state of the muscles of the neck and head, with a latent arthritis of one or more of the joints to which these muscles are attached.

It is also important to remember that the occipito-frontalis muscle blends posteriorly at the superior curved line of the occipital bone with the trapezius, sterno-mastoid and splenius capitis and anteriorly with the orbicularis palpebrarum and the corrugator supercillii. There is also an intimate connection between the fibres of the temporal muscle and those of the occipito-frontalis. It is difficult to say whether the headache that results is a true muscular pain or whether it is directly due to the involvement of the nerves such as the occipital and supraorbital in the thickened fibres of the muscles which they pierce. In fact, Peritz claims that a nerve may be painful on pressure not as the result of a primary disease of the nerve itself, but secondary to increased muscular tension. The question arises why does not the pain assert itself in the region of the joint affected with a latent arthritis, instead of expressing itself in the form of a headache. This can probably be explained from the fact that in a latent disease of a joint the muscle attached to the joint is more painful than the joint itself. Furthermore, it must not be forgotten that there is an intimate connection between the fibres of the cervical nerves and the fifth nerve, both in their deep origin and in their superficial branches. It is therefore possible that an irritation of the great occipital nerve as it pierces a hypertonic sterno-mastoid muscle may produce a pain radiating along the course of the trifacial nerve.

### CHARACTERISTICS OF MUSCULAR HEADACHES

One of the most characteristic features of these headaches is their presence upon awakening in the morning, thereby simulating headache, the result of accessory sinus disease. Very often the headache is more pronounced when the patient has slept longer than usual. During the day muscular movements diminish a sufficient amount of tension so that towards evening the headache has a tendency to disappear. This is, however, only true of mild cases. When the patient, as so often happens, remains bedfast, the headache continues unabated and may persist for weeks or even months.

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Many patients have painful hypertonic muscles of the neck and never suffer with headaches; others with a mild hypertonus acquire a severe headache upon the slightest exertion. Physical exercise does not bring on an attack as quickly as does the bending forward of the head during work. Bookkeepers, typists, proof readers and dress-makers are very susceptible to muscular headaches. Mention must also be made of nervous excitement and a prolonged mental strain as predisposing factors. In a word anything which causes an active tension on the muscles will produce a headache in an individual suffering with a latent arthritis of one of the joints of the neck. Another characteristic of muscular headaches which is often seen in severe cases is the presence of vertigo, vomiting and earache. The vertigo and vomiting may be accounted for by the irritation of the nerve endings of the auricular branch of the vagus as they pass through the hypertonic sterno-mastoid muscle; the earache from irritation of the temporal branches of the auricular-temporal nerve which sends branches to the auricle and external auditory canal. In some patients, tinnitus has been a prominent symptom. It is difficult to say whether this was the result of an irritation of the auriculo-temporal nerve, or was produced by the constant pull on the auricle by the small muscles of the ear as a result of their intimate connection with the occipito-frontalis aponeurosis and the sterno-mastoid muscle. A constant pull on the auricle and skin lining, the external auditory canal may exert some influence on the tympanic membrane and in consequence of this cause a tinnitus.

#### METHOD OF EXAMINATION

In order to make a satisfactory examination of a patient suffering with muscular headaches it is necessary to place the patient in a recumbent position with the muscles of the neck relaxed as much as possible. It is impossible to palpate a muscle when it is on a tension. Even with the patient in this position, the muscles may remain hard and tense. When such is the case, it is necessary to place the patient on the side with the arms extended forward, for in this position we are able to produce a greater degree of muscular relaxation of the neck. Before palpation of the muscles of the neck is begun, the skin is well greased with a lubricating jelly. In this way, the resistance of the skin is removed and the tactile sense becomes very much exaggerated. The patient is now ready for a careful palpation of the muscles and joints of the neck. If the patient is examined when a headache is not present, the muscle feels thicker than normal, in other words, one is apt to term it a well developed muscle. The opposite is true during an attack of headache. The muscle then becomes very tense and light palpation is painful.

#### PAINFUL AREAS.

- Region of sterno-clavicular joint.
- Region of sterno-costal joint.
- Thyroid gland in jugulum.
- Sterno-mastoid muscle in the region of cervical plexus.
- Acromio-clavicular joint.
- Triangular area between mastoid process and angle of jaw.
- Tip of mastoid process.
- Region of occipital nerve.
- Cervical vertebrae.
- Interscapular region.
- Pulley of superior oblique muscle.
- Hyperesthesia of skin, of neck and scalp.

One of the most important and constant symptoms is the pain on pressure over the sterno-clavicular joint on its posterior aspect. In order to satisfactorily determine the presence of a painful sterno-clavicular joint, the index finger well lubricated is placed as deeply as possible in the jugulum and pressure is made from within outward. A distinct infiltration may occasionally be felt in the region of the joint. In some patients, pressure is so painful that manipulation becomes almost impossible. The tendinous attachment of the sterno-mastoid may also be very painful on pressure and it has been noticed during the course of treatment that with the subsidence of the pain in this region there was also a disappearance of the headache.

We must also discuss briefly the significance of pain in the region of the mastoid process and headache in a patient with a chronic discharging ear. If the patient has hypertonic muscles of the neck with latent arthritis, it is quite likely that the pain in the region of the mastoid process will still be present after a radical mastoid operation. This likelihood must be explained to the patient before operation. If this is done, the operator may be saved considerable embarrassment. The following case will illustrate this point. Female, age 24, had a discharging right ear since childhood. She consulted me in February, 1913. During the past winter her position as stenographer had been a very exacting one, she had been very much overworked and had lost in weight. For two months there was a constant pain over the tip of the mastoid process on the affected side. The pain was increased on pressure. There was a perforation of Shrapnell's membrane with a small granulation growing from the upper posterior edge. Whispered voice on contact. Loud conversational tones one foot with noise apparatus in opposite ear. The patient was told that the pain in the mastoid was caused by the chronic ear disease, and that she would be relieved after operation. Consent for operation was readily given. Immediately after the operation, the pain entirely disappeared and healing was complete in nine weeks. Three weeks later, or, in other words three months after operation, the patient again presented her-

self complaining of the same pain in the region of the mastoid for which she consulted me at her first visit. It was then that a careful palpation of the muscles of the neck demonstrated an extreme hypertonic condition of the sterno-mastoid with a latent arthritis of the sterno-clavicular joint. The only explanation that could be given was that at the operation the division of the sterno-mastoid fibres at the tip of the mastoid was sufficient to relax the hypertonic muscle and that after a certain length of time had elapsed, the fibres again became firmly adherent, thereby causing the muscle once more to become hypertonic. Halle reports a similar case. It may therefore be suggested that an operative procedure on the mastoid or accessory cavities of the nose ought never be undertaken before giving the muscles of the neck the consideration they deserve.

*Treatment:* Anything that will diminish the hypertonic state of the muscles of the neck will relieve the headache. Massage used in a proper manner is the best treatment at our command. There are some patients in whom the muscles have become hypertonic to such a degree that nothing can be done to relieve them. Mild cases are usually relieved after a few massages, whereas chronic cases may require 40 to 60 massages before any apparent beneficial results are obtained.

*Technic of Massage:* The patient is placed in a recumbent position, lying on the side with the arms extended. A lubricating jelly is now applied to the skin of the forehead and neck. It is well to remember that massage of the muscles of the head only will not benefit the patient, whereas massage of the neck muscles will often give relief without touching the muscles of the head. To massage the neck in an intelligent manner we must take into consideration the direction of the muscle fibres. Two movements of massage are employed—the longitudinal along the course of the muscle fibres and the transverse massage across the fibres. Longitudinal massage relaxes the muscle fibres and often gives immediate relief, but it is not as beneficial as the transverse massage which usually causes a momentary increase of tension. The reaction which occurs after each transverse massage of the muscle is followed by a relaxation, which, after a sufficient number of massages, reduces enough of the hypertonus to relieve the patient of headache.

Permanent relief will not result if we use longitudinal massage alone. It therefore follows that transverse massage is the most important, but it must never be used to excess for fear of aggravating the symptoms. There is always a certain amount of pain with every massage, but occasionally a case is seen where the mildest massage produces such excruciating pain that the patient refuses further treatment. If the massage is too painful, little good can be accom-

plished. It is therefore advisable to instruct the masseur to keep the pain during massage within certain bounds, and if this is done it will be found that within a few days the muscles will not be as sensitive to touch and a more energetic massage may be used. The rule is therefore—the more painful a muscle is to touch, the milder the massage. The masseur must also be told to apply the massage chiefly in the region of the painful areas, for if these areas become less painful the headache usually disappears. Furthermore, it is advisable during the massage to grasp the muscle between thumb and index finger of the other hand and to massage each muscle if possible. If beneficial results are not obtained, it is usually found that a hypertonic muscle has been overlooked. Massage should never be given more than two or three times a week. When relief has taken place, an occasional massage every two weeks over a period of a year or more is advisable in order to prevent a return of the hypertonus. The patient must be instructed not to take a continued rest after each massage. It is far better after a rest of several hours to take a long walk. In fact, all patients with muscular headaches should be advised to walk from three to five miles daily. Slow walking is not as beneficial as fast walking, for in the latter the movements of the muscles have a tendency to reduce a certain amount of the hypertonus. It is scarcely necessary to remark that all sources of focal arthritis must be eliminated before instituting a course of massage. As an adjunct to the massage, a treatment with the high frequency current may be given once or twice a week.

Time does not permit of a detailed account of numerous case reports. It is sufficient to say that from the observation of many patients certain conclusions have been reached. I have seen, for example, a headache that had persisted day and night for eight months disappear after the removal of small infected tonsils. This patient had been seeking relief elsewhere, but the physicians whom she consulted had never examined the region of the sterno-clavicular joint which was very painful on pressure. Many patients with chronic tonsillitis as a causative factor of a latent arthritis of the joints of the neck have been observed. On the other hand patients have been seen in whom the suppurating accessory cavities of the nose have been radically dealt with and in whom there was no relief of headache. Pain on pressure over the muscles and joints of the neck continued as before—the seed had been sown and operative interference came too late.

The most aggravated cases of muscular headaches very often show no evidence of a focal infection. In these cases we must depend on massage alone to overcome the muscular hypertonus. One of my patients with marked hypertonic muscles, who had suffered uninterruptedly with headaches for the past five years, was relieved



after the sixteenth massage. By now taking a massage once a week, he is able to keep down the hypertonic muscles to such an extent as to prevent the reappearance of the headaches. This case demonstrated clearly to my mind that the headache is dependent on the hypertonic neck muscles. When he first came under my observation, the muscles of the neck were so markedly hypertonic that one could almost term them spastic. As soon as the effect of the massage was reached, the muscles became relaxed and soft and there was a simultaneous disappearance of the headache.

In conclusion I wish to state since reading a paper on muscular headaches at the Cincinnati Academy of Medicine in March of this year, that many of my colleagues have doubted the existence of this symptom-complex. I can only say that when my attention was first called to this condition at the Clinic of Dr. Halle of Berlin, in 1913, that I too doubted the existence of muscular headaches, but that since I have had an opportunity to observe many cases I am convinced that such a symptom-complex does exist in at

least 25 per cent of all patients who come to us complaining with headache. If other joints of the body become affected with an arthritis, why is it not just as likely that the joints of the neck receive a share of the infection and when they do become involved, which is an absolute certainty, clearly demonstrated on the skiagraph, what is their clinical significance? The answer to this lies in the contents of this paper. It is well worth remembering that patients with focal infections of the nose, throat and ear in whom there is also present arthritis of the joints of the neck are not always relieved after the radical removal of the infected area. If this possibility is explained to the patient before operation, it may prevent future embarrassment.

If I have impressed upon you the clinical importance of this symptom-complex, and if in your daily examination of headache cases you will not overlook the muscles and joints of the neck—then the object of this paper will have been fulfilled.

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19 W. 7th St.

## The Treatment of Diphtheria Carriers\*

H. O. Ruh, M. D., M. J. Miller, M. D., R. P. Forbes, M. D., R. G. Perkins, M. D., Cleveland, Ohio

**B**ACILLUS DIPHTHERIAE carriers are responsible to a great extent for the propagation of the disease. In our studies we have found that the carrier, in a great majority of cases, harbors the organism in the crypts of the tonsil or adenoids, or in some diseased portion of the upper respiratory tract. Negative cultures may be obtained by the ordinary method of culture taking, and still, after enucleation of the tonsils, the organisms may be found at the bottom of the crypts.

The diphtheria bacillus almost always enters the body through the mouth or nose, and the pathological lesions are usually localized in the mucous membrane of the throat, nose, larynx or upper respiratory tract. The modes of transmission are numerous. The bacillus may be transmitted by direct contact with the acutely ill person as by kissing or exposure to droplet infection in coughing, speaking or sneezing; by indirect contact with articles recently infected by an acutely ill person and by contact, both direct and indirect, with the bacillus carrier. The "carrier" question in disease has received much study in the past few years, but relatively little has been accomplished in the way of treatment. The promise of a biological or chemical means of eradication of the organisms does not seem to have been fulfilled.

Bacillus diphtheriae carriers may originate in two ways—either because the carrier receives

an infection and does not develop the disease on account of a previously acquired immunity, or because he does not rid himself of the organisms after an attack of the disease. The latter class has comprised the majority of the cases in our study. In Cleveland, during the year 1915, the average quarantine period for diphtheria was 17.1 days; during the years 1916-1917, in 1,066 cases where accurate quarantine periods were determined, the average duration of positive cultures—that is, duration of quarantine—was 18.1 days. Of these cases, 303 ran over 21 days, giving an average quarantine period of 30.9 days. We have, therefore, established an arbitrary definition for diphtheria carriers to the effect "that a person, in order to become a true carrier, must harbor *virulent* diphtheria bacilli in or upon the tissues for a period of 21 or more days."

In a previous publication we stated, as our belief, that tonsillectomy and adenectomy for diphtheria carriers, compared with other methods of treatment by ourselves and others, offer to the patient a quicker release from quarantine, and to the public a greater assurance that the patient is no longer dangerous, than any other method of treatment. Since the publication of our last paper on this subject, no new or startling treatment of diphtheria bacillus carriers has come to our notice. An occasional article has appeared on the treatment of diphtheria carriers by kaolin and sprays consisting of suspensions of staphylococcus and other organisms, but a critical review of the results

\*Read by Dr. Perkins before the Section on Obstetrics and Pediatrics, Ohio State Medical Association, in annual session at Springfield, May 15, 1917.

GROUP I.

Cases with positive B. diphtheria cultures on 21st day.

Number	Clinical Diphtheria	Condition of Tonsils	Admission tonsil culture	Admission nose culture	Culture on 21st day	Day of disease on which operation was performed	Cultures just before operation			Position from which after operation			Days on which cultures were obtained			Day of discharge
							Nose	Right tonsil	Left tonsil	Crypt of right tonsil	Crypt of left tonsil	Adenoids	1st	2nd	3rd	
1	—	—	++	—	++	34	—	C-1	—	—	D-2	4	5	6	6	
2	—	—	++	—	++	34	—	C-1	—	—	C	5	6	7	7	
3	+	—	++	—	++	34	C-1	C	—	—	—	2	3	5	5	
4	—	very large	+	—	+	30	D-2	C	C,C-1	C	C	5	6	7	8	
5	—	—	++	—	++	28	—	—	—	CC-1	—	1	2	—	2	
6	++	—	++	—	++	27	D-2	—	—	B-2	C,D-2	1	2	3	3	
7	++	large	++	—	++	22	D-2	D-2	D-2	—	—	12	13	—	13	
8	++	—	++	—	++	29	C-2	C,D-2	C	—	C	8	9	10	10	
9	+	large with crypts	+	—	+	22	—	C	C	—	—	12	13	14	14	
10	++	—	++	—	++	28	—	—	—	C	—	2	6	—	6	
11	++	—	++	—	++	27	—	D-2	—	C	C	3	5	6	6	
12	++	—	++	—	++	23	—	—	—	C	C	2	5	6	6	
13	+	small ragged	+	—	+	23	D-2	C	C	—	C,D-2	8	9	10	10	
14	++	large ragged	+	—	++	24	—	—	—	—	—	6	7	8	8	
15	++	—	++	—	++	24	C	C-1	—	C,C-1A	C,C-1A	4	5	6	6	
16	++	large large with crypts	+	+	++	28	C	C,D-2	—	—	—	12	13	14	14	
17	+	large with crypts	+	—	+	25	—	C,D-2	C	C	—	9	10	11	12	
18	—	large with crypts	+	+	+	24	C	—	—	—	C	21	22	23	23	
19	—	large with crypts	+	—	+	24	—	C	C	C	C	4	6	7	7	
20	+	large with crypts	+	+	+	26	D-2	D-2	D-2	D-2	D-2	1	3	4	4	
21	+	very large	+	—	+	26	—	—	C	—	—	14	15	16	16	
22	+	large	+	—	+	26	—	C	C	C	—	2	3	5	5	
23	+	very large	+	+	+	25	—	C	C	—	C	5	6	7	7	
24	+	very small	+	—	+	23	D-2	C	C	C	C	11	12	13	13	
25	+	very large	+	—	+	43	—	—	—	—	—	3	4	5	5	
26	+	large	++	—	++	31	—	C	C	C	C	2	3	4	4	
27	++	large	++	—	++	38	—	—	—	—	—	4	5	5	5	
28	++	large	++	—	++	38	C	—	—	—	—	4	5	5	5	
29	++	large	++	—	++	39	—	—	—	—	—	1	3	4	4	
30	—	large	++	—	++	29	—	C	C	C	C	3	4	5	5	
31	++	large	++	—	++	29	—	C	C	C	C	3	4	5	5	
32	++	ragged	+	—	+	47	—	—	—	—	—	3	4	5	5	
33	+	small ragged	+	—	+	23	—	C	—	C	C	5	6	—	6	
34	++	large ragged	++	—	++	22	—	—	—	—	—	7	8	9	9	
35	++	large	++	—	++	21	—	C	C	C	C	7	8	9	9	
36	+	large	++	—	+	26	—	C	C	C	C	1	2	3	3	
Average						28/1							5.5	6.8	8.0	7.7

GROUP II.

Cases in which negative cultures were obtained before operation, but positive cultures were obtained in crypts after enucleation of tonsils.

1	++	—	++	—	++	26	—	—	—	C,C-1D-2	C,D-2	1	2	3	3		
2	++	large	++	+	++	33	—	—	—	C	—	4	5	—	5		
3	++	large	++	—	++	44	—	—	—	—	C	5	6	—	6		
4	++	—	++	—	++	23	—	—	—	C	C	2	6	—	6		
Average						29	35.2							3	4.7	3	5

GROUP III.

Cases in which routine cultures were negative, but under anesthetic cultures from deep in crypts of tonsils were positive.

1	+	—	+	—	+	26	—	C	—	C	C	3	5	6	6	
2	+	—	+	—	+	22	—	—	—	C	C,D-2	2	5	6	6	
3	+	large with crypts	+	—	+	18	—	C	D-2	C	—	1	2	3	3	
4	+	very large	+	+	+	21	—	C	C	C,D-2	C	2	3	4	4	
5	+	very large	+	+	+	29	—	C	C	C	—	2	3	4	4	
6	+	small	+	—	+	19	D-2	C	C	C	D-2	2	3	5	5	
7	+	very large with crypts	—	+	+	21	—	C	C	C,A	C	1	2	3	3	
8	++	large	++	—	++	19	—	C	—	—	C	9	10	11	11	
9	++	large	++	—	++	30	—	—	—	—	C	4	5	—	5	
10	++	large	++	—	++	39	—	—	—	—	C	1	6	—	6	
11	++	large	++	—	++	26	—	—	—	—	C	3	4	5	5	
Average						26.8							2.7	4.3	5.2	5.2

obtained does not show a uniform success, nor do the conclusions of the various authors show unbounded enthusiasm for such treatment.

During the past year, at the Cleveland Contagious Hospital, we have used only the mechanical method of treatment, that is, tonsillectomy and adenectomy. For the purpose of analysis we have divided our cases, treated by this method, into three groups:

*Group I.* Represents those cases in which, on the 21st day or later, positive cultures of bacilli diphtheriae were obtained from the nose and throat.

*Group II.* Represents those cases in which routine cultures were negative, but on account of the large tonsils with deep crypts operation was decided upon. While under the anesthetic, cultures taken from as deep in the crypts as possible showed bacilli diphtheriae.

*Group III.* Represents those cases in which the routine cultures were negative, but on account of the large tonsils with deep crypts operation was decided upon. While under the anesthetic, cultures taken from as deep in the crypts as possible showed no bacilli diphtheriae, but after enucleation cultures taken from the bottom of the crypt by cutting into it showed bacilli diphtheriae.

The morphological classification used in our work was that of Westbrook-Wilson-McDaniel<sup>1</sup>.

We wish it understood that when the D<sup>2</sup> type of organism is mentioned, we, in no way, wish to give the impression that we consider this type virulent. The cultures were 18 and 24 hours old, and we have found this solid type changing to a granular type on further incubation.

#### LOCALIZATION OF B. DIPHTHERIAE IN CARRIERS

In our former paper we stated that in 19 cases reported, all showed the organisms in the crypts, while positive cultures in five of the cases were obtainable only in the crypts, surface cultures being negative.

Brown<sup>2</sup> has recently found in the tonsillar crypts of six diphtheria carriers gram positive beaded bacilli, which she concluded were bacilli diphtheriae, and she further believes that the clearing up of carriers by tonsillectomy can be attributed to the removal of foci of infection in which the organisms lodge and multiply.

Albert<sup>3</sup> found that in the large majority of cases where antiseptics were used shortly before cultures were taken, negative cultures could be obtained from the surface of the tonsil, while cultures from the crypts in seven out of eight of his cases gave positive cultures. He believes that so far as tonsils are concerned the crypts were hiding places for diphtheria bacilli.

Kretschmer<sup>4</sup> believes that the crypts are the lodging places for the organisms and reported considerable success in the clearing up of carriers by cleaning the crypts by pressure, thereby forcing out the plugs of material.

In the series here reported, Group III shows four cases in which it was impossible to obtain positive cultures on the 21st day, even with the patient under the anesthetic, but when cultures were taken (after the tonsils were removed) from the extreme depth of the crypts, bacilli diphtheriae were found in the crypts in three of the cases and in the adenoids in one.

In Group II eleven cases are included. On these patients the routine cultures were negative, but under the anesthetic, where cultures could be taken from deep in the crypts bacilli diphtheriae were found.

It is our opinion, drawn from our own cases and from experiences of others, that patients released routinely after two or three negative cultures carefully taken from the surface of the tonsils, would frequently show positive cultures of bacilli diphtheriae if such cultures were taken from the extreme depth of the crypts. We have not taken enough cultures routinely, after negative cultures have been obtained and the patients released, to draw any conclusions, but from the few in which this has been done we have occasionally found a return of the positive culture. From the standpoint of the public health, therefore, it is extremely important that great care be exercised in taking routine cultures; that they be taken from as near the bottom of the crypts as possible, and that not too much reliance be placed in the routine cultures taken for release.

The tables are nearly self-explanatory. In all of the groups the disparity between the 21st day and the day of operation is explained by lack of permission for operation, inability of the surgeon to operate on the 21st day, etc.

The cultures *before operation* were all taken after the patient was under the anesthetic, insuring very careful technic. Cultures *after operation* were all taken from the crypts after they were cut open, insuring reaching the very bottom.

It will be seen that in most cases the day of discharge coincides with the third consecutive negative culture. Had the second negative culture been taken at the release period, the discharge period after operation would have been considerably shortened—that is, in Group I from 7.7 to 6.8 days; in Group II from 5.2 to 4.3 days; in Group III from 5. to 4.7 days.

There were three cases which were not included in either Group I, II or III. The first was a boy with ozena who remained a carrier until the ozena had been temporarily improved; the second was a child with a traumatic deviation of the septum, who continued a carrier (for a period of 42 days) on the side of the nose that was occluded; the third was a man released by order of the Division of Health, after remaining a carrier for 40 days after operation. He could not be followed after leaving the hospital. The

condition of his pharynx was not mentioned in the protocols.

We have noted in several instances that in the presence of pathological conditions of the nose and throat, the patient remains a carrier until that particular lesion has been remedied.

It is our opinion that in any case of a diph-

theria carrier pathological conditions of the nose and throat should be remedied as soon as possible.

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## The Presidents Address\*

Harmon B. Gibbon, M. D., Tiffin, Ohio

(President, Ohio State Medical Association, 1916-1917)

Medical progress in Ohio has had somewhat of a varied career. As far back as the year 1811 the Legislature of this state enacted a law authorizing the organization of District Medical Societies, investing them with power to regulate and control medical practice in the state; but after about twenty-two years of unsuccessful effort, not realizing the results anticipated by the Act, it was repealed in the year 1833. In the following year, Dr. William M. Awl, of Columbus, Ohio, addressed the practitioners of medicine and surgery, soliciting them to meet in Columbus in January, 1835. The meeting had for its object the initiating of a propoganda for the regulation of professional etiquette, the organizing of independent medical societies, the erection of public asylums for the insane, the education of the blind, the promotion of the temperance cause, and making provision for a convenient supply of the leach.

From this meeting was launched the Ohio Medical Convention, on this broad and philanthropic basis. Dr. Daniel Drake, of Cincinnati, and Dr. Thomas B. Mitchell were the leading spirits of the occasion, the former championing the propoganda of schools for the education of the blind, and the latter the building of state asylums for the care of the insane.

The second convention met in Columbus in 1838, at which meeting Dr. S. D. Gross read a paper on the nature, origin and seat of tuberculosis, and Dr. Williard Parker, having recently returned from a visit to France, reported on French surgery. The third and fourth conventions were held in Columbus in 1839 and 1841 respectively; the fifth in Cincinnati in 1842; the sixth in Lancaster in 1843; the seventh in Mt. Vernon in 1844, and from this time to the year 1851, they met in Columbus annually.

Pursuant to a call on the fourteenth day of May, 1846, twenty-five members of the medical profession of Ohio convened in the Neil House in Columbus and organized the Ohio State Medical Society and elected Dr. S. M. Smith, President. This Society, apparently, assimilated the Ohio Convention, and profiting by their experience, they also instituted state-wide medical organization. This Society continued to meet annually in migratory sessions, until the adoption of a new

constitution in 1901, when the name was changed to the Ohio State Medical Association. At this meeting Dr. E. C. Brush of Zanesville was elected president of the Association under its new name and under which name we convene today.

It was by the association of these few earnest medical men who met in the year 1846, that the foundation was laid upon which those of after years builded the super-structure—the present Ohio State Medical Association.

It seems strange to us, appreciating as we do the benefit derived by medical organization and affiliation, that the Association had gathered into its ranks during the period of 46 years, but 1750 members and had representatives from less than one-fourth, or only 20, of the counties in the State. During the next decade it was afflicted with a "backward progression," for there were only 900 members enrolled, as shown by the secretary's report of that year. What appears stranger still as we gather from the secretary's report of the meeting held in this city, Springfield, in the year 1899: "There were elected to membership 68 physicians and 44 dropped from the roll for non-payment of dues, leaving an actual membership of 885,"—and the following sad commentary on the condition of the Society's activity toward medical organization—in the secretary's report we read: "The Hildebrand District, Crawford and Sandusky Counties, dead, Licking County Society having only a nominal existence, while Ashland and Wayne Counties, the Stillwater Medical Society and the Eastern Ohio Medical Society were in a similar condition." Three societies dead and five others in the last agonies of a nominal existence! What a lamentable aspect this presented; enough to dampen the enthusiasm of the most hopeful—and we could not understand why the Ohio State Medical Society exercised so little influence over our State legislative bodies. A society representing only about one-tenth the number of physicians in the state eligible to membership, after 53 years of effort on the part of the progressives; eight-tenths of the physicians not affiliating, with a horde of irreglars and an innumerable number of cults arrayed against the few, the non affiliating physicians using their influence by their silence, and the latter by their activity thwarting legislation; and the unsavory sentiment that prevailed

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among the laity, falsely construing the efforts of the physicians as against public policy and good, and in favor of the medical profession to advance their personal welfare.

The financial condition of the Society during these periods shows about the same inconstancy in existence, with an occasional deficit, a frequent balancing of receipts and expenditures—and seldom a surplus in the treasury. A fair illustration of the financial struggle is shown by the following: In the year 1895 there was a surplus in the treasury of \$79.81, while in the year 1896 showed a deficit of \$80.12. This continued during the next three years, or until the year 1899—at which meeting was shown an accumulated balance in the hands of the treasurer of \$88.00 with a total membership in the society of 915 active members. In the year 1903, Dr. Chapman in his address as retiring president expresses himself very feelingly upon the status of the Society at that time. He said: "We deplore the fact that in the state of Ohio, with over 7000 physicians eligible to membership in the Ohio Medical Society—with less than 1000 members associated with the society and rarely over half that number attending the annual meeting and at this time about one-half of the counties of the state have organized societies."

Compare those conditions with the secretary's report for the year 1916, with a membership of over 4000; every county in the state organized and an income of over \$12,000.00; with an attendance of over 1100 at the last annual meeting in the city of Cleveland; with the best organized society for efficient work along all activities in the A. M. A.; with a medical journal second to none published by a state society; and today with an increased membership over last year, by nearly 500; medical defense established; with a very commendable working force in the field, doing splendid advance educational work among the individual units in spreading the gospel of hygiene and sanitation among the laity; with school inspection well established in many places—all bespeak for the Society and medical profession of Ohio a most worthy recognition which is plainly visible by results obtained in their efforts in shaping and directing legislation during the last session of the General Assembly of our State.

We have reason to feel assured that by well directed efforts we shall be able to maintain our present standing, with a better prospect than ever before of being able to stand side by side with our legislators and counsel with them in matters of public health and public protection against imposters. But listen: In 71 years we have succeeded in enrolling only about half the physicians in the state eligible to membership in the Ohio State Medical Association, which, after all, is not the most glowing tribute to the medical profession in the line of progress. However, with the present en-

couraging outlook for the future of the Ohio State Medical Association, may not a continuous incentive and a growing earnestness be transmitted to those who follow in the work, until every eligible physician in the state shall have his name inscribed on the roll, for this we believe to be the ultimatum desired by its organizers. During the years past, of our own personal knowledge, there were many who by their promptness in attendance and their activity, demonstrated that they were solicitous for the progress of this Society. Time does not permit and your patient endurance forbids our reference to but a few of such. There are, nevertheless, many who deserve honorable mention and I hope an historian may be appointed, that each and every one may receive a just tribute for their part taken in the activities in the Society. Each city, large and small, every town, village, hamlet and rural district, has contributed to this work. Permit me to refer to but a few whose activities are familiar to all present, but who have passed to the Beyond and their labors are ended. From Columbus, Drs. Coleman and Kinsman; from Toledo, D. Y. Chapman and S. S. Thorn; Cincinnati, Thad Reemy and Brooks Beebe; Dayton, W. J. Conklin and Dr. Beck; Cleveland, D. P. Allen and W. J. Scott; Hamilton, Dan Millikin; Kenton, F. D. Bain, and from the city of Springfield, the hospitality of whose physicians we today participate, the name of one whose excellent qualities and surgical achievements, and who for a time contended for the honors of performing the first celiotomy successfully, this side the broad expanse of the Atlantic, and to whose memory the physicians of Springfield pay a just tribute of recognition—the name of Dr. Alexander Dunlap. To add to this list the names of those still active and equally deserving recognition, would be but to weary you with facts and incidents in the history of this Society, too familiar to all to call for special reference.

For the future good of the Society I suggest that a committee be appointed to revise the Constitution and By-Laws that they may the better conform to the necessity of the times. If I may be pardoned for arrogance, I would suggest that the committee be composed of those who have served as members of the Council for a term or two, as they have had a schooling along the line that well fits them for the task.

We desire to express our appreciation of the work of the several committees. Their respective reports to the House of Delegates will attest as to their separate and special activities. We wish especially, in behalf of the society, to commend the services of the Committee on Public Policy and Legislation for their convincing and converting arguments before our legislature on measures introduced, and in a most satisfactory manner, modifying and successfully defeating those obnoxious to public health, public policy and the Medical Practice Act. And

we would specially recognize, on behalf of the Society, the untiring energies of our Executive Secretary, Mr. G. V. Sheridan, for his invaluable services before the legislative bodies, and for keeping the profession throughout the state in touch daily with the proceedings in both House and Senate, and at the same time, with the aid of his well organized office force, performing the arduous duties in his executive office, in a most satisfactory manner.

I wish to express my appreciation for the excellent work of the present Council, while in session, and for their untiring efforts among the various units of the Society—reviving dormant energies as well as creating new sentiments for efficiency.

We also wish to express our commendation, as the sentiment of the State Society, for the unusual activity of the physicians of Springfield serving on the Committees on Arrangements for their most excellent work in perfecting arrangements for the success of this meeting, in providing entertainment for the physicians and ladies in attendance, to the efficiency of which the program attests; and also to make favorable mention for the introduction into the program of something new by way of scientific and other exhibits, which they have so elaborately provided. We believe in this they have introduced a valuable adjunct to the educational features of our annual meetings. We also wish to express our appreciation and thanks to those universities that have contributed to the making a success of the new feature.

For the future good of the profession, I hope the day may come in which specialties in the practice of medicine and surgery may have a statutory recognition in Ohio, based upon specific preparedness (such as may be defined by statute). and the practice of any specialty thus defined shall be licensed by the Board of Licensure and Registration upon the furnishing of proper and sufficient evidence of necessary qualifications, provided if the Board find such required evidence or certificates be not good, or be issued by an institution not recognized as specifically equipped for imparting desired instructions, the Board shall be empowered to refuse such applicant registration or license to practice (under the special license applied for) in the State of Ohio, and if such applicant after refusal of license, poses, advertises or attempts to practice said specialty, upon proper and sufficient evidence shall be subject to prosecution and revocation of his state license. Such an act, I believe, would serve two purposes.

1. We would have specialists better fitted for their work, as specialists are presumed to possess superior knowledge and skill in their specialty. The students in their medical college studentship do not have the time to devote to special work, so as to become sufficiently proficient in any special branch of medicine or surgery to justify extra remuneration for services.

2. It would afford a means to eliminate that class who travel from city to city and live off the credulity of the people, by their false representations through newspapers and other means of advertising.

Gentlemen, organized medicine has for its basic principle "Humanity" and it stands as an army on the firing line in the cause of relief and prevention of disease, dividing its time between the care of those who are victims of disease and the constructive work of defense against disease—the common enemy of mankind.

In teaching the principles of public and private hygiene and sanitation and the practice of isolation, they have established the mighty bulwark against the invasion of contagion and infection. Thus many of the most fatal enemies to health and to national prosperity have been greatly modified or completely annihilated.

It is indeed a sad commentary upon the labor of the physicians—while they sacrifice health, comfort and in not a few instances, their lives, in their humanitarian efforts, their labors have been accepted without recognition or remuneration, commensurate with services rendered—either by state or nation. Although their services were on par with those who have fallen in sanguinary conflict for the preservation of the integrity of the nation—to whom, justly, shafts and monuments have been reared as evidence of appreciation of their services and heroism as patriotic sons of America—the physicians who sacrifice their lives on the battlefield of research and defense against disease escape recognition by the sculptor's chisel or the historian's pen. One exception is the case of Dr. Hunter McGuire, in recognition of whose ability as a surgeon and citizen there stands conspicuous on the grounds of the capitol of Virginia, at Richmond, a beautiful tribute—a monument to the beloved son of the South.

Notwithstanding this apparent lack of appreciation of the services of the physicians and surgeons, the call comes to every patriotic physician to service as our united country is again in a state of war. However, not to stand on the firing line, but to care for our sons, our brothers, and our neighbors—the stalwart manhood of our nation—as they march to actual service of our country, against implements of death and destruction such only as can be invented by the genius of a desperately warring people. Thus again a new nation-wide organization is called for the patriotic Sons of Medicine and Surgery to follow the Flag, the emblem of a country once redeemed from tyranny and oppression of monarchy.

The call is on. Are we willing to forego the comforts of home, friends and fireside to sacrifice with those that stand on the firing line, battling for the rights of our Nation and for the preservation of national honor? Our sacrifice is equally patriotic and our services most urgently needed. Shall we heed the call?

## Medical License, Medical Practice and the Legislature\*

Howell Wright, Cleveland

Member of the Ohio Senate and Secretary of the Cleveland Hospital Council.

THE Medical Practice Act, through which Ohio regulates medical practice and license, is a "bone of contention" in every Legislature. As a rule it is actively upheld by the State Medical Board and the State Medical Association, chiefly on the ground that the lowering of educational standards is inconsistent with the best interests of the public. It is opposed by drugless healers and other limited practitioners, who seek amendments granting limited or equal privileges. Some desire to "get in" under the act, while others seek to "get out from under" control of the Medical Board. The regular session of the 82nd Assembly presented no exception to the rule.

In these contests political organization and activity have apparently been necessary. Many powerful political combinations are made. Registered lobbyists are in constant attendance during the session. Interested forces combine with one another and seek and sometimes secure the assistance of political organizations, regardless of party affiliations. The Christian Science contest in the last Legislature presented one of the most powerful combinations and alignments in a contest of this kind. The medical profession has been forced to organize and play its part in legislative activity.

This continual legislative contest on the part of those who seek the protection of the State in their professional work is responsible for much doubt in the minds of members of the Legislature as to the modernity and effectiveness of the Medical Practice Act. There is a pronounced legislative state of mind toward medical license, medical practice and the medical profession.

There is a rather general feeling that the Ohio Medical Practice Act is out of date. It does not represent the schools of practice of the state as is required, namely, in proportion to their numerical strength. If this is the modern basis for representation on such an important State Board, then the present arrangement is *misrepresentation*, which, of course, is wrong. It is fundamentally wrong because it "smells of sectarian medicine."

This feeling became more intensified in the last session through the introduction of bills authorizing special boards to regulate different schools of practice. Naturopaths, Chiropractors, Optometrists and others, each asked for separate special boards. If the State allows the medical profession to regulate itself, why should it deny the same privilege to these schools of practice?

The Legislature has had difficulty in distinguishing between the State Medical Board and the State Medical Association. The two have become synonymous in the minds of many of the members. This is partially responsible for the claim that the police power of the State has been placed in the hands of the medical profession to regulate the practice of medicine in the interests of that profession. Other "schools of practice" have not been slow to agitate along this line. They have played it skillfully and followed it up with the claim that the medical profession fears their "competition" and that the Medical Board regulates accordingly. They claim further that the enactment of the Limited Practice Act (Platt-Ellis Law), through which the Medical Board now regulates the limited practitioners, was prompted by fear of "competition" and a desire on the part of the medical profession to control all potential competitors.

The Legislature, as well as the public, is now fully aware of certain commercial aspects of the Medical Practice Act. So is the medical profession in general. Members of the Legislature now understand that the legal, fundamental basis of medical practice is commercial. It is generally understood that the State Medical Board cannot prove the *practice of medicine unless* it proves the *giving of a fee*. This section of the Act reads in part: "A person shall be regarded as practicing medicine, surgery, or midwifery, who examines or diagnoses for a fee or compensation of any kind, or prescribes, advises, recommends, administers or dispenses for a fee or compensation of any kind, direct or indirect, etc." The fact that this section authorizes the use of police power of the State to detect and prosecute quacks, does not minimize the emphasis of the economic factor of medical practice.

One may very properly ask if there exists such a legislative attitude, such a legislative state of mind, how does it happen that the Medical Practice Act not only weathered all the storms of the last Legislature, but was even strengthened by the Osteopathic Amendment? This is easily answered.

Five important bills seeking to amend the Medical Practice Act were introduced. Three of these authorized the appointment of new boards, through which three distinct groups of limited practitioners might regulate themselves. The fact that the Platt-Ellis law, placing all drugless healers under the Medical Board, had been enacted only two years and that there was a tendency not to create additional boards, defeated these bills. The Christian Science bill was defeated because it was not exclusively a Christian Science bill. It was clearly shown that under

\*Address delivered (by invitation of Council) at the banquet held in connection with the Annual Meeting of the Ohio State Medical Association at Springfield, May 16, 1917.

the provisions of this proposed bill every soothsayer, astrologist, faker and quack might have taken advantage of it, when it was intended to benefit the Christian Scientists only.

The Osteopathic Amendment corrected a great injustice first to the sick public and incidentally to those who practice osteopathy. Heretofore the osteopaths have been licensed by the State Medical Board to practice osteopathic obstetrics and minor surgery, but without the right to use anti-septics or anesthetics. Even a layman does not need to be convinced of the danger of such inconsistent regulation. The amendment corrects the injustice, subject of course, to examination and license of osteopaths by the State Medical Board. This amendment, in so far as it relates to the administration of anesthetics, was opposed by the Ohio Association of Anesthetists on the ground that "it is a menace to constituent members of the Ohio State Medical Association who are entitled to protection."

While the Medical Practice Act escaped the 82nd General Assembly no one will vouchsafe to make any promise for the future.

In my judgment the medical profession has been much misunderstood. Under the present system, however, this misunderstanding and the reasons for it will continue. The profession has, through now *out of date* laws, been compelled to regulate itself. It has been compelled to plead for its interests as being the best interests of the public. It has had to defend itself in the Legislature. It has had to "boost" itself. Unfortunately, selfish motives have been attributed to unselfish activities and devotion to the cause of medical education. What procedure and action is necessary to correct these impressions, some of which are entirely erroneous; this legislative state of mind; and to convince the public that "the best interests of the medical profession are consistent with the best interests of the sick public?" There can be no doubt but what this is a problem to be met and solved. And at least one official step in recognition of it has been taken by the State Government.

Governor Cox has appointed a commission, one member of which is your Executive Secretary, to make a survey, among other things, of problems involving the present system and laws relating to medical licensure and medical education and the education and licensure of those who treat the sick by other systems of healing. Recommendations are asked for. The scope of the survey is apparent. Instructions to the Commission to seek the co-operation of the public, educational authorities, the medical profession and others, were made plain. *Certain informal suggestions have already been made to the members of this Commission.* The most important ones follow in general outline:

(1) It is fundamentally wrong to lodge the police power of the state in the hands of repre-

sentatives of any profession to prescribe within any limits the educational qualifications of that profession; to govern its license and to regulate its practice. Why also should a State Board composed of medical men regulate and control the license and education and practice of drugless healers, limited practitioners, Christian Scientists, nurses and chiropradists?

(2) The legal, commercial basis of medical license and medical practice is entirely wrong, as are all of the commercial aspects of the present Medical Practice Act. It is of doubtful protection to the public. Why should the State Medical Board, sometimes with the assistance of the Attorney General's office or others, spend its time trying to ferret out legal proof that John Smith received a fee or some other direct or indirect compensation for administering a drug, thereby violating the Medical Practice Act? Should not the chief concern of the state be, did John Smith have the educational qualifications and the necessary training to ensure the fullest measure of protection to his patient?

(3) Education should be the only basis of medical license and practice. The fee section of the Medical Practice Act should be dispensed with. Let no one be allowed to practice, "limited" or "unlimited," unless he can meet certain educational qualifications. Require even higher educational qualifications for the degree M. D. than now; and see to it that the degree is used only by those who have fulfilled the highest requirements. The medical profession should not have to worry about the requirements for others. It should not have to fight each year in the Legislature. If it renders effective service the public will demand that service.

(4) Ohio is ready to consider the general education board plan. The members of such a board should be educational authorities. No profession to be regulated by the board should be represented on it. The assistance of experts would be required in technical and professional matters. It might be delegated general authority to fix certain educational qualifications and requirements for certain professions. A new plan of regulation of medical licensure and practice, "limited" and unlimited," might very properly be one of its first duties.

The situation is such that the medical profession should take warning. The Medical Practice Act in its present form is doomed. Radical changes have been proposed. The public is about to take a hand. It presents, however, a golden opportunity for the profession to co-operate and to act, when requested, with the commission appointed to study the whole subject. The medical profession has long been in a position of leadership. It can maintain this position if it desires. Inaction on its part will result in its being led about unwillingly. Action in the shape of co-operation will give the profession an opportunity to hold a position of leadership.



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## EDITORIAL

NEVER, PROBABLY, WILL THERE BE GREATER NEED for intensive medical organization in Ohio, than during the coming year. War is taking a large number of our members to the front. While they are away the anti-medical propagandists will take full advantage of the situation. Also during the next year, the state will shape its policy on the Sickness Insurance problem. If you have not gone to the front it is necessary that you read our statement on.....Page 705

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## THE PHYSICIANS ROLL OF HONOR FOR OHIO

In presenting the Roll of Honor for Ohio this month we are including, by suggestion of a representative from the Surgeon General's office, the names of all Ohio physicians who have been officially recommended for commission by the Surgeon General. This does not mean that in every instance the doctor has accepted the commission so offered, but this is true in the great majority of cases. Probably four-fifths of the doctors whose names are given in the roll are now in active service and a large majority of the remainder are at their home stations awaiting call.

Ohio now stands fourth in the roll of states. The report issued by the Surgeon General on October 1 shows that 806, or 10% of the 8,045 physicians in Ohio, have been recommended for commission in the Medical Officers' Reserve Corps. New York heads the list with a total of 1997 commissions or an average of 12.7; Pennsylvania is second with 1895 commissions, giving them an average of 16.5; Illinois is third with 1,291 commissions or an average of 12.1. The revised report shows a heavy gain in Ohio since August 8, at which time there were but 509 commissions held in this state. This increase is attributable to the splendid recruiting service of Dr. Ben R. McClellan and Dr. M. B. McGonigle, working under the auspices of the Ohio State Committee of Medical Defense and under the direct management of the executive offices of our State Association.

The Surgeon General has established a minimum of 1,130 commissions as the quota necessary for Ohio. It is believed that this quota will be reached by the end of November, by which time Drs. McClellan and party will have completed a recruiting tour through the southern half of the state.

The 806 Ohio physicians commissioned in the Medical Officers' Reserve Corps do not represent the total number of Ohio physicians who have entered actual service. In addition to these nearly 100 are serving with the various National Guard units and between 25 and 50 more are serving abroad in either the English or French armies. By the time this Journal reaches you practically 1,000 Ohio physicians will be either in service or awaiting call.

As we reported last month, the organized recruiting was interrupted on September 17 by a mistake on the part of the Surgeon General's office, through which Drs. McClellan and Mc-

Gonigle were relieved of recruiting service and sent to Fort Benjamin Harrison. Acting for the Ohio committee, Executive Secretary Sheridan made a hurried trip to Washington and succeeded in securing the release of Dr. McClellan from the training camp so that the recruiting work might be resumed. After the usual delay Dr. McClellan was returned and resumed meetings in Ravenna on October 5. From there he proceeded to Canton, Painesville, Ashtabula, Warren, Youngstown, Lisbon, Cadiz and Steubenville. From there the officers proceeded to the following cities, missed during their first tour: Mansfield, Ashland, Medina, Lorain, Akron, Wooster, Millersburg, Coshocton and New Philadelphia.

Probably by the time this Journal reaches you the Surgeon General's office will have approved the itinerary for the southern half of the state. In working this out a change has been made through which only the larger cities will be visited. The tentative schedule for which no exact dates have been set covered the following route: Xenia, Springfield, Piqua, Greenville, Dayton, Hamilton, Cincinnati, Portsmouth, Chillicothe, Columbus, Newark, Zanesville, Cambridge Marietta, Athens, Lancaster and Cleveland.

Dr. Mortimer E. Danforth of Stanton, Michigan, has been assigned to accompany Dr. McClellan, and Dr. McGonigle has been directed to complete his training at Fort Benjamin Harrison. Dr. Danforth served eight months in Base Hospital No. 2 at El Paso and is qualified to answer many practical questions arising in the minds of physicians who contemplate entering service. For example, his financial experience was interesting and illuminating. He was able, on his salary as a lieutenant in the Reserve corps, to have his wife and baby spend the winter with him in El Paso, and found it possible to save \$75.00 per month.

For the itinerary through the southern half of the state it is possible that the War Department will detail at least one additional medical officer, so as to facilitate the work. Dr. C. A. Hamann of Cleveland, chairman of the Ohio Defense Committee, has filed in Washington a request to this effect. Dr. Hamann and the officers of the Cleveland Academy of Medicine are arranging for a "Recruiting Week" in Cleveland, during which every effort will be made to exceed the quota in that county.

# THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

**ADAMS COUNTY**  
 Crawford, Treber C. .... *West Union*  
 Ellison, S. J. .... *West Union*  
 Kennedy, Edwin J. .... *Peebles*  
 Irwin, J. W. .... *Seaman*  
 Irwin, R. W. E. .... *Manchester*  
 Sproull, O. T. .... *West Union*

**ALLEN COUNTY**  
*Lima*  
 Basinger, H. L. .... Longworth, M. J.  
 Black, William .... Pfeiffer, Albert  
 Bradfield, I. C. .... Sibert, A. V.  
 Clayton, G. R. .... Sinke, E. D.  
 Hay, Virgil H. .... Vorbau, W. H.  
 Hibbard, Burt .... Wagner, M. A.  
 Johnson, J. R. .... Weadock, E. G.  
 King, G. W.  
 Day, J. M. .... *Waynesfield*  
 Gamble, Charles D. .... *Spencerville*  
 Miller, G. E. .... *Spencerville*  
 Soash, M. D. .... *Bluffton*  
 Steiner, Josiah S. .... *Bluffton*  
 Wolfe, John R. .... *Delphos*

**ASHLAND COUNTY** ..... *Loudonville*  
 Heyde, Jacob M. .... *Ashland*  
 Powell, Otho J. .... *Ashland*

**ASHTABULA COUNTY**  
*Ashtabula*  
 Burroughs, S. H. .... Pardee, A. H.  
 Collander, Paul .... Stewart, Neville E.  
 Crosby, Charles C. .... Wynkoop, R. B.  
 Dickson, O. A. .... *Jefferson*  
 Leet, W. H. .... *Conneaut*  
 Lewis, George W. .... *Pierpont*  
 Sherwood, G. O. .... *Geneva*  
 Thompson, Frank E. .... *Geneva*  
 Warner, Otto N. .... *Conneaut*  
 Wilson, Harold .... *Conneaut*

**ATHENS COUNTY**  
*Athens*  
 Andrews, C. H. .... LeRoy, Bernard R.  
 Douthitt, C. M. .... Merwin, J. T.  
 Farmer, A. G. .... Osborn, F. A.  
 Hooper, E. L.

Crossen, K. T. .... *Albany*  
 Danford, V. G. .... *Trimble*  
 Flinn, George E. .... *Amesville*  
 Harper, E. D. .... *Guyssville*  
 McLaughlin, P. R. .... *Guyssville*  
 Pedigo, S. E. G. .... *Marshfield*  
 Sprague, Wiley T. .... *Chauncey*

**AUGLAIZE COUNTY**  
 Deerhake, W. A. .... *St. Marys*  
 Haveman, George A. .... *New Bremen*  
 Spencer, Harry .... *Noble*

**BELMONT COUNTY**  
 Barrett, Park M. .... *St. Clairsville*  
 Perry, I. C. .... *Shadyside*  
 Evans, Forest M. .... *Bellaire*  
 Wright, Fred S. .... *Bellaire*

**BROWN COUNTY**  
 Chaney, Herbert M. .... *Sardinia*  
 Jackson, E. H. .... *Georgetown*  
 Tyler, George P., Jr. .... *Ripley*

**BUTLER COUNTY**  
 Beach, Wilbur E. .... *Somerville*  
 Burdsal, R. E. .... *Seven Mile*  
 Griffith, W. E. .... *Hamilton*  
 Graft, John A. .... *Hamilton*  
 Hawley, Paul R. .... *College Corner*  
 Murat, Halstead S. .... *Middletown*  
 Rogers, W. N. .... *Hamilton*

**CARROLL COUNTY**  
 Hathaway, J. J. .... *Carrollton*  
 Rheil, J. A. .... *Malvern*  
 Shipley, R. T. .... *Carrollton*

**CHAMPAIGN COUNTY**  
 Harrell, Martin E. .... *Woodstock*  
 Middleton, A. H. .... *Cable*  
 Pearce, H. M. .... *Urbana*  
 Smith, M. L. .... *Urbana*

**CLARK COUNTY**  
*Springfield*  
 Andre, Robert M. .... Ort, Wallace A.  
 Hamma, C. B. .... Rind, Robert C.  
 Miller, Harry .... Syman, L. L.

**CLERMONT COUNTY**  
 Kennedy, Edw. J. .... *Milford*  
 Roberts, David M. .... *New Richmond*  
 Terwilligar, Clyde B. .... *Milford*  
 Wakefield, J. D. .... *Loveland*

**CLINTON COUNTY**  
 Brown, Henry M. .... *New Vienna*  
 Conard, Robert .... *Blanchester*  
 Hicks, W. M. .... *New Vienna*  
 Martin, A. B. .... *Blanchester*  
 Scott, Verner T. .... *Clarksburg*

**COLUMBIANA COUNTY**  
*Salem*  
 Cruikshank, Alexander .... Mills, F. T.  
 McGeorge, James M. .... Thompson, R. B.  
 Bailey, C. H. .... *East Liverpool*  
 Bennett, H. W. .... *Lisbon*  
 Crane, James D. .... *Leetonia*  
 Harman, Howard E. .... *Leetonia*  
 Hennen, Leroy S. .... *Leetonia*  
 McHenry, Joseph B. .... *Hanoverton*

**COSHOCTON COUNTY**  
 Cureton, B. F. .... *Walhonding*  
 Keenan, W. H. .... *Coshocton*  
 Lower, J. D. .... *Coshocton*  
 Wilson, Thomas R. .... *Bakersville*

**CRAWFORD COUNTY**  
*Bucyrus*  
 Burrell, G. O. .... Gordon, Harold J.  
 Carlisle, W. G. .... Koch, W. A.  
 Caton, Russel J. .... Lingenfelter, C. A.  
 Helfrich, M. L. .... *Galion*  
 Kring, John B. .... Mandeville, C. C.  
 Harris, Ralph R. .... Murr, Paul A.  
 ..... *Crestline*

**CUYAHOGA COUNTY**  
*Cleveland*  
 Aland, Albert H. .... Harrison, B. I.  
 Allen, Maurice L. .... Harter, James H.  
 Andrews, Fred L. .... Haas, Ferdinand F.  
 Avellone, Joseph C. .... Heabler, Locke E.  
 Bachman, Ulysses N. .... Herrick, Frederick C.  
 Ballard, Homer C. .... Herrick, H. Burt  
 Barney, William R. .... Hickin, F. W.  
 Beach, John L. .... Hill, Walter C.  
 Bell, Leo P. .... Hinton, Drury  
 Blankenhorn, M. A. .... Horr, William H.  
 Bogart, Clark S. .... Jackson, Theron S.  
 Boutwell, Joseph H. .... Jasinski, I. E.  
 Bowers, Charles A. .... John, Henry J.  
 Boykin, John T. .... Jones, Albert L.  
 Brainard, Albert J. .... Jones, Arthur S.  
 Bray, Charles M. .... Jones, Thomas E.  
 Brock, Samuel .... Karshner, Howard  
 Bruner, William E. .... Kelly, S. W.  
 Bubis, Jacob L. .... Kendall, P. G.  
 Burhans, Charles W. .... Kennerdell, Thomas R.  
 Burstein, Theodore .... Kline, David R.  
 Bunts, F. E. .... Kramer, James G.  
 Callaghan, A. E. .... Krebs, Paul H.  
 Carson, Paul C. .... LaRocco, Charles G.  
 Chamberlain, Wilson S. .... Lichtig, Henry A.  
 Champlin, H. D. .... Lichty, M. J.  
 Christie, C. D. .... Lower, William E.  
 Clarke, Robert .... MacDonald, D. M.  
 Colvin, Byron B. .... MacFarland, C. H., Jr.  
 Cook, Alva D. .... Mahrer, Max  
 Cooper, Frederick S. .... Marine, David  
 Cranmer, Linus R. .... Matuska, Ignatius W.  
 Crooks, John H. .... Mayer, Nevin C.  
 Crile, George W. .... McClelland, Joseph E.  
 Crum, John R. .... McGav. N. P.  
 Culer, Frederick A. .... McMillen, .....  
 Cutler, Franklin E. .... McNamee, Edgar P.  
 Darby, John C. .... McRae, Floyd W., Jr.  
 Davidson, Paul F. .... Meek, John A.  
 Davis, Howard H. .... Merrill, Leslie S.  
 Denison, Adam B. .... Miller, Joseph E.  
 Dexter, Richard .... Moore, Paul G.  
 Dippol, Arthur L. .... Morrill, Gordon N.  
 Dows, Edward D. .... Mosiman, Roscoe E.  
 Driver, James R. .... Mowers, Floyd S.  
 Dwyer, William E. .... Mulky, Carl  
 Eisenbrey, A. B. .... Murphy, Patrick S.  
 Feiss, Henry O. .... Musner, Harvey H.  
 Filak, John A. .... Neary, Edward P.  
 Forbes, Roy P. .... Neubauer, Bernard B.  
 Gauch, Paul C. .... Nichols, William S.  
 Graci, Frank P. .... Norlin, Campbell F. G.  
 Gibson, Frank S. .... Norton, James T.  
 Gill, William C. .... O'Brien, Martin A.  
 Glass, George F. .... O'Malley, George P.  
 Goodman, Charles .... Osario, Vasco E. M.  
 Goodman, Isadore J. .... Ossman, Lawrence N.  
 Goschantz, P. C. .... Oster, Lewis A.  
 Graham, Allen .... Parvzek, Harry  
 Grossman, A. B. .... Paul, Leslie J.  
 Grossman, Royal G. .... Perkins, Roger G.

# THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

<p>Piercy, Harry D. Pilsner, James D. Placak, J. C. Prill, Henry C. Quigley, William J. Ravitz, Leonard R. Raycraft, L. J. Reese, David L. Reeve, George H. Reich, Rudolph S. Rice, Franklyn A. Richardson, Maurice L. Robinson, Andrew S. Robinson, Elan T. Rohland, William F. Rogers, W. B. Ruh, Harold O. Sanford, H. L. Schlink, Henry A. Schwarz, Edwin G. Shale, R. J. Sheets, Lorin G. Sherman, H. G. Sherry, Leroy B. Shube, Herman Shupe, T. P. Sill, Ralph H. McClain, Alvah S. Thompson, Ralph B. Wakefield, E. F.</p>	<p>Skeel, R. E. Sloan, Harry G. Spurney, Anton B. Steel, John M. Stifev, Richard E. Stone, Alvin A. Stone, Charles W. Stotter, A. L. Strauss, Abraham Thomas, Meethyn Thompson, Raymond L. Tippie, John W. Treister, C. D. Ulrich, Joseph M. Updegraff, R. K. Venable, Sidney C. Wagner, Harold F. Wahl, Harry Walker, Thomas E. Ward, Harry H. Weihrach, H. V. West, J. Hubert Williams, R. W. Wolf, E. E. Wychgel, James N. Yoder, I. I. Zinner, Nicholas L.</p>	<p>Pfeifer, C. E. Postle, C. D. Postle, H. V. Reel, Phillip Roach, Charles J. Russell, Lecky H. Schaeffer, G. C. Scheib, John P. Seeds, A. H. Sellenings, Oscar H. Shaffer, Edwin F. Shaffer, Elgie R. Sharp, C. E. Sheetz, J. W. Shoemaker, Abram J. Small, Victor R. Smith, Edward E. Postle, Robert S. Renner, John W.</p>
<b>DARKE COUNTY</b>		
<p>Bishop, W. D. Hunter, Matthew C. Husted, E. G. Sarver, A. F. Sullivan, Charles P. VanLue, J. W.</p>	<p>Hollansburg Greenville Greenville Greenville Burkettsville Gettysburg</p>	
<b>DEFIANCE COUNTY</b>		
<p>Cass, James W. Kettredge, M. R. Stephen, Joseph E.</p>	<p>Farmer Evansport Jewett</p>	
<b>DELAWARE COUNTY</b>		
<p>McCarty, Isaac T. Miller, Floyd V. Postle, Franklin D. Robinson, G. E.</p>	<p>Galena Delaware Delaware Ostrander</p>	
<b>ERIE COUNTY</b>		
<p>Fenker, William T. Graefe, Henry, Jr. Houghtaling, F. M. Humphreys, Daniel W. Manning, George W.</p>	<p>Sandusky Lehico, F. J. Southwick, P. F. Huron Cedar Point Kelleys Island</p>	
<b>FAIRFIELD COUNTY</b>		
<p>Bone, P. S. Hamilton, C. H. Brown, Carl W. Lutz, Fred A.</p>	<p>Lancaster Lantz, James M. Silbaugh, John J. Bremen Amanda</p>	
<b>FAYETTE COUNTY</b>		
<p>Baughn, Harry A. French, John H.</p>	<p>Washington C. H. Hodson, Herman O. Howell, Luther P.</p>	
<b>FRANKLIN COUNTY</b>		
<p>Adams, Richard O. Adel, E. E. Albanese, N. A. Alcorn, John B. Allbritain, James W. Boucher, H. E. Boudreau, F. G. Brehm, G. W. Brundage, Howard M. Burkett, Dora V. Dawson, Dudley T. Denser, Clarence H. Dodd, Verne A. Duffee, W. E. Dunn, J. M. Dysart, N. C. Eckstorm, J. B. C. Edelman, Samuel D. Edwards, J. C. Elder, R. P. Faulder, George B. Forman, J. Gallen, F. T. Gilliam, D. B. Goodman, S. J. Gordon, Elijah J. Haney, Forest C. Hauer, A. M.</p>	<p>Columbus Heckler, F. A. Hindman, Samuel Hugger, C. C. Johnson, Romeo A. Jolley, Roy F. Jones, Daniel W. Jones, E. B. Jones, W. I. Junkermann, Edgar N. Keiser, Jay G. Kerschner, J. E. Kessler, John Lawrence, Gerald P. Lehmberg, Charles E. Lehner, Charles S. Ludwig, E. C. Markwith, R. E. Maxwell, Charles L. McCafferty, Lawrence McCampbell, E. F. McClelland, C. E. McDowell, John R. McKav, Walter H. McNerney, Joseph D. Means, Jack Oelgoetz, A. W. Osborn, Morse F. Owen, G. F.</p>	
<b>FULTON COUNTY</b>		
<p>Evers, William Hartmann, Carl F. Maddox, W. H. Murbach, Clarence F. Stewart, N. E.</p>	<p>Tedrow Wauseon Wauseon Archbold Wauseon</p>	
<b>GALLIA COUNTY</b>		
<p>Holzer, C. E. Rose, E. J. Clark, John W.</p>	<p>Gallipolis Gallipolis Vinton</p>	
<b>GEAUGA COUNTY</b>		
<p>Hopkins, O. A. Myler, T. F. Williams, A. D.</p>	<p>Chardon Burton Huntsburg</p>	
<b>GREENE COUNTY</b>		
<p>Darnell, William T. Farmer, Alfred G. McClellan, Ben R. Shields, L. Smith, Simpson A. Whitaker, Harry O.</p>	<p>Xenia Fairfield Xenia Xenia Cedarville New Burlington</p>	
<b>GUERNSEY COUNTY</b>		
<p>Danford, V. H. Kackley, Ellis D. Lane, Fred W. Skeen, Carroll H.</p>	<p>Byesville Cumberland Cambridge Senecaville</p>	
<b>HAMILTON COUNTY</b>		
<p>Applegate, Matthew M. Bachmeyer, Arthur C. Bader, Ellis Baehr, E. M. Beaman, Charles W. Benjamin, Julian Bentley, James M. Biern, Oscar B. Brown, Herbert A. Brummett, J. S. Buff, Julian H. Byrne, John F. Caldwell, J. A. Carothers, Ralph Carroll, Harry R. Cragg, Harry C. Crawford, Clay Cullen, William C. DeNeen, D. D. Devers, Albert B. DeVita, Michael R. Dryer, Charles S. Ervin, Charles K. Fayen, Emmet Feid, Louis, Jr. Fennel, Eric A. Foertmeyer, W. A. Ford, Starr Francis, Rohin W. C. Freiherg, A. H. Friedenberger, Harry Friedlander, Albert O. Freyhof, William L. Geringer, Albert O. Gillespie, William Gaston, Raymond E. Gray, Edward B. Hagen, J. Stewart Hall, Joseph A. Handley, Daniel C. Hardinger, Ralph W. Hauser, Selmar Hendley, Frank W. Holmes, C. R. Inettner, Otto Kelley, Thomas</p>	<p>Cincinnati Kiely, C. E. Koch, Arthur E. Knauf, Arthur R. Lamb, Benjamin Layport, William L. Lee, Duke Lindenberger, L. N. Maddox, Robert D. Maertz, Charles Mann, Harry F. Martin, Earl A. Matuska, Anthony McCarthy, Merrick T. Mehan, George T. Metz, Charles W. Moloney, Louis Morris, Roger Muck, Edward Mytinger, Walter Neal, Charles A. Norris, Benjamin Odom, Stanley G. Owry, Franklin J. Paden, Russell H. Paul, Charles M. Peterson, Marcellus L. Pirrung, J. Edward Place, Philip Querner, Louis A. Ramsey, Allen Ransohoff, J. Louis Rhodes, G. B. Ross, William L., Jr. Rupp, Dennis Sattler, Ray Schriever, L. H. Schroeder, John H. Shank, Reed Silberstein, Emanuel L. Smith, A. H. Snell, Albert F. Southworth, J. Rufus Snelman, John D. Staley, R. W. Stambery, Henry</p>	

# THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

<p>Strobach, George Stammell, Charles A. Taylor, Neil E. Tharp, Silas P. Tomassene, Raymond A. Topmoeller, W. J. Tucker David A., Jr. Urner, M. H. Vance, William K. Cadwallader, J. C. ..... <i>Norwood</i> Klein, Elmer A. .... <i>Norwood</i> Snider, Frank E. .... <i>Madisonville</i> Swing, Fred ..... <i>Harrison</i> Tate, Ralph B. .... <i>Harrison</i></p> <p style="text-align: center;">HANCOCK COUNTY <i>Findlay</i></p> <p>Balsley, Alfred W. .... Cooper, Elwin H. .... Firmen, John M. .... Hartman, John V. .... Todd, C. D. .... <i>McComb</i></p> <p style="text-align: center;">HARDIN COUNTY <i>Kenton</i></p> <p>Relt, LeRoy L. .... Nourse, John D. .... Snodgrass, Frank B. .... Crum, John R. .... <i>Forest</i> Evans, Roy C. .... <i>McGuffey</i> Lynch, Elmer E. .... <i>Mt. Victory</i> Wisely, Allen W. .... <i>Ada</i></p> <p style="text-align: center;">HARRISON COUNTY</p> <p>Curtis, W. H. H. .... <i>Piedmont</i></p> <p style="text-align: center;">HENRY COUNTY</p> <p>Boesel, I. H. .... <i>McClure</i> Earp, James F. .... <i>Holgate</i> Garwood, George E. .... <i>Colton</i> Haag, Henry P. .... <i>Liberty Center</i> Harrison, C. M. .... <i>Napoleon</i> Homeck, Herman W. .... <i>Ridgeville Corners</i> Norris, O. L. .... <i>Deshler</i> Rohrs, Henry F. .... <i>Napoleon</i></p> <p style="text-align: center;">HIGHLAND COUNTY</p> <p>Ambrose, W. H. .... <i>New Petersburg</i> Frame, J. H. .... <i>Highland</i> Larkin, J. C. .... <i>Hillsboro</i> McAllister, J. L. .... <i>Highland</i> Varney, J. D. .... <i>Greenfield</i></p> <p style="text-align: center;">HOCKING COUNTY</p> <p>Hayman, E. H. .... <i>Murray City</i> Koppe, Harold F. .... <i>Logan</i> Lyon, Claude C. .... <i>Logan</i></p> <p style="text-align: center;">HOLMES COUNTY</p> <p>Olmstead, Atlee R. .... <i>Millersburg</i> Putnam, Isaac .... <i>Millersburg</i></p> <p style="text-align: center;">HURON COUNTY</p> <p>Bell, Clement L. V. .... <i>Fitchville</i> Cranston, Byron S. .... <i>New London</i> Gill, Robert C. .... <i>Norwalk</i> Harding, Charles L. .... <i>Belleveue</i> Mackintosh, Angus A. .... <i>North Fairfield</i> Pilkey, Benjamin C. .... <i>Monroeville</i> Sipher, John A. .... <i>Norwalk</i></p> <p style="text-align: center;">JACKSON COUNTY</p> <p>Davis, Daniel W. .... <i>Wellston</i> Gahn, Halder L. .... <i>Jackson</i> Henry, J. W. .... <i>Berlin Cross Roads</i> Hunter, Johnson S. .... <i>Jackson</i> Parker, W. H. .... <i>Wellston</i></p> <p style="text-align: center;">JEFFERSON COUNTY <i>Steubenville</i></p> <p>Biddle, James K. .... Biddle, Victor Clark, Roy S. Donehoo, W. S. P. Caldwell, John R. .... <i>Rayland</i> Ferguson, G. A. .... <i>Toronto</i> Huth, Leo ..... <i>Follansbee</i> McElroy, Thomas ..... <i>Mingo Junction</i></p> <p style="text-align: center;">KNOX COUNTY <i>Mt. Vernon</i></p> <p>Blair, Harry W. .... Clark, Edw. M. Claypool, John R. Conard, Carrol D. Norrick, John H. .... <i>Fredericktown</i> Phillips, W. O. .... <i>Centerburg</i></p> <p style="text-align: center;">LAKE COUNTY</p> <p>None reported.</p> <p style="text-align: center;">LAWRENCE COUNTY</p> <p>Cass, Edward M. .... <i>Utica</i> Crary, H. C. .... <i>Millers</i> Marting, W. F. .... <i>Ironton</i> Mayberry, Irvin W. .... <i>Scottown</i> Rose ..... Stewart, Forrest R. .... <i>Sheritt</i></p>	<p style="text-align: center;">LICKING COUNTY</p> <p>Brown, James A. .... <i>Newark</i> Hixson, A. H. .... <i>Johnstown</i> Johnston, E. H. .... <i>Alexandria</i> Lewis, W. H. .... <i>Newark</i> Marriott, L. L. .... <i>St. Louisville</i></p> <p style="text-align: center;">LOGAN COUNTY <i>Bellefontaine</i></p> <p>Carey, William H. .... McCracken, A. J. .... Pratt, Lester J. .... Pratt, Malcolm L. Pratt, Robert Startzman, C. K. Swan, G. H.</p> <p>Croft, J. W. .... <i>West Liberty</i> Davis, Claude ..... <i>East Liberty</i> Fulwider, Robert M. .... <i>Zanesfield</i> Hinkle, W. M. .... <i>DeGraff</i> Zurmeily, S. L. .... <i>Kushylvania</i></p> <p style="text-align: center;">LORAIN COUNTY <i>Elyria</i></p> <p>Hart, W. E. .... Kramer, J. C. .... Lawrence, Frank A. .... Metcalf, H. M. Sheffield, Edwin E. Smith, Arthur B.</p> <p>Dager, W. F. .... <i>Lorain</i> Faus, Ralph W. .... <i>Wellington</i> Gregg, Frank B. .... <i>Wellington</i> Mikolando, Otto ..... <i>Lorain</i> Powers, Harry W. .... <i>Amherst</i> Richardson, V. M. .... <i>Oberlin</i> Spenseller, Fred M. .... <i>Wellington</i> Wiseman, Fred M. .... <i>Amherst</i></p> <p style="text-align: center;">LUCAS COUNTY <i>Toledo</i></p> <p>Beckwith, Horace K. .... Belyea, James A. .... Booth, George B. .... Brown, Thomas H. .... Cass, James W. .... Chollett, Burt G. Cole, Claude B. Conger, William W. Faber, Charles F. Ferneau, Frank D. Ficklin, Frank B. Figley, Karl D. Gillette, Norris J. Girardot, Adolph J. Goodyear, Lucius B. Harrison, Jay M. Harvey, John H. Hein, Barney J. Hetler, George A. Iford, Daniel W. Johnson, Philip M. Lawless, Robert E. McCormick, Edward J. McGonigle, M. B. Meader, H. B. Miller, Lawrence D. Moor, Daniel C. Mundy, Carl C. Myers, Foster Newberg, Frank L. Pilliod, Frank W. Rees, Owen C. Ricard, William A. Rieg, Phil W. Rosenblum, Herman G. Schade, August H. Shapiro, William M. Souder, Charles G. Strathmann, William H. True, John Arthur Tucker, John P. Whitwham, G. P. Wilson, Dale Williams, H. W. Zemar, Ralph H.</p> <p>Hayes, Harry S. .... <i>Whitehouse</i></p> <p style="text-align: center;">MADISON COUNTY</p> <p>Christopher, Harry V. .... <i>London</i> Kerr, George M. .... <i>Lilly Chapel</i> Parker, John W. .... <i>London</i> Wittich, Roderick B. .... <i>Mt. Sterling</i></p> <p style="text-align: center;">MAHONING COUNTY <i>Youngstown</i></p> <p>Allsop, W. K. .... Barrett, C. D. .... Bierkamp, F. J. Blaine, William M. Borden, P. G. Brant, A. E. Buchanan, J. U. Bunn, W. H. Clark, C. R. Cliffe, Earl Dunn, Geo. D. Farley, David L. Fenton, R. W. Fitzpatrick, F. P. Hosbit, Dean A. Hudnut, O. D. Jones, M. P. Kaskinski, T. J. Mariner, James S. McCurdy, S. M. McNamara, Frank W. Meyer, Nathan W. Morrall, R. R. Moses, C. H. Nesbitt, D. A. Nutt, George S. Osborn, H. M. Painter, A. M. Phillips, D. B. Reed, C. M. Reed, Colin M., Jr. Sherbondy, J. A. Thomas, E. R. Washburn, J. L. Wilson, B. W. Wolfert, C. C.</p> <p style="text-align: center;">MARION COUNTY <i>Marion</i></p> <p>Hoskins, Jacob M. .... Mattox, S. W. Mouser, H. K. Litsworth, Archie W. Weeks, Dana O. Weiser, Walter J.</p> <p>Hurd, B. B. .... <i>Calcedonia</i> Marsh, Evert J. .... <i>Waldo</i> Shira, Donald ..... <i>LeRue</i></p> <p style="text-align: center;">MEDINA COUNTY</p> <p>Anrleby, A. G. .... <i>Valley City</i> Brintnall, R. A. .... <i>Seville</i></p> <p style="text-align: center;">MEIGS COUNTY</p> <p>Bing, Byron ..... <i>Pomeroy</i></p>
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# THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

<b>MERCER COUNTY</b>		<b>ROSS COUNTY</b>	
Ayers, Frank E. ....	Celina	Dunn, A. H. ....	Chillicothe
Brumm, Frederick H. ....	Coldwater	Hathfield, Charles C. ....	Kingston
George, John C. ....	Rockford	Holmes, R. W. ....	Chillicothe
Gibbons, John T. ....	Celina	Lightner, Russell E. ....	Kingston
Leiser, William A. ....	Ft. Recovery	Nisley, Glen ....	Chillicothe
Ransbottom, I. J. ....	Coldwater	Perry, Stephen W. ....	Bainbridge
Schirack, C. J. ....	Coldwater	Scott, V. T. ....	Clarksburg
Wickerham, James O. ....	Rockford	Smith, W. B. ....	Frankfort
Wilson, Richard S. ....	Rockford	Tinker, L. M. ....	Frankfort
<b>MIAMI COUNTY</b>		<b>SANDUSKY COUNTY</b>	
Caywood, James R. ....	Piqua	Baker, E. W. ....	Clyde
Haley, Michael R. ....	Piqua	Deemer, W. R. ....	Fremont
Teeter, Judson ....	Pleasant Hill	Eyestone, A. G. ....	Gibsonburg
<b>MONROE COUNTY</b>		<b>SCIOTO COUNTY</b>	
McVey, Edward F. ....	Clarrington	<i>Portsmouth</i>	
Thomson, W. E. ....	Antioch	Blizzard, Donald M. ....	Quinn, W. A. ....
<b>MONTGOMERY COUNTY</b>		Dawson, Challis H. ....	Rapp, Harry F. ....
<i>Dayton</i>		Mills, Alfred B. ....	Rardin, J. S. ....
Baldwin, Ashton M. ....	Kislig, Fred K. ....	Moore, A. R. ....	Rohe, O. W. ....
Bayless, C. O. ....	Kuhl, Albert F. ....	Mytinger, George S. ....	Ruggles, S. D. ....
Burnett, Harry W. ....	Lyons, Clinton G. ....	DeCrow, Reaves W. ....	Sciotoville
Carley, A. W. ....	Mansur, William B. ....	<b>SENECA COUNTY</b>	
Chine, C. L. ....	Mashurn, N. C. ....	Daniel, Charles F. ....	Tiffin
Coleman, C. A. ....	McCally, Albert W. ....	Fruth, Virgil J. ....	Fostoria
Crow, Allen G. ....	McClellan, H. H. ....	Johnston, Cecil ....	Fostoria
George, J. C. ....	McKenny, J. W. ....	Leonard, William N. ....	Fostoria
Giffin, Guy G. ....	Rounds, Frederick C. ....	Wenner, Henry L., Jr. ....	Tiffin
Grove, Courtney P. ....	Vega, Jaffrey J. ....	<b>SHELBY COUNTY</b>	
Hendee, Walter W. ....	Walkup, Thomas ....	Connor, Franklin ....	Sidney
Hewitt, Alchie E. ....	Wood, Thomas M. ....	Englerth, Benjamin ....	Anna
Kalter, G. E. ....	Woodruff, Ralph L. ....	McMaster, Vernon ....	Sidney
Kelly, John E. ....		<b>STARK COUNTY</b>	
Dickinson, T. H. ....		<i>Canton</i>	
Hunt, Charles T. ....		DeWitt, John P. ....	Hamilton, Claude D. ....
<b>MORGAN COUNTY</b>		Leavenworth, Loyal E. ....	O'Brien, John D. ....
Hill, J. F. ....	McConnelsville	Bernard, Benj. C. ....	Alliance
<b>MORROW COUNTY</b>		Casey, L. E. ....	Minerva
Bennett, W. S. ....	Cardington	Dougherty, J. B. ....	New Berlin
Jackson, C. S. ....	Edison	Holston, J. D. ....	Massillon
Virtue, D. B. ....	Iberia	Ramsey, P. M. ....	Alliance
<b>MUSKINGUM COUNTY</b>		Scranton, Homer G. ....	Alliance
<i>Zanesville</i>		South, John J. ....	Massillon
Allen, S. L. ....	O'Flaherty, A. E. ....	<b>SUMMIT COUNTY</b>	
Baron, Frederick S. ....	Sellers, C. P. ....	<i>Akron</i>	
Brush, E. R. ....	Sutton, Thomas ....	Barton, E. W. ....	Luce, R. V. ....
Fulwider, Robert M. ....	Walters, Alvin H. ....	Clark, Lucien D. ....	Postle, R. S. ....
Higgins, Charles H. ....		Davis, Paul A. ....	Power, R. E. ....
Loebell, Maurice ....		Drury, Roy F. ....	Read, Fred K. ....
Wells, Robert E. ....		Gillespie, B. H. ....	Rogers, W. J. ....
<b>NOBLE COUNTY</b>		Grim, Jesse ....	Rudolph, Jay B. ....
Dew, F. R. ....	Belle Valley	Haralson, C. H. ....	Smith, C. C. ....
<b>OTTAWA COUNTY</b>		Heckert, H. R. ....	Stewart, James E. ....
Ballou, Justin G. ....	Graytown	Logan, G. M. ....	Woodbury, Harry E. ....
Ingraham, Frederick D. ....	Curtice	Alsbach, E. Z. ....	Kenmore
Jordan, Aid B. ....	Marblehead	Havre, S. J. ....	Kenmore
McCracken, Charles ....	Port Clinton	Long, P. B. ....	Copley
Starkes, C. C. ....	Port Clinton	Rodenbaugh, H. A. ....	Barberton
Van Epp, Owen B. ....	Port Clinton	Searl, William A. ....	Cuyahoga Falls
<b>PAULDING COUNTY</b>		<b>TRUMBULL COUNTY</b>	
Fast, L. R. ....	Paulding	<i>Warren</i>	
Fauster, John U. ....	Paulding	Ailes, M. D. ....	Page, Harlan ....
Miller, John C. ....	Payne	Hoover, D. E. ....	Waller, C. E. ....
Moats, George E. ....	Antwerp	Knappenberger, M. T. ....	Wright, E. H. ....
<b>PERRY COUNTY</b>		Manley, O. T. ....	
Burrell, Guthrie O. ....	New Lexington	Moore, L. G., Jr. ....	Kinsman
McNerney, N. H. ....	Corning	Williams, C. C. ....	Niles
Shaw, H. W. ....	Junction City	<b>TUSCARAWAS COUNTY</b>	
Sommers, J. C. ....	Somerset	Calhoun, G. E. ....	Uhrichsville
<b>PICKAWAY COUNTY</b>		Coleman, H. A. ....	New Philadelphia
Jackson, Harry D. ....	Circleville	Goudy, Rollin A. ....	Newcomerstown
McKay, W. H. ....	Orient	Guthrie, Gale C. ....	Uhrichsville
<b>PIKE COUNTY</b>		Marquand, B. A. ....	Canal Dover
Seiler, I. P. ....	Piketon	Shawacker, K. E. ....	New Philadelphia
Tidd, E. W. ....	Stockdale	Wilson, Roy A. ....	Dennison
<b>PORTAGE COUNTY</b>		<b>UNION COUNTY</b>	
Ailes, Melville D. ....	Garrettsville	Boylan, J. L. ....	Milford Center
Nichols, B. H. ....	Ravenna	Calloway, F. C. ....	Marysville
<b>PREBLE COUNTY</b>		Goff, William M. ....	Marysville
Coombs, Jerrard W. ....	Camden	MacIvor, Angus ....	Marysville
Silver, H. Z. ....	Eaton	<b>VAN WERT COUNTY</b>	
Stewart, William T. ....	Morning Sun	<i>Van Wert</i>	
<b>PUTNAM COUNTY</b>		Church, Charles G. ....	Lawhead, W. E. ....
Davis, B. P. ....	Ft. Jennings	Flemming, R. C. ....	Leake, N. E. ....
Owens, Otto J. ....	Ottawa	<i>Logan</i>	
Siddall, John D. ....	Kalida	Hanna, Myron ....	Scott
Watterson, John D. ....	Kalida	Musgrave, A. C. ....	Ohio City
<b>RICHLAND COUNTY</b>		Reed, F. E. ....	Wren
Findley, Samuel E. ....	Mansfield	Reeder, M. E. ....	Ohio City
Lavender, D. C. ....	Pavonia	Roller, W. C. ....	Wilshire
Mecklem, W. P. ....	Mansfield		
Stoher, John F. ....	Lexington		
Walker, C. S. ....	Plymouth		

VINTON COUNTY		WILLIAMS COUNTY	
Cox, O. S. ....	McArthur	Long, James W. ....	Bryan
Henry, W. H. ....	Hamden	Curl, George .....	Edgerton
WARREN COUNTY		Patton, Homer H. ....	Montpelier
Krohn, C. P. ....	Morrow	Pemberthy, Jesse P. ....	Bryan
WASHINGTON COUNTY		Snyder, Alva E. ....	Bryan
Marieteta		WOOD COUNTY	
Hill, Edgar W., Jr. ....	Smith, Arthur H.	Boyle, Frank V. ....	Bowling Green
Penrose, J. B. ....	Stewart, J. M.	Harrison, A. M. ....	Schrader, C. O.
Sauer, William W. ....		Rae, James W. ....	Stove, Frank A.
Adair, Frank .....	Beverly	Biggs, I. L. ....	Custer
Edwards, C. E. ....	New Matamoras	Bowers, M. H. ....	Perrysburg
Gale, Larry .....	Newport	Wetherill, J. C. ....	Weston
Sellew, Timothy .....	Watertown	WYANDOT COUNTY	
WAYNE COUNTY		Upper Sandusky	
Bertolette, Harry B. ....	Shreve	Bowman, J. C. ....	Naus, Walter L.
Ice, K. C. ....	Shreve	Kenan, Frederick .....	Smith, Arthur N.
Wahl, Edward W. ....	Sterling	Griest, T. C. ....	Nevada
		Van Buren, R. C. ....	Carey

## Service and Sacrifice--While We Are At War, Both are Necessary

(An editorial by E. O. Smith, President of the Association)

The members of the Ohio Medical profession are responding nobly to the nation's call for medical men to care for the soldiers, both at the front in France, and in the training camps at home. Many others have served conscientiously, untiringly and without compensation on the draft boards.

Offices have been closed and lucrative practices abandoned by many physicians and surgeons, who have offered their services to the medical department of the great army and navy that are to represent our Government in the world's combat between democracy and autocracy.

Proper medical and surgical care of the soldiers and sailors is of primary importance, without which the military and naval efficiency would be reduced to a minimum. When one looks over the "honor roll" of the medical profession, he can but be assured that "our boys" will be well cared for. A feeling of professional pride fills one when he fully comprehends what it really means to these patriotic, unselfish doctors to sacrifice the comforts of home, and the companionship of friends, to be separated for months and possibly years, from their families, for the sake of rendering service, where service is so badly needed.

Every American citizen is proud of these noble men, and when this special work for which they have enlisted is finished the records will show that they did their work well.

In lieu of the many sacrifices these enlisted members of our profession are making there is a service to be performed for those remaining at home. This service may and should be in some of its phases a sacrifice. Those who cannot enlist will not be satisfied to sit idly by and allow the enlisted men to make all the sacrifices and render all the service. Already the profession in many cities of Ohio has formulated plans and have well-defined organizations at work on the collection and administration of war relief funds for the benefit of enlisted physicians and their families. This is a grand and noble work that will render worthy service, long to be remembered.

There is just one special kind of service to be

mentioned in this connection and that is the payment of the annual County and State Medical Society's dues for the members in military and naval service. This is a small matter for each county society, yet one that means so much to the absent member. It will be an easy matter for these men in active service to overlook or forget to pay their dues when due, and thus lose their society affiliations. If each County Medical Society will assure everyone of their enlisted members that their dues will be paid and their membership maintained in the County and State Society so long as they serve in this war, it is a certainty that not only will it be appreciated, but it will kindle a most kindly feeling in the hearts of those in the service. While this will be a comparatively small sacrifice for those remaining at home, it will be the rendering of efficient service.

Let's do it, and DO IT NOW!

### Marriages in Ohio

—Dr. James G. Alcorn and Miss Helen Pugh, of Columbus, September 11. After a short motor trip Dr. Alcorn sailed for France to engage in war relief work, and Mrs. Alcorn, a brilliant pianist, will continue her concert work.

—Dr. C. J. Turner of Clyde and Mrs. Edith Kirkpatrick of Shelby, at Mansfield, September 5.

—Dr. H. D. Farrar and Miss Rowena E. Keeley, of Columbus, October 3. Dr. and Mrs. Farrar will spend a year in New York, Boston, Baltimore and Philadelphia, where the doctor will take graduate work.

—Dr. John R. Johnson of Lima and Miss Hallie Hawk of St. Marys, at Monroe, Michigan, August 2. Mrs. Johnson will complete her course in nursing at the St. Marys hospital, while her husband is serving in the Medical Reserve Corps.

—Dr. Franklin I. Shroyer and Miss Mary Ann Barbara Josse, of Troy, October 2. On their return from a wedding trip, Dr. and Mrs. Shroyer will go to Baltimore, where he will spend three months in completing a special course in gynecology and abdominal surgery at Johns Hopkins University. On their return from the East they will live in Dayton.

## Ohio Physicians are Working Out Practical Plans to Aid Patriot Physicians Who Go to the Front

The special committee appointed by President R. K. Updegraff of the Cleveland Academy of Medicine, to deal with the problems of conserving the practice of Cuyahoga County physicians who enter active military service has worked out a plan by which these patriotic physicians may receive forty per cent of fees collected from their patients by their colleagues at home.

The committee after giving careful consideration for several weeks to the various plans that were being tried in the larger cities, abandoned the suggestion to work out any administrative scheme by which the actual centralized collection of this percentage might be made. Instead it has placed the question of dividing such fees entirely up to the stay-at-home physicians, and the success of the plan will depend solely upon the honor and personal integrity of the men who remain behind. The committee has taken a step, however, to encourage the plan wherever possible.

In the first place a neat office poster, suitable for hanging in the waiting room, and bearing the flag in colors has been mailed to each of the 1300 physicians in the county. This poster bears the following inscription:

*"Many physicians from Cuyahoga County have gone to the front in the service of our country. If you are a patient of any of these, kindly inform the physician whom you are now about to consult of this fact, as 40 per cent of your fee goes to your own physician or his family."*

It is pleasant to note that this card may be seen, prominently displayed, in a large majority of the waiting rooms in Cleveland.

To supplement this work the committee has had prepared in blank a large number of printed letters of which the following is a copy:

"I have entered the government service and have had to give up my practice for the present. The majority of the Medical Profession of Cuyahoga County believe that it is only fair that while I am in the government service, some part of the income from my practice shall go to those who are dependent on me for support. They have agreed that 40 per cent of the fees which they collect from the practice of absent physicians shall be paid to their dependents.

"You have favored me in the past by employing me; you can still favor me and make it easier for me to be away if, when in need, you will call a physician who has agreed to the above plan. You will know him by the card displayed in his office indicating this agreement. When you employ him please inform him that you consider yourself one of my patients and he will do the rest.

"Without such an agreement many doctors

could not enter the government service. You can help them by following these suggestions.

"Thanking you in advance for your kindness, I am, sincerely yours,"

These are furnished to physicians who have entered service, with a suggestion that they be forwarded to such families as may be classed regularly as patients.

It is hoped to make the general plan effective by this means, and by use of general publicity to thoroughly advise the general public of the plan. If the co-operation of the public is secured it will mean its success.

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A more tangible feature of the committee's work is the incorporation of the Medical Association under the laws of Ohio. This association through its board of trustees is now engaged in raising a general relief fund. All physicians remaining at home are requested to subscribe monthly sums ranging from \$2.00 to \$10.00.

This fund will be used in various ways to afford relief to the dependents of Cuyahoga County physicians who have gone to the front. The board of trustees is authorized to collect and distribute the money in such manner as its members see fit. In many instances the capital so raised will be loaned to physicians in service without interest, to meet obligations such as life insurance premiums, mortgage payments, etc. Every physician in Cleveland is appointed a "committee of one" to call to the attention of these trustees any emergency of this sort that may come to his attention.

The scope of the movement has been broadened to include all physicians in the county, regardless of their affiliation with the academy. The original committee consisted of M. J. Lichty, chairman, N. M. Jones, secretary, W. H. Humiston, A. Peskind, and G. H. Follansbee. From the academy Drs. R. K. Updegraff and J. P. Sawyer have been added, together with the following Homoeopathic practitioners: James C. Wood, J. G. Snyder, B. J. Kimmell and J. Richey Horner.

Dr. Lichty has been called into active army service so in the organization of the board of trustees for the administration of the fund Dr. James C. Wood was made president and N. M. Jones, secretary-treasurer.

The success of the plan to arrange for a division of fees between those who go to the front and those who stay at home will be watched with very great interest.

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In Cincinnati they are preparing to adopt the Cleveland plan through which patriot physicians will receive forty per cent of the fees collected from their patients, and in addition the Cincin-



nati Academy is preparing to purchase insurance for each member physician who leaves the county.

President J. H. Landis appointed a special committee to present definite plans to the academy. A partial report was made on October 15, and at this writing arrangements are being made to raise a fund of approximately \$1000 per month, to be contributed by 300 physicians during the period of the war. Dr. Dudley W. Palmer is chairman of this committee. The other members are E. O. Smith, B. M. Ricketts, D. T. Vail and J. W. Murphy.

Under the provisions of Article 4, Section 400 of "An Act to Authorize the Establishment of a Bureau of War Risk Insurance in the Treasury Department" Congress has provided for Federal insurance for all Army and Navy men. The insurance which will be carried by the Federal Government is very similar to the "term insurance" policy offered by private companies, but is much less expensive inasmuch as the government bears the administrative cost and the additional risk imposed by war. The bill as it finally passed the Senate placed the maximum carriage at \$10,000.

Dr. Palmer advises us that the Cincinnati committee will recommend to the academy a plan by which a policy will be purchased and kept up through this special fund for every member physician entering service from Hamilton County. The plan contemplates from \$1000 to \$3000 insurance for each single man, with \$2000 additional for married men, and in case of children, \$2000 additional for each child up to the maximum. There are at present 78 members of the Cincinnati Academy holding commissions, and probably this number will be increased shortly to 100.

The committee figures that insurance carriage cost for this number will be between \$6000 and \$7000 per year. Their proposal is to secure monthly pledges to extend for the period of the war. One hundred members of the academy will be asked to pay \$5 a month; 100 to pay \$3, and 100 to pay \$1. The academy has approximately 500 members, but as 100 of these will be in service this plan permits an additional 100 to be financial slackers.

"Everyone seems to feel that the plan of raising a monthly guarantee fund is entirely feasible, and certainly the committee feels it is the duty of the academy to do something for those who sacrifice their practices, comforts of home, and often greater incomes, with the possible loss of life," Dr. Palmer writes.

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In Toledo the special war relief fund raised and administered by the academy is being used chiefly for the purchase of equipment for medical officers who enter the service. Thus far there have been no other demands upon the fund. The Toledo Academy allows \$100 to each doctor entering service, to be applied on the rather expensive initial outfit required. Thus far 21 Lucas County

physicians have benefited under this plan, and a substantial balance remains in the treasury, which will be used later to cope with other financial problems as they arise.

The Columbus Academy is awaiting the final completion of the Federal plan of life insurance. The academy here has given up the idea of purchasing insurance through private companies, as the cost under the Federal scheme is materially smaller.

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Smaller counties are by no means lagging behind in the work of providing relief for those who enter military service. President Charles D. Mills and Secretary H. G. Southard of the Union County Medical Society are in charge of an emergency fund which is being raised "for the relief and comfort of patriot physicians, and families of those who are to bravely and honorably represent us in the greatest war of history."

Every physician in Union County has been asked to contribute from \$10.00 to \$25.00 in order to start this fund. It was the opinion of the committee having charge of the matter in Union County that any scheme for division of fees would be impracticable. Union County now has three men in active service, and it is possible that more will enter later.

## War Notes

A supplementary contingent of nine medical officers, 17 nurses and 47 enlisted men sailed for France in August to join Red Cross base hospital No. 4—the Lakeside unit stationed at Rouen. The following physicians made up the party: Lieutenants Merrill F. Hosmer, Harry D. Piercy, Theron S. Jackson, Byron B. Colvin, Cleveland; Lieutenants Frank B. Ficklin and Hoyt E. Meader, Toledo; Lieut. Arthus C. Thompson, Franklin, Pennsylvania; Lieutenant Theodore F. Myler, Burton, and Captain John B. Corser, Fort Oglethorpe, Georgia.

Reports from France indicate that Cleveland men serving with the unit are having an exceedingly interesting experience. During the absence of Dr. Crile and Dr. Hoover, Dr. William E. Lower is serving as director of the unit. Major Tuttle, of the regular army, who accompanied the unit as adjutant, has been transferred to permanent duty in Paris.

Major George W. Crile of Cleveland, in command of Lakeside Hospital unit in France, returned to America in October to attend the Clinical Congress of Surgeons and to attend to War Department business. He will return to France soon.

Dr. E. F. McCampbell, Columbus, dean of the College of Medicine at O. S. U., (Captain, M. O. R. C.), who reported to Washington several weeks ago expecting to proceed to France, has been as-

signed to service under Major Snow, of the South-eastern Division. Major Snow is in charge of venereal prophylaxis in the army cantonments. Dr. McCampbell expects to be assigned later to the epidemiological unit, for service either in this country or abroad.

Dr. Charles M. Paul, Cincinnati, (Captain, M. O. R. C.), has been appointed chief surgeon for Base Hospital No. 25, which is organized in Cincinnati and awaiting call. For some time Dr. Paul, under orders from the War Department, has been taking specialized training for the work—three weeks with Carrel in New York, a similar period in the orthopedic training course in Boston, and at present with Dr. E. C. Kiely is in Philadelphia. Dr. Gillespie is director of the Cincinnati unit.

Cleveland men connected with the staff of the Lakeside Base Hospital unit, stationed in France, are getting very interesting service. While the main plant of 1,500 beds is established in a small town well back of the lines, staff members are being detailed for detached service at the casualty clearing stations. These stations are the first points where surgical contact is made with a wounded soldier, and the staff surgeons assigned to this duty secure service probably never before equaled.

Dr. William E. Lower, Cleveland surgeon, now in charge of Lakeside Base Hospital unit in France, in a recent note to *The Journal* says: "I feel quite certain that the American medical profession will live up to its tradition, and that the medical men will apply for commissions and get into this struggle to help all they can to get it over as soon as possible. Everything here is on the wholesale scale and casualties come in great numbers, so that a great number of medical officers are needed. I am sure that every man who receives his commission and comes over will be mighty glad he has done so when the war is over. I cannot imagine any able-bodied, physically-fit person not wanting to do his part."

Dr. W. A. Searl, medical director of Fair Oaks Villa, Cuyahoga Falls, and Dr. James Belyea, Toledo, have entered the special psychopathic service that has been organized by the Surgeon General's office and are now stationed in Washington.

The war is landing some mighty tough blows on Dr. B. H. Nicholls of Ravenna, president of the Portage County Medical Society. In September Dr. Nicholls, who was commissioned sometime ago, induced Dr. Wirth T. Gatchell of New York to join him in Ravenna and take charge of his office and practice during his service in the army. Early in October Executive Secretary Sheridan asked Dr. Nicholls and Dr. George J. Waggoner to arrange for a medical recruiting meeting in

Portage County. When Lieutenant Ben R. McClellan arrived in Ravenna Drs. Nicholls and Waggoner had everything in readiness and a splendid meeting followed.

Dr. Gatchell was present and heard Dr. McClellan's eloquent plea for medical men. The following morning Dr. Nicholls visited Lieutenant McClellan at the hotel and inquired as to results.

"Fine," Dr. Ben declared enthusiastically. "We just landed a splendid young man."

Without a premonition Dr. Nicholls inquired further. Dr. Ben answered:

"Dr. Gatchell from New York, who is staying here temporarily."

Dr. Nicholls is recovering and seems to be progressing nicely.

Dr. Willard J. Stone, Toledo, is serving as consultant in diseases of the heart and lungs, at Camp Taylor, Louisville. He has entered the specialized service in connection with the army that is being developed under the direction of the War Department by Janeway. He holds a lieutenancy.

Dr. B. J. Hein, Toledo, after completing the special four weeks' army course in Boston under Lovett, is taking the special course of instruction under Albee. He will then be assigned to one of the National Army cantonments as an instructor in the medical officers' training camp.

Dr. M. J. Lichty of Cleveland, (Captain, M. O. R. C.), has been assigned to detached service as a consultant in tuberculosis at Camp Taylor, Louisville, Ky. He expects to spend the winter there and leaves his office in charge of his assistant, Dr. Wilmore. Dr. Lichty's duties as counselor of the Fifth District of The Ohio State Medical Association will be attended to in his absence by a group of his Cleveland colleagues who have volunteered to co-operate with the county medical societies in that territory.

Dr. Joseph S. Rardin of Portsmouth has been commissioned as a captain, M. O. R. C., and is stationed at Fort Sheridan. His duties as counselor of the Ninth District of the Association will be attended to in his absence by his Portsmouth colleagues.

Dr. J. Edward Pirrung, (Captain, M. O. R. C.), is stationed at Camp Grant, Rockford, Ill., where he is in charge of the brain surgery section of the large base hospital operated in connection with the camp.

In our news columns last month we stated that the practice of Major C. R. Holmes, who is in charge of specialties at the Chillicothe cantonment base hospital, is being cared for by Dr. G. A. Hinnen. We should have added that Dr.

Holmes' eye practice is being cared for by Dr. Thomas M. Stewart. In calling our attention to this error Major Holmes writes: "Dr. Stewart was most eager to enlist, but illness of his wife made this impossible, and he is, therefore, 'doing his bit' by helping me devote my entire time to work at the base hospital."

Dr. C. C. Waller, Warren, (Captain, M. O. R. C.), is stationed at Camp Devens, Ayer, Massachusetts. He is attached to the 301st Regiment, N. A.

The following officers of the Columbus Naval Hospital unit reported at Hampton Roads, Va., Oct. 16: Drs. Verne A. Dodd, commander; Fred O. Williams, Arthur M. Hauer, Jonathan Forman, Philip Reel and Carl G. Hugger. It is not known whether this will be the unit's permanent station. Enlisted men will report later.

An Ohio firm will build a \$50,000 plant in France for the manufacture of nitrous oxide to be used in anesthesia in the Allies' hospitals. The plant will be the largest of its kind in the world. Special equipment for administration, following the Lakeside Hospital plan, will be manufactured.

The Red Cross will spend \$10,000 to prevent the spread of disease and epidemics at Camp Sherman and in the surrounding territory, through the establishment of a sanitary unit. Chillicothe was one of the 12 cantonment cities which requested this aid. In addition to a bacteriologist to work in co-operation with the State Board of Health, several sanitary inspectors and two public health nurses have been assigned to the camp by the Red Cross War Council.

Dr. Harry Freudenberger, Cincinnati, went to Fort Benjamin Harrison as a lieutenant; while there he was made a captain. He has now been assigned to duty at Anniston, Ala., with the rank of major.

Ohio is to have one of the 20 government "reconstruction hospitals" that will be established in the United States for wounded American soldiers. A Cincinnati site has been chosen, though not finally approved. Following the lines worked out in European countries, these hospitals will not only be places where men wounded in war may be sent to recuperate, but places where they may be re-educated in trades suitable to their disabilities.

Dr. J. C. George, Dayton, (Lieutenant, M. O. R. C.), left Sept. 29 for New York to begin intensive training in neurology, in preparation for active service in France.

Dr. O. H. Sellenings, Columbus, sailed for France during the latter part of September to engage in child welfare work in connection with the Red Cross.

Dr. Carl Mulky, superintendent of Warrensville Tuberculosis Sanitorium, Cleveland, has been granted an indefinite leave of absence in order that he may take up his duties at Camp Shelby, Hattiesburg, Miss., as a member of the Tuberculosis Examining Board for selective service men.

The American Red Cross now has more than a dozen base hospitals in France, each equipped with at least 500 beds, and each in charge of 22 physicians, two dentists, 65 nurses and 150 enlisted men of the medical corps.

Dr. G. E. Davis of Bellefontaine has received news of the safe arrival in London of his son, Dr. W. Claude Davis, who sailed August 29 on the steamer New York.

Through the courtesy of the Training Camps Association, Cincinnati, physicians who have applied for commissions and have not been called into service may obtain instruction in infantry drill at Hyde Park, Cincinnati, every Sunday at 8:30 a. m.

The medical staff of Youngstown Base Hospital is still in camp at Allentown, Pa. Several members have been sent east for special work. The nurses attached to the hospital are in camp at Ellis Island. It is believed that the unit will proceed to France with the Rainbow Division.

Ross County Medical Society entertained medical men at Camp Sherman with a smoker on the evening of Oct. 10. Drs. G. E. Robbins and F. T. Marr, as members of the committee on arrangements, welcomed the military men. A number of guests were called on for talks and Lieutenant Colonel De Witt, chief of the base hospital, Major Hoover and Lieutenants Steck and Stanbury responded. Interspersed with the talks were some splendid musical numbers, after which a buffet lunch was served. About 60 men from Camp Sherman were present.

Dr. John D. O'Brien, Canton, (Lieutenant, M. O. R. C.), is attached to the base hospital at Camp Sherman, Chillicothe, as neurologist and psychiatrist.

Dr. N. M. Rhodes is "doing his bit" by acting as health officer of Urbana, while the regular health officer, Dr. H. M. Pearce, is engaged in military service. Although the work requires

considerable time, Dr. Rhodes has insisted that the salary continue to be paid to Dr. Pearce.

Dr. Arthur S. Jones, Cleveland, M. O. R. C., reported at Washington, Sept. 19, for service with the first contingent of orthopedic surgeons to be sent to France. Reconstruction work will be undertaken in the chain of seven orthopedic hospitals behind the lines. Thirty-five thousand beds are planned.

The House of Delegates of the Wisconsin State Medical Society, in annual session at Milwaukee, Oct. 4, asked the component county societies to pay the dues of members who go to war. They're following Ohio's lead.

Dr. Ralph W. Hardinger of Cincinnati will serve as a private in the National Army.

Dr. Robert C. Longfellow, Toledo, who is physically disqualified for active army service, "is doing his bit" by placing at the disposal of the various government agencies his clinical and diagnostic laboratory and his personal services. Representatives of all branches of the federal service have been invited to make use of these facilities for the period of the war.

Officers of the Third Ohio Ambulance Company which entrained at Cincinnati, October 2, for Montgomery, Ala., are: Lieutenant Charles Maertz, Cincinnati, commanding, and Lieutenants Charles S. Dryer, Arthur B. Koch, Cincinnati; Guy G. Giffen, Dayton, and Harry F. Rapp, Portsmouth. The company will be known as the Forty-seventh Ambulance Company, Thirty-seventh Division.

Dr. A. H. Dunn, (Lieutenant, M. O. R. C.), Chillicothe, reported in Washington during late September, preparatory to sailing for France.

Dr. Daniel Moor, a Toledo physician who has resided in Cuba for some years, returned home a few weeks ago to accept a commission as captain in the medical corps. Dr. Moor was a lieutenant in the Spanish-American war and was afterward in the National Army.

Dr. K. C. Ice of Shreve, (Lieutenant, M. R. C.), is now stationed with the Depot Brigade at Camp Grant, Ill.

After several weeks of hard work, Dr. A. Rhu of Marion has resigned as member of the federal district draft board which has been sitting at Findlay.

### Orders to Ohio Physicians

The following is culled from the official orders issued by the Surgeon General's office, to October 15, and shows the movements of Ohio physicians called to active service:

*To American University, Washington:* Capt. E. B. Jones, Columbus.

*To Army Medical School, Washington, D. C.:* Lieuts. Maurice L. Allen, Albert L. Jones, Cleveland; Atlee R. Olmstead, Marshallville.

*To Battle Creek, Michigan:* Capt. F. D. Ferneau, Toledo; D. Marine, Cleveland.

*To Belleville, Illinois:* Lieut. C. O. Bayless, Dayton.

*To Boston, Massachusetts:* Lieuts. Charles M. Paul, Cincinnati; Barney J. Hein, George B. Booth, Toledo; Alvah S. McClain, Lakewood.

*To Camp Bowie, Fort Worth, Texas:* Lieut. S. C. Venable, Cleveland.

*To Camp Cody, Deming, New Mexico:* Capt. Henry R. Brown, Chillicothe.

*To Camp Funston:* Capt. William F. Dager, Lorain; Lieuts. W. M. Goff, Marysville; Myron Hanna, Scott.

*To Camp Grant, Rockford, Ill.:* Capt. Frank J. Owry, Cincinnati; Henry M. Osborne, Youngstown; Lieuts. William H. Ambrose, New Petersburg; Kromer C. Ice, Shreve.

*To Camp Sevier, South Carolina:* Lieut. E. R. Shaffer, Columbus.

*To Camp Sheridan, Montgomery, Ala.:* Lieut. W. H. Keenan, Coshocton.

*To Camp Sherman, Chillicothe, Ohio:* Capt. E. E. Adel, Columbus; Lieuts. W. L. Freyhof, C. H. Weintz, D. C. Handley, Cincinnati; Albert J. Brainard, G. F. Glass, Anthony Matuska, Cleveland; E. D. Harper, Guysville; C. E. Sharp, Columbus.

*To Camp Taylor, Louisville, Ky.:* Lieut. M. F. McCarthy, Cincinnati; Capt. M. J. Lichty, Cleveland; O. A. Dickson, Jefferson; James B. Dougherty, New Berlin; W. O. Phillips, Centerburg; S. D. Edelman, Columbus; Charles H. Bailey, East Liverpool; R. B. Tate, Harrison; Julius R. Bolles, Holgate; J. M. Heyde, Loudonville; W. P. Mecklem, Mansfield.

*To Camp Travis, Fort Sam Houston, Texas:* Lieut. Henry A. Schlink, Cleveland.

*To Camp Wadsworth, Spartanburg, South Carolina:* Lieut. William M. Hinkle, Degraff.

*To Camp Wheeler, Macon, Ga.:* Capt. A. M. Painter, Youngstown; Samuel Hindman, Columbus.

*To Columbus Barracks:* Lieut. L. M. Tinker, Frankfort.

*To Fort Benjamin Harrison:* Capt. E. D. Sinke, Lima; Lieuts. Clyde K. Startzman, Bellefontaine; M. D. Soash, Bluffton; W. T. Sprague, Chauncey; Walter H. Mytinger, Edward Kuck,

Samuel Zielonka, Cincinnati; V. T. Scott, Clarksburg; A. E. Callaghan, P. F. Davidson, R. S. Reich, R. H. Sill, J. M. Steel, J. W. Tippie, J. N. Wychgel, N. L. Zinner, Cleveland; C. J. Schirack, Coldwater; O. N. Warner, Conneaut; I. L. Biggs, Custar; W. B. Smith, Frankfort; Z. O. Sherwood, Geneva; H. W. Shaw, Junction City; Donald Shira, Larue; B. A. Marquand, Dover; W. T. Stewart, Morning Sun; J. J. Vega, Dayton; Murray E. Reeder, Ohio City; O. B. Van Epp, Port Clinton; G. C. Guthrie, Uhrichsville; E. M. Cass, Utica; H. N. Trumbull, Woodsville; D. B. Phillips, Youngstown.

To Fort Meyer, Va.: Lieut. Harry R. Carroll, Cincinnati.

To Fort Oglethorpe, Georgia: Capts. Paul G. Woolley, Cincinnati; C. D. Hamilton, Canton; C. G. La Rocco, Lewis A. Oster, Cleveland; H. K. Mouser, Marion; N. E. Stewart, Wauseon; W. M. Blaine, Youngstown; Lieuts. B. H. Gillespie, Akron; H. E. Harman, Leetonia; M. J. Longworth, Lima; R. H. Zemer, Mt. Vernon; Isaac P. Seiler, Piketon; V. W. Le Master, Sidney; I. W. Mayberry, Scottown; H. W. Williamson, Toledo; N. E. Leake, Van Wert.

To Fort Sam Houston, Texas: Major F. E. Bunts, Cleveland.

To Fort Sheridan, Illinois: Capt. Joseph S. Rardin, Portsmouth.

To Fort Worth, Texas: Lieut. V. R. Small, Columbus.

To Hattiesburg, Mississippi, Camp Shelby: Lieut. C. Mulky, Warrensville.

To Jefferson Barracks, Missouri: Capt. Harry T. Miller, Springfield.

To Neurological Institute, New York: Lieut. John C. George, Dayton.

To Princeton, New Jersey: Lieut. M. H. Urner, Cleveland.

To St. Elizabeth Hospital, Washington, D. C.: Capt. W. A. Searl, Cuyahoga Falls; Lieut. James A. Belyea, Toledo.

To Walter Reed Hospital, Washington, D. C.: Lieut. W. H. Horr, Cleveland.

To Washington, D. C. for duty: Capts. E. F. McCampbell, Columbus; R. R. Morrall, Youngstown.

To Washington University, St. Louis, Mo.: Capt. F. J. Bierkamp, Youngstown.

To Youngstown, Ohio, Base Hospital No. 31: Majors C. R. Clark, J. A. Sherbondy, B. W. Wilson; Capts. A. E. Brant, S. M. McCurdy, J. L. Washburn, C. C. Wolferth, Youngstown; Lieuts. R. W. Fenton, Struthers; C. C. Barrett, J. U. Buchanan, W. H. Bunn, C. H. Moses, D. A. Nesbit, C. M. Reed, Jr.; E. R. Thomas, Jefferson.

To Home: Lieut. G. P. Whitman, Toledo.

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\* DEATHS IN OHIO \*  
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George H. Albright, M. D., registered, 1896, aged 65; member of the Ohio State Medical Association, died at the Salem City Hospital September 21, where he had been ill as the result of an operation for internal trouble. Dr. Albright practiced medicine in East Fairfield, Lisbon, and for the past 12 years in Columbiana. He leaves a wife, two daughters and seven sons.

H. C. H. Holecomb, M. D., Philadelphia University of Medicine and Surgery, 1868; aged 75; died at his home in Ashtabula, September 23, after an illness of three years. Owing to poor health Dr. Holecomb retired from active practice four years ago. His wife and five children survive.

William Anson Forrester, M. D., Bellevue Hospital Medical College, New York, 1888; aged 52; died August 21 at Baldwinsville, N. Y., from injuries sustained when he was struck by a motorcycle. Dr. Forrester was a resident of Cleveland.

John C. Otis, M. D., Medical College of Ohio, Cincinnati, 1891; aged 60; died August 24 after an illness of four months. Dr. Otis was a member of the Cincinnati branch of the American Pharmaceutical Association for 35 years, and president of the Cincinnati College of Pharmacy for 20 years.

John A. Staral, M. D., Western Reserve University, Cleveland, 1904; aged 36; member of the Ohio State Medical Association; a Fellow of the American Medical Association; died at Lakeside Hospital, Cleveland, September 17. Dr. Staral was assistant in the tuberculosis dispensary of his alma mater.

Allen DeVilbis, M. D., Miami Medical College, 1868; aged 76; member of the Ohio State Medical Association and a Fellow of the American Medical Association; died at his home in Toledo, October 1, of apoplexy. While practicing medicine he invented an atomizer that is now in general use throughout the world. Dr. DeVilbiss was a veteran of the Civil War. His widow, two daughters and one son survive.

Lorain W. Jordan, M. D., Hahnemann Medical College and Hospital of Chicago, 1883; aged 64; died at his home in Wabash, Ind., October 2. Before going to Wabash Dr. Jordan practiced in Bucyrus for seven years. His widow, Dr. Minnetta C. Flynn Jordan, and five children survive.

Obdiah L. Huffman, M. D., Jefferson Medical

College of Philadelphia, 1894; aged 56; died of apoplexy at the home of a patient, October 8. Dr. Huffman had practiced medicine in Galion for 23 years, having come to that city immediately after his graduation from college. He leaves a daughter and two sons. Dr. Foster Huffman of Cleveland is a son.

*William S. Thompson, M. D.*, Starling Medical College, Columbus, 1896; aged 47; died of pneumonia at St. Elizabeth's Hospital Youngstown, October 10. Dr. Thompson's home is in Girard, where he had practiced for 15 years. He is survived by his wife and one son.

*Michael O'Farrell, M. D.*, Bellevue Hospital Medical College, New York, 1876; aged 66; died at his home in Shawnee, September 14. Dr. O'Farrell had practiced in Shawnee for 41 years. He leaves a widow and one son.

*Downing H. Young, M. D.*, University of Wooster Medical Department, Cleveland, 1871; aged 76; died at his home in Wakeman, September 10, after a short illness caused by complication of diseases. Dr. Young was a Civil War veteran and a former member of the Huron County pension board. He is survived by his wife, one son and one daughter.

*G. H. Clemens Richard, M. D.*, Eclectic Medical College, Cincinnati, 1856; aged 88; died at his home in Cincinnati, October 13, after an illness of several months. Dr. Richard came to this country from Laer, Hanover, Germany, in 1855, and engaged in the active practice of medicine until 1901. He is survived by five daughters and one son.

*Wade M. Logan, M. D.*, Miami Medical College, Cincinnati, 1869; aged 69; died at his home in Cincinnati, October 11. A widow and two sons survive.

*Alexander C. McNutt, M. D.*, Starling Medical College, Columbus, 1856; aged 89 years, 11 months, 20 days; retired physician and surgeon of Crawford County; died at his home in Bucyrus, October 16, of kidney trouble. Dr. McNutt served as a surgeon with the 11th Ohio Volunteer Infantry during the Civil War. He is survived by one son and one daughter.

*Edwin Gillard, M. D.*, Cleveland University of Medicine and Surgery, 1872; aged 72; died at his home in Sandusky, October 14, following a long illness. Born in Venice, Dr. Gillard had lived in this country practically all his life and for 54 years practiced medicine in Erie County. He was a veteran of the Civil War. His widow, two sons, one sister and one brother survive. Dr. E. E. Gillard of Sandusky is a son, and Dr. David Gillard of Port Clinton a brother.

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## NEWS NOTES OF OHIO

*Ironton*—Dr. William E. Pricer and family have gone to St. Petersburg, Florida.

*Elyria*—Dr. and Mrs. J. C. Kramer announce the birth of a son, who arrived October 13.

*Bucyrus*—Dr. W. L. Yeomans spent 10 days during October in work at the Mayo Clinic.

*Chardon*—Dr. G. C. Bowe, for six years a practitioner in this city, has moved to Cleveland.

*Lorain*—Dr. and Mrs. Birt Garver left October 14 for New York, where the doctor will take special work in bone surgery.

*Lima*—Dr. DeWitt T. McGriff has been appointed coroner of Allen County, succeeding Dr. Virgil H. Hay, resigned to enter military service.

*Wooster*—Dr. J. W. Lehr suffered severe injuries in a collision between an automobile and the buggy in which he was riding September 30.

*Marysville*—Mr. E. E. Gabriel, undertaker, has been appointed to succeed Dr. F. C. Calloway as Union County coroner. Dr. Calloway resigned to enter military service.

*Cleveland*—The 29th semi-annual meeting of the Association of Assistant Physicians of Ohio State Hospitals was held at the Cleveland State Hospital, October 10 and 11.

*Columbus*—Dr. William D. Fullerton of Cleveland addressed the regular meeting of the General Practitioners' Medical Society on October 11. His subject was "Maternal and Foetal Blood During Pregnancy and the Puerperium."

*Springfield*—Dr. Rush R. Richison of Yellow Springs has been appointed to succeed Dr. Henry Baldwin as superintendent of the district tuberculosis hospital. Dr. Richison will take special courses in the east in preparation for this work and will become active superintendent of the institution on January 3.

*Mt. Vernon*—Dr. J. E. J. Harris, who has been an assistant physician at the State Sanatorium for the past two years resigned October 1. Dr. Harris will be associated with Dr. A. G. Shortle of the Albuquerque Sanatorium, Albuquerque, New Mexico. Dr. Charles Haralson of the staff of the Pennsylvania State Sanatorium has been appointed to fill the vacancy.

*Clyde*—Physicians of this city have published official notice advising patients that fees will be increased 50 per cent immediately, and that unless bills for service are promptly paid it will be necessary to make a still further increase. The community has been officially notified that the names of debtors who persistently refuse to pay their bills will be filed with the secretary of the Clyde Medical Society for the information of other physicians.

# Dr. Porter Conducts Four Splendid Meetings---Final One at Portsmouth on November 9

With attendance in each instance running from 80 to 130, four splendid group meetings were held during November under the auspices of the Committee on Medical Education of the State Association.

Dr. William D. Porter, Cincinnati, who presents this year's lecture on "Obstetrics," spoke in the Methodist Church at Ashland on Thursday, October 11. He was greeted by about 80 physicians from Ashland, Medina, Richland and Wayne Counties. Dr. W. M. McClellan, chairman of the local committee on arrangements, advises that those who attended were delighted and felt well repaid.

On Friday, October 12, Dr. Porter addressed a similar meeting at the Warden Hotel in Newark, his audience being drawn from Coshocton, Fairfield, Licking, Muskingum and Perry Counties. Dr. Harry E. Hunt, chairman of the local committee on arrangements, writes: "The meeting here was a 'hummer.' Ninety-six doctors were present and all were mighty well pleased."

At Youngstown on October 18, Dr. Porter addressed one of the largest meetings of the series—there being present 125 at the meeting arranged for Ashtabula, Columbiana, Mahoning, Portage and Trumbull Counties. Of these more than 100 attended the dinner served in connection in the auditorium of the First National and Dollar Bank Building, where the general meeting was held. Dr. H. E. Patrick, chairman of the local committee on arrangements, was responsible for the splendid success of this meeting.

On October 19, Dr. Porter conducted a similar meeting in Canton, to which invitations were issued to all physicians in Carrol, Stark, Summit and the northern half of Tuscarawas Counties. In spite of the disagreeable weather the attendance was a record-breaker, the total reaching 150, with 123 present at the dinner. Dr. Fred G. King, chairman of the local committee on arrangements, who was responsible for the success of this meeting writes: "The lecture was practical and to the point. Every one I talked to was more than pleased. Personally I think it will be of far-reaching value, and hope we may look forward to more of this work next year."

Dr. Porter has, in a series of 14 of these district meetings, practically covered the state. The attendance has averaged between 90 and 100 physicians. In other words, he has delivered this lecture to more than one-third of the members of the State Association and to a number larger than the registration at any annual meeting.

The last of these meetings will be held in Portsmouth on Friday, November 9, and is arranged for the benefit of physicians in Adams, Jackson, Lawrence, Pike and Scioto Counties.

The meeting will start at 3:30 p. m. and will

be held in the auditorium of Trinity M. E. Church. Dr. Porter will lecture until six, when a subscription dinner will be served in an adjoining room by the ladies of the church. All are invited to attend regardless of society affiliations. A special invitation is hereby extended to physicians from the Kentucky side.

Arrangements for the meeting are in charge of a special committee appointed by the Hempstead Academy of Medicine, consisting of Drs. W. A. Ray, D. A. Berndt, and W. W. Smith. If you are planning to attend the meeting and to enjoy the dinner, please notify one of these committee members.

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\* PUBLIC HEALTH NOTES \*  
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—Dr. J. H. Landis reports that Cincinnati's initial experiment in the use of horse meat has been a pronounced success. The only objection offered by the consumer has been the failure to meet the demand. Two horses were slaughtered the first week, four the second and 18 the third. In all about 14,000 pounds have been consumed.

Like many other cities in the United States, Cincinnati has a large number of people who learned to eat horse meat before becoming citizens of this country. They have none of the sentimental prejudices, common to the great majority of Americans, against this valuable food.

In its ability to supply heat and energy, and repair waste, horse meat is on a par with other animals used for food purposes.

During these times of high prices it is little less than a Godsend to those who are unable to pay the price of beef, mutton or pork, and who through custom are just as well satisfied with horse meat at from five to 10 cents a pound as they would be with beef, lamb or pork at a much higher price.

Horses are practically immune to tuberculosis and are not invaded by the animal parasites that make the consumption of underdone pork and beef dangerous.

The public is safe-guarded by thorough inspection before and after slaughter and by refusing to permit retailers to sell anything but horse meat in their places of business.

—Dr. C. C. Dreyer, formerly chief of the Bureau of Medical Relief in the Toledo Department of Health, has been appointed health commissioner to succeed Dr. C. D. Selby, resigned. Dr. L. S. Talaska succeeds Dr. Dreyer as city physician.

—The Hamilton Board of Health has ordered

piano dealers of that city to stop the promiscuous exchange of music rolls. Evidence is at hand that these music rolls have been exchanged from homes quarantined for contagious diseases.

—Miss Elizabeth Bell resigned as public health nurse in Wapakoneta. The Wapakoneta Public Welfare League was organized December 12, 1915, employed its first nurse April 8, 1916, and employed Miss Bell March 1, 1917. The resignation of Miss Bell was caused by a decision of the association to discontinue the nursing service because of lack of funds.

—A district conference of public health nurses was held in Ashland by Miss Helena R. Stewart, Supervising Nurse, State Department of Health. Six nurses were present from as many cities.

—Miss Jennie L. Tuttle, superintendent of the Columbus District Nursing Association was appointed as a member of the City Board of Health by Mayor Karb. She will fill the unexpired term of Dr. O. H. Sellenings, who resigned to accept war service in France. This is the first time in the history of the city board of health that a woman has been appointed a member.

—Trustees of the Chillicothe District Tuberculosis Hospital (supported by Fayette, Highland, Jackson, Pike, Ross and Scioto Counties), have appointed Miss M. L. Dye of Piqua, as superintendent of the hospital, and Dr. G. E. Robbins of Chillicothe, as physician.

—Miss L. H. Ebbert, Superintendent of the Springfield Lake District Tuberculosis Hospital, (supported by Columbiana, Mahoning, Portage, Stark and Summit Counties), has established a school for the children who are patients at the institution. There are 12 children in the school which is in charge of a special teacher. In addition to the school for children, Miss Ebbert plans to begin a night school for foreigners who are patients in the institution.

—New dining rooms and kitchens costing \$35,000 have been opened at the Cincinnati Tuberculosis Sanatorium.

—A district tuberculosis hospital will probably be established and maintained by Erie, Huron, Lorain, Ottawa and Sandusky Counties. A meeting of the county commissioners of these counties was held in Sandusky on September 27. An organization committee was appointed, composed of L. A. Bell, Lorain, chairman; John M. Holzapfel, Erie, secretary; F. H. Dischinger, Ottawa; G. W. Stroupe, Sandusky, and John Parker, Huron.

—State Health Commissioner Freeman has urged Ohio physicians and health officers to be alert to detect any cases of pellegra that may develop in this state as a result of the migration of negro laborers from the south. In a negro colony near Cincinnati several cases were reported recently.

—Youngstown will hold a "Health and Happiness Week" during the week of October 28. Dr.

Charles E. Barker, appearing under the auspices of the Y. M. C. A., will deliver several lectures.

—Twenty-four of the 42 school teachers who took the physical examination for positions in the Cincinnati public schools were found to be under weight. Defective vision, impaired hearing and diseased tonsils were found.

—The city of Springfield spent \$1,721.96 in the operation of a baby camp during the summer. This amount includes the salary of the superintendent, nurses and others, and free milk tickets. The last item cost \$300.

—Sixteen cases of smallpox developed in one Cleveland tenement during 15 days of September.

—Youngstown City Council is considering plans for a \$25,000 detention hospital to be erected on a site recently purchased.

—Two Ohio cities seem to be in splendid health. In Wapakoneta there were but two cases of contagious diseases—one of mumps and one of chicken-pox—during September. In Bellefontaine the six cases reported to the health department included two of typhoid, two of whooping cough, one of infantile paralysis and one of diphtheria.

—Twenty-five cases of typhoid were reported from Harrod in September. Ice cream cones, eaten at a family reunion, are given as the cause.

—Dr. Haven Emerson of the New York Board of Health has asked Ohio health officers to warn physicians against three fraudulent brands of Salvarsan and Neosalvarsan, which have been placed on the market since the German supply has been stopped.

—Seven groups, composed of a physician and two nurses, made a health survey of the 20,000 Akron public school children in three days. This examination, which was made to prevent the spread of contagious disease, will be followed by a thorough examination to determine physical defects.

—The State Board of Charities has added to its staff Dr. Gertrude Hastings Transeau, Columbus physician. Dr. Transeau will devote herself to the medical bureau relating to children in institutions for their care.

—Two doctors and three visiting nurses are in charge of the Akron Tuberculosis Dispensary, which was opened recently under the auspices of the city board of health. The clinic will take over the work formerly done by the George T. Perkins Visiting Nurse Association.

—Cleveland held its second annual "Disease Prevention Week" October 22-27, under the direction of the health department and the board of education. School physicians and nurses instructed the children on the "Drive on the Five D's—Dust, Dirt, Dampness, Darkness and Disease," and health talks and lectures were given each day before clubs and organizations and in workshops and factories.



## Meeting of Second District Society at Dayton Points Toward Better Things in Medical Programs

In the opinion of the writer the innovation undertaken this year by the officers of the Second Councilor District Medical Society was the most important development in medical organization work in this state in many years. Instead of holding the usual one-day meeting, with a series of papers on varied subjects, and a banquet in the evening, the officers of the Second District Society this year provided a program that extended from the morning of Monday, September 24, until Friday evening, September 28, and brought to the physicians of southwestern Ohio who reside within the jurisdiction of the society some of the best medical teachers in our country.

The program was, in effect, a post-graduate course covering eight general subjects, each of which was presented by a man distinguished in the special field, and each with sufficient time at his command to give something more than the hasty outline that may be offered in a single paper. The sessions were held in Welfare Hall in the heart of the city of Dayton, daily, from nine until four, the time each day being divided by two or three orators. For example, on the opening day, Dr. Martin Fischer of the University of Cincinnati lectured from nine until ten, from eleven until twelve and from two to three, on the general subject "Physiology and Pathology of Kidney Lesions." The remaining hours were occupied by Dr. Charles E. Emerson, dean of the Medical College of Indiana University, who presented a thorough discussion of the general topic "Pathological Conditions of the Heart and Lungs." Each speaker having three hours in which to cover his subject, the physicians present received a fairly thorough and entirely practical view of the latest developments in these fields.

On the second day, Dr. Emerson devoted an hour to diagnostic methods available to the general practitioner in common and usual nervous conditions. Dr. Isaac Abt of North Western University devoted an hour in each the morning and afternoon to the subject "Pneumonia in Children." Dr. A. S. Warthin of the Univer-

sity of Michigan devoted two hours to a discussion of "Simple Office Laboratory Methods."

On the third day, Dr. Abt devoted two hours to "Gastro Intestinal Diseases in Children," Dr. Warthin devoted two hours to "Infection, Antiseptics, and Methods of Tissue Repair," Dr. Rudolph Holmes of Rush Medical College devoted an hour to a general discussion of modern obstetrics problems, and Dr. C. A. Hamann of Cleveland, dean of the Medical College of Western Reserve University, devoted an hour to the consideration of "Differential Diagnosis of Abdominal Lesions."

On the fourth day, Dr. Holmes and Dr. Hamann divided the six hours, the former discussing various obstetrical problems and the latter devoting most of his time to a consideration of fractures and dislocations.

On the closing day, Dr. E. C. Rosenow of Rochester, Minnesota, was on the program for six hours on the subject of "Focal Infections in Relation to Systematic Diseases." He was detained in the West, however, and was represented by his associate, Dr. Moon. Dr. Martin Fischer of Cincinnati aided in making the final day a success.

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You can readily understand that the character of the subjects under discussion and the caliber of the men who lectured made this a most interesting and practical meeting. Practical, by reason of the fact that it was managed with admirable precision. Each lecturer was held to his allotted time and each hour was followed by a brief general discussion.

When Dr. L. G. Bowers of Dayton, the president of the society, first proposed this plan as a substitute for the usual annual meeting it was generally believed that it would not prove successful. It was feared that the busy general practitioners of the district could not find the time to devote six hours a day for the greater part of a week to this work. However, Dr. Bowers and a general arrangements committee—consisting of Drs. E. M. Huston of Dayton, W. B. Patton of Springfield, and M. M. Brubaker of Covington, the secretary of the society, Dr. E. L. Braunlin of Dayton, the treasurer, W. C. Taylor of Springfield, and the councilor, Dr. J. E. Hunter of Greenville—started several months ago to insure attendance by financing the project in advance. Each subscribing member was assessed \$10.00 for the privilege of attending all or any part of the course. By this means, through a guarantee by 178 physicians, more than enough money was raised to pay all expenses, give a thoroughly delightful banquet and leave a substantial fund in the treasury. The

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### First District--December 5

Dr. Robert Carothers, councilor for the First District, advises us that the annual meeting of the First Councilor District Medical Society will be held in Cincinnati on Wednesday, December 5, at Cincinnati General Hospital. When this issue of *The Journal* was closed, the program for the meeting had not been completely arranged. Dr. Kelley Hale of Wilmington is president of the society, and Dr. John Miller of Cincinnati is secretary.

writer attended several of the sessions and heard expressions of the warmest praise from every side. Several of the guarantors who had planned to attend but one or two of the lectures, hastily arranged their work to include all, and the average daily attendance was well above 100.

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The plan was of so great practical value that undoubtedly it will be continued in this district next year, and *The Journal* respectfully commends it to the attention of district societies in other sections of the state. The demand for graduate study is growing constantly and this plan offers at least a measure of satisfaction and practical service to the doctor who cannot afford the time or money to visit the medical centers. The Dayton committee has discovered several points by which their plan may be improved. For example, they believe that next year it will be possible to finance a similar course with an assessment of \$5.00 per capita. When this amount is compared with the cost of a post-graduate course in the East it certainly is very small. Likewise, it is possible that the Dayton committee next year will adopt different hours for the lecture, so as to make use of the evenings instead of the mornings.

Those who followed this plan feel that Dr. Bowers has rendered the medical profession in this state a splendid service by proving, through demonstration, that meetings of this sort are practical and possible. Many contributed to the success of this meeting and no small amount of praise should go to the members of the local committee on arrangements—Drs. H. C. Haning, E. M. Huston, Horace Bonner and E. L. Braunlin. These men devoted most of their time for a week and much preliminary work to the practical details of the undertaking.

The social side of a venture of this kind is important. Doctors from all sections of the district were brought together daily, and at lunch and dinner hours strengthened friendship and extended acquaintanceship. On Thursday evening the society gave a complimentary banquet at the Hotel Miami to the visiting lecturers, guests and the guarantors. Dr. Bowers presided as toastmaster. There were several short addresses by Dr. Holmes of Chicago, Dr. H. T. Sutton of Zanesville, Dr. N. A. Hamilton of Franklin, Dr. Moss of Huntington, Indiana, Dr. W. B. Patton of Springfield and Mr. Sheridan of Columbus, executive secretary of the State Association. Earlier in the week the officers and members of the local committees and the visiting lecturers were entertained at dinner at Orchard Springs Sanitarium, located just north of Dayton, by Dr. A. F. Shepherd and Dr. and Mrs. R. W. Adkins, the superintendent and matron.

In order to insure the continued development of this plan of meeting the society selected officers for 1918 who are thoroughly in sympathy

with the work. Dr. E. M. Huston of Dayton was elected president; Dr. Braunlin was re-elected secretary and Dr. H. C. Haning of Dayton was elected treasurer. The executive committee for 1918 will be composed of Dr. A. C. Messenger of Xenia, Dr. O. O. LeMaster of Sidney and Dr. H. B. Martin of Springfield.

Officers of district medical societies who might consider a similar undertaking next year may secure detailed information relative to the Dayton plan from Dr. Bowers or by applying to Executive Secretary Sheridan at the Columbus office.

### Northwestern, at Lima

The seventy-third annual meeting of the Northwestern Ohio District Medical Association was held in Lima, October 17-18, under the presidency of Dr. J. R. Tillotson, of Delphos. There was a registration of 176, which was one of the largest in the history of the association, and the splendid entertainment afforded by the Allen County Medical Society and the excellence of the program made it one of the best meetings ever held by the North-Western—which is saying very much.

The program which was published in our October issue, page 667, was followed without deviation. The visiting essayists were: Dr. E. O. Smith of Cincinnati, president of the State Association, who presented a very practical paper accompanied by lantern slides designed to answer the question "When Does a Kidney Need Surgical Treatment;" Dr. Charles Louis Mix of Chicago, who delivered a scholarly address following a dinner at the Elks' Club on the general topic "Principles and Diagnosis of the Commoner Cardiac Lesions;" and Dr. Hugh T. Patrick of Chicago, whose paper on "Differential Diagnosis of Functional from Organic Diseases of the Nervous System" was the feature of the closing session on Thursday. Dr. B. L. Good of Van Wert was elected president of the association for the coming year, succeeding Dr. Tillotson; Dr. Basinger of Lima was elected first vice-president, succeeding Dr. M. V. Replogle of Bryan; Dr. F. L. Bates of Lima was elected second vice-president, succeeding Dr. H. L. Wenner of Tiffin; Dr. A. S. McKitrick of Kenton, the secretary, and Dr. J. B. Ury of Defiance, the treasurer and assistant secretary, were continued in office. It was voted to hold the 1918 meeting in Van Wert.

The Northwestern includes the Third and Fourth districts of the State Association. Dr. W. B. Van Note of Lima is councilor for the Third, and Dr. E. A. Murbach of Archbold for the Fourth.

### Sixth—November 13

When the pages of this issue were closed, the program for the fall meeting of the Sixth Councilor District Medical Society was not ready.

Dr. J. H. Seiler of Akron, the secretary, advises us that the meeting will be held in Cleveland on Tuesday, November 13, in the Cleveland Medical Library auditorium. A program consisting of clinical work in the morning and addresses in the afternoon, will be presented.

#### Seventh District Meeting

The annual meeting of the Seventh District Medical Society which was held in Uhrichsville September 13 was fully up to the high standard always maintained by that organization. Meeting under the presidency of Dr. J. E. Groves of Uhrichsville, the society heard four splendid papers comprising a practical and extremely interesting symposium on the cancer subject. Dr. E. O. Smith of Cincinnati, president of the State Association, discussed "Cancer of the Genito-Urinary Tract;" Dr. J. F. Baldwin of Columbus, president-elect, presented the subject of "Cancer of the Uterus and Breast;" Dr. Hugh Baldwin of Columbus discussed "Cancer of the Prostate and Kidney," and Dr. James M. Rector of Columbus presented a paper on "Cancer of the Gastro-Intestinal Tract."

Dr. J. W. Collins of Toronto was elected president for the ensuing year and Dr. J. R. Moss-grove of Steubenville was elected secretary. The 1918 meeting will be held in Steubenville. Between 50 and 60 attended the Uhrichsville meeting.

#### Eighth District Meeting

The Eighth Councilor District Society held a very interesting annual meeting at Zanesville on September 20 under the presidency of Dr. Frederick S. Baron of Zanesville. The morning session was devoted to clinics at Bethesda and Good Samaritan Hospitals, while the afternoon was profitably occupied by reading and discussions of three splendid papers. Dr. J. G. McDougal of New Lexington was elected president for the ensuing year, and Dr. Robert Miller, Hemlock, was elected secretary-treasurer. The 1918 meeting will be held in New Lexington.

Especially interesting were the clinics conducted during the morning at Good Samaritan Hospital. Dr. H. T. Sutton of Zanesville presented the following: 1. Abdominal hysterectomy and appendectomy; 2. Thyroidectomy; 3. Cholecystotomy and vaginal hysterectomy; 4. Correction of Procidentia. At Bethesda Hospital, Dr. W. A. Melick presented the following cases: 1. Varicose veins of leg and varicose ulcer; 2. Appendectomy; 3. Large ventral hernia; 4. Necrosis of os calcis.

The visitors were royally entertained at lunch at the new Bethesda Hospital, and following a business meeting the afternoon program was taken up. Dr. E. O. Smith of Cincinnati, president of the State Association, presented a very

practical paper dealing with "The Significance of Blood in the Urine." Dr. J. F. Baldwin of Columbus, president-elect, presented a splendid paper on "The Doctor Who Thinks." Dr. W. W. Pennell of Mt. Vernon closed the program with an excellent paper on "The Eye in Disease."

Dr. A. B. Headley of Cambridge, councilor of the district, reports that interest this fall has been very good and that medical organization in south-eastern Ohio is determined to advance in spite of the war.

#### Ninth District Meeting

The Ninth District Medical Association, which is comprised of the physicians of Scioto, Lawrence, Gallia, Meigs, Hocking, Vinton, Jackson and Pike counties, held its annual meeting at the Hempstead Academy of Medicine, in Portsmouth, October 4, with 35 physicians in attendance. The meeting was called to order at 1:00 p. m. by President J. W. Fitch of Portsmouth, Dr. W. A. Ray of Portsmouth acting as secretary.

The first on the program to be called was Dr. C. A. L. Reed, who, owing to his recent illness, was unable to be present and his absence was keenly felt. Dr. J. H. Ray of Coalton, who had a most interesting case report to present on the treatment of rabies with quinine, was also unable to be present, and since Dr. Charles Hamilton of Columbus was also unable to be present, being called to St. Louis on professional duties, our eminent president of the Ohio State Medical Association, Dr. E. O. Smith of Cincinnati, was requisitioned to fill Dr. Hamilton's place—which he did with credit to himself and the society. Some of the salient points brought out by Dr. Smith, were that prostatic hypertrophy was not really a hyperplasia or an enlargement of the normal tissues of the prostate gland, but invariably a pathological structural change due to new growths as fibroma, adenoma and the different malignancies, etc. He also alluded to other important points which especially concern the general practitioner, as a clear conception of the symptomatology, differential diagnosis, the condition and preparation of the patient for surgical intervention. Dr. Smith's paper was interestingly and extensively discussed by Drs. McKerrihan, Robe, W. A. Ray and Mack.

Dr. B. Merrill Ricketts of Cincinnati gave a most excellent and instructive lecture on local and general anesthesia, accompanied by lantern slide demonstrations, which described use and application both in minor and major surgery, throughout the entire evolution of the human race. He regards ether as being the best for general anesthesia and cocaine for local use. If we should proffer a guess, that in case Doctor Ricketts met with a sad experience in the use of cocaine as a local anesthetic, would he not adopt novocaine? This recalls to the memory of

the secretary a question which was once asked that most brilliant surgeon, Dr. P. S. Conner, by a student at the close of one of his lectures on surgery as to why he used ether as an anesthetic. Dr. Conner quickly replied—with that stern and impressive expression which he possessed—that he formerly used chloroform exclusively until he killed a patient with it, whereupon he began to use ether; and he furthermore said if he should have a death from ether he would return to chloroform. Possibly Dr. Ricketts might be governed accordingly.

Dr. C. D. Hoy of Columbus, presented a valuable paper on osteomyelitis, which was listened to attentively. He presented the merits of his subject in a most comprehensive and credible manner and made quite plain the points of differential diagnosis, and insisted upon an early recognition and surgical intervention of this dreadful malady.

The association was very much disappointed to receive a telegram from Dr. M. H. Cherrington of Logan, stating his inability to be present.

The afternoon program was concluded by a thorough and scientific essay on "Epilepsy" by one of Portsmouth's pioneer physicians, Dr. S. B. McKerrihan. The doctor's paper enticed a lively discussion by Dr. Ricketts.

A nominating committee consisting of Drs. Lynd, McClung, Mack and Roush selected Dr. W. W. Lynd of Ironton for president and Dr. E. E. Elsworth of Ironton for secretary. Ironton was chosen for the place of meeting for 1918.

At 8:00 o'clock an elaborate spread was served at the banquet hall of the Washington Hotel under the auspices of Drs. Tatje, Test and Berndt, who are masters of that particular art. Dr. P. J. Klien, Portsmouth's venerable pioneer physician, acted as toastmaster and many interesting and enjoyable talks were given and special tribute was paid to our professional brothers who have enlisted in the army. The banquet concluded a most interesting and instructive meeting.

—Dr. W. A. Ray, Secretary.

### Tenth District Meeting

The Tenth District Medical Association held its annual meeting in Mt. Vernon on October 2, with a registration of 50 members. Through the courtesy of the superintendent, Dr. Stephen A. Douglass, the sessions were held at the Ohio State Sanatorium.

After a business meeting and a brief address by the president, Dr. Francis W. Blake of Gambier, the members made an inspection of the plant and the workings of the institution. The beauty of the buildings and their environment were a revelation to those who saw them for the first time, and a renewed pleasure to those who knew them well. The atmosphere of the institution, as revealed by the bearing of attendants and patients, was cheerful and inspiring. Later,

a generous luncheon was served, after which all gathered on a delightful sunny terrace, in the open, and listened to able and instructive papers by Dr. Stephen A. Douglass on "Tuberculosis and Pregnancy" and by Dr. Charles O. Probst on "Sanatorium or Home Treatment of Tuberculosis." Adjourning to the administration building, an exhaustive presentation of "Surgical Tuberculosis" was presented by Dr. James F. Baldwin. All the papers were freely discussed and the scientific features of the meeting were of the highest order and of great interest.

A vote of thanks was extended to the administrative force of the sanatorium and to the local society for their provisions for the meeting. The nomination committee, through its chairman, Dr. Dudley V. Courtright, reported that the next meeting would be held in Marysville, and presented the names of Dr. Charles D. Mills of Marysville, for president, and Dr. G. W. Keil of Columbus, for secretary. They were unanimously elected.

While unsettled conditions and poor transportation facilities militated against the largest attendance, in its quality of interest and of enjoyment this meeting was a great success.

The local committee on arrangements consisted of Drs. James F. Lee, F. F. Dowds and F. L. Singrey.

### PUBLIC HEALTH NOTES

—Forty-four Cleveland women applied for positions on the sanitary police force September 17. A large proportion of the applicants met the physical and mental requirements.

—Cleveland hospital and welfare experts, meeting with Welfare Director Beman, October 7, decided that one-half of the proceeds of the \$1,000,000 bond issue to be voted on November 6 should be used for the erection and equipment of additions to Warrensville Tuberculosis Sanatorium, and the other half for the same purpose at the City Hospital. Health Commissioner Bishop had asked the experts to consider the use of the entire sum for a convalescent hospital at Warrensville.

—A campaign by the Cleveland Health Department against tainted cold storage eggs and poultry has resulted in the destruction of large quantities of both products.

—Ashland public health nurse reports that she made a total of 1,818 calls during the year ending September, 1917. The calls include 1,184 calls to patients, 179 calls to schools and 455 miscellaneous calls. Fees amounting to \$208.85 were received from patients.

—The annual meeting of the Southeastern Ohio Public Health Association, composed of public health nurses, was held in Greenfield on October 18. Miss Stewart of Columbus, state supervisor of nurses, addressed the association.

MEETINGS OF COLUMBUS  
ACADEMY OF MEDICINE

(Report by Ivor G. Clark, M.D., the Secretary)

The regular meeting of the Academy on October 8 was devoted to the memory of Dr. George H. Matson, late secretary of the State Medical Board, whose death was such a loss to the profession of the city and this state. The speakers were Drs. J. H. J. Upham, president of the board; Dr. E. J. Wilson, Dr. A. J. Timberman and Mr. Lowry F. Sater, an attorney, who was closely associated with Dr. Matson in the activities of Ohio State University.

All paid tribute to the splendid character and remarkable ability of the man who gave his life for the advancement of the profession.

Regular meeting of the Columbus Academy of Medicine was held Monday night, October 1, 1917, at Columbus Public Library. Prof. Jas. R. Withrow of Ohio Sate University gave an interesting talk on "Industrial Chemistry in Relation to the War." A large part of the discussion dealt with the various types of poisoned gas and the means used in combating it.

Dr. A. B. Nelles read the paper by Dr. Starling Wilcox, giving the statistics derived from the recent Draft Board examinations in Franklin County.

The program consisted of a description of a case of Acne Rosacea by Dr. Chas. Shepard in connection with a discussion of its etiology and treatment of this disease.

Dr. Frank Warner offered a paper on "Carcinoma of the Umbilicus" and reviewed the literature describing the pathology. He cited two cases of his own. Carcinoma of the umbilicus is quite rare and is very seldom primary, but may spring from the residual adenomatous tissue of the umbilicus stock. Discussion by Dr. E. A. Hamilton.

The last regular meeting of the Columbus Academy of Medicine before the summer vacation, was held June 11, at the Columbus State Hospital for the Insane.

Dr. G. A. Rowland read the first paper concerning some aspects of brain syphilis. He reported that one out of seven cases admitted to the State Hospital give a positive Wasserman, and it is his impression that brain syphilis is on the increase. He strongly urged that means be taken by the profession to see that more systematic treatment is administered for his condition in its early stages.

Dr. G. H. Williams' paper which followed dealt with some points in the treatment of syphilitic brain diseases. He reported seventy-five cases in

which he had administered salicylate of mercury by deep injections. Although Dr. Williams did not wish to attribute an undue value to this treatment, he cited three cases in which the evidence would influence one to persist in intensive treatment of these conditions in late syphilis.

Dr. W. H. Pritchard devoted his time to the sociological aspect of syphilis and indicted the profession for not living up to their tradition in dealing with syphilis. He urged a thorough-going publicity with the object of teaching people the menace of this infection. The association of syphilis and alcohol was pointed out. The very frequent association of syphilis and alcoholic poisoning was emphasized.

In the discussion, Dr. G. T. Harding cited Dr. L. B. Sachs of New York, as opposed to the intraspinal treatment and made the claim that this type of treatment is not adapted to private practice. Sachs sometimes uses as many as seventy neo-salvarsam injections, claiming good results. Discussion continued by Dr. E. J. Wilson and Dr. A. G. Helmick, Dr. Gordon and Dr. F. C. Waggenhals.

NEWS OF THE CLEVELAND  
ACADEMY OF MEDICINE

(Report by J. E. Tuckerman, M. D., the Secretary.)

The one-hundred and fortieth regular meeting of the Academy of Medicine was held Friday, September 28, at the Cleveland Medical Library, the president, Dr. R. K. Updegraff, in the chair. Attendance, 170.

Lieut. Col. E. B. Hardy of Toronto, who has been at the front two years, in a very interesting talk, gave a running discourse upon the conduct of medical affairs and the distribution of base, field and line hospitals as organized and conducted under war conditions.

At the close of his talk questions were asked by W. H. Humiston, M. J. Lichty, and R. K. Updegraff, which brought out the fact that the percentage of severely wounded was not as high as one would expect, that general sickness other than from wounds was practically negligible, and that during action a great many dressings were handled by the surgeons in a surprisingly short time. At one time Dr. Hardy and two other surgeons, standing each between two operating tables with assistants, dressed 860 men between the hours of 8 and 8.

C. A. Hamann made a report for the Committee on National Defense of Ohio.

Dr. Humiston spoke briefly upon the difficulties arising in the District Exemption Board and asked the co-operation of all the members of the Academy, particularly of those to whom the Board might find it necessary to refer individuals for special examination.

B. E. Sager presented a patient having diabetic gangrene of the toe which he had treated by alkaline medication and therapeutic light with very good results and without keeping the patient from his work. He also presented a patient in whom an extensive burn sear of the hand had been aided in healing by the use of therapeutic light and in which the sear was minimum.

H. E. Mitchell presented a patient who has had a nervous affection for some eight or nine years which has prevented him from doing his work. Owing to the fact that the patient is without financial resources, Dr. Mitchell hoped that some of the men interested in these cases would communicate with him that he might arrange for the patient to be examined with a view to making a diagnosis and outlining treatment.

The one-hundred and forty-first regular meeting was held October 19. Program:

"The Medical Aspect of the War," Major C. F. Hoover of the Lakeside Hospital unit. Detailed report next month.

The one-hundred and twenty-sixth regular meeting of the Clinical and Pathological Section was held Friday, October 5, at the Cleveland Medical Library. Program: "Maternal and Foetal Blood during Pregnancy and the Puerperium," W. D. Fullerton.

At a meeting of the Council of the Academy of Medicine held Tuesday, October 9, at the University Club, the following members were present: The president, R. K. Updegraff, in the chair—Drs. Bernstein, Birge, Bruner, Follansbee, Klaus, Sawyer, Selzer, Tuckerman, Weir, Eddy and Lichty.

Dr. Updegraff stated that in accordance with action at the general meeting of the professions of Cuyahoga County, called September 21, by the committee to conserve the practice of physicians in military service, the trustees elected at that meeting had proceeded with the incorporation, and that this matter and a constitution for the organization were being handled by the firm of Squires, Saunders & Dempsey. Dr. Updegraff wished the Council members to know that, while the special committee of the Academy had finished its work in initiating this organization, the trustees elected at the general meeting of the whole profession of Cuyahoga County were proceeding as rapidly as possible with the organization and incorporation of the Medical Relief Association.

On motion the following were elected to active membership in the Academy: E. V. Bishop, Anthony F. Ciegotura, K. O. Cieslak, M. R. Kellum, Theron S. Jackson. On motion the following was elected to non-resident membership: D. W. Stevenson, Akron, O.

On motion the name of the following applicants for active membership were ordered published: W. E. Allyn, Viola J. Erlanger, Chas. H. Hay, Wm. L. Bolt, Herman D. Pocock.

A communication from the Welfare Federation of Cleveland asking that the Academy notify

them of its representatives to that body, was read. On motion Wm. E. Bruner was reappointed, and W. H. Weir was chosen to take the place of H. L. Sanford who is absent from the city because of service in France.

A communication was read from Franklin H. Hooper stating that there is discrimination against practitioners in general by the city authorities in the giving of treatments for rabies. On motion a committee was appointed by the chair to investigate the status of the matter and to report to the Council with recommendations. The chair appointed R. H. Birge, E. Klaus and C. W. Eddy.

On motion by J. P. Sawyer, seconded by R. H. Birge, the Council directed, that if the trustees of the Medical Library Association agree, a service flag showing a star for every medical man in the county in military service, be displayed from the Medical Library Building.

Councilor M. J. Lichty called attention to several matters, and requested the Council to consider the desirability of a district meeting to be held some time during the winter. After discussion the chair appointed M. J. Lichty, J. P. Sawyer, and G. E. Follansbee to report upon the feasibility of such a meeting, considering the additional burdens already being thrown upon the medical men of the city by draft and other war activities.

M. J. Lichty called attention to the fact that in spite of the presence of smallpox in the city and the vaccinating of school children, the large shops and mills were not being properly taken care of in this matter. On motion the secretary was directed to communicate with the Health Department upon this question.

On motion the Secretary was directed to send to Dr. Geo. H. Matson's family an expression of the Academy's appreciation of his work and the loss in him of an untiring worker for the good of the profession and the public at large.

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### Mississippi Valley

The annual meeting of the Mississippi Valley Medical Association which was held in Toledo early in October was well attended. Members of the Toledo profession who entertained the visitors made many friends through their hospitality. One of the most interesting features of an interesting program was the war symposium, which included motion pictures taken on the battlefields, and an address by Col. T. H. Goodwin of the British Army.

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*Toledo*—Dr. E. I. McKesson was honored October 12 by election to the presidency of the Interstate Association of Anesthetists, which held its annual meeting here in connection with a similar meeting of the Mississippi Valley Medical Association. Dr. F. H. McMechan of Avon Lake, Ohio, was re-elected secretary-treasurer.

HOSPITAL NEWS NOTES

—We understand that the number of Ohio hospitals which serve their local communities as city hospitals (in addition to their private work), have been able during the recent month to secure material readjustment of their rates—owing to the tremendous increase in the cost of hospital supplies and food. For example, in Youngstown the patient rate per day on city cases has been advanced to \$2.25. There is considerable room for improvement in many of our cities. For example, the city of Dayton pays but 95c per day, while a recent survey shows that the actual cost of this service is more than a dollar in excess of this amount. Hospitals which meet their community needs should force the issue at this time. It is not fair to the general public to create a deficit in caring for public charges that must of necessity be met in some other way. It is poor economy and poor business.

—Dr. A. S. McKitrick of Kenton, has purchased a modern residence property in North Detroit Street and converted it into a modern private hospital, with complete X-Ray equipment, diagnostic laboratory, etc. Dr. McKitrick has been surgeon at Antonio Hospital for 18 years.

—Twenty-five members of the Marion County Medical Society have formed a medical staff to care for indigent cases requiring hospital attention. As made up now the staff includes: *Surgeons*—A. Rhu, consultant; H. L. Uhler, H. K. Mouser, F. V. Murphy and H. S. Rhu. *Internal medicine*—J. A. McMurray, F. Young, C. G. Smith, C. S. Burnside and C. T. Wiant. *Eye, Ear, Nose and Throat*—E. O. Richardson, J. S. Lungler and D. W. Brickley. *Anaesthetics*—Robert Ramroth, L. D. Brady, M. B. Newhouse and W. J. Weiser. *Diseases of Children*—D. O. Weeks, F. E. Mahla, H. J. Lower and J. M. Hoskins. *Proctology*—R. C. M. Lewis. *Obstetrics*—R. T. Morgan, S. W. Mattox, A.W. Titsworth, Maude S. Bull and R. S. Dombaugh. *Nervous Diseases*—Carl W. Sawyer. *Pathology*—A. M. Crane. *X-Ray*—J. W. McMurray. *Consulting Physicians*—A. M. Crane, J. B. Taylor, L. D. Hamilton, A. Rhu, R. C. M. Lewis. *Dentists*—V. C. Kissell, C. B. Emery, E. H. Raffensperger and F. R. Mann.

—During the first year of its operation Steubenville Municipal Hospital cared for 399 patients.

—Springfield City Hospital will submit to voters of that city on November 6 a proposition to increase taxes one-half mill for a period of four years. This will mean \$200,000 for hospital extension work, at the rate of \$50,000 a year.

—Dr. F. F. Simpson of the medical section of the National Defense Council, has urged all hospitals, surgeons, nurses and dealers in surgical

instruments to assist in conserving the supply of surgical needles, of which there is a shortage at the present time, by avoiding undue efforts to hoard them, avoiding waste and extravagance in their use, and by having dull and broken pointed needles repaired.

—A plot of ground costing \$17,500 has been purchased in Columbus for a new Children's Hospital. Additional lots costing about \$8,500 will be acquired later.

—County commissioners and trustees of the Springfield Lake Sanitarium plan to increase the capacity of the institution by the erection of cottages in which patients in the various stages of tuberculosis can be housed.

—Under the terms of the will of Peter Reifer, Providence Hospital at Sandusky will inherit property valued at \$30,000.

—The board of trustees of Massillon City Hospital has accepted the resignations of Miss Merry C. Echols, superintendent, Miss Relma Hathaway, superintendent of nurses, and Miss Anna Barron, supervisor. Miss Echols has been superintendent of the institution for nine years.

—Work on the new nurses' home at Robinwood Hospital, Toledo, is progressing rapidly. The building will accommodate 38 nurses.

—Miss Elsie Drugan of Columbus is the new superintendent of Samaritan Hospital, Ashland. Miss Drugan recently returned from Europe, where she was engaged in Red Cross hospital work in France and Belgium. Nine months of her service was at Hospital de Ocean at La Panne, Belgium, where the hospital was within three miles of the firing line, being situated between the German lines and the city they were bombarding.

—The nurses' home under construction at Miami Valley Hospital, Dayton, will be ready for use about March 1. The building and furnishings will cost approximately \$95,000. Plans for a maternity and children's home at the hospital are now being considered.

—Highland County Hospital recently received a gift of \$500 to be used in starting an endowment fund.

—The Portage County Hospital Association opened an emergency hospital in the former nurses' home adjoining White Hospital at Ravenna, September 2. The institution is in charge of Dr. L. A. Woolf, assisted by Mrs. George H. Robinson.

—Citizens of Amherst and the surrounding territory, engaging in a campaign to raise \$18,000 during the week of October 1 for improvements at Amherst Hospital, subscribed over \$22,000. The surplus will be used for a nurses' home, thereby increasing the capacity of the hospital 20 beds. In the future the hospital will be operated as a community institution by a board of trustees.

—Dr. W. D. Fullerton of Cleveland addressed the staff of Elyria Memorial Hospital October 15 on "Syphilis in Obstetrics."

## The Secretary of Your County Society Will Be After Your Dues This Week--the 100 Per Cent Club is Started

The race for membership in the 1918 One Hundred Percent Club is on. Dr. Mary L. Cook, of Waynesville, secretary of the Warren County Medical Society, which was the first to qualify in the club this year, started the ball rolling on October 11 when she remitted to the Columbus office dues for 19 of the 30 members of the Warren county society. Dr. Cook put Warren County in first position this year, and it looks as though Warren may head the list in the 1918 race.

As most of you know, the One Hundred Percent Club of the State Association is composed of the officials of those county societies which have a paid-up membership in the current year equal to or greater than the paid-up membership in the preceding year. The table on the opposite page, which shows the membership of each society for 1916-1917, gives the basis upon which the 1918 club contest will be managed.

County society officers will be after your dues this week. Do not keep them waiting. Remember that their service is voluntary and that they are doing you a favor in bringing the matter to your attention.

### Small Advertisements of Interest

*Wanted to Buy*—Practice in middle or eastern Ohio, in city or town over 3,000, or take practice of some one called to the front. Address J. N., care of *The Journal*.

*For Rent*—Suite of offices heretofore occupied by Dr. J. J. South now in Federal Service. These offices were recently rebuilt and refitted—most prominent in Massillon and have been occupied by physicians for more than forty years. Address George H. McCall, Massillon.

*Wanted*—Qualified Eye, Ear, Nose and Throat man to take over practice during period of war. Practice will pay well. Communicate with L. D. Clark, M. D., Akron, Ohio.

*Wanted*—Physician to take over \$5,000 practice, owing to sudden death, in healthful growing Ohio town of 3,000. Railroad and interurban facilities excellent. Many paved roads and industries, excellent schools and churches. Can be taken over for price of office equipment. Write Box 426, Columbus, Ohio.

*Wanted*—Physician to take my \$2,500 village and country practice in western Ohio. Fine country, good roads, use auto all the year. Gas, electricity, two railroads. Rent house and office combined. Will sell office equipment and drugs or any part of them at invoice price. This is a fine location for a man who wishes a good, paying practice where the work is easy. Good business from start. Write at once. Dr. C., care of *The Journal*.

*Wanted*—Assistantship with surgeon or in general practice. Graduate 1916. A—+ school and year's hospital service with much experience in surgery, diagnosis and obstetrics especially. Best references. Address F, care *The Journal*.

*For Sale*—Residence and office combined. First-class property. Good roads. Village and country practice. One of the finest locations in north-western Ohio. Money to be made right from start. Reason for selling—must go to the Army. Address Dr. O., care *The Journal*.

*For Sale*—Complete office outfit or any part of it, including office furniture, instruments, sterilizers, operating table, rheostat with cautery lights, etc., air tank and nebulizers. Library, also home with office in connection. Address Mrs. L. W. Campbell, 208 S. Main St., Ada, Ohio.

### Sold Over Six Million Seals in Ohio

More than 6,000,000 Red Cross seals were sold in Ohio during the 1916 campaign, according to the report of S. Livingston Mather, chairman of the Red Cross Seal Committee of the Ohio Society for the Prevention of Tuberculosis. Total receipts of the committee were \$13,151.02. Of this amount, \$5,657.57 went to the National Association for the Study and Prevention of Tuberculosis and \$365.52 was used for the committee's expenses. Over \$7,000 will be available for Ohio work.

In the list of prize winners in the inter-city contests, published by the national association, the name of only one Ohio city appears. In Class 4, comprising cities with populations ranging from 2,000 to 8,000, Bridgeport won second place, with a per capita sale of 16.1. The population of the city is 3,980. Other Ohio cities on the roll of honor are:

City.	Population.	Per Capita Sale.
Elyria .....	18,618	8.5
Kenton .....	7,394	5.9
McConnelsville .....	1,834	6.0
Malta .....	900	5.2
Marysville .....	3,907	6.6
New Philadelphia ....	10,006	8.4
Painesville .....	5,800	5.4
Rossford .....	450	6.4



## State Association Membership for 1917 Reaches 4600--The Highest Point in Its History

On October 15, when Cuyahoga county qualified with five extra members, the roster of the Ohio State Medical Association reached the 4600 mark.

But 19 county societies have failed this year to maintain a paid-up membership equal to or greater than that of last year.

The figures show a remarkable growth in the Association in recent years. In 1911, the total paid-up membership was 3436; in 1912, 3546 and in 1913 about the same. Since then the increase has been steady. In 1914 it was raised to 3895; in 1915 to 4243; and last year, despite doubling of the dues, to 4345. This year shows a net increase of 255 members, thus far. The revised figures:

	Members 1916	Members 1917		Members 1916	Members 1917
Allen .....	83	86	Lorain .....	63	69
Ashland .....	19	20	Lucas .....	206	220
Ashtabula .....	38	38	Madison .....	21	21
Athens .....	54	57	Mahoning .....	109	120
Auglaize .....	26	35	Marion .....	38	43
Belmont .....	58	63	Medina .....	21	22
Brown .....	9	10	Meigs .....	14	14
Butler .....	50	53	Mercer .....	26	26
Champaign .....	24	25	Miami .....	49	52
Clark .....	64	72	Monroe .....	6	9
Clinton .....	23	25	Montgomery .....	161	171
Clermont .....	9	12	Morgan .....	11	13
Columbiana .....	45	63	Muskingum .....	49	53
Crawford .....	32	33	Ottawa .....	15	15
Cuyahoga .....	512	537	Paulding .....	21	21
Delaware .....	28	30	Perry .....	24	24
Erie .....	24	24	Portage .....	22	27
Fairfield .....	39	39	Preble .....	18	20
Fayette .....	10	14	Putnam .....	31	31
Franklin .....	332	334	Richland .....	51	55
Fulton .....	25	27	Ross .....	31	37
Geauga .....	10	12	Scioto .....	48	54
Greene .....	33	38	Shelby .....	19	19
Hamilton .....	468	476	Stark .....	130	137
Hancock .....	36	41	Summit .....	144	178
Hardin .....	26	27	Trumbull .....	32	41
Henry .....	23	25	Tuscarawas .....	47	50
Highland .....	25	29	Union .....	12	20
Holmes .....	11	12	Van Wert .....	26	32
Huron .....	18	20	Vinton .....	7	7
Jackson .....	19	19	Warren .....	29	30
Lake .....	19	21	Wayne .....	27	30
Licking .....	30	41	Williams .....	25	29
Logan .....	29	35	Wood .....	42	50

### THESE HAVE NOT QUALIFIED FOR 100 PER CENT MEMBERSHIP--NOT YET

	1916	1917		1916	1917
Adams .....	22	18	Lawrence .....	23	20
Coshocton .....	24	21	Morrow .....	15	14
Darke .....	56	51	Noble .....	10	7
Defiance .....	16	13	Pickaway .....	26	25
Gallia .....	31	29	Pike .....	13	11
Guernsey .....	32	27	Sandusky .....	30	27
Harrison .....	22	15	Seneca .....	40	35
Hocking .....	13	12	Washington .....	53	51
Jefferson .....	49	47	Wyandot .....	16	13
Knox .....	30	29			

## New State Health Council and Executives Who Will Manage Ohio's Health Prevention Work

We present herewith the photographs of the four members of the new State Health Council, which recently succeeded the State Board of Health.

The two photographs at the top are of men well known to the profession. At the left is Dr. George D. Lummis, of Middletown, chairman of the council, and at the right is Dr. C. O. Probst, of Columbus, the second medical member, who served as secretary of the old board for twenty-five years.

In the center (left) is Mr. R. L. Calfee, a Cleveland attorney, and (right) W. I. Jones, D. D. S., a Columbus dentist and anesthetist. At the bottom appear the photographs (left) of Dr. A. W. Freeman, the new commissioner of health who assumed his duties on October 1, and (right) Mr. James E. Bauman, deputy commissioner who has served the department for many years as assistant secretary and until recently as acting secretary.

The administration of public health laws and the protection of the six million people who reside in Ohio is now under the general direction of these six men.



### Has Birth Data Been Improved?

Dr. John E. Monger, state registrar of the Bureau of Vital Statistics, will be advised this month by the Census Department as to whether the recent federal test shows Ohio to be entitled to recognition in the federal registration area. For two months agents of the Census Bureau checked birth registration records on file in the Secretary of State's office to ascertain whether ninety per cent of births in Ohio are being registered. These

agents, through rural mail carriers, postmasters, ministers and others, secured lists of children born in various communities during June and July of this year. This information was compared with the birth registration certificates.

In previous tests Ohio has been denied recognition by the Census Bureau, but it is believed that this year's test has demonstrated that the registration of births in this state has been materially improved.

## Council of State Society Transacts Much Business at Fall Meeting--- Dr. Moots Resigns

Council of the Ohio State Medical Association met Monday, October 1, at 8 p. m. in the office of Dr. J. F. Baldwin, Columbus. Members present: Drs. Carothers, Hunter, Van Note, Moots, Lichty, McClellan, Rardin and Teachnor, President E. O. Smith, President-elect Baldwin, Secretary-Treasurer Selby, and Executive Secretary Sheridan.

The secretary read the minutes of the meeting of July 2. They were approved.

The secretary read copies of communications that have been forwarded to officers of the various sections calling their attention to the necessity of submitting tentative programs for the next annual meeting prior to January 1, 1918.

On motion, seconded, the committee authorized to investigate the membership status of two Morrow county physicians was continued until next meeting of council.

The secretary read a communication from Dr. F. H. McMechan, of Avon Lake, Ohio, which was ordered filed.

Secretary-Treasurer Selby presented a brief statement of the financial condition of the Association in which he called attention to the material retrenchment of recent months. Funds for the various activities of the Association are sufficient for the balance of the year.

Councilor Hunter called attention to the urgent necessity of uniform action by county societies in paying the dues of all members who have entered active military service. He reported that the counties in the Second District have practically all agreed to this, both as a patriotic duty and in recognition of the special need of intensive medical organization during the period of the war. The matter was generally discussed and the Secretary-Treasurer was directed to submit to all county societies copies of the formal resolution adopted at Springfield—requesting that each society in the state take this action.

The secretary read a communication from the secretary-treasurer of the Pickaway County Medical Society reporting that Dr. E. A. Secoy, of Darbyville, had been dropped from membership for unethical conduct. Council by motion adopted a resolution approving this action on the part of the Pickaway County profession.

Dr. Charles W. Moots, of Toledo, who for four years has served as councilor in the Fourth District, presented his resignation and urged its acceptance. Dr. Moots expects to enter the naval service shortly and this together with professional and civic obligations at home makes it impossible for him to spare the large amount of time required for this work. Council voted reluctantly to accept his resignation and included in the

resolution a hearty expression of appreciation of Dr. Moots' very valuable service.

To fill the unexpired term the name of Dr. Edward A. Murbach, of Archbold, Fulton County, was presented. The secretary was directed to cast a unanimous ballot in his behalf and he was declared elected.

Acting under instructions by the House of Delegates, the president appointed the new special committee which is authorized to revamp the constitution and by-laws of the State Association, remove conflicting provisions, and present to the next House of Delegates for their consideration, a revised document. For this important work Dr. Smith named Dr. J. A. Thompson of Cincinnati, Dr. J. E. Tuckerman of Cleveland, and Dr. D. S. Gardner of Massillon.

The one-year terms of the members of the committee on auditing and appropriation having expired, the president under the provision of Section 6, Chapter 8 of the by-laws, appointed the following: Drs. Wells Teachnor of Columbus, chairman, James A. McClellan of Bellaire and W. B. Patton, of Springfield. On motion duly seconded, Council expressed its approval of the appointments.

Executive Secretary Sheridan suggested to Council the advisability of the State Association taking the initiative in raising a testimonial memorial fund for the late Dr. George H. Matson, to be placed at the disposal of his widow and used by her in the education of their daughters. By unanimous vote Council authorized the president to take up the matter with the presidents of the societies representing the Homeopathic and Eclectic professions, and to arrange for the appointment of a joint committee for the prosecution of this work in such manner as they see fit.

Dr. Lichty suggested to Council that there should be provision in the constitution for an honorary position within the State Association, to be known by such title as "president emeritus," or "honorary president," by the election to which the State Association might from time to time honor members distinguished by their scientific accomplishments who by reason of age or other circumstances might not be fitted for the active presidency of the Association. After thorough discussion, a motion was seconded and carried directing the new committee on the revision of the constitution to incorporate into the revised draft, and to present to the next House of Delegates a section making such provision.

Executive Secretary Sheridan reported that at the present time the Committee on Medical Defense, through its legal committee, is conducting the defense of members in seven cases where

suits charging civil malpractice have been brought. He reported further that the committee has refused to defend members in four instances, and that one case has been brought to a successful conclusion. He reported that in several instances the Association, by prompt action through its legal department, has discouraged and prevented the filing of threatened suits which were in effect attempts to blackmail the physicians involved.

Executive Secretary presented a verbal report covering the group meetings that have been held to date under the auspices of the Committee on Medical Education, and under the direction of Dr. William D. Porter, of Cincinnati. He reported that the committee is working out plans for the continuance of this work next year.

On motion, duly seconded, council adjourned to meet in Dr. Baldwin's office on Monday, January 7, 1918, at 9 P. M.

#### Medical Service of the Future

In his address as chairman of the Section on Preventive Medicine and Public Health, American Medical Association, Dr. Otto P. Geier, Cincinnati (*Journal A. M. A.*, Sept. 29, 1917,) says the social problems are changing and the medical profession must follow. The question whether it is so doing is naturally raised and he takes up three of the well defined modern tendencies to discuss. These are, the needs of higher standards of private practice, by refinement in diagnosis and treatment through group practice. 2. The needs of higher standards of public health (emphasizing school dispensaries). 3. The development of industrial medicine—a new specialty. A scientific attainment will come with meeting the first of these and the application of science to the ultimate social good will proceed largely through the other two. With this introduction he discusses questions of social insurance and criticises the rather hasty legislation at present proposed. Individual success and happiness judged by the social needs is dependent on health; the cost of disease is a very serious matter. Physicians do not fully comprehend, he says, their direct relation to sociology and their sphere of usefulness is hindered by the pushing forward of social workers who have only an imperfect comprehension of the medical side of the subject. The physician should be a leader in the community in all problems of disease, insanity, crime, delinquency and dependency and he discusses what plan of social improvement should be taken up by the medical profession. No social progress in matters of health can be made which is not preceded by progress in medicine, and his general conclusions are given as follows: "1. Private health practice and public health practice must be improved. 2. The knowledge of the prevention of disease, its diagnosis, and cure must be ad-

vanced. 3. Higher personal and ethical standards must prevail. 4. This better day will be hastened by a more general adoption of the group practice plan. 5. More men must fit themselves for the distinct specialty of industrial medicine. 6. The supervision of school children and children of school age should be extended through the establishment of school dispensaries. 7. These methods, together will constitute an adequate medical service, and be a forward step in the ultimate socialization of medicine."

#### An Appreciation of the Doctor

The following editorial comment is clipped from a recent issue of *The Cincinnati Post*, one of the Queen City's leading daily newspapers:

"We have always had a secret admiration for doctors. More than any class of men we know of, doctors give freely of their time and their talents. We suppose they also would give of their money—if they all had money.

"Attached to every military exemption board are three or four or five doctors. Each of them has temporarily given up his practice and is giving all his time and all his specialized ability free of charge to the government. To say nothing of the financial sacrifice all of them make by temporarily abandoning their private practices.

"Folks have come to expect much free giving from doctors. The doctor's bill is the last bill people pay. His well-known generosity has created a universal impression that the doctor can wait. And yet who more than he is entitled to the first claim upon our obligations?

"We also have noticed that doctors, besides giving free service, are always doing things to destroy their business. Always they are hunting for something to prevent the diseases that make business for them. Once upon a time Cincinnati doctors had a large and thriving practice in typhoid and infants' diseases.

"But it was thru the efforts of doctors that we finally decided to build our typhoidless waterworks and to establish milk stations and baby clinics."

In Hull, Massachusetts, they have a "community piggery" or pig farm. The farm is located just outside the city and the pigs are fed on city garbage. The United States Department of Agriculture says that the offensive odor from a pig farm is not necessarily unsanitary, and recommends this plan to cities which have been unable to meet the problem of garbage disposal. With porkers selling at \$25.00 per hundred, wholesale, the piggery idea would seem to fit in nicely with Food Administrator Hoover's plea to "conserve the garbage."

## Analysis of the 74,230 Deaths Which Occurred in Ohio During 1916, and Comparison with the 1915 Statistics

Through the information bureau established by Dr. John E. Monger, Registrar of the State Bureau of Vital Statistics, we are able to present this month a complete analysis of the 74,230 deaths that occurred from all causes (exclusive of still births) during 1916, and a comparison with the causes of death in the preceding year.

The rate of death for 1915 is based on a population of 5,085,633, while the rate for 1916 is based on an estimated population of 5,150,356.

The tables show, of course, a considerable increase in the number of deaths and in the rate of deaths. In 1914 the death rate for Ohio was 12.94. In 1915 this was increased to 12.98, while the figures for 1916 establish an unprecedented rate of 14.41.

Despite the campaign for control of the disease, tuberculosis shows a slight increase. In 1915 the rate was 111.27 for tuberculosis of the lungs, while the 1916 rate is 112.34.

Cancer likewise shows a sinister increase. The rate for cancer, all forms, in 1914 was 83.43; in 1915, 84.58, while in 1916 it increased to 91.33.

Diseases of the respiratory, circulatory, nervous and digestive systems show a material increase in rate.

The industrial "speeding up" which marked

1916 is reflected in the large increase in the number of accidental deaths, the rate in this classification jumping from 70.20 to 99.41. Suicides during the year showed a slight decrease, while deaths due to automobile accidents showed a material increase.

It is interesting to note the gradual increase in the number of deaths from all causes in Ohio in recent years. In 1912 the total was 65,411; in 1913 it was increased to 68,377; in 1914 the total dropped back to 65,078. The total for 1916 is the largest ever recorded.

The seriousness of measles and whooping cough is again demonstrated. During 1916 the death rate from measles increased from 4.30 to 15.16, while the death rate from whooping cough increased from 7.00 to 13.08. The rates for typhoid fever and diphtheria remain practically stationary, while the number of deaths from influenza is almost doubled.

In the August number, page 516, we published a table showing the number of deaths and rate of death in each county and the rates of the various cities.

Dr. Monger advises us that his bureau will be very glad to furnish specialized information concerning more minute classification to any physician who will apply for the same.

### NUMBER OF DEATHS IN THE STATE OF OHIO, FROM ALL CAUSES AND THE VARIOUS DISEASES FOR THE YEARS 1915 AND 1916, WITH RATES PER 100,000, EXCEPTION OF STILLBIRTHS

Cause of Death	Number 1915	Number 1916	Rate 1916	Cause of Death	Number 1915	Number 1916	Rate 1916
<b>1. GENERAL DISEASES</b>				<b>Syphilis</b> -----			
Typhoid fever	718	772	14.98	Gonococcus infection	398	454	8.81
Typhus fever	---	---	---	CANCER AND OTHER MALIGNANT TUMORS (TOTAL)	4309	4704	91.33
Relapsing fever	---	---	---	Cancer of the buccal cavity	164	164	3.18
Malaria	23	18	.35	Cancer of stomach and liver	1653	1822	35.38
Smallpox	8	4	.06	Cancer of the Peritoneum, intestines, rectum	489	574	11.14
Measles	219	781	15.16	Cancer, female genital organs	700	754	14.64
Scarlet fever	225	210	4.08	Cancer of the breast	416	420	8.15
Whooping cough	356	674	13.08	Cancer of the skin	195	199	3.86
Diphtheria and croup	673	621	12.05	Cancer of other organs, or of organs not specified	692	758	14.71
Influenza	969	1613	31.32	Other tumors, (Tumors of the female genital organs excepted)	16	13	.25
Miliary fever	---	---	---	Acute articular rheumatism	191	204	3.96
Asiatic cholera	---	---	---	Chronic rheumatism and gout	91	66	1.28
Cholera nostras	6	17	.33	Scurvy	5	2	.04
Dysentery	130	200	3.88	Diabetes	847	1006	19.53
Plague	---	---	---	Exophthalmic goitre	131	155	3.01
Yellow fever	---	---	---	Addison's disease	23	28	.54
Leprosy	---	---	---	Leucaemia	82	70	1.36
Erysipelas	156	192	3.73	Anaemia chlorosis	311	278	5.40
Other epidemic diseases	12	3	.06	Other general diseases	48	43	.83
Purulent infection and septicaemia	160	209	4.06	Alcoholism (acute or chronic)	222	355	6.89
Glanders	---	---	---	Chronic lead poisoning	9	18	.35
Anthrax	2	---	---	Other chronic occupation poisonings	1	1	.02
Rabies	7	1	.02	Other chronic poisonings	37	20	.39
Tetanus	79	62	1.20	<b>2. DISEASES OF THE NERVOUS SYSTEM</b> -----			
Mycoses	1	3	.06	Encephalitis	45	33	.64
Pellagra	5	7	.14	Simple meningitis	133	156	3.03
Beriberi	---	---	---	Cerebro-spinal meningitis (Undefined)	67	59	1.14
<b>TUBERCULOSIS (TOTAL)</b>	<b>6668</b>	<b>6838</b>	<b>132.77</b>	Cerebro-spinal fever	82	58	1.13
Tuberculosis of the lungs	5662	5786	112.34	Locomotor ataxia	159	148	2.87
Acute miliary tuberculosis	134	122	2.37	Acute anterior Poliomyelitis	80	124	2.41
Tuberculosis meningitis	305	360	6.99				
Abdominal tuberculosis	274	257	4.99				
Pott's disease	49	63	1.22				
White swelling	35	32	.62				
Tuberculosis of other organs	143	146	2.83				
Disseminated tuberculosis	66	72	1.40				
Rickets	27	40	.78				

Cause of Death	Number 1915	Number 1916	Rate 1916	Cause of Death	Number 1915	Number 1916	Rate 1916
Other diseases of the spinal cord	310	307	5.96	<b>7. THE PUERPERAL STATE</b>	<b>700</b>	<b>801</b>	<b>15.55</b>
Cerebral hemorrhage apoplexy	5061	5505	106.89	Accidents of pregnancy	66	74	1.44
Softening of the brain	118	95	1.84	Puerperal hemorrhage	87	87	1.69
Paralysis without specified cause	223	200	3.88	Other accidents of labor	36	53	1.03
General paralysis of the insane	411	436	8.46	Puerperal septicaemia	314	373	7.24
Other forms of mental alienation	186	176	3.42	Puerperal albuminuria and			
Epilepsy	168	235	4.56	convulsions	166	177	3.44
Convulsions (Non-puerperal)	8	8	.16	Puerperal phlegmasia alba dolens			
Convulsions of infants	147	110	2.14	embolus, sudden death	26	26	.50
Chorea	15	30	.58	Following childbirth, (Not			
Neuralgia and neuritis	33	37	.72	otherwise defined)	5	10	.19
Other diseases of the nervous				Puerperal disease of the breast		1	.02
system	146	160	3.11	<b>8. DISEASES OF THE SKIN</b>	<b>198</b>	<b>216</b>	<b>4.19</b>
Diseases of the eyes and their				Gangrene	106	114	2.21
annexa	5	6	.12	Furuncle	26	32	.62
Diseases of the ears	105	116	2.25	Acute abscess	23	31	.60
<b>3. DISEASES OF THE CIR-</b>				Other diseases of skin and annexa	43	39	.76
<b>  CULATORY SYSTEM</b>	<b>10316</b>	<b>11036</b>	<b>214.27</b>	<b>9. DISEASE OF THE BONES</b>	<b>103</b>	<b>111</b>	<b>2.15</b>
Pericarditis	77	68	1.32	Diseases of the bones,			
Acute endocarditis	331	393	7.63	(Tuberculosis excepted)	93	97	1.88
Organic disease of the heart	7766	8351	162.14	Diseases of the joints (Tubercu-			
Angina pectoris	482	435	8.44	losis and rheumatism			
Diseases of the arteries, ather-				excepted)	8	12	.23
oma, aneurysm, etc.	1398	1522	29.55	Amputations			
Embolism and thrombosis	192	178	3.45	Other diseases of organs			
Diseases of the veins (Varices,				of locomotion	2	2	.04
hemorrhoids, phlebitis, etc.)	26	39	.76	<b>10. MALFORMATIONS</b>	<b>817</b>	<b>926</b>	<b>17.97</b>
Diseases of the lymphatic				Hydrocephalus	41	70	1.36
system, (Lymphangitis, etc.)	19	26	.50	Congenital malformation of			
Circulatory system	25	24	.47	heart	542	569	11.04
<b>4. DISEASES OF RESPIR-</b>				Other congenital malformations	234	287	5.57
<b>  ATORY SYSTEM</b>	<b>7563</b>	<b>8640</b>	<b>167.75</b>	<b>11. EARLY INFANCY</b>	<b>3633</b>	<b>3879</b>	<b>75.31</b>
Diseases of the nasal fossae	11	7	.14	Premature birth	2131	2238	43.45
Diseases of the larynx	40	52	1.01	Congenital debility, (atrophy			
Diseases of the thyroid body	25	36	.70	marasmus, etc.)	702	778	15.10
Acute bronchitis	514	500	9.71	Injuries at birth	437	459	8.91
Chronic bronchitis	315	327	6.35	Other causes peculiar to			
Broncho pneumonia	2660	2823	54.81	early infancy	351	389	7.55
Lobar pneumonia	3473	4359	84.63	Lack of care	12	15	.29
Pneumonia, (Undefined)	122	91	1.77	<b>12. OLD AGE</b>	<b>764</b>	<b>785</b>	<b>15.24</b>
Pleurisy	139	174	3.38	Senility	764	785	15.24
Pulmonary congestion, Pul-				<b>13. EXTERNAL CAUSES</b>	<b>5121</b>	<b>6324</b>	<b>122.79</b>
monary apoplexy	71	82	1.59	Suicide (TOTAL)	777	758	14.72
Gangrene of the lung	7	10	.19	Suicide by poison	211	170	3.30
Asthma	125	120	2.33	Suicide by asphyxia	8	8	.16
Pulmonary emphysema	12	15	.29	Suicide by hanging or			
Other diseases of the respira-				strangulation	161	153	2.97
tory system	59	44	.85	Suicide by drowning	66	76	1.47
<b>5. DISEASES OF THE</b>				Suicide by firearms	261	269	5.22
<b>  DIGESTIVE SYSTEM</b>	<b>6369</b>	<b>7468</b>	<b>145.00</b>	Suicide by cutting or			
Diseases of mouth and annexa	31	49	.95	piercing instruments	43	48	.93
Diseases of the pharynx	82	82	1.59	Suicide by jumping from			
Diseases of the oesophagus	6	11	.21	high places	9	7	.14
Ulcer of the stomach	241	301	5.84	Suicide by crushing	7	18	.35
Other diseases of the stomach,				Other suicides	11	9	.17
(Cancer excepted)	514	560	10.87	Accidental or Undefined			
Diarrhoea and enteritis				(TOTAL)	4030	5120	99.41
(under 2 years)	2307	3096	60.11	Poisoned by food	54	49	.95
Diarrhoea and enteritis				Other acute poisonings	90	110	2.14
(2 years and over)	542	664	12.89	Conflagration	76	83	1.61
Ankylostomiasis		2	.04	Burns (conflagr'n excepted)	347	375	7.28
Intestinal parasites	6	11	.21	Absorption of deleterious			
Appendicitis and typhlitis	527	671	13.02	gases	128	171	3.32
Hernia	210	191	3.71	Accidental drowning	314	349	6.77
Intestinal obstruction	436	430	8.35	Traumatism by firearms	95	92	1.78
Other diseases of intestines	150	95	1.84	Traumatism by cutting or			
Acute yellow atrophy of the liver	25	21	.41	piercing instruments	12	15	.29
Hydatid tumor of the liver		1	.02	Traumatism by fall	933	1009	19.59
Cirrhosis of the liver	747	730	14.17	Traumatism in mines	68	102	1.98
Biliary calculi	218	231	4.48	Traumatism in quarries	5	4	.08
Other diseases of the liver	224	237	4.60	Traumatism by machines	117	174	3.38
Diseases of the spleen	3	9	.17	Railroad accidents	749	1094	21.24
Simple peritonitis (Non-				Street car accidents	164	188	3.65
puerperal)	73	62	1.20	Automobile accidents	304	412	8.00
Other diseases of digestive system	27	14	.27	Injuries by other vehicles	124	140	2.72
<b>6. DISEASES OF GENITO-</b>				Landslide other crushing	35	41	.80
<b>  URINARY SYSTEM</b>	<b>5396</b>	<b>5865</b>	<b>113.87</b>	Injuries by animals	47	61	1.18
Acute nephritis	542	577	12.00	Starvation		4	.08
Bright's disease	4122	4454	86.48	Excessive cold	8	23	.45
Chyluria		1	.02	Effects of heat	8	23	.45
Other diseases of kidneys and				Lightning	9	30	.58
annexa	84	97	1.88	Electricity (lightning			
Calculi of the urinary passage	30	33	.64	excepted)	55	60	1.16
Diseases of the bladder	105	103	2.00	Fractures (cause not			
Diseases of the urethra, urinary				specified)	52	73	1.42
abscess, etc.	17	18	.35	Other external violence	206	211	4.10
Diseases of the prostate	205	221	4.29	Homicide (TOTAL)	314	446	8.66
Nonvenereal disease of the male				Homicide by firearms	165	262	5.09
genital organs	5	11	.21	Homicide by cutting or			
Uterine hemorrhage (Nonpuer-				piercing instruments	46	61	1.18
peral)	1			Homicide by other means	103	123	2.39
Uterine tumor (Non-cancerous)	94	91	1.77	<b>14. ILL-DEFINED DISEASES</b>	<b>414</b>	<b>486</b>	<b>9.43</b>
Other diseases of the uterus	27	41	.80	Ill-defined organic disease	1	11	.21
Cysts and other tumors of				Sudden death	36	43	.83
ovary	41	66	1.28	Ill-defined	108	94	1.82
Salpingitis and other diseases of				Not specified or unknown	269	338	6.66
the female genital organs	122	150	2.91	<b>15. STILL BIRTHS</b>	<b>4553</b>	<b>4575</b>	<b>88.83</b>
Non-puerperal diseases of the				Still births	4553	4575	88.83
breast (Cancer excepted)	1	2	.04				
				<b>ALL CAUSES (Grand Total)</b>	<b>66,070</b>	<b>74,230</b>	<b>14.41</b>



The paper was well received and freely discussed. Drs. R. J. Morgan, B. L. Good, N. E. Leake and C. G. Church, of Van Wert, came over to discuss arrangements for a joint meeting of Van Wert, Paulding and Mercer County Societies to be held in Van Wert, October 22. Dr. W. R. Taylor of Fort Recovery was appointed by our society as essayist for that meeting. The next meeting of the Mercer County Society will be held in Celina, November 13.—D. H. Richardson, correspondent.

*Seneca County* Medical Society held its annual reunion, September 27, in the B. P. O. E. temple at Tiffin with 25 physicians, including a few visitors, in attendance. Dr. George W. Williard, the president, presided. The feature of the program was an address by Dr. M. J. Lichty of Cleveland, who told about "Public Opinion and the Doctor." This was the only address of the afternoon, the remainder of the time being given to discussions and social discourse. Following the meeting a five-course dinner was served. Those present from out of the city were: Drs. J. C. Tritch and M. S. Williamson, Findlay; Dr. Charles I. Anders, Old Fort; Drs. D. W. Fellers and H. H. Brundage, Bloomville; Drs. N. C. Miller and R. A. Palmer, Fostoria; Dr. Charles R. Pontius, Fremont, and Dr. Ira N. Zeis, Carey.—(From a news clipping).

#### FOURTH DISTRICT

*Putnam County* Medical Society met September 6 at Pandora, Ohio. Twenty-two physicians were present, representing the county and the neighboring towns. The program consisted of a few selections of music by a High School quartette, accompanied by their instructor, Miss Estella Bixel; a paper with a plea for "Early Diagnosis," by Dr. John V. Hartman of Findlay, and a paper by Dr. W. H. Hickey of Leipsic on "Professional Essentials." Both papers were interesting and pleasing and were ably discussed by those present. The society voted to omit the October meeting on account of the Putnam County Fair being held during the first week of the month. Following the business session the doctors adjourned to the home of Dr. Bixel, where refreshments were served by the medical ladies of Pandora. The next meeting will be held November 1.—H. A. Neiswander, correspondent.

#### FIFTH DISTRICT

*Huron County* Medical Society held its regular monthly meeting October 11 in Norwalk. Dr. R. K. Updegraff of Cleveland, gave a talk on "Meningitis, a Common Disease," and Dr. M. J. Lichty of Cleveland, councilor of the Fifth District, spoke on "Medical Legislation." The attendance was good.—(From a news clipping).

*Lake County* Medical Society held an open meeting at the auditorium of the Painesville High School, October 1. The public was invited to attend and become a part of the society for this special meeting. At eight o'clock Dr. A. P. Brady, the president, introduced the speaker, Dr. Walter G. Stern of Cleveland, an orthopedic surgeon, who had for his subject "Achievements of Modern Orthopedic Surgery," illustrated by stereopticon slides. The doctor first gave a history of orthopedic surgery, then later began his address proper by illustrations of the curved spine, the club foot, the paralyzed leg, the deformed knee and the dislocated hip. He gave the cause and cure of these deformities. In that part of his address devoted to Infantile Paralysis, he spoke of the cause, contagion, quarantine and treatment, emphasizing one year in bed with paralyzed parts in normal position, with gentle massage, muscle education and proper nutrition. This was a splendid meeting, full of instruction from beginning to end. The next meeting will be held November 5.—E. S. Jones, correspondent.

*Lorain County* Medical Society met in Lorain October 16 at five o'clock dinner. Covers were laid for 28. Drs. Kramer and Zozinski, members of the Medical Reserve Corps were guests, and gave interesting talks on the development of the Medical Corps of our Army.

Resolutions of sympathy on the death of Dr. Matson were adopted. Among the communications read was an interesting letter from Dr. M. J. Lichty of Cleveland, now at Camp Zachery Taylor, Louisville, Kentucky. Two applications for membership were received. A discussion of current war news in the medical journals was scheduled, but for lack of time was deferred to another session. A plan is under consideration by a committee, to report at the November meeting, by which the interests of physicians in military service will be protected by those remaining at home. This meeting, though called without a special program feature, proved to be one of the best attended and enjoyed, and indicated the enthusiasm and patriotism which all our members feel in the interest of our profession in the war.—C. O. Jaster, Correspondent.

#### SIXTH DISTRICT

*Portage County* Medical Society substituted a dinner to two of its most honored members for the regular meeting, September 13. Dr. B. H. Nichols of Ravenna, who is the first Portage county physician to enlist, and Dr. E. B. Dyson of Rootstown, who will soon move to Akron, were the honor guests of the evening. The dinner, which was served at the Elks Club in Ravenna, was a regular love feast in which 18 physicians from all parts of the county took part. Many expressions of commendation and regret were heard from those present.



The regular October meeting was held at the office of Dr. L. A. Woolf, Ravenna, October 13. Eleven out of a total membership of 28 were present. After the routine business of the evening had been disposed of we proceeded to devote the remainder of the time to a discussion of "Fractures." Dr. John J. Orton of Randolph read the principal paper of the evening entitled "Fractures of the Femur and Treatment." The doctor illustrated his paper with radiographs, the presentation of splints and other fracture apparatus. He had a large chart outlining the diagnosis, prognosis, treatment, etc., and covered the field very thoroughly in the time at his disposal. He also presented two cases showing the unusually good results he had obtained in two very bad fractures of the femur. The doctor urged strongly the necessity of a specially made bed, using such as can be found in any home, but building it up firmly from the slats to give a firm surface on which to lie, keeping his patients in bed a good long period, with extension carried well up to the point of fracture, coaptation splints, and counter extension if necessary. If all his cases result as well as the ones he presented he is certainly to be congratulated on his success.

The balance of the evening was given over to the presentation of cases by other members, and to the showing of various forms of fracture apparatus used in treatment of these troublesome injuries.—W. B. Andrews, correspondent.

*Summit County Medical Society* held its first autumn meeting with an attendance of 58 from Columbus, Marion, Barberton, Wadsworth, Doylestown and Akron. New members admitted are five Akron physicians—E. F. Rambo, L. L. Frick, O. C. McDowell, H. Rogoff, W. L. Werner. The following resolution was adopted standing: "Whereas by the death of Sebe Duane Austin the Summit County Medical Society has lost a former member; therefore be it resolved that this society place on record its regret at the loss sustained and extend its sympathy to the bereaved family." C. H. Franks and J. L. Jones, committee. Program follows:

1. "The Importance of Vital Statistics," J. E. Monger, M. D., Columbus, Registrar, The Ohio State Bureau of Vital Statistics. As the title indicates the paper did not give a dry list of statistics but was a very interesting lecture upon the importance of keeping such statistics. The figures Dr. Monger gave as examples of the ravages made by certain accidents and diseases were astonishing, especially the fatal cases of measles which so many parents (and some physicians) consider so trifling. The decreasing birthrates in various counties and states were discussed.

The importance of Dr. Monger's work is proved by the knowledge that he has in his office in

Columbus 24 assistants and 1,200 local registrars throughout the state. He gave convincing proofs of the necessity for complete registration of all figures pertaining to the practice of medicine as well as a warning to everyone who fails to obey the law. The paper was short and to the point and decidedly beneficial and interesting.

2. "Psychiatry from the General Practitioner's Standpoint," C. E. Sawyer, M. D., F. A. C. S., Marion, Member of the Ohio State Medical Board.

Dr. Sawyer, who is one of the leading homeopathic physicians in Ohio, maintains with his son, C. W. Sawyer, a sanitarium in Marion for nervous cases. In a very instructive paper he emphasized the very great importance of treating or diagnosing not the nervous symptoms but of getting at, by all possible diagnostic methods, clinical and pathological, the underlying causes which often originate in organs not part of the nervous system. No cases require as much patience as the nervous type and the neurologist must possess it in abundance. The various types of nervous troubles were described as to their most distinctive features.

As both visitors were obliged to depart by a train at 10 p. m., there was no discussion of their interesting papers, for which, on motion of L. B. Humphrey, they received a vote of thanks. Previous to the meeting they were entertained at the University Club by the officers and homeopathic members—A. S. McCormick, Secretary.

*Stark County Medical Society*, in regular monthly session at Canton, September 18, elected Dr. A. B. Walker, Canton, to fill the unexpired term of Dr. J. A. Rhiel, who is in military service. Dr. W. A. McConkey read a paper and Drs. J. D. O'Brien of Canton and R. T. Temple of Minerva gave case reports. A discussion on "Ambulatory Automatism" followed.—(From a news clipping).

#### SEVENTH DISTRICT

*Tuscarawas County Medical Society* met in monthly session in Uhrichsville on September 4. Dr. Ben Kirkendall of Columbus gave an interesting address on "Radium."

The October meeting was held in Newcomerstown on the 16th. Dr. William Miller of Columbus showed various X-Ray plates and Dr. R. R. Kahle of Columbus spoke on "Some Surgical Conditions and Their Treatment." Both addresses were excellent and very much enjoyed. Dr. George B. Kistler, Newcomerstown, is now president of the society since the resignation of Dr. H. A. Coleman who is serving his country in Honolulu.—Tracy Haverfield, Correspondent.

#### EIGHTH DISTRICT

*Muskingum County Medical Society* met in regular monthly session in the Chamber of Com-

merce rooms, Zanesville, October 10. Dr. Jefferson C. Crossland presented a paper on "Aneurism."—(From a news clipping).

### TENTH DISTRICT

*Knox County Medical Society* met at the Hospital-Sanatorium, Mt. Vernon, on September 12. This was the first autumn meeting and was well attended. Dr. John Dudley Dunham of Columbus read an interesting and instructive paper on "Intestinal Stasis." The Tenth District meeting to be held at the Ohio State Sanatorium on October 2 was discussed and a committee was named to assist Superintendent S. A. Douglass in preparing for the same.—E. V. Ackerman, correspondent.

*Pickaway County.*—Regular meeting of the Pickaway County Society at Circleville, on October 7, called to order by the president. Dr. J. B. May reported a case of hypothyroidism and one of myxedemia. B. R. Bales reported a case of pernicious anemia. J. F. Simpkins was elected a member and Dr. Kefauver of Stoutsville, an associate member.

At the September meeting of the society E. A. Secoy, of Darbyville, was expelled from the society for unprofessional conduct, whereupon the doctor at this meeting made the following application for reinstatement:

"Dr. Edward A. Secoy  
Pneumoniologist

Darbyville, Ohio, Oct. 5th, 1917.

To the Members of Pickaway County Medical Society:—  
Gentlemen—I hereby make application for reinstatement into your honorable body, for the following reasons, to wit:

First—For a period of nearly four years I have been an honorable member of your society, never having knowingly transgressed any of the rules and regulations of said society.

Second—I have not received a "square deal" at your hands in the matter of expulsion, not having ever received any notice of any charges against me, and as a consequence, never having had a chance to be heard in defense of my rights.

Third—I have never violated any of the rules of the society nor the ethics of the profession in any manner whatsoever, either wantonly or otherwise.

Fourth—Relative to a treatment for Tuberculosis of the lungs, which I have discovered, I have never refused to divulge to the medical profession its nature and methods. Nor do I now refuse so to do, but ask you to withhold your adverse judgment of same until you have given me sufficient time to demonstrate its real worth as it may be applied to numerous positive cases of Tubercular infection. When this is done, we hope in the not far distance future, backed by cases of recovery from this dread disease results being evident and acknowledged, we shall make known the nature and methods of this treatment to the medical profession.

Relative to the objections as to the newspaper article giving an account of the entertainment of your Honorable Society by myself and family, I wish it understood that no advantage was intended to be taken of the society. If any ill feelings were engendered by said article, I stand ready and willing to apologize for the wrong done. It was not then and it is not now, my intention to do any newspaper advertising of this discovery. Whether I hold fellowship with you or not, I shall always deal honorably and fairly with the members of the medical profession and the public at large.

Fifth—I ask that you rescind your action expelling me because I was not heard in defense of my rights—an inalienable right in a free government like ours.

Sixth—It is to be expected that if you are men of a noble profession seeking after truth along unknown and untried paths, you will not hinder the bringing to light a discovery of so great moment as this one seems to be. I said in the beginning, and I now repeat it here—that at the proper time I shall give this to the world through the medium of our great profession.

Seventh—I am not begging for a thing, only a "square deal."

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if necessary in defending suit (up to limit specified in policy) without cost or deposit of collateral—a radical departure of real value to the Assured.

Absolute Security.

Surplus to Policyholders—\$18,985,333.30

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Write or phone Ætna Life Insurance Company, Local Agent or

W. G. Wilson, Manager, Leader-News Bldg., Cleveland, Ohio.  
Perkins & Geoghegan, General Agents, First Nat. Bank Bldg., Cincinnati, Ohio.  
H. W. Falconer, Dist. Manager, 1019 Nicholas Bldg., Toledo, Ohio.  
C. H. Bancroft, Dist. Mgr., 8 East Long St., Columbus, Ohio.

# Chloretone

A broadly serviceable hypnotic and sedative

---

Chloretone induces natural sleep.

It acts as a sedative to the cerebral, gastric and vomiting centers.

It does not depress the heart.

It does not disturb the digestive functions.

It produces no objectionable after-effects.

It does not cause habit-formation.

## INDICATIONS.

Insomnia of pain.

Insomnia of mental strain or worry.

Insomnia of nervous diseases.

Insomnia of old age.

Insomnia of tuberculosis.

Alcoholism, delerium tremens, etc.

Acute mania.

Puerperal mania.

Periodic mania.

Senile dementia.

Agitated melancholia.

Motor excitement of general paresis.

Spasmodic affections, as asthma, epilepsy, chorea, pertussis, tetanus, etc.

Nausea and vomiting of anesthesia.

Seasickness.

The pains of pregnancy.

Vomiting of pregnancy.

Chloretone has been pronounced the most satisfactory hypnotic and sedative available to the medical profession.

CHLORETONE: Ounce vials.

CHLORETONE CAPSULES: 3-grain, bottles of 100 and 500.

CHLORETONE CAPSULES: 5-grain, bottles of 100 and 500.

Dose, 3 to 15 grains.

Home Offices and Laboratories,  
Detroit, Michigan.

Parke, Davis & Co.

God's bravest ones have stood alone, and, far above them all. The holy suffering Son of God, in Pilate's judgment hall. 'Tis not where gory sabers flash, and cannons flame amid the crush—  
But where, for right and Truth and God, men dare to stand alone.

EDWARD A. SECOY, M. D."

On questioning Dr. Secoy in re his cure for tuberculosis he stated in unmistakable terms that he "has a cure for tuberculosis in the incipient and second stages," that he is "the discoverer of the cure and compounds the same himself" but "would not at present disclose its nature nor how he administers it." The president ruled that inasmuch as Dr. Secoy was not a member of the society the discussion was out of order.

Dr. Secoy brought with him from Darbyville the Rev. Ringle to speak in his behalf, and after heated discussion and much protest the society, out of courtesy to the minister, granted him a few minutes to speak.

The sum and substance of Rev. Mr. Ringle's remarks was that the society is doing itself irreparable injury in the summary expulsion of the doctor and would later (when the doctor had established himself and his cure) regret greatly its hurried action. Mr. Ringle proceeded to give testimonials and to cite cases which the cure had greatly benefitted. He cited two specific cases. The first, he stated, had been in a sanatorium at San Antonio and had been sent home to die, but after two weeks' treatment with Dr. Secoy was

able to walk to the doctor's office—a distance of two blocks—and had gained five or six pounds in weight.

The other case had been at the O. S. S. at Mt. Vernon and discharged as unimproved and likewise "had been sent home to die," but again like the former case had been greatly improved after talking a few treatments from Dr. Secoy.

The society, tiring of these "testimonials," adopted a motion that the program of the evening be resumed, whereupon Howard Jones read a scholarly and intellectual address "Medicine and Mysticism," which was greatly enjoyed and appreciated.

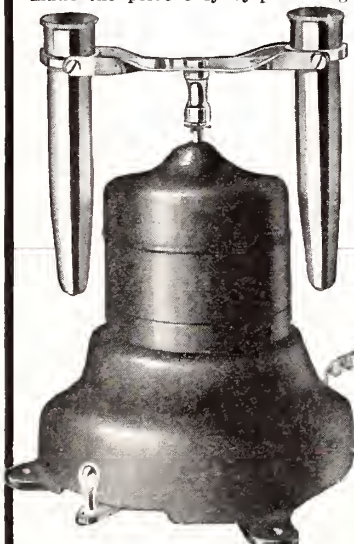
The fee bill was then discussed and the ruling opinion was that a revision upward of several items should be made, namely: Visits in city, \$1.50 to \$2; visits in country, \$1.50 for first mile and 75c for each succeeding mile; night visits one-half to double day charges; obstetrical service, \$10 to \$50 and mileage extra; ordinary office prescriptions, 75c to \$2; vaccination, \$1 to \$10.

—D. V. Courtright, correspondent.

Columbus—Dr. F. M. Stanton, assistant gynecologist at Ohio State University, has been granted leave of absence to become special assistant resident surgeon at Barnes Hospital, the medical department of Washington University, St. Louis, Missouri. Dr. Stanton expects to return to Ohio about the first of the year.

## Electric Centrifuge \$12.50

An unusually low price for a practical electric centrifuge. Never before sold for less than \$25.00, and we are able to make the price only by producing large quantities in the most efficient manner.



Why use the old style hand centrifuge when for a little more you can secure this up-to-date and efficient electric centrifuge which will greatly simplify your work?

The new electric centrifuge is equipped with a Universal motor (for either direct or alternating current), mounted on heavy cast base which can be fastened to shelf or table. It is equipped with rheostat in base to control speed and comes complete with 2 aluminum tube holders, plain and graduated glass tubes, cord and socket. In actual use, with tubes filled, a speed of 1,800 R.P.M. is secured on direct current, on alternating current 2,400 R.P.M.

9W4215 — Electric

Centrifuge with Universal Motor.....\$12.50  
Haematokrit, Complete with Tube..... \$4.50 Extra

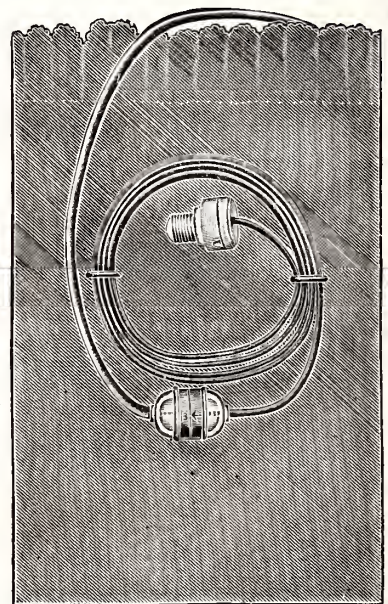
## Electric Heating Pad, only \$4.50

Materials have advanced tremendously but we have been — not \$7.00

able to produce this high class pad in one size only, 8 x 12 inches, in enormous quantities so as to give our customers this special offer for a limited time.

The pad is a standard type, flexible, covered with eiderdown and coming complete with silk cord and socket. This is a two heat pad, offering a range in temperature that will meet any condition. It is provided with two safety fuses which positively prevent overheating. It is only by manufacturing a single size pad in large quantities that we have been able to make this special price.

9W4670 — 8 x 12 inch Electric Heating Pad. Special Price..... \$4.50





## During Pregnancy

**S**TANOLIND Liquid Paraffin is an admirable laxative for use during pregnancy. It produces no irritation of the bowel, has not the slightest disturbing influence upon the uterus, and no effect upon the fetus.

The regular use of Stanolind Liquid Paraffin in the later months of pregnancy is an effective means of avoiding some of the serious dangers attending the parturient state because of sluggish bowel action.

Stanolind Liquid Paraffin counteracts to a definite extent an unfortunate dietetic effect on the intestine in this manner; the concentrated diet of our modern civilized life contains so little indigestible material that the residue is apt to form a pasty mass which tends to adhere to the intestinal wall. Stanolind Liquid Paraffin modifies this food residue, and thus tends to render the mass less adhesive.

Stanolind Liquid Paraffin is mechanical in action, lubricating in effect. Its *suavity* is one of the reasons why increase of dose is never needful after the proper amount is once ascertained.

*A trial quantity with informative booklet will be sent on request.*

### Standard Oil Company

(Indiana)

72 West Adams Street

CHICAGO, U. S. A.

### State Visitors for the Insane

The employment by the state of qualified physicians as visiting field agents for the state institutions for the insane is suggested to the board of administration by Dr. A. G. Hyde, superintendent of the Cleveland state hospital. Under the present system, patients, when they show marked improvement or their condition is such that improvement would be more rapid with relatives and friends, are released from the hospital. They are sent to their homes and no further attention is paid to them.

In the penal institutions when a prisoner is paroled, a field agent is sent to call upon him each month to see how he is getting along and to offer suggestions that will prove of benefit. Under this system the managing officer of a penal institution is able to keep in close touch with the paroled men and women.

Were the same system adopted for the institutions for the insane, the number of returned patients would be considerably smaller, Dr. Hyde believes.

The Ohio board has no appropriation available for the work, at this time, but it is possible that a sum sufficient to try the experiment in one of the state hospitals will be requested from the board of emergency appropriations.

### Health Measure is Crippled

An example of the dangers incident to legislatures tampering with tried laws is presented in a recent ruling by Attorney General McGhee to the State Department of Health relative to certain amendments made to the Bense Act by the last legislature.

It has been found that House Bill No. 263, passed by the last General Assembly ostensibly to take care of a local condition in Geauga County, practically destroyed the effectiveness of the Bense Act, one of the most effective health weapons in the state. This bill, introduced by Representative W. P. Ellis, was amended in committee and passed so as to provide that bond issues required for improvement of local water supplies *shall be submitted to a vote of the people*. The foundation principle of the Bense Act was that the abolishment of epidemics is a state function, and a duty in the discharge of which it must not be limited or hindered by local authorities. Local communities were compelled to issue bonds for water purification plants and abatement of stream pollution nuisances when ordered by the State Board of Health under the Bense Act. Now it is discovered that this is all wiped out by the amendment which provides that such bond issues shall be submitted to a vote of the people. There will probably be a bill introduced in the next legislature to correct the condition.

## PRESCRIPTION SERVICE THAT SATISFIES

The service that firmly holds customers and constantly attracts new ones, is SERVICE that SATISFIES.

The facilities of THE WHITE-HAINES OPTICAL CO. are equal to the severest test.

ACCURACY is our first consideration.

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Our ability to handle a large volume of work promptly is worthy of your consideration.

We are Headquarters for Punktals, Kryptoks, Ultex onepiece, Naktic and Korectal (Trade Mark Reg.) lenses.

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## 50% Better Prevention Defense Indemnity

1. All claims or suits for alleged civil malpractice, error or mistake, for which our contract holder,
2. Or his estate is sued, whether the act or omission was his own
3. Or that of any other person (not necessarily an assistant or agent),
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6. Defense through the court of last resort and until all legal remedies are exhausted.
7. Without limit as to amount expended.
8. You have a voice in the selection of local counsel.
9. If we lose, we pay to amount specified, in addition to the unlimited defense.
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The  
**MEDICAL PROTECTIVE COMPANY**  
of Ft. Wayne, Indiana.

Professional  
Protection, Exclusively

# Digestive Disturbances

in infants can usually be traced to faulty or improper food. These disagreeable conditions are successfully overcome by prescribing

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BRAND  
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**MILK**  
THE ORIGINAL

which is made from the highest quality of raw materials by the most modern and sanitary methods of manufacture—guaranteeing a finished product—that at all times is clean, wholesome and dependable for Infant Feeding.

*Samples, Analysis, Feeding Charts in any language, and our 52-page book, "Baby's Welfare," will be mailed upon receipt of professional card.*



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## NEWS NOTES

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*Cincinnati*—Dr. M. L. Heidingsfeld, who was dangerously ill early in October, is reported to be recovering his health.

*Toledo*—Dr. C. W. Waggoner has returned from three months post graduate work in Baltimore and Washington.

*Cleveland*—Dr. O. van der Stricht, Ghent, Belgium, for the past two years fellow in cystology in the Anatomical Laboratory of Western Reserve University, has been appointed lecturer in anatomy in the Johns Hopkins University.

*Toledo*—Dr. A. H. Hixson, formerly of Columbus, who served six months in France with the Chicago Base Hospital Unit—the first to go abroad—has returned to Ohio and in the future will be associated in practice in this city with Dr. Charles M. Harpster.

*Akron*—Four doctors from other states, residing in Akron, were granted permission October 3, by the State Medical Board to practice in Ohio. They are: Dr. Hugh J. Mulheron, of Detroit; Drs. Floreano Stolfi and Stephen Greenfield, of New York, and Dr. Charles H. Dean, of Salisbury, Vermont.

*Mt. Vernon*—Dr. J. E. J. Harris, assistant physician at the State Sanatorium, resigned October 1. He will be associated with Dr. A. G. Shortle in work at the sanatorium in Albuquerque, New Mexico. Dr. Charles Haralson, of the staff of Pennsylvania State Sanatorium, has been appointed to fill the vacancy.

*Dayton*—Dr. Frederick S. Baron, of Zanesville, has opened an office in the Reibold Building in Dayton and has arranged to spend Thursday, Friday and Saturday of each week in Dayton. He maintains his Zanesville office and residence. In both Zanesville and Dayton Dr. Baron limits his practice to diseases of the eye, ear, nose and throat.

*Cincinnati*—Dr. Thomas J. Sharkey, son of Mr. and Mrs. John Sharkey, of Amanda, died at Good Samaritan Hospital, September 17, following an operation for appendicitis. Dr. Sharkey graduated from the medical department of the University of Cincinnati last year and was serving his first year as an interne at Good Samaritan Hospital.

*Dayton*—Drs. A. J. Willey and R. C. Austin have opened offices in the Reibold building in Dayton and are associated in the practice of general and orthopedic surgery. Dr. Willey formerly practiced in Delaware, Ohio, and Dr. Austin comes to Dayton from Rochester, Minnesota, where he served as assistant in the surgical department at the Mayo Clinic.

# Quaker Oats

*Extra-Grade Oat Flakes*

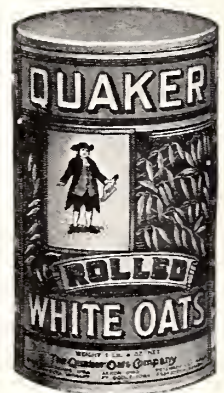
## 2260 Calories For 12 Cents

Quaker Oats is today a marvel of economy. Eggs cost nine times as much per unit of nutrition. The average mixed diet costs four or five times as much.

Yet Quaker Oats is the highest grade of oat food. It is flaked from queen oats only—just the rich, plump oats. We get but ten pounds from a bushel.

Because of this selection, Quaker Oats stands supreme in flavor. Because of that flavor, it stands first the world over.

Even at twice this price, a better oat food is impossible.



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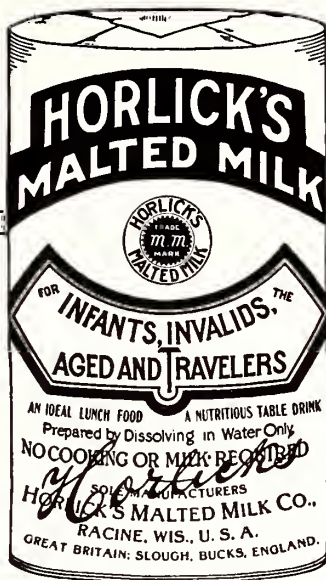
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(1757)



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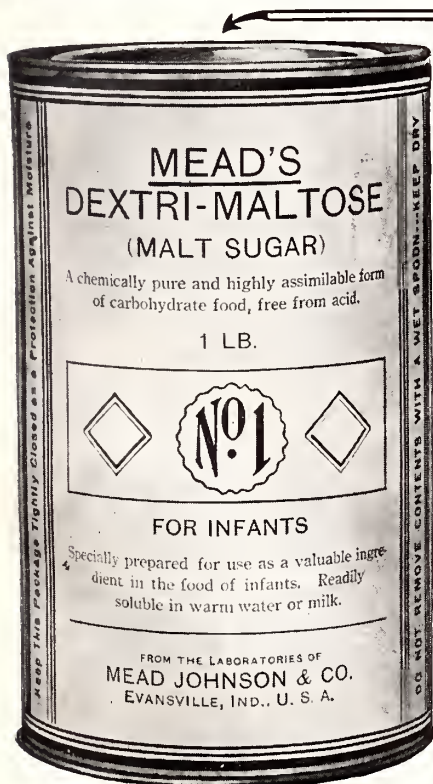
**R**ECOGNITION of Horlick's Malted Milk has been growing for over a third of a century. It rests upon *quality* that combines *Originality*, uniformity and dependability.

**H**OW *Success-fully* Horlick's has met the requirements of the physician and the needs of the patient is shown by the universal accord with which it is prescribed.

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**MAXIMUM**  
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**MINIMUM**  
DIGESTIVE DISTURBANCES, DIARRHOEA

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*An Efficient Carbohydrate*

Is why nearly all pediatricists prescribe **Mead's Dextrin-Maltose** in formulae for

**INFANT FEEDING**

Let us send you samples and literature fully describing the simplicity of using Dextrin-Maltose in any milk mixture in the same proportion as milk or cane sugar, but with better results.

**MEAD JOHNSON & CO., Evansville, Ind.**

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 NEWS NOTES OF OHIO  
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*West Mansfield*—Dr. Horace A. Skidmore has moved to Bellefontaine.

*Manchester*—Dr. L. H. Leonard and family, of Mt. Orab, have located here.

*Mansfield*—Dr. Ada Ford is recovering after an operation for appendicitis.

*Zanesville*—Dr. A. H. Gorrell is spending six weeks in New York City taking post-graduate work.

*Middletown*—Dr. Edward O. Bauer has returned after devoting two weeks to post-graduate work at the Mayo clinic.

*Toledo*—Dr. J. Sumner Teter has been appointed city epidemiologist to succeed Dr. Thomas L. Ramsey, resigned. The position pays \$2,100 annually.

*Columbus*—Dr. Carl D. Hoy and family narrowly escaped injury October 1 when their machine collided with another machine at Commercial Point.

*Findlay*—Dr. Earl B. Maxwell, former Van Buren physician, has opened an office here. He will retain his Van Buren office, spending three hours each day there.

*Dayton*—Dr. R. A. Bunn has been appointed assistant to Colonel James E. Miller, inspector general and chief surgeon at the National Military Home, to succeed Dr. C. A. Coleman, resigned.

*Circleville*—While visiting in Old Town, Maine, recently, Dr. Oscar H. Dunton was guest of honor at a reunion and banquet held by former classmates and college friends at the University of Maine.

*Cincinnati*—Dr. Franz H. Miketta is the new president of the McDowell Medical Society; Dr. Edwin Kehoe is vice-president; Dr. Henry Schneider, secretary, and Dr. Louis Nicholas, treasurer.

*Columbus*—Dr. H. M. Platter has been named permanent secretary of State Board of Medical Registration to succeed Dr. George H. Matson, deceased. Dr. Platter has been acting as temporary secretary.

*Xenia*—Dr. W. S. Ritenour, who for the past three years has been connected with McClellan Hospital, entered the University of Pennsylvania, Philadelphia, October 1 to take a special course in medical branches.

*Elyria*—Dr. Charles E. Clark has returned to this city to practice medicine after several years of medical missionary work in Turkey. During the first two years of the war Dr. Clark was in charge of a Red Cross hospital.

LUETIN TEST  
 URINE  
 BLOOD  
 SPUTUM  
 EFFUSIONS  
 STOMACH  
 CONTENTS  
 WASSERMANN &  
 NOGUCHI  
 REACTIONS  
 GONORRHEAL  
 COMPLEMENT  
 FIXATION TEST

AUTOGENOUS  
 VACCINES  
 FAECES  
 GENITO-URINARY  
 SURGICAL and  
 GYNECOLOGICAL  
 PATHOLOGY  
 DARK FIELD  
 ILLUMINATING  
 FOR  
 SPIROCHETA  
 PALLIDA  
 MEDICO-LEGAL  
 POST MORTEM

# LABORATORY

CLINICAL AND PATHOLOGICAL

COLUMBUS, OHIO 122 East Broad Street

J J COONS, B S., M. D

ROBERT L. BARNES, M. D., Pathologist, Mt. Carmel Hospital; Lecturer on Laboratory Diagnosis, Medical Department, Ohio State University.

H. M. BRUNDAGE, M. D., Lecturer on Clinical Microscopy, Med. Dept., O. S. U., Consulting Pathologist to Columbus State Hospital.

PROMPT SERVICE.

Immediate Report on Frozen Sections of all Tumors.



Doctor, shall we post this  
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to you? Your name on a postal will do.

JOHNSON EDUCATOR FOOD CO.  
 45 EDUCATOR BLDG. BOSTON

# Sherman's Bacterial Vaccines

Prepared in our specially constructed Laboratories, devoted exclusively to the manufacture of these preparations.



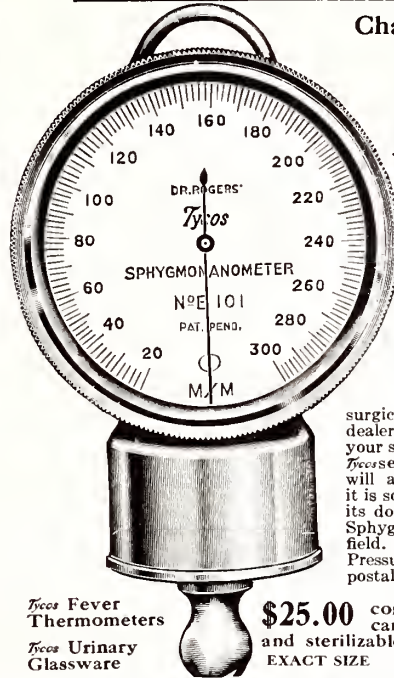
Vaccines constitute an important group of remedial agents. These Vaccines are marketed in specially devised aseptic bulk packages insuring added safety in withdrawing contents.

5 C.C. for \$1.00      18 C. C. for \$3.00  
 Ampules, 6 in box, \$1.50  
 Daily Users of Vaccines Use Sherman's  
 Write for Literature

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DETROIT,      ::      ::      MICHIGAN

## Simplicity of Operation



Characterizes the  
 DR. ROGERS'  
**Tycos**  
 Self-  
 Verifying  
 Sphygmo-  
 manometer

A demonstration at your surgical instrument dealers will insure your surrender to this *Tycos* self-verifying—you will at once see *why* it is so conspicuous in its domination of the Sphygmomanometer field. Ask for Blood Pressure Manual—a postal request will do.

*Tycos* Fever Thermometers  
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\$25.00 complete with carrying case and sterilizable sleeve. EXACT SIZE

At all surgical instrument dealers.

*Taylor Instrument Companies*  
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## Have You Received Your Copy of Our Handsome New Catalog "G"?

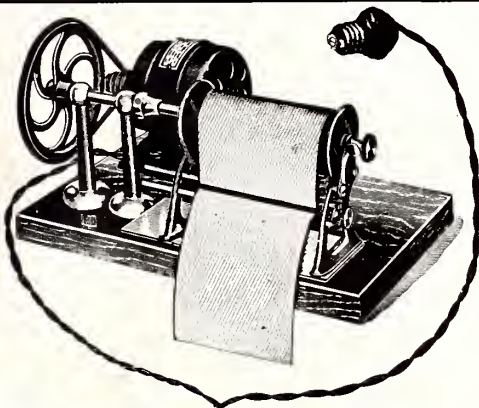
The Columbus Aseptic Furniture Company

Manufacturers of

ASEPTIC OFFICE AND HOSPITAL FURNITURE AND METAL PRODUCTS

142-148 North Third Street

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## Red Cross and Base Hospital Supplies

- Electric Bandage Roller \$25—\$42.00
- Carrel Dakin Apparatus \$4.25—10.50
- Caldwell Paraffin Sprayer 15.00
- Pierce Paraffin Sprayer - 12.00
- Electric Paraffin Sprayer - 25.00

Complete Sanitary Furniture Equipments for Hospitals.

THE MAX WOCHER & SON CO.  
 CINCINNATI, OHIO

### Soldiers Comfortable in the South

Reports from the medical officers stationed with the Ohio troops at Camp Sheridan, Montgomery, Alabama, indicate that they are comfortably settled for the winter, and that despite the training. Lieut. M. C. Hunter, serving with the training. Lieut. M. C. Hunter, serving with the 448th Field Hospital, in an interesting letter to his father, Dr. J. E. Hunter of Greenville, says that the people of Montgomery are delightfully hospitable to the northern soldiers and that the camp is well situated. Practically all of the medical officers occupy screened shacks, according to Dr. Hunter, and secure excellent mess at a cost of about 40 cents per day. Many of the Ohio doctors with the troops have arranged to have their wives spend the winter in Montgomery. Camp regulations permit them to spend much of their spare time away from camp, and many of the officers' wives are clubbing together and engaging in light housekeeping.

It is currently reported that the Ohio troops will probably be stationed at Camp Sheridan throughout the winter, but they all expect service in the early Spring, and are planning to participate in the great Spring drive. It is probable that Lieut. Col. Joseph Hall of Cincinnati, the head of the Ohio medical section, will be sent to France this winter as a military medical observer.

*Columbus*—The annual report of the State Board of Medical Registration shows that out of 24 Ohio physicians accused of illegal practice 18 were convicted, one suit was dismissed, one resulted in disagreement and four are pending. Sixteen affidavits charging illegal practice of midwifery resulted in nine convictions, one dismissal and six pending cases. The licenses of three doctors were revoked and two revoked licenses were restored. In four regular and one special examination, 182 physicians and surgeons, 26 osteopaths and 12 midwives were licensed. Receipts for the year were \$13,420, expenditures \$11,004.

## Laboratory Service for Physicians

Differential Leucocyte	Wassermann
Typhoid Agglutination	Blood Cultures
Pus Cultures	Pathological Tissues
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## ATTENTION: LABORATORY SERVICE FOR PHYSICIANS

We make EVERY USEFUL AND ACCEPTED TEST

*punctually  
competently  
for moderate fees*

WASSERMAN Test, controlled by the best method, the

HECHT-GRADWOHL TEST  
URINE ANALYSES

AUTO-VACCINES

PASTEUR TREATMENT (mail course)

Send for Fee List, Literature, Containers, Free of Charge

CINCINNATI BIOLOGICAL LABORATORIES CO.  
19 W. 7th St., Cincinnati, Ohio

Directors: Dr. A. Faller, Dr. R. B. H. Gradwohl

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(Established 1905)

DR. BONNELLE W. RHAMY, Director

MARGARET J. NEUMANN, Pathologist & Serologist

Bacteriological, sero-logical, pathological, toxicological and chemical examinations of all kinds given prompt, personal attention.

Full instructions, fee table, sterile containers and culture tubes sent on request.

(As early diagnosis is the important factor in successful treatment it will pay you to utilize dependable laboratory diagnosis early and often.)

Wassermann test for syphilis.....\$5.00  
(Send 3-5 C. c. of blood)

Gonorrhoea complement fixation test.....\$5.00  
(Send 3-5 C. c. of blood)

This serologic test is the very best means of determining the presence or absence (cure) of chronic gonorrhoeal infection.

Lange's colloidal gold test of spinal fluid..\$5.00  
Differential test; tubercular, syphilitic infection and general paresis.

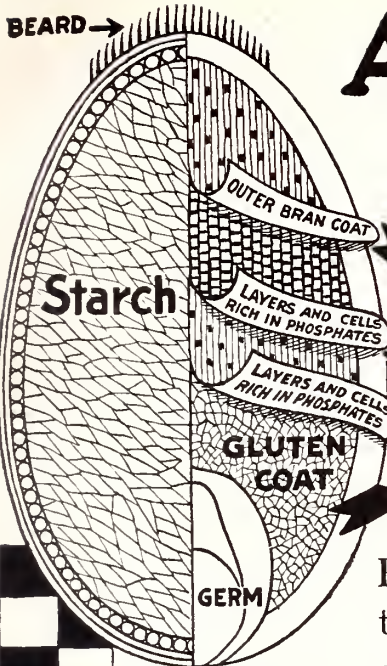
Pathological tissue diagnosis.....\$5.00

Autogenous vaccines

Bacteriologic diagnosis and cultures....\$2.00

20 doses vaccine in 2 C. c. vials.....\$5.00

Rooms 307-309 Gauntt Bldg., Cor. Webster and Berry Sts. Phone 896—Fort Wayne, Ind.



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ENLARGED

# A bran food with real nutriment in it

Purina Branzos provides the regulating properties of bran, plus the nourishing properties of all the wheat coats.



In addition to the outside or fiber coat, which is all that ordinary bran is, Purina Branzos contains all of the other layers, which are rich in gluten and phosphates. This makes Purina Branzos nutritious as well as laxative, and gives it a rich, distinctive flavor. The patient really enjoys eating Branzos.

The value of a bran diet is recognized by all physicians. Purina Branzos enables them to recommend a bran diet that has real food value, and decided palatability. It is the only bran product of which one will naturally eat a sufficient quantity to do him some real good.

Purina Branzos is exceptionally valuable for nursing mothers, because it increases the milk flow, and improves the quality. It also regulates the system.

For boys and girls Purina Branzos is splendid. They like it and will eat plenty of it. Purina Branzos is very rich in mineral salts that build bones, gluten that makes tissue and fiber that stimulates normal action of the digestive organs.

There is only one bran *food* that we know of. If physicians will specify Purina Branzos in recommending a bran diet, their patients will be sure to get the right thing. It is packed in a checkerboard package, bearing a red cross.

*We shall be glad to send a sample  
to any physician why is interested.*

**RALSTON PURINA CO., 985 GRATIOT ST., ST. LOUIS, MO.**

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 NEWS NOTES OF OHIO  
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*Middlefield*—Dr. B. C. Tiffany is a candidate for mayor of this village.

*Coshocton*—Dr. J. W. Shaw has returned from ten days' work at the Mayo Clinic.

*Lima*—Dr. and Mrs. J. C. Bradfield are the proud parents of a baby daughter.

*Hamilton*—Dr. Martin F. Vereker has been elected a member of the Common Council of this city.

*Leipsic*—Dr. E. J. Reed was robbed of \$100 while boarding an interurban car in Lima, September 8.

*Toledo*—Dr. Carll S. Mundy, superintendent of the Toledo Contagious Hospital, resigned to enter military service.

*Oberlin*—Dr. Ross Gunn was painfully injured in an automobile accident September 16, but is recovering rapidly.

*DeGraff*—Dr. Forrest Garver, a 1917 graduate of the Eclectic Medical College, Cincinnati, has opened an office here.

*Urbana*—Dr. N. M. Rhodes will act as health officer during the absence of Dr. H. M. Pearce, who is in military service.

*Columbus*—Dr. John M. Thomas broke his right arm while exercising on the gymnasium floor at the Athletic Club, September 22.

*Cincinnati*—Drs. Ernest Zueblin and J. D. Stark addressed the Cincinnati Research Society at the General Hospital, October 4.

*Dayton*—Dr. S. H. Ashmun has been appointed to the staff of city physicians to fill the vacancy created by the death of Dr. D. G. Reilly.

*Athens*—Dr. Roy E. Bushong is acting as superintendent of Athens State Hospital during the absence, on leave, of Dr. O. O. Fordyce.

*Ashland*—The office equipment of Dr. George P. Riebel, including X-Ray, instruments and medicine, was badly damaged by fire September 13.

*Arcanum*—Dr. Walter J. Smith has succeeded Dr. Joyce VanLue as coroner of Darke county. Dr. VanLue resigned the position to enter military service.

*Ravenna*—Dr. W. T. Gatchell, of Cleveland, has moved here to take charge of the practice of Dr. B. H. Nichols, who has enlisted in the Medical Officers' Reserve Corps.

*Columbus*—Professor Francis L. Landacre, of the department of anatomy of Ohio State University, has been appointed acting dean of the college of medicine to succeed Dr. E. F. McCampbell, now in the medical reserve corps.

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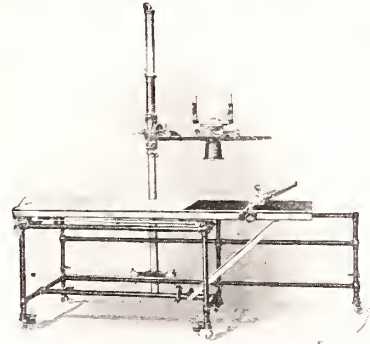
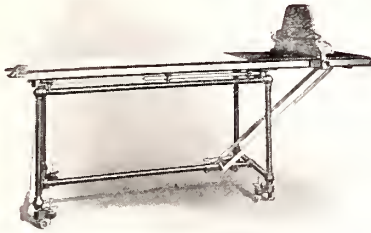
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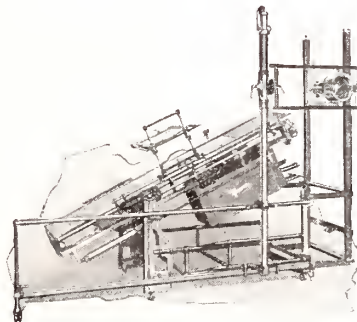
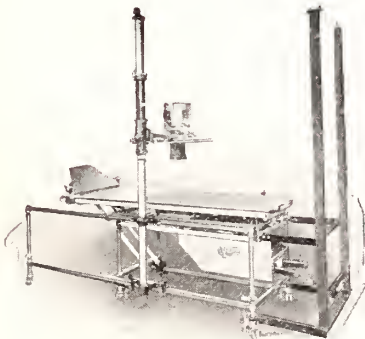
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**CLINICAL CARDIOLOGY**, by Selian Neuhof, B. S., M. D., visiting physician, Central and Neurological Hospital; adjunct attending physician, Lebanon Hospital. The Macmillan Company, publisher. Price \$4.00.

**Surgical Clinics of Chicago.** Vol. 1, Number 4. August, 1917. W. B. Saunders Company, Publishers.

**GYNECOLOGY**, Vol. IV. of the Practical Medicine Series for 1917. Editor by Emilius C. Dudley, A. M., M. D., professor of Gynecology, Northwestern University Medical School; Gynecologist to St. Luke's and Wesley Hospitals, Chicago, and Sydney S. Schochet, M. D., instructor in Gynecology, Northwestern University Medical School; adjunct gynecologist, Wesley Hospital, Chicago. Price \$1.35. The Year Book Publishers, Chicago.

**PEDIATRICS—ORTHOPEDIC SURGERY.** Vol. V. of the Practical Medicine Series for 1917. Edited by Isaac A. Abt, M. D., professor of Pediatrics, Northwestern University Medical School, attending physicians Michael Reese Hospital, and John Ridlon, A. M., M. D., professor of Orthopedic Surgery, Northwestern University Medical School. Price \$1.35. The Year Book Publishers, Chicago.

**OBSTETRICS** by Whitridge Williams, professor of Obstetrics, Johns Hopkins University; Obstetrician-in-chief to the Johns Hopkins Hospital, Baltimore. Fourth enlarged and revised edition. Seventeen plates and 685 illustrations in the text. D. Appleton & Company, New York and London.

Year Book Publishers, Chicago. Practical Medicine Series.

Vol. VII. Obstetrics, Joseph B. DeLee, A. M., M. D., Professor of Obstetrics, Northwestern University Medical School. Price \$1.35.

Vol. VIII. Therapeutics—Preventive Medicine. George F. Butler, Ph. G., A. M., M. D., Emeritus Professor of Therapeutics, Chicago College of Medicine and Surgery, and Wm. A. Evans, M. S., M. D., LL.D., Ph. D., Professor of Preventive Medicine, Northwestern University Medical School. Price \$1.50.

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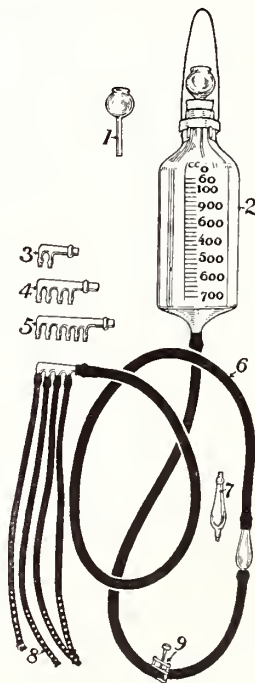
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### Rural Schools Need Improvement

The State Department of Health is directing attention to the fact that conditions in the rural schools of the state admit of great improvement. In the August number of *The Ohio Public Health Journal* a report is published of the survey conducted by Dr. E. R. Hayhurst while he was connected with the board, covering the question of the hygiene of 182 rural schools in Stark County. The investigation developed an immense number of glaring defects—poor heating equipment, over-crowding, bad illumination, poorly adjusted seats, etc. According to the report, only 19 of these schools were considered good in respect to cleanliness, while 115 were decidedly dirty. In commenting on the facts brought out by this survey, Dr. Hayhurst says:

"The above is meant to give but a brief synopsis of the conditions of general sanitation and hygiene found in the rural and village schools in one of the most typically representative counties in the State of Ohio. This county contains also the cities of Canton, Massillon and Alliance (not included in this investigation). While the rural populace has evidently greatly enriched itself during the past generation or two, to judge from the general excellence of roads, fences, houses, barns, silos, etc., it appears satisfied to leave the education of the youth to the antiquated buildings which ancestors erected and upon which

some districts, apparently, have spent practically no money since their erection. Indeed, in certain instances, grange halls and other public buildings erected alongside of archaic educational structures, greatly surpassed the latter in the matter of cost and particularly of sanitary construction. In but one or two instances had any thought apparently been given to centralized schools and the conveniences of automobiles and other modern means of transportation in conveying the pupils to the same.

"While the 'little red school-house' may be a fine enough thought in American lore, it must be remembered that in most instances the little building is not what it was when it was built a half-century or more ago, that it is likely to be overcrowded at the present time, that the character of the populace in this vicinity has changed in many instances, that the prevalence of communicable diseases has greatly increased with the increase and change of population, that the cleansing and care of the old building is very difficult because of its lack of repair, etc.

"No doubt proper standards could be maintained in practically all features of sanitation and hygiene, at very little additional direct expense, and with positive and immediate gain from the precluding of indirect expense—disease, wear and tear and inefficiency in the management of the isolated, old and dilapidated school house,—but for counties of the character of the

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one covered, the districts should provide centralized schools and derive the manifold benefits which such centralization of efforts would offer.

"It is further suggested also that the teacher, after being properly informed as to the correct standards for heating, lighting, ventilating, cleaning, etc., should appoint a 'pupil sanitarian' every week or so, whose duties should be to supervise sanitation and school-room hygiene during his or her week of appointment. This should be done whether janitor services are provided or not, as much to help in the education of the pupil in matters of personal and environmental hygiene, as in the better health conditions of the school premises themselves.

"Prophylaxis against disease should result from an ingrained knowledge from a public school education."

### Medical Inspection Is Needed

The re-opening of schools offers a splendid opportunity to public-spirited physicians in those communities which are still without adequate medical inspection of school children. The State Department of Health is undertaking a propaganda to extend this system and is taking advantage of the condition created by the military selective draft. A recent bulletin by the department says:

"No greater argument for medical inspection of all school children could be advanced than the record of disqualifications by reasons of physical defects found by the Exemption boards in Ohio and elsewhere in their examinations of registrants under the Selective Service Law. The school boys of today will be our soldiers of tomorrow. Defects discovered in the child in school may be easily corrected, whereas, if they are neglected the child, if he survives, may become permanently disabled and disqualified for military service by the time he has reached his majority.

"Every community in the state should take advantage of the present opportunity to enforce medical inspection in the schools. Teachers should urge it and boards of education will be doing their country a great service by providing for it. The chances are, there will be very little opposition to medical inspection of the school children at this time. It can well be urged as a patriotic measure.

"Physicians examining the young men for the army have found many of them suffering from rheumatism, goiter, heart or kidney diseases which might have been avoided had proper care been taken of the teeth or had the tonsils been looked after in youth. Many are found to be tubercular. Medical inspection in the schools will correct defects in the child before it is too late and errors in his manner of life may be wiped out and kept out by instruction in the fundamental principles of diet, personal hygiene and disease prevention."

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### Publicity For Epidemics?

In case of an epidemic, or threatened epidemic of small-pox or other disease in a community should newspapers publish the fact that there is such an epidemic or threatened epidemic? This question is asked in the current issue of *The Ohio Public Health Journal*, which is issued by the State Health Department, and is answered in the affirmative.

"This question came up in a meeting of health officials, manufacturers and other citizens held in a southern Ohio city a few days ago, for the purpose of discussing means of checking a threatened epidemic of small-pox.

"The question was put up to the representative of the State Department of Health and the answer given was that publicity given through the newspapers of the prevalence of small-pox or other contagious diseases will not hurt a community provided that same publicity also tells of efforts being made to stamp out the epidemic.

"Honest statements of conditions should be given to the newspapers and the newspapers should publish such news. An attempt of officials or newspapers to suppress news of the prevalence of that old monster, small-pox, in the community because it might 'drive away trade' or 'hurt business' very often has just the opposite effect intended. The people of the community are bound to learn of it and they pass the

word out, often exaggerating conditions, and a lie once started, like a snowball, becomes bigger and bigger as it rolls along.

"This is best illustrated by a true story of a prominent man in public life who went on a jamboree, had a fight, and finally landed in a hospital. Because of the man's position and high standing in the community, the newspapers did not publish the facts but the town gossips did, by word of mouth, until the rumors of the scandal became so exaggerated that the prominent citizen finally appealed to the newspapers to publish the truth about it.

"There was a time, not many years ago, when the 'powers that be' in some of the leading cities of Ohio would not permit health officials to placard houses for small-pox for fear of driving away trade but it is gratifying to know that most communities have come out of that benighted state and manufacturers, merchants and other business interests who a few years ago were generally found arrayed against such measures are now found cooperating with health officials in their attempts to control the spread of communicable disease and prevent unnecessary sickness.

*Gallipolis*—Dr. Mary L. Austin, of the Ohio Hospital for Epileptics, is in New York taking post graduate work.

## WHY YOU SHOULD USE CHLORAZENE

The United States Naval Medical Bulletin of July, 1917, states that after a significant series of analyses of samples of chlorinated lime from which it was proposed to make up Dakin's Solution, which solution gave negative results because of unavoidable errors in calculation and manipulation, it was decided to issue to the service **CHLORAZENE**, Dakin's water soluble synthetic antiseptic (para-toluene-sodium-sulphochloramide). Chlorazene Cream was also highly spoken of.

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In Cincinnati, Dr. Landis has issued a very readable bulletin for several years. In Cleveland, Dr. Bishop has taken up the idea and with the aid of a skilled publicity expert, Mr. J. D. Halliday, is issuing a little monthly journal that represents the best development in this field of public health propaganda. The articles are prepared by the physicians connected with the staff of the department and are simple and to the point. Each carries a single message and the lay reader is not confused by technical terms or abstract discussion. An idea of the practical value may be gained from the titles of the eight leading articles in this number.

"Are you worth your salt to yourself, your boss—to Uncle Sam?" by Dr. R. H. Bishop, Jr., Commissioner of Health.

"The fight for fresh air—What victory means," by Dr. R. I. Rockwood, Chief of the Bureau of Tuberculosis.

"What's all this about public health nurses? Ask John's wife,—she knows!" by Miss Charlotte Ludwig, Chief of the Bureau of Public Health Nursing.

"Three hundred and thirty reasons for dodging preventable disease," by Dr. Martin Friedrich, Chief of the Bureau of Communicable Disease.

"What to do when sickness steals into your house," by Dr. G. W. Moorehouse, Assistant chief of the Bureau.

"Better Babies and Their Care," by Dr. Richard A. Bolt, Chief of the Bureau of Child Hygiene.

"Eggs aren't always what they seem—and why?" by Wilbur White, the city chemist.

"Milk can be a menace to or a maker of health," by Dr. R. C. Roueche, chief of the Bureau of Food and Dairy Inspection.

As this bulletin has become more elaborate and the demand for it has become more general, Dr. Bishop finds it necessary to charge a small subscription fee of fifty cents per year. In our opinion this bright little journal should be on the waiting room table of every doctor in the state of Ohio. We would suggest that before you forget it you send fifty cents to Dr. Bishop, care of the Division of Health, Cleveland, Ohio, and provide for its regular appearance for the next year in your waiting room.

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**Next Meeting of the State Association,  
Columbus, May 13, 14 and 15, 1918**

## Editorials

### Pretty Please

Please pay your State Association dues, to the treasurer of your county medical society, at once. If you are to retain good standing in the State Association, and consequently in the American Medical Association, dues for 1918 *must* be paid before January 1. If not, you temporarily lose the malpractice defense extended by the Association, and—by virtue of postal rulings—your *Journal* will be stopped. Won't you help us, here at Columbus, by sending your check now—as you read this—and thereby do your part toward insuring the continued maintenance of your Association and your *Journal* for another year?

### An Important Committee

The State Sickness Insurance Commission, which has started work on a survey to ascertain the need for state insurance in Ohio, has indicated that it plans to consult freely with the various groups that are directly affected by the movement. At its October meeting the commission, by resolution, voted to ask the Ohio State Medical Association to appoint an advisory committee of three, to which the members of the state commission might turn for advice concerning the medical phases of the subject under consideration.

President Smith appointed to this committee: Dr. Walter H. Snyder of Toledo, who is chairman of the local committee that is investigating the subject in behalf of the Toledo Academy of Medicine; Dr. O. P. Geier of Cincinnati, who served this year as chairman of the Section on Public Health of the A. M. A., and whose experience in industrial medicine should be of value; and Dr. Gilbert E. Robbins of Chillicothe, who, in addition to being a representative of the general practitioners in the smaller cities, is familiar with public health work, and consequently with the public health phases of sickness insurance. *The Journal* feels that in this selection Dr. Smith has provided the state commission with a well balanced committee, the advice of which should be worth careful consideration. The Ohio commission is laying the ground work for a rather thorough investigation in which the experience of other states will be utilized. Similar investigations are being conducted in other sections of the country. The Ohio commission has \$25,000 to devote to the study; Illinois is spending \$20,000, while Pennsylvania and Wisconsin have \$5,000 funds. In Connecticut the general commission is devoting special study to sickness insurance, and in New Jersey the commission that was appointed to investigate both old age dependency and insurance has reached the conclusion that any comprehensive plan for old age re-

lief should be preceded by workmen's sickness insurance. Probably the most advanced work is being done in California and Massachusetts where commissions have been studying the subject for some time.

Since the Ohio commission was appointed we have had several inquiries from members as to the exact nature of the sickness insurance problem. A brief review at this time might be of value. When the Ohio General Assembly met in 1915 one of the labor members introduced the so-called "model bill," prepared by the American Association for Labor Legislation. In this bill provision is made for the universal application of health insurance to all workers earning less than a specified amount by requiring that while at work a few cents per week, based upon and deducted from earnings, shall be placed in a fund, under state supervision, to which the employer contributes a like amount and the state one-half as much. When incapacitated by illness or by accident not covered by workmen's compensation, the workman would be entitled to receive at the expense of the fund adequate medical, surgical and nursing care and two-thirds of wages until able to resume work, but not for more than twenty-six weeks' incapacity in any one year. For fatal cases a funeral allowance of \$100 is provided, and for women workers and for the wives of insured men provision is made for maternity care. Administration of this insurance recognizes trade union funds, establishment funds and fraternal societies but encourages the formation of mutual local or trade funds to be jointly conducted at actual cost. No provision is made for recognizing profit-making or commercial insurance companies.

Of course, this was far too large a dose to swallow without very careful consideration. Recognizing the fact that sentiment for compulsory sickness insurance undoubtedly is increasing, and that Ohio must face the problem sooner or later, the legislature provided for the present commission, in the personnel of which the governor has endeavored to give representation to the various groups directly affected—organized labor, manufacturers, the medical profession and social workers. It should be understood that the commission now at work is not considering the merit of any particular measure, but is concerned in ascertaining complete information relative to sickness in Ohio with a view of determining the need of any public insurance of this sort.

In providing for advisory committees the state commission recognized the four state associations that are representative of the largest classes affected—the Ohio State Federation of Labor, the Ohio Manufacturers' Association, the State Conference of Charities and Corrections and our organization.

### Mizer Sanatorium, Again.

Three years ago we were forced to call your attention to unethical circulars that had been issued to physicians over the state by the Mizer Sanatorium of Coshocton, Ohio. In June, 1914, over the signature of Blake V. Mizer, manager, circular letters were issued to doctors offering to guarantee a cure in any case of liquor or drug addiction, and offering a commission of twenty-five dollars for any patient referred to the institution by a physician.

Under date of November 1, 1917, and over the signature of French V. Mizer, the present manager, similar circular letters have been issued, offering a fee of twenty-five dollars for each patient referred, and (in an accompanying booklet) presenting a "no-cure, no-pay" proposition.

When the previous circular letter was issued in 1914, *The Journal* printed the following paragraph of editorial comment:

"Our attention has again been called to decidedly unethical circulars which have been sent to several physicians over the state by "The Mizer Sanatorium" of Coshocton, Ohio, an institution to which we had occasion to refer editorially some months ago. A circular letter signed by Blake V. Mizer, Manager, stated that "We guarantee a perfect and absolute cure to the satisfaction of the patient," and that the "treatment is absolutely painless." etc., etc. Another paragraph says "Will allow you \$25 for any patient you may bring or send to us for treatment."

"The circular letter prints the name of H. R. McCurdy, M. D., as medical director and the rather lurid circular refers inquirers regarding the institution to a number of Coshocton business men and to twelve Coshocton physicians. We would suggest that the physicians whose names are thus used would do well to investigate the ethical conduct of this sanatorium, as they are thus placed in a bad light before fellow physicians who receive these circulars."

The new circular likewise carries the name of H. R. McCurdy, M. D., as medical director, and the booklet which accompanies it continues to present the names of twelve Coshocton physicians as reference.

The offer of Mr. Mizer, representing the sanatorium to pay twenty-five dollars to any physician referring the case for treatment to his institution is not only in exceeding bad taste, but is a direct invitation to the physician addressed to violate the state law governing the division of professional fees. We suggest that before accepting Mr. Mizer's offer the physician consult Section 1275 of the General Code of Ohio—which is the clause defining "Grossly unprofessional and dishonest conduct" in our medical practice act, and was drafted by the Legislature two years ago to penalize the buying and selling of patients.

### Precise Diagnostic Methods

Dr. Charles Edwin Briggs, chairman of the Association's Committee on Medical Education, announced this month that the committee had delegated to Dr. John Phillips of Cleveland the task of preparing and presenting the post-graduate educational program for 1918. The general subject will be "Important Considerations Regarding Clinical Diagnosis," and the lecture will be designed to bring to the general practitioners of the state a review of the more important clinical and laboratory procedures which should be regarded as routine in the practice of medicine.

We have heard numerous expressions of approval concerning the selection of the general topic for next year, as it is thoroughly practical and touches a field that is of direct interest to a large majority of physicians. The committee anticipate a repetition of the successful work of the last two years, when before audiences of increasing size Dr. Briggs, in 1916, presented the subject of Fractures and Dislocations, and Dr. William D. Porter, of Cincinnati, this year lectured on Obstetrics.

Dr. Phillips is splendidly qualified to carry forward the work so successfully launched by Dr. Briggs and Dr. Porter. He is Assistant Professor of Medicine in Western Reserve University School of Medicine, was graduated from the University of Toronto in 1903, and received thorough training at Lakeside Hospital, where he was resident physician. He is now assistant visiting physician on the Lakeside staff, and his wide clinical experience will lend authority to the message which he will deliver.

The committee plans, through this lecture, to have Dr. Phillips give his judgment regarding the relative value of the various points in general diagnosis. He will deal particularly with the importance and the points to be established in securing proper personal histories, and will discuss in detail the various refinements in physical examination, including the routine laboratory tests. In discussing these he will not only explain the technic of the simpler procedures which any physician may adopt, but will discuss methods of gauging the relative values of these tests. In detail he will take up a few of the more important—blood pressure, urinalysis, blood count, etc.

An important feature of the demonstration will be a consideration of the importance of the more involved laboratory procedures—the Widal, the Wassermann, etc. In dealing with these the effort will be to present a consideration of their values rather than the actual technic, as the finer points of technic are matters of chief interest to the laboratory expert. The entire purpose of the lecture is to enable the general practitioner whose time and laboratory facilities are limited, to make the greatest possible

use of those precise methods that are doing so much to advance scientific medicine.

Executive Secretary Sheridan, acting for the committee, has on file several requests for this lecture. In a general way the plan of administration followed during the past two years will be carried out. An effort will be made to arrange for afternoon and evening meetings in the geographic centers so that every physician in the state will have an opportunity to attend with the minimum of travel and loss of time. It is probable that most of the cities visited this year will have an opportunity to hear the lecture in 1918. The first will be scheduled for next April, and the remaining at weekly intervals throughout the Spring and Fall months.

\* \* \*

Dr. Porter conducted the final meeting in the Obstetric series at Portsmouth on November 9. The meeting was attended by 70 physicians of Gallia, Pike, Jackson and Scioto Counties, and from some of the northern Kentucky districts. The usual plan was followed, with a dinner at six o'clock served by the women of Trinity church. Dr. Oral D. Tatje, secretary of the Hempstead Academy of Medicine, in commenting upon the lecture, writes:

"No need to mention that the physicians of this section of the state enjoyed his talk—as have hundreds of others. This made the second time that a number of those present heard the lecture. A very hearty vote of thanks was extended Dr. Porter with the wish that he may come again."

*The Journal* takes this opportunity to extend its congratulations to Dr. Porter upon the thorough and interesting manner in which he presented this subject to hundreds of Ohio physicians in the fifteen meetings that were held under the auspices of the Association, and to express, on behalf of the Association, its appreciation of the personal sacrifice of time which he made in traveling over the state. Expressions of opinion from many sources indicate the very practical value of this work, and *The Journal* believes that his efforts have been successful in materially improving the practice of obstetrics in Ohio. Certainly such an end is well worth while, and the knowledge of its accomplishment should be a source of great personal satisfaction to Dr. Porter.

### To Start in Earnest

The state survey to determine the need for sickness insurance in Ohio, will be prosecuted vigorously from this time forward. Mr. John A. Lapp of Indianapolis, an experienced investigator, has been employed by the Commission to direct the survey, and has started on his task. The Association has tendered to Mr. Lapp its offer to cooperate in every way.

### Being a Baby is Dangerous

The truth of the claim that being a baby is "the most dangerous occupation in the world" is borne out in the vital statistics for 1916 that have been prepared by State Registrar John E. Monger, showing the number and per cent. of deaths of babies under one year of age in Ohio during that period. The total shows that 9.8 per cent. of the babies born in 1916 died before reaching the first year, and that these 11,059 infants were 14.9 per cent. of the total number of deaths in the state. In some rural counties the rate of infant mortality was very low during 1916. Henry County showed the lowest rate with a percentage of 3.5 while Wyandot County was second with a percentage of 4.3. Erie, Miami, Monroe, Mahoning, Paulding, Preble, Putnam, and Seneca Counties were all under 6 per cent. The counties that had a death rate above the average (9.8) were: Adams, Belmont, Butler, Champaign, Clermont, Cuyahoga, Fayette, Gallia, Greene, Guernsey, Hardin, Hocking, Jackson, Jefferson, Knox, Lake, Lawrence, Lorain, Lucas, Mahoning, Morrow, Noble, Portage, Scioto, Stark, Trumbull and Tuscarawas. In Noble and Jefferson Counties, which had the highest rates (above 16 per cent.), one out of every six children died before arriving at the first birthday. Mahoning County, with a rate of 15.4, is practically in the same class. One noticeable fact about the figures prepared by Dr. Monger is that the number of male infants who died during the year exceeds the number of females by 1,309. The total number of deaths was 11,059, divided as follows: Males, 6,184; females, 4,875. The mortality of males was 10.6, and that of females 8.9 per cent.

### Check Up Your Village's Health

Frequently we have urged communities to take stock of their physical condition. Citizens of villages and small cities are apt to feel that their communities are healthy because statistics showing the extent of disease are not kept before them constantly, as in the larger cities.

We have been deeply interested in a report recently issued by the public health committee of the Cleveland Heights Civic Club. Cleveland Heights is a separate village of about 3,000 inhabitants adjacent to and practically a part of the city of Cleveland. It has no tenements and no slums, and a high average of citizenship. The natural supposition would be that such a community would be free from communicable disease; yet this committee after making a careful investigation found that certain communicable diseases are three times more frequent on the Heights than in the city. After establishing this fact they inaugurated a plan to remedy the condition.

The report which was drafted by a committee

of three physicians, a dentist, a lawyer, and a business man, first directed attention toward the schools. The report suggests to the school board a revised system of medical inspection and gives five special reasons why it should be adopted. It urges the board to employ three public health nurses for school work, and gives ten practical reasons why this would be a municipal economy. It makes several specific suggestions regarding the sanitary improvement of schools.

Turning its attention to the health office the committee criticises very freely but offers definite remedial suggestions, emphasis being placed upon the necessity for spending more money in the administration of this important work.

The report has been printed and circulated freely, and should prove of definite value in bringing about better conditions in Cleveland Heights—where conditions probably are far superior to conditions in the average village of 3,000. The three physicians of this committee—H. A. Berkes, George F. Thomas and W. J. Abbott—seem to have given this report careful attention and certainly have rendered their home community valuable service.

Health surveys are being made regularly in the larger cities, where their value has been clearly established. There is no reason why they may not be of equal value to the village. The physician is the one who must bring local civic organizations to a realization of this need.

### After Fake Nostrums

"*Nostrums for Kidney Diseases and Diabetes*" is the title of the latest pamphlet issued by The Propaganda Department of *The Journal of the American Medical Association* as part of its work in giving the medical profession and the public the facts regarding different phases of the nostrum evil and quackery. Nostrums for kidney disease and diabetes are grouped together in one pamphlet, not because there is any essential relation between diabetes and kidney disease, but because the average quack makes no distinction between the two conditions and recommends his nostrum indiscriminately for both. It is not necessary to tell physicians that drugs will not cure either kidney disease or diabetes, but it is necessary to apprise the public of this fact. Whatever justification there may be for the sale of home remedies for self-treatment, there is no excuse, either moral or economic, for selling preparations recommended for the self-treatment of such serious conditions as diabetes and kidney disease. Every "patent medicine" sold for the cure of these diseases is potentially dangerous and inherently vicious. The pamphlet is an interesting and instructive one to put in the hands of the layman, and may be secured from the A. M. A. (535 N. Dearborn Street, Chicago), at ten cents each.

### This is Fine

Instantaneous and state-wide has been the response to the Association's suggestion that component county societies pay, from their treasuries, the 1918 State Association dues for those members who are in military service. The large cities responded first. We have not heard of a single county society where the plan has not met with instant approval.

### Using the Doctor

Some months ago *The Journal* called attention to the activities of The Cooperative Hospital Association Company of Cleveland, which, at that time, was offering for sale certain forms of health insurance. Owing to the apparent extravagance of the claims made by the company we suggested to the physicians who allowed their names to be used in connection with it that an investigation might be worth while. Later, and particularly this Fall, the promoters of the company seem to have devoted most of their time to selling a bond issue, floated for the purpose of building a 200-bed hospital.

The campaign to market these securities finally attracted the attention of the Better Business Commission, which operates to enforce truth in advertising under the direction of the Cleveland Advertising Club. The commission formed an investigating committee composed of Mr. W. H. Hunt, president of The Cleveland Life Insurance Company, Mr. Howell Wright, secretary of the Cleveland Hospital Council, Mr. M. P. Mooney and Mr. E. E. Newman. These men, with Mr. Amos Burt Thompson, attorney for the commission, invited Mr. F. O. Blazier, the promoter of the company, and the company's legal counsel, Mr. Frederick Walther, to meet and explain the numerous "inaccuracies in advertising."

In the first place the announcements proclaimed that the new hospital, when completed, "would stand on a pedestal never before attempted and never to be surpassed," and that "the hospital staff would consist of one hundred physicians, surgeons and specialists, and that the hospital would be the best of the present age." Investigation developed the fact that sixty doctors had bought one or more shares of stock in the company, but so far as the business of the association was concerned they did not have a very clear idea of it. The commission developed the fact that the first 10 per cent. paid on the bonds that are being sold goes to the promoters. "In other words they were to pay 6 per cent. interest on \$600,000 worth of bonds, and before the hospital was operating or had earned a nickel, there would be a deficit of \$60,000 (salesmen's commission) in the event that all the bonds were sold." While their advertisements stated that the hospital would be a money-maker from the start, Mr. Wal-

ther and Mr. Blazier told the committee that they were expecting to face a loss in the operation of the hospital, and that the profits would come from the sale of insurance policies.

Several other pertinent facts were developed. For example, it was shown that the United Banking and Trust Company, which was freely advertised as "the trustee of this extraordinary investment proposition," had no contract agreement for the disposal of funds paid into the latter's office; that provisions of the Ohio Blue Sky law were violated in the advertising; and that the health insurance itself was being promoted on a basis that in the opinion of the committee, as expressed in the report, did not allow sufficient reserve to protect the insured persons.

The reason we are giving some publicity to this report is to emphasize the danger, to physicians, of this and similar promotion schemes in which the promoter capitalizes the standing of the doctor. The main impression these Cleveland promoters sought to create was the idea that theirs was a big humanitarian movement comparable to the work of the Red Cross, and that the appeal for funds bore the endorsement of the medical profession. Any financial proposition that is forced to rely upon misrepresentation to secure support is unsafe, and particularly dangerous to the doctor.

### Vacancies in the State Department of Health

The force of the State Department of Health has been seriously depleted by the departure of several members for military duty, and the resignation of several others.

The most important vacancies are those of Directors of Communicable Diseases and Director of Public Health Education and Tuberculosis. Each of these positions pays \$3,000 per annum, and appointment will be made for the period of the war.

The Director of Communicable Diseases must be a physician with experience in public health work, especially in the diagnosis of the common communicable diseases and in epidemiological investigations. The duties are highly technical and the physician without special experience in public health work would not be able to fill the position.

The Director of Public Health Education and Tuberculosis needs to be a physician or a social worker with practical experience in sanitary work. The duties are mainly those of propaganda and organization. Experience and facility in public speaking are essential.

The Commissioner of Health would be glad to have applications from suitably qualified persons. Applications should be in writing and should state the special training and qualifications of the applicant.

### Help This Movement

In these days when demands for contributions to worthy causes of the various charities are so heavy, and so worthy, we hesitate to urge support for any particular one, but we cannot refrain from calling particular attention to the Red Cross Christmas Seals. The Ohio Society for the Prevention of Tuberculosis is campaigning to sell ten million penny seals this year, and



thereby raise \$100,000 for the national, state and local war against the most fatally prevalent of all diseases. Last year 6,500,000 were sold in Ohio, and it is believed that the increased quota will be realized. It should be borne in mind

that the money is largely used for anti-tuberculosis work in the community in which the seals are sold. Practically eighty per cent. of the total receipts is left with the local community, and the remaining twenty per cent. is divided between state and national organizations.

The sale, which started November 20 and will extend to January 1, is expected to net three million dollars in the United States, or more than double the returns in any previous year. The war has made it imperative that every possible facility for the care of consumptives be enlarged.

The examination of 10,000,000 men subject to the draft, besides thousands of others who are enlisting voluntarily, has already and will continue to disclose thousands of new cases of tuberculosis, which have hitherto been unsuspected. To provide facilities for the care of these cases and to educate the general public and the consumptives themselves relative to the danger of the spread of tuberculosis is the immediate work. Later, the care of returning soldiers who have contracted tuberculosis in the trenches will present a big problem.

Buy Red Cross Christmas Seals! Use them on your outgoing mail. Lend your support to the local organization that is promoting their sale.

### "Getting Business"

There are indications from many quarters that the chiropractors are failing to find the "easy picking" they anticipated. Many of the brethren who entered this "easy and profitable field" two years ago are learning to their sorrow that Mr. Lincoln expressed it correctly when he commented upon one's inability to fool all the people all the time. The erstwhile barbers and broken-down preachers who were lured by the scalawag mail-order schools to this "wonderful new profession" are learning that the art of healing the sick requires something more than

a Prince Albert coat and a diploma suitable for framing.

It was easy enough to secure patients at first, particularly after the Platt-Ellis law was passed and practitioners of pseudo-healing cults were given recognition by the state. Every community has its percentage of malcontents and neurasthenics, and these promptly welcomed the new-fangled doctors.

Probably the best indication that the chiropractors are not meeting the success they anticipated is the fact that they are resorting in an increasing degree to "business methods" of securing patients. Their practices having failed miserably in attracting additional clientele, and holding their former patients, many of them are turning to blatant advertising. One rather amusing incident brought to our attention is a mailing circular issued by one Thomas M. Miles, Brooklyn Bank Building, Cleveland. On one side is a lithographed view of Madam Curie working in her laboratory at the University of Sarbonne. It is accompanied by a description of Madam Curie and her work in radium. On the reverse side of the card under the caption "Woman," Chiropractor Miles prints a long rigmorole about the peculiar physical burdens women are forced to bear, and winds up with this:

"Chiropractic corrects the cause of *your* peculiar ills by adjusting the subluxation (displacement) of the vertebrae and releasing the interference from your nerves. Acute and Chronic cases are all handled in Nature's own way; operation, drugs, and all instruments are avoided. Consultation free upon presentation of this folder."

He neglects to mention the fact in so many words—probably due to the annoying phrase of the honest advertising law—but it is clear that he desires to create the impression that Madame Curie in some way or another is connected with, or responsible for, this wonderful system of healing.

We haven't a doubt but that many who receive the circular will get that impression—and Mr. Miles' absurdly unscientific practices will be dimly associated, by them, with Madame Curie and her wonderful scientific accomplishments.

### Nice, Easy Task

A special committee appointed by President Smith to revamp the constitution of the State Association and to bring it into conformity with the modern procedures adopted by the Association, has been at work on this rather laborious task. Dr. J. A. Thompson of Cincinnati is chairman of the committee, the other members of which are Dr. J. E. Tuckerman of Cleveland Dr. D. S. Gardner of Massillon and Executive Secretary Sheridan. The committee hopes to present, at the next meeting of the Association, a modified constitution that will have eliminated many of the contradictions and weaknesses of the present parliamentary law of the Association.

## Original Articles

## Malignant Goiter\*

Dr. Andre Crotti, L.L.D., F.A.C.S., Columbus, Ohio.

Surgeon to Grant Hospital and Children's Hospital.

**M**ALIGNANT GOITER develops in an already existing goiter in 90 per cent. of the cases; consequently, it is more frequently found in regions where goiter is endemic. A malignant tumor developing in a normal thyroid is rare; it is nearly always a tumor of connective tissue origin, as sarcoma, endothelioma, etc.

Malignant degeneration of goiter occurs mostly between the ages of forty and sixty years. Cancerous goiters have been found in younger people, even in children ten to twelve years old, but these are certainly not common. If we glance over Schmidt's, Von Straaten's, Carranza's, and Carrel's statistics, we find that:

24 occurred from 20 to 30 years of age—5% of all malignant cases;

91 occurred from 30 to 40 years of age—19% of all malignant cases;

219 occurred from 40 to 60 years of age—44% of all malignant cases;

76 occurred after 60 years of age—16% of all malignant cases.

Sarcoma is more frequently found in young people, cancer in old ones. Malignant goiter is more frequently found in women than in men, and it occurs mostly at the menopause, hence the absolute necessity of removing any goiter which begins to grow at this time of life. Infectious diseases seem to have a certain etiological influence on the development of malignant tumors of the thyroid; for instance, malignant degeneration not infrequently follows an acute spell of grippe.

*Course and Symptoms*—The development of cancer may be acute, sub-acute, or latent.

In the *acute*, or *fulminating* form, the development of the malignant tumor is extremely rapid. In three or four weeks it may reach such a development as to cause alarming symptoms of suffocation, since the tissues soon become caught by the diffuse, malignant infiltration. This form of malignant goiter occurs in young people and is often mistaken for acute thyroiditis. It is often impossible to differentiate it clinically from woody thyroiditis.

In the *latent* form the gland is hardly modified in form, size, and consistency, but numerous metastases are found in the lungs, bones, etc. The thyroid origin of such metastases is usually discovered at autopsy or when the microscopic exam-

ination happens to be made from a lump removed by operation. This form of malignancy is rare.

Usually the development of malignant tumor follows the *subacute* type. This occurs in patients who previously had goiter, which may have been stationary for years. Some day, however, without any apparent cause, it begins to enlarge and to grow with comparative rapidity. It soon interferes with respiration, the voice becomes rough, harsh and rapidly bi-tonal; deglutition is slightly difficult; shooting pains are complained of, especially toward the ear and along the cervical and brachial plexuses. Little by little, the limits of the goiter are less sharply outlined. The tumor becomes adherent to the neighboring tissues and grows downward toward the mediastinal space. The goiter loses its previous softness and becomes hard, a symptom of great diagnostic value.

Gradually respiration becomes more difficult. A barking cough grows frequent, and paroxysmic choking spells soon dominate the scene. These suffocating spells are always horrifying to witness. The face and neck are congested, the veins distended; the eyes protrude, and the patient makes desperate efforts to get his breath. His hands massage his neck as if he were trying to remove the pressure. Gradually the tracheostenosis grows tighter, the tracheo-bronchial catarrh becomes more and more tenacious, and finally the end comes.

On the anterior and superior portion of the thorax, when the malignant degeneration has already progressed beyond a certain degree, there is a collateral circulation showing that the return flow of blood toward the heart is impaired. At the same time, edema of that entire region may be present, especially when the superior vena cava has been involved. Sometimes one may run across a cancer of the thyroid in which pulsations synchronous with the heart beat are distinctly perceived, so that one thinks of an aneurysm. This is due to the fact that, the veins of the thyroid being thrombosed more or less, the return flow of blood is greatly impaired, and the impact of each new arterial arrival of blood is strongly transmitted through the congested, solid tumor. This form of cancer is called *aneurysmatic* cancer.

Dysphagia is among the first symptoms to betray the presence of cancer of the thyroid. Not infrequently this compression is accompanied by spasms of the esophageal musculature. In such conditions the swallowing of liquids, especially

\*Read before a joint session of the Medical and Surgical Sections, Ohio State Medical Association in annual session at Springfield, May 16, 1917.

when cold, is as difficult as the deglutition of solid food.

Compression of the inferior laryngeal nerves, of the vagus and especially of the sympathetic is frequently seen in malignant tumors of the thyroid.

Metastases must be carefully looked for. Metastases of malignant goiter, whether of epithelial or connective tissue origin, may take place through the lymphatics or through the blood vessels. The general formula applied to malignant tumors when speaking of their dissemination: "Hematogenous route for sarcomata, lymphatic route for cancerous tumors," does not hold good here.

Metastases of epithelial malignant goiters occur more frequently in bones than metastases of sarcomata. In both varieties metastases in the lungs are very frequent.

In going over statistics of cancer in general, it has been found that cancer of the thyroid occupies the most prominent place so far as metastases in bones are concerned; then comes cancer of the prostate. Hassner, for instance, finds that in 140 cases of cancer of the thyroid there were 34 cases of metastases in bones, making 24.3 per cent; in 1,358 cases of cancer of the breast, only 106 metastases in bones, making 7.8 per cent; in 203 cases of cancer of the uterus, 7 cases of metastases in bones, making 3.4 per cent; in 247 cases of cancer of the kidney, 9 cases of metastases in bones, making 3.7 per cent; while in 903 cases of cancer of the stomach not a single case of metastasis in the skeleton was found.

Metastases of malignant thyroid tumors show a marked predilection, first, for the skull, then the pelvis, sternum, femur, clavicle, lower jaw, and the shoulder blade. Metastases in bones, as a rule, are not multiple.

That such metastases are capable of normal physiological function is a very well known fact. Classical is the case of Von Eiselsberg who performed a complete thyroidectomy for a malignant tumor. Nothing worth notice followed the operation, but later on, when in a subsequent operation a metastasis was removed, marked symptoms of myxedema soon developed.

The blood formula found in malignant tumors of the thyroid does not differ in any way from the one found in malignant tumors of other organs.

Symptoms of thyroid insufficiency in connection with malignant degeneration of the thyroid are not so frequent as one would expect. The reason for this is mostly because the entire gland is seldom involved. There remains nearly always enough gland to meet the physiological demands. And then, too, we know that malignant cells of the thyroid have not lost their physiological properties and are still capable of normal function.

Symptoms of hyperthyroidism—tachycardia, tremor and exophthalmos—have been noticed

quite frequently in connection with malignant tumors.

*Diagnosis*—When no tumor is seen in the cervical region diagnosis is difficult. Diagnosis of a malignant, intrathoracic, accessory thyroid gland is seldom thought of. Differential diagnosis between tuberculous lymph nodes, malignant branchioma, cancerous lymph glands symptomatic of cancer of the esophagus, pharynx, or even stomach, aneurysm of the aorta will have to be discussed. Too often, however, the true diagnosis becomes patent only at the operation.

Very much easier is the diagnosis of malignant degeneration of the thyroid gland when a tumor is present in the cervical region. In that case we have to deal with a patient who has a goiter, which may not have given him any trouble thus far. Some day, however, without any apparent reason the goiter begins to grow rapidly and soon interferes with respiration and deglutition. Note, furthermore, that the patient is of middle age, a woman undergoing menopause, perhaps. Note, too, that the goiter has lost its softness, has become irregular and peculiarly hard. This is enough to warrant a diagnosis of malignancy. If we add to this that the goiter has lost its sharp limits, that shooting pains are present, that the inferior laryngeal nerve has become involved, then the diagnosis of malignancy becomes more or less certain.

Rapid increase in volume of a goiter which has remained inactive for a long time and changes in its consistency are two excellent signs of malignant degeneration. What is true of the uterus is also true of the thyroid. If after menopause a uterus, which has remained in a quiescent stage for some time, begins without apparent reason to bleed, the chances are great that we have to deal with a malignant degeneration of that organ. The same is true of the thyroid. If a goiter, after a period of apparent inactivity, begins to grow, we must be on the lookout for every symptom tending to betray the malignancy of such a change.

Hemorrhages taking place at different intervals in a goiter might convey the impression that some malignant changes are taking place in that goiter. We will find rapid increase in volume, hardness, slight diffuseness of limits, shooting pains, slight temperature, etc., but further development will very soon show (in a very few days) which one of the two conditions, hemorrhage or malignancy, we have to deal with. Actinomycosis, tuberculosis and syphilis might cause the same, but these conditions are far more rare than malignant degeneration. Woody thyroiditis might be mistaken for a malignant degeneration, but the mistake will be only beneficial to the patient as an early operation may save his life.

Differential diagnosis between carcinoma and sarcoma of the thyroid is not always easy. Sar-



coma, as a rule, grows more rapidly, reaches larger dimensions, is softer and has a smoother surface than carcinoma. In sarcoma the skin is less adherent and its limits are not quite as diffuse as in cancer.

*Treatment*—There is only one treatment—the knife. All the other means are palliative, and disappointing. Even the “knife” does not always fulfill its promises. Let us hope, therefore, that the time is not far distant when biological chemistry will give us an easier and more effective measure than surgery of curing this terrible disease.

Why is it that cancer of the thyroid, as well as cancer of the other organs, has been for so long a time considered beyond surgical reach? Simply because all these cases are operated too late, hence high mortality. We have in late years learned to know that cancer can be fought with some measure of success if it is operated before the capsule of the gland has become invaded, the veins thrombosed, and the lymphatic glands involved. When the neoplasm is so encapsulated that it has not yet spread outside of its capsule and, consequently, has not involved the neighboring tissues, the chances for a happy outcome are good; at least, we can hope that the patient will enjoy a comfortable and peaceful life for a year or two before any relapse occurs. Even that gain, though short—is it not worth our utmost efforts? Life is not so long after all that we should squander it lavishly.

We can properly say that the outcome of a cancer case lies within the power, not of the surgeon, but of the family physician. He is the one who sees these cases first; he is the one to treat them for months and months for simple goiter, before he realizes that something is undermining his patient. He is the one who should consequently be educated to know such conditions, to differentiate them, and to make a very quick decision when once his suspicions have been aroused. Every physician should always have in mind the possibility of a cancer in connection with any tumor. This possibility should haunt his brain in every case; he should be a “cancero-maniac.” The satisfied and dangerous optimism which is too often found, and which unfortunately too frequently finds its excuse in ignorance, should be discarded and replaced by an alarming pessimism. In that state of mind the physician will be able to catch the significance of any apparently slight physical change in the tumor, the meaning of any apparently slight and insignificant symptom. Too often, indeed, these little prodromic symptoms are not paid enough attention, yet, they exist. It is for us to train our senses to perceive them and to utilize them for early diagnosis.

Cancer, as a rule, does not appear like a thunderbolt in a clear sky, nor does a volcano emit its devastating lava without betraying some premonitory earthly rumbling. To be sure, some-

times the early development of a cancer is insidious; in that case, we are powerless. Then, too, the patient is too often guilty of an unpardonable negligence against which he should have been educated. Cancer is one of the few conditions in which it is not necessary to wait until diagnosis is certain. Suspicion is enough to warrant surgical intervention.

When we have to deal with a patient of middle age whose goiter, without any apparent reason, begins to grow, to cause some shooting pains and become hard, especially if this patient is a woman about the time of menopause, why wait until the entire cervical region has become as hard and rigid as a board and the patient is choking to death? In other words, why wait until it is too late to operate?

In a great many such cases an early operation, even when the diagnosis of cancer is still uncertain, will strike the neoplasm in its embryo, so to speak, and cure the patient. Even if an operation should be performed for a condition which later on proves not to be malignant, no harm will be done as the patient will be relieved of his goiter, and may be saved from a future malignant degeneration of that tumor. Expectation and procrastination can only be fatal. They allow the newly starting neoplasm to reach a stage beyond which the words of Dante sound like a terrible condemnation: “Lasciate ogni speranza voi ch’ . . .” “Lose all hope, you who . . .”

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**STERLING VIOLET RAY GENERATOR.**—This is a small frequency apparatus with some vacuum and possibly other electrodes. The apparatus is not one for producing violet or ultra-violet rays in the scientific meaning of those words. The apparatus will not do the things claimed for it in the advertising booklet which includes the treatment of practically every ailment known to mankind. (Jour. A. M. A., April 14, 1917, p. 1141).

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*Camiofen Ointment*—An ointment obtained by mixing iocamfen (a liquid obtained by the interaction of iodine 10, phenol 20 and camphor 70 parts) with an equal weight of a lard-wax-oil of theobroma base, but containing nearly all of its iodine in the combined form. It has the properties of fatty iodine compounds, phenol and camphor, and is used in skin diseases. Schering and Glatz, New York (Jour. A. M. A., Oct. 20, 1917, p. 1343).

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In making up your 1918 expense budget, do not forget that your income tax will be materially increased—if you are so fortunate as to have such expense. Thus the physician will again contribute to the cost of this war. Your income tax statement will not be required until winter—between January 1 and March 31—but your income at the present time will be the basis of calculation.

## The Application of Military Surgery to Civil Practice

William E. Lower, Major, M.R.C., U. S. Army, No. 9 (Lakeside, U.S.A.) General Hospital, B.E.F.

IT is generally considered by many physicians and surgeons in civil practice that the treatment which is necessary for the soldiers in time of war has no practical application in civil practice and that the time spent in military surgery during war is lost, in so far as it may be applied to civilian practice. This is an erroneous conception, and to correct this misconception I wish to bring to the attention of the civil practitioner a few instances where the lessons learned in the surgery of war have been of the greatest benefit, and where surgical treatment has been advanced as nowhere else. I shall consider only the surgical aspects and leave the many medical and sanitary problems to officers more directly concerned.

It is quite true that many of the methods employed in military surgery should not be practiced in civil life, but on the other hand, the exigencies of the cases in time of war develop a resourcefulness and simplicity of action that can well be copied in civil practice. *The practitioner who has not a thorough training under competent clinicians and who expects to acquire his surgical experience in the field, will be greatly disappointed when he retires to civil practice, for many of the things which have to be done at military hospitals would not, and should not be tolerated in civil institutions.* Asepsis is practically impossible and a habit formed in the military practice of the present war, if applied in time of peace, would be most disastrous. On the other hand, the opportunity for the development of resourcefulness to meet emergencies quickly is not offered in the same degree at any time other than in such a crisis as this.

One of the surgical accomplishments obtained in the military practice of this war is the treatment of hemorrhage by transfusion of blood. The opportunity afforded along these lines has enabled some of the younger men to get more experience in a month or six weeks than could possibly be obtained in years of civil practice. The advances being made in the surgery of the chest, I am sure, will stand out pre-eminently after the war.

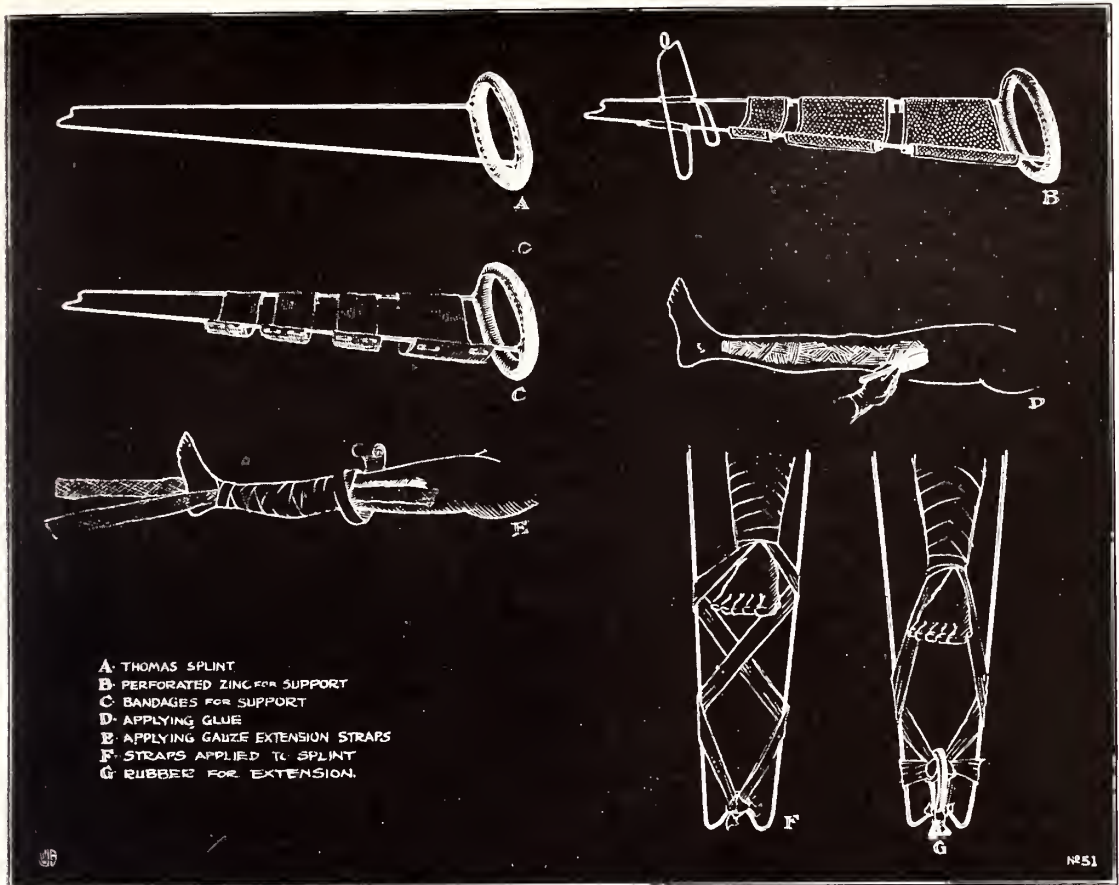
I wish to call especial attention to one very practical subject of interest to all surgeons and to most general practitioners—the treatment of fractures generally, but particularly of fractured femurs by the Thomas splint. I think no other one treatment, practiced in this war and so universally applied to this condition, stands out so conspicuously and satisfactorily as this. The “re-birth” of the Thomas splint in its unembellished form has brought about a most striking improvement in the treatment of fractures of the

femur, and should be given a very prominent place in civil practice.

The great difficulty of applying extension to fractured femurs is manifested by the many devices used and recommended, the greater number of which are not readily applicable to most beds and do not admit of the comfortable handling of the patient when applied. Anything, therefore, that will simplify and efficiently take care of fractured femurs will be admitted as a real advance. This has been done by the aid of the Thomas splint. Many modifications of this splint have been made, yet with but a few exceptions to meet special types of fractures, the simple standard type, as here illustrated (Figure A), has proved the best. It can be quickly adjusted over the clothes and extension applied to the limb, so that patients injured at points distant from hospitals or homes can travel in comparative comfort with a badly compound fracture of the femur. For this reason, I most earnestly recommend that Thomas splints be placed on trains and in shops as part of the emergency equipment.

When the patient reaches the hospital, where his clothes are removed, a permanent extension is applied, either with adhesive plaster, or better still by the use of Sinclair glue. (Formula: Glue, solid 49 pct.; Thymol, 1 pct.; Calcium Chloride, 1 pct.; Aquae, 50 pct.) This glue must be warm so as to be readily applied. It adheres very firmly and does not irritate the skin, yet admits of all the extension necessary. The splint, however, must be properly applied, for while very simple, its application is not fool-proof. The ring of the splint must get its support from the tuberosity of the ischium and not press tightly against the perineum, as will happen if the ring be too large. Sufficient support must also be given above and below the seat of fracture. This is easily provided by perforated zinc cradles, as in Figure B, or by bandage supports as in Figure C. The former gives more firm support above and below the fragments. The extension should be above the knee when it can be applied, but if this is impossible owing to wounds, as practically always occurs in cases seen here, then the extension may be made below the knee without any damage to the joint. The glue should be applied from just above the ankle to the highest point from which extension is to be made, and is generally put on with a brush, Figure D. Long strips of gauze, folded three or four times, are then applied for the extension, Figure E, and are fastened taut to the splint as shown in Figure F.

I wish to call especial attention to a device we have been using at this Base for cases in which there is much deformity and overlapping, and in



which the ordinary extension is not sufficient—extension by a rubber band applied as shown in Figure G. This rubber should be of sufficient elasticity, not too old, and be strong enough to overcome the muscle pull. By the application of this simple device, it has been possible to give both relief and extension. The continual pull of the rubber band takes up the slack as soon as the muscle has been tired out and holds the fragments in position. It also prevents the spasmodic action which often occurs at night from the muscles pulling the fragments past each other and which produces the great pain accompanying such an occurrence. Various methods for holding the foot at right angles have been used. One of wire, as shown in Figure A, has proved very satisfactory, but any device which will support the foot may be used.

During this war, thousands of fractures of the femur have occurred, and are occurring, and after a thorough trial of all kinds of splints and devices for treatment of these fractures, the one which has stood the test of time is the Thomas. Because of its efficiency, simplicity and comfort to the patient, it is destined to occupy as prominent a place in civil practice as it has justly earned in military, and without doubt it will become as popular. Every practitioner who is called upon to treat femurs should have at his

disposal a Thomas splint. It is not perishable, requires little space, can be used for either thigh, and may be used indefinitely. In certain fractures of the humerus, also, the Thomas splint is equally well adapted.

*Alcresta Ipecac*—This preparation of ipecac was admitted to New and Nonofficial Remedies in 1915. Recently claims have been advanced for this preparation which were not contemplated at the time of its acceptance and which appeared improbable and unwarranted in the light of the known properties of ipecac. The Council on Pharmacy and Chemistry brought these extravagant claims to the attention of Eli Lilly & Co., the proprietors of *Alcresta Ipecac*. As Lilly & Co. would neither discontinue nor modify these claims and did not submit any evidence to warrant them, the Council announces that it has been obliged to delete this proprietary from New and Nonofficial Remedies (Jour. A. M. A., Oct. 20, 1917, p. 1373).

*The Active Principle of the Hypophysis*—Despite the suggestion obtained from certain advertising claims, the active principle of the pituitary gland has not been isolated in a pure state. An examination of commercial preparations showed that propeoses and possibly peptones were present in all (Jour. A. M. A., Oct. 27, 1917, p. 1431).

## Diseases of the Nasal Accessory Sinuses.

J. W. Murphy, A. M., M. D. Cincinnati.

**T**HAT acute and chronic sinusitis is more frequent than many of us suspect, a few statistics will prove. Gradenigo in 1894 demonstrated that as a result of post-mortem examinations of the antrum of Highmore of 203 patients taken without selection as to the cause of death, chronic empyema was present in 45 instances, or 22%. This should mean that one in every five hospital patients taken at haphazard, is the subject of a chronic sinusitis. Since these statistics are only for the antrum of Highmore we can see that they must be considerably higher when we include the other accessory cavities. Frankel, of Hamburg, found sinusitis in 146 post-mortems and in not a single instances had the disease been recognized during the life of the patient. Weichsellbaum in 1886 examined a large number of accessory cavities of patients dead from influenza and found that an inflammation of the cavities was present in 90% of the cases examined.

Acute sinusitis frequently follows a catarrhal swelling of the mucous membrane, when the normal opening may become closed and the retained secretion cause inflammatory changes. That an acute inflammation is especially liable to occur during infectious diseases is proven by Harkes post-mortem examinations. In 30 cases of croup, diphtheria, measles, whooping-cough, scarlatina, and chicken-pox, not one was free from suppuration, in the accessory nasal cavities, while the antrum of Highmore was the cavity most frequently affected. Numerous other statistics could be adduced, but I think these are sufficient to convince even the most skeptical that these cavities are frequently the seat of a disease which is often over-looked from the fact that our attention has not been sufficiently directed towards them.

In order to more fully grasp the significance of sinus disease, it will be necessary that we first hastily review the anatomy of the nasal cavities, and the accessory sinuses draining into the same. With a view of more clearly calling attention to the exact relation of these accessory cavities and the structural relations of the nose, I have made coronal sections of a head, with a view of showing these accessory cavities and the size and location of the natural openings for drainage.\* In passing back from the vestibule of the nose, the first accessory opening we come upon is the nasal opening of the lachrymal canal, just beneath the anterior end of the inferior turbinate on the nasal wall of the antrum of Highmore.

Each of the accessory cavities opening into

the nose, opens through a rather small opening, and a congested or swollen appearance of the mucous membrane surrounding the mouth of these openings, will cause them to become occluded.

The supposed function of these accessory cavities of the nose is to contain a reservoir of warm air, which is mixed with cold air, drawn through the nose, in order to temper it before passing into the lungs. This explains why a mouth breather is nearly always complaining of dryness and soreness in the throat, since the inspired air is not properly warmed and moistened before coming into contact with the structures of the trachea and bronchi. When the openings of these cavities become occluded, you can readily understand that the contained air in each cavity is exhausted, so that the mucous lining of these cavities becomes congested from the negative pressure, and we have an inflamed condition of the sinuses. This inflamed condition leads to the feeling of fullness and stuffiness so frequently complained of by patients suffering with this trouble.

### THE FRONTAL SINUS

This sinus is not present at birth and does not begin to develop until the end of the first year, and cannot be recognized as a distinct cavity before the sixth or seventh year of life. It reaches its maximum growth in early adult life, though some anatomists claim that the sinus continues to enlarge up to old age.

The frontal sinuses vary in size more than any of the other sinuses, and in several instances I have found them either very small or absent altogether. Owing to this variation in size, it is always well to have an X-Ray plate made before deciding to operate. I saw a woman last week, 32 years old, with no frontal sinuses according to the X-Ray findings.

The frontal sinus is lined with a very thin muco-periosteal membrane, continuous through the ostium frontalis with the lining membrane of the nasal chamber. Its surface is covered by ciliated epithelium, and it contains a number of mucous glands.

### THE MAXILLARY ANTRUM

The maxillary antrum is the largest of the nasal accessory cavities. It is a cavity that is constantly present. At birth it is a small slit-like cavity upon the outer wall of the nasal chamber, at which time the body of the superior maxillary is made up almost entirely of the alveolar process of the jaw, the sockets of the teeth being almost in contact with the orbital plate of the maxilla, forming the floor of the orbital cavity. At birth there is no maxillary sinus beneath the orbit. The growth of the body

\*Read before the Eye, Ear, Nose and Throat Sections, Ohio State Medical Association, in annual session at Springfield, May 14, 1917.

of the upper jaw bone takes place by the formation of a mass of cancellous, spongy bone between the alveolar process and the orbital plate. As this growth of the spongy bone occurs upon its facial aspect a corresponding absorption occurs upon its nasal aspect, and the antrum continues to enlarge, reaching its maximum size about the twenty-fifth year of life.

#### THE ETHMOIDAL CELLS

The ethmoid cells play a most important part in the upper construction of the two nasal chambers.

The ethmoid labyrinth consists of an exceedingly light, spongy bone, situated at the root of the nose between the two orbits. Each labyrinth is composed of a number of exceedingly thin-walled cells, but which do not communicate with each other. They are situated between two vertical plates of bone, the outer plate forming a part of the orbital wall, while the inner plate forms part of the nasal fossa of the corresponding side.

The ethmoid cells are not present at birth, but appear about the fifth year of life. There is no regularity as to the size and number of cells contained in the ethmoid. For convenience we divide them into two groups, the anterior and the posterior, depending upon the position of their opening into the nasal chambers. The anterior group drain into the superior meatus.

#### THE SPHENOIDAL SINUSES

The sphenoidal sinuses are the most posterior of all the sinuses opening into the nasal chambers and are situated in the body of the sphenoid bone.

These sinuses are not present at birth and only begin to form in the spongy bone of the sphenoid about the third year of life and are fairly constant about the sixth year of life. Occasionally one or both of these sinuses may be absent, as we sometimes find in the frontal sinus.

The opening of the sphenoidal sinuses is some little distance above its floor, on its anterior wall and nearer to the nasal septum. Most important intra-cranial structures are in intimate relation with the body of the sphenoid and its contained air spaces. Here we have the olfactory peduncle, the optic commissure, the cavernous sinus, the pituitary body and the pons Varolii. At the junction of the roof of the sinus with its external lateral wall the optic nerve and ophthalmic artery pass forward to the orbit. The plate of the bone forming the roof of the sinus is usually very thin. Situated as it is so deeply in the nasal cavity this is the most difficult of the accessory cavities to treat surgically, yet one not infrequently demanding surgical interference.

## Care of the Eyes of School Children\*

S. H. Monson, B.S., M.D., Cleveland

SOON after medical inspection was established in the Cleveland public schools in 1910, we were astonished at the number of cases of defective vision which were found. Investigation showed that many of these cases were in indigent families and in the majority of cases the parents were either indifferent to the needs of the children or would not take the proper steps to have the defect corrected. The eye clinics in the various dispensaries were already doing as much work as they could and there was great delay in getting the children treated. It was therefore decided to establish an eye clinic under the medical inspection department to take care, only, of children of families who were found upon thorough investigation to be indigent.

At first an attempt was made to go to certain schools, where there were a great many cases that needed attention, and refract the children, but this soon proved to be unsatisfactory and a clinic was started in a school, which was centrally located, and a room equipped for doing refraction work. It was thought more advisable to have the clinic in a school building than in any

other place, as the parents would allow their children to be taken to a school for treatment, when, at the mere mention of a hospital, they would flatly refuse to give their consent, and the children did not have the fear and dread of having their eyes tested in a school building that they would, if told they were to be taken to a hospital or dispensary.

Care has been taken in arranging the various school dispensaries, so that the child's vision can be accurately tested by the school doctor. Where possible, a distance of 20 feet is used in testing, but in some places, owing to the size of the room, 15 feet is used, never less than that. The test cards are hung so that they are properly illuminated and there are no cross lights, and in a large number of dispensaries are artificially illuminated. The ordinary Snellen test chart is used for children of the upper grades and the illiterate chart, consisting of the inverted "E," for those of the lower grades. I have found the illiterate chart most satisfactory even with children in the third grade, as, in my experience, those children often are not familiar with some of the letters and call them wrong, although they see them correctly. In taking the child's vision, it is well to have no other children in the

\*Read before the Eye, Ear, Nose and Throat Section Ohio State Medical Association, in annual session at Springfield, May 14, 1914.

room to distract his attention, as it is often difficult to get a child to concentrate when others are present. When it is necessary for several children to be in the room while vision is being tested, care must be taken that they do not see the test chart beforehand, as it is astonishing how quickly they can memorize the letters and thus give a false test. Each eye, of course, must be tested separately, the other eye being covered with a piece of card board. The method of having the child hold its hand over the one eye is not satisfactory, as pressure is bound to be exerted on the eyeball, with the result, that when the hand is removed and the vision of that eye tested, we are apt to find the eye defective, unless enough time has elapsed to allow the eyeball to regain its proper shape.

If the subjective test shows the child to have 6/6 vision in each eye and there are no symptoms of eye strain, as shown by headaches, marginal blepharitis, etc., the eyes are considered to be normal. If there are symptoms of eye strain, even though the child sees well, a note is made on the child's record card of probable defective vision. If the vision in either eye is 6/9 and there are no symptoms, another examination is made in about two weeks and if the vision is less than 6/9 in either eye, the record is marked "defective vision" and underscored, which means that a notice is to be sent to the child's parents notifying them of the defect. This notice is signed by the school doctor, placed in an envelope and given to the child with instructions that it be given to his parents. As soon afterwards as possible, the nurse makes a home visit and talks with the parents regarding the condition of the child's eyes and urges that something be done to remedy the defect. Often the parents refuse to believe that the child does not see as well as it ought to, or there is great opposition to allowing the child to wear glasses, or the parents promise to take care of the defect, and time goes on and nothing is done. Much depends upon the manner in which the nurse handles the case and often it is only after making a number of home visits and in some cases using an infinite amount of tact, that results are obtained. The nurse also investigates the financial condition of the family, and if she finds them to be indigent, based upon the standards set by the associated charities, obtains the written consent of either parent to allow the child's eyes to be examined and brings him to the school clinic.

At the beginning of the school term, each nurse is assigned certain dates, upon which she is to bring her children to the clinic for refraction. Five is the number of refractions done each day, as we have found that to be the maximum number that can be properly examined.

At the eye clinic, the child is given a subjective test and the vision of each eye recorded. A drop of 4% solution of cocain is then instilled

in each eye, followed by three discs of homatropin and cocain, put in at intervals of 20 minutes. Each disc contains 1/50 of cocain and 1/50 of homatropin. We found that atropin could not be used as we could not depend upon the drops being put in at home, or, they would not be put in according to instructions, even in those cases where the parents consented to do so. At first a number of cases were done under homatropin and then later under atropin and we found that the shadow test was practically the same in each case. We have now used homatropin in a large number of cases and have always found it very satisfactory even in children of five or six years of age.

After the muscle of accommodation is fully paralyzed, which occurs within from 1 to 1½ hours, the child is taken into the dark room and the error of refraction measured with the retinoscope, after which a subjective test is made. In the very young children or those mentally defective, no reliance can be placed upon the subjective test and the glasses are ordered from the retinoscopic findings. Within a few days the child returns to the clinic, his glasses are properly adjusted and he is told to report to the nurse if they annoy him at all.

Unless the nurse keeps close watch of the cases and an accurate follow-up system is used, good results will not be obtained. Some of the children do not like to wear glasses because other children make fun of them and it often requires persistent effort on the part of the nurse and also the teacher to get them to do so. In other cases, after a time the glasses become bent and do not center correctly and annoy the child, so that he says he cannot see through them or they give him headaches. The nurses are instructed to see the children from time to time to be sure the glasses are straight and comfortable, and if they are bent or the child is complaining, he is brought back to the clinic and the glasses adjusted.

At the beginning of the school year each nurse is given a list of the children in her schools who have been refracted at the school clinic and should be wearing glasses. These children are inspected to see if they are wearing their glasses, and, if they have been lost or are broken, the necessary measures are taken to replace them. At first most of the glasses were furnished free, but we soon found that they then had little or no value and the children were often very careless with them, and the parents very indifferent, as they felt if the glasses were lost, another pair could easily be obtained without expense. Therefore, we decided to make a nominal charge for them, in no case to exceed \$1.25, and only to provide free glasses in cases where the nurse judged the family to be so indigent that the paying of even a small amount would be a hardship. Since then better care has been taken of the glasses, as

even where only twenty-five or fifty cents had been paid for them, they had a value, and the parents realized that their loss or destruction would mean additional expense.

At first we used only aluminum frames, but we found considerable difficulty in getting the older girls to wear glasses, as they objected to the looks of the frames. Lately we have been supplying gold filled frames at a slightly additional cost in cases where the parents could afford to pay for them and yet could not go to an oculist and pay the regular prices. This has proved very satisfactory and a great many children are now wearing glasses who needed them badly but could not be persuaded to wear aluminum frames.

About two months after the child has been refracted, a card is sent to the teacher, asking if she has noticed any improvement in the child's work, and if the symptoms of which he complained have been relieved. In this way we get an idea of the results obtained and can easily show the value of the work from a financial standpoint.

During the years 1912-1916 inclusive, 3581 children have been examined under homatropin and 2714 pair of glasses provided. We have followed up 1803 cases, and of this number 1640 cases, or almost 90%, have shown improvement in scholarship and relief of symptoms.

#### WORK FOR THE BLIND

There are 32 totally blind children attending the Cleveland public schools. The city is divided into four districts, and a room set aside in a school building in each district for teaching these blind children. When possible, some member of the family, of school age, brings the child to school and attends the regular grades in the same building. Where this is not possible, a guide is obtained and paid a small compensation for taking the child to and from school. If the distance is too great to allow walking, the car fare is paid by the board of education.

The children are first trained to read with their fingers, the Braille system being used, and then in the use of the other appliances employed in teaching the blind. Later they are assigned to their proper grade rooms, where the seeing children recite, and participate in the oral work. After a time they also take part in the written work of the class, their language, spelling and other tests being done in Braille and transcribed by the special teacher for the blind. These papers are then turned over to the regular grade teacher for correction, in order that she may grade her blind pupils on exactly the same basis upon which the seeing children are graded.

The advantage of keeping the blind children in the public schools instead of sending them to institution for the blind is, that they have the influence of home training and the association of the seeing children. It keeps the blind child in constant contact with his seeing fellows, with whom, later, he must work and compete in the

struggle for existence. It makes the blind child more self-reliant and gives him a fair basis for comparing his abilities with those of his seeing classmates. The competition with the large class keeps him alert and industrious. This plan also familiarizes the seeing children with the possibilities as well as the limitations of the blind and gives them an intelligent sympathy as well as a just appreciation of their capabilities. It is claimed that the practice of placing blind children in classes with the seeing ones, where they can compete successfully upon equal terms, will do more to solve the economic problems of the blind of the next generation than will any amount of agitation and organized effort on their behalf.

#### CONSERVATION OF VISION CLASSES

A number of children have been found in our schools whose vision is so defective that they do not see enough to do the work in the regular classes and yet have enough vision that they cannot be taught to read with their fingers. Among this class are children with macula of the cornea, congenital cataracts, high errors of astigmatism, etc. These children formerly were sent to schools for the blind, but experience has shown that they made unsatisfactory progress in those schools. It has been found almost impossible to teach a partially seeing child to read with his fingers. If we blind-fold them, or in some other way make it impossible for them to see the book while reading, they may in time acquire a certain ability in finger reading, but as soon as they are left to themselves they will attempt to use their eyes and all the time and effort has been wasted.

Another group consists of those children suffering from progressive myopia or disturbances of the choroid and retina, which may ultimately lead to blindness, if the eyes are used as much as is necessary in the ordinary routine of school work.

In order to care for children suffering from these various eye defects, a center was established in 1913 in one of the schools and called a class for the conservation of vision. The number of children found by the medical inspectors to be eligible to this class rapidly increased and other centers soon had to be established, until at the present time there are six centers with a total enrollment of 48 pupils. Guides are provided when necessary and car fare paid as in the case of the children attending the blind schools.

There are no absolute standards for admission to the conservation of vision classes, each case being thoroughly examined and carefully considered, but the following rules have been adopted to provide a working basis:

Myopes of eight or more diopters.

Children having macula or leucoma of the cornea, with vision less than 6/15.

Hyperopes of more than eight diopters of hyperopia and having symptoms of asthenopia.

Congenital cataract cases which have been operated upon and whose vision is 6-15 or less.

Children who cannot read more than 6/30 at the distance.

Children with interstitial keratitis, uveal or corneal disease, who are under treatment and have been temporarily withdrawn from the regular classes.

The rooms in which the conservation of vision classes are held are selected with great care as to lighting conditions. They have a north and east exposure and the window space must be equal to more than 20% of the floor space. Adjustable window shades, which can be placed in any part of the window, were installed in order that the glare of the bright sunlight may be excluded without darkening the room unnecessarily. An illuminating engineer of the National Lamp Association planned the artificial lighting which is very essential on gloomy days. Glare has been reduced to a minimum by refinishing the wood work and the desks with a mat surface, and the walls have been decorated with calcimine instead of paint for the same reason. The ceiling is a very light French gray, the walls down to the blackboard are of a slightly darker shade, while from the chalk tray to the floor, they are of a still darker tone. A strip of blackboard extends across two sides of the room and over this is hung blackboard cloth, attached to curtain rollers, which may be drawn at will, thus affording double blackboard space. In addition to the blackboard on the wall, each pupil is provided with a blackboard attached to his desk.

The work done in these classes may be divided into three phases—oral, written and manual. The oral work is done in the regular class rooms where the children recite arithmetic, geography, history and language. This brings these children in competition with their fellow classmates and also gives the special teacher time to give attention to the children needing special help. Written arithmetic and spelling are done entirely upon the blackboard. Pupils above the fourth grade are taught to write upon the typewriter, using the touch method. This enables them to do much of their written work without any eye strain.

The text books are all specially printed in "Clear Face, Heavy" type (36 point), which was the type selected as best meeting the requirements, being one-half inch in height. This type is larger than is necessary for these children to read, since all of them are able to make a limited amount of use of the ordinary book print, but a large type seemed desirable to meet the needs of certain children who were under treatment and also to reduce to a minimum any eye strain connected with reading. The paper used in these books is an unglazed book stock with a slight buff tint, which eliminates all glare and is especially easy in the eyes.

Special attention is given to manual training

and much emphasis is placed upon training the children to use their hands without looking too closely at their work. The girls receive special instruction in cooking and sewing and each noon prepare and serve a hot lunch for the class, under direction from the teacher.

None are admitted to these classes except upon recommendation from the department of medical inspection. The pupils are kept under close observation and every effort is made to build up their general health, as well as to conserve their vision. Children whose eyes show progressive decrease of vision, even under these favorable conditions, and whose vision becomes reduced to below 6/60 are referred to the classes for the blind and are taught to read with their fingers.

The aim of the conservation of vision classes is not only to educate the partially seeing child with the least amount of eye strain, but also to teach him how much he can use his eyes in the future without harm. Both the blind and the conservation of vision classes are subsidized by the state, which pays \$250.00 per capita, annually, under the law which states that any person of sound mind, who by reason of defective vision cannot be profitably and safely educated in the public schools as other children, shall be considered blind.

A number of trachoma cases have been discovered by the medical inspection department. The plan previously followed was simply to exclude such a child from school and report the case to the board of health, which saw to it that the child received proper treatment. As these cases require several months treatment the child lost much valuable time. In the case of some of the older boys, especially, much harm was done, as they were left to run the streets and often acquired bad habits and when allowed to return to school found themselves in a grade with much younger children, with the result that they became truants.

Lately a trachoma school has been organized. A room was rented in a location easily accessible to all car lines and a teacher, capable of teaching the various grades, employed. All cases of trachoma, excluded from attending the regular schools are sent here and an effort is made to instruct them in their work so that, when the eyes have been improved sufficiently that there is no more secretion and the danger from infection has passed, they can be sent back to their regular grades without having lost any time. The teacher also sees that the children attend the dispensaries and receive treatment regularly. At present there are twelve children attending this class.

The blind schools, conservation of vision classes and the trachoma schools are all under the supervision of Mr. R. B. Irwin, who deserves great credit for organizing these schools and to whose untiring efforts is due their success.



## General Therapeutic Management\*

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THE subject of therapeutic management is of special interest and also particularly timely because there has arisen a group in the medical profession who would decry the need of study of the application of therapeutic agents, on the ground that with a thorough knowledge of pathology, pharmacology and diagnosis, the treatment may be left to be evolved from the inner consciousness of the practitioner. They would have us believe that we may go forth to the battle between life and death, armed with little more equipment than a microscope and a few test-tubes. This would make therapy almost as simple a matter as in the day of the "one-horse chaise" when the doctor tied a string around the patient's body and if the pain was above the string gave an emetic, and if below the string a cathartic.

We who are engaged in general practice must be on the alert to find and employ new methods and new agencies in our battle with disease, or new and more effective applications of old principles. And where do we turn with more eagerness and certainty than to the hospitals and medical schools of our large cities, where men are devoting their lives to the solving of the intricate problems which confront our profession? What lessons can we learn from such institutions which will be of value to patients who are situated in more remote localities? This question becomes of double importance when we realize that the large hospitals reach but a small proportion of those who require medical care; and that the public is demanding with ever-increasing vehemence that the general practitioner shall approximate the conditions obtaining in hospital practice.

There are few therapeutic measures which cover as wide a range of usefulness as Fischer's Solution. In this paper we are not especially concerned with how or why the solution acts, nor the many and varied indications for its use. We shall devote our time to describing briefly the manner in which this solution may be used in private practice. No better way occurs to me than to describe several cases that came under my own observation.

One advantage of Fischer's Solution is that the equipment required for its use is simple and can be kept in the office of any physician. It comprises the saline ingredients put up in colored bottles with parafined corks. Each contains a mixture of 10 gm. of crystalized C. P. sodium carbonate and 14 gm. of C. P. sodium chloride. This amount dissolved in 500 c.c. of water makes

the proper solution. In this connection a word of warning should be said concerning the sodium carbonate employed. There are two varieties—the dehydrated, or granular, and the hydrated, or crystalized. The former is frequently employed in making up the solution and is utterly useless, which fact doubtless explains why in the hands of some physicians the results from the use of this solution have been negative. The difference in the action of the two forms of the salts explains why it is so important that the mixture be kept in an air-tight bottle. If air is allowed to enter the salt quickly loses the water of crystallization and becomes granular and therefore worthless.

Next in importance is the glass bulb known as the "Murphy drip," without which the giving of the solution per rectum is most unsatisfactory. Other things, such as rectal tube, douch bag and thumb screw, can be obtained without difficulty, and we have everything that is needed for administration per rectum. To give the solution intravenously requires a more elaborate technique. From any of the drug houses can be obtained tubes, hermetically sealed, containing the saline ingredients chemically pure and dissolved in from 1 to 2 oz. of distilled water, which when added to steril water q. s. one pint makes the proper solution. A douch bag, aspirating and hypodermatic needles of various sizes, with an ordinary pocket instrument case, completes the necessary equipment.

In a previous paper on the "Therapeutic Value of Fischer's Solution," the use of this solution was described in a case of persistent vomiting of pregnancy, and the excellent results obtained in that instance have been obtained a number of times since. This is well illustrated in the following case: The patient was a multipara who became pregnant in her forty-third year, twelve years having elapsed since previous pregnancy. She had enjoyed good health up to the time of conception and for some two months thereafter, when nausea and vomiting appeared and soon became so severe that nothing would remain on the stomach for more than a few minutes. The patient lost weight and strength rapidly. Hunger was marked and the thirst severe. Frequent examinations of the urine showed no albumin, but a few hyaline casts. The S. G. was low and the amount at first considerable, but with the inability of the stomach to retain fluids the quantity became much reduced and the S. G. therefore somewhat higher. The patient was put to bed, and attempts were made to control the vomiting by giving various remedies by mouth, such as milk of magnesia, bismuth subnitrate, cerium

\*Read before the Warren County Medical Society at Lebanon, Ohio, May 22, 1917.

oxylate, and cocain hydrachlorate, but without success. Finally a pint of Fischer's Solution was prepared, to which was added 20 grains of sodium bromide, and given by the drop method per rectum, at the rate of 60 drops per minute, or about 16 ounces in two hours. After an interval of four hours the bromide and Fischer's solution were resumed and another pint introduced in the same manner and length of time. All the solution was absorbed—and let me say here that I have experienced no difficulty in having the fluid absorbed in any case where the vomiting has reached the point where marked thirst has resulted. After the first 16 ounces had been given the distressing thirst was relieved, but nothing was given by mouth for twenty-four hours, then two ounces of bouillon were administered and greatly relished. The bouillon was followed by milk toast, and in the evening a light supper was eaten without ill effect. Some 10 days later there was a slight recurrence of the symptoms and 16 ounces were given, as already described, except that but 10 grains of the bromide were added to the solution. From this time on the course of the pregnancy and ultimate delivery were uneventful.

The second case that I wish to describe is one of typhoid fever, ushered in by an attack of acute nephritis. The patient, a few years before, had survived an attack of eclampsia by the very narrowest margin, and had been in reasonably good health up to the time of this attack. When I was called, she had then been sick about 48 hours and was suffering from a severe headache, slight edema of the eyelids, feet and hands, scanty secretion of urine loaded with albumin, and there was a moderate degree of fever, ninety-nine degrees in the morning and a hundred and a fraction in the afternoon. The necessary saline ingredients for preparing Fischer's solution had been taken to the village, and a Murphy drip was improvised from the glassware in the chemical department of Kenyon College. The solution was given by the drop method per rectum at the rate of 40 drops a minute, two hours on and four hours off. The quantity of urine increased from 10 ounces for the preceding 24 hours to 25 and 30 ounces for the next two days respectively. The temperature slowly rose and the patient's flushed face, twitching eyelids, trembling hands and semi-delirium showed only too plainly that even the increased activity of the kidneys was barely sufficient to overcome the profound toxemia which was becoming hourly more and more intense. The solution was increased by giving it four hours on and two hours off, which was as nearly continuous as we dared to give it, and we anticipated the need of using the solution for days and perhaps weeks to come.

The next five days were ones of watchful and

indeed anxious waiting as the typhoid gradually developed: rose spots, Widal reaction, and all. During this time the amount of urine remained fairly constant, in the neighborhood of 25 ounces per day, but on the ninth day the quantity jumped over to 40 and the uremic symptoms began to subside. From then on, during the course of the disease, which lasted over five weeks, there were 40 or more, usually 50 ounces of urine passed each day. There was no reappearance of the uremic symptoms, but the solution was used for at least a part of each day for two weeks or more. I do not believe that we are going too far in concluding that had this treatment not been given the patient would have succumbed several days before the nature of the underlying disease became apparent.

The third and last case to be described in connection with Fischer's solution is one of eclampsia. The convulsions appeared at the commencement of labor at which time the patient, who was a primipara, 16 years old, was seen for the first time. There had been several convulsions of moderate intensity, and the hands, feet and face of the patient were somewhat edematous. With the assistance of Dr. H. S. James, of Glendale, Ohio, a steril solution of Fischer's was prepared by adding the contents of a tube of concentrated solution to 16 ounces of steril water and the entire amount placed in an ordinary douch bag, the bag having previously been carefully boiled. The skin surface under the median basilic vein of the left arm was sterilized by washing with alcohol. A towel was wrapped around the arm sufficiently tight to make the vein prominent, and a small aspirating needle was plunged into the vein. A few ounces of blood were allowed to escape and then the tube, through which the solution had been allowed to run, was attached to the needle and tied tightly in place with a thread. The towel was then removed, and the solution permitted to enter the vein. At this point a severe convulsion occurred and the needle was forced through the vein so that the solution began to escape into the tissues. When this was noticed the needle was at once withdrawn; and here it should be stated that a slough resulted as will always happen when Fischer's solution is given subcutaneously. We then proceeded with the right arm in the same manner, except that an anesthetic was administered, and 15 ounces were given. The only pressure used to introduce the solution was that of gravity, the elevation being about five feet, and nearly an hour was employed in giving the fluid. The temperature of the solution was about 100 F. and was maintained by letting the tube from the bag pass through a pan which was kept continually filled with hot water.

There had been frequent uterine contractions, and after the solution had been given a vaginal examination showed that the head was engaged

and the os dilated. One c.c. of pituitrin was given hypodermatically, and the patient was prepared for forceps delivery. The pituitrin acted promptly, and by the time the preparations were complete there was sufficient dilation of the os to enable the forceps to be applied. A living baby was delivered. The Fischer's solution was now given by the drop method per rectum at the rate of 40 drops a minute. Four hours later, or at 8 p. m., the convulsions resumed, but were moderately severe and about 15 minutes apart. Morphine sulphate, gr. one-fourth, was given hypodermatically, and chloroform q. s. to control the convulsions. The solution was speeded up to 60 per minute. Four hours later there was a copious discharge of urine involuntarily, and from then on the excretion was abundant. Two hours later the chloroform which had been given at intervals was wholly discontinued. At four o'clock the solution was stopped for two hours and then resumed at the rate of four hours on and two hours off. There were no more convulsions after midnight though the patient did not regain consciousness until well into the following day, from which time on the postpartum period was uneventful.

*Rectal feeding and nasal gavage* are used not infrequently on my service at the Contagious Department of The Cincinnati General Hospital, and we have had rather more than usually good results. They would seem to be applicable to private practice. For rectal feeding give a simple, cleansing enema before introducing the feeding. This is a very important step as it will keep the bowel from becoming irritated and permit the feeding to be used for a much longer time. Place the patient on the left side, or flat on the back, with the knees flexed, then introduced a rectal tube, or catheter, according to the age of the patient, well lubricated, and connect the tube with a funnel by a piece of smaller rubber tubing and glass connection. The temperature should be about 100 F. and should be tested by letting a few drops flow over the back of the hand. Let the feeding go in very slowly and absolutely exclude air and bubbles lest the feeding be expelled. The amount should be from four to six ounces according to the age of the patient. It may be necessary to add a few drops of the tincture of opium if the rectum shows any sign of being irritated. The formula which we employ is as follows:

White of one egg ʒiii  
 Peptonized milk ʒiii  
 Peptonized beef ʒiii  
 Salt ʒss

Nasal gavage has been found to be very useful in feeding babies where it is necessary to put the food directly into the stomach, and we find that passing the catheter through the nose disturbs the baby less than when attempts are made to employ the mouth. There is now on my service

a case of epidemic meningitis in a baby four months old who is absolutely unable to swallow, the nasal feeding has been employed for 15 days. Nutrition has been well maintained. The infant is turned on the left side and an 11 F. catheter, well lubricated, is passed very gently through the right nostril into the stomach. The tip of the catheter is placed in a glass of water for a moment to determine if the trachea has been entered by mistake. If no air is escaping attach a glass funnel to the catheter and introduce a portion of the feeding. As a rule it does not immediately run, owing to the spasmodic contraction of the esophagus, but with a little patience the flow soon commences. Four or five ounces are given every three hours. In some cases the mother's milk is withdrawn by the breast pump and given, or either of the following formulae may be employed:

Whole milk ʒii  
 Sugar of milk ʒii  
 Barley water ʒi  
 Sodium citrate gr. V

Milk (4% fat) ʒvv  
 Sugar of milk ʒi  
 Sodium citrate gr. x  
 Lime water ʒi  
 Barley water g. s ʒxxx

Sig. Give as one feeding. Sig. Divide in four (4) feedings.

*Blood transfusion* presents no insuperable difficulties to its employment in general practice. In cases of bleeders very striking results often follow direct transfusion. In giving the transfusion I employ the method used by Dr. W. R. Griess, of Cincinnati, Ohio. Under the most rigid asepsis a large hypodermic needle is introduced into the median basilic vein of a person who is not a blood relative of the patient, and with a 20 c.c. glass syringe that amount of blood is withdrawn and injected subcutaneously into the thigh of the patient. The process is repeated so that a total of 40 c.c. is injected. The hematoma so formed is quickly absorbed without local disturbance, and the escaping blood from the patient which has hitherto refused to coagulate soon begins to clot.

Indirect transfusion is a little more elaborate process. Prepare 50 c.c. of a one per cent. solution of sodium citrate in distilled water and place in an absolutely clean glass litre jar. Next make the median basilic vein prominent. Introduce as large a needle as the calibre of the vein will permit, and catch the escaping blood in the litre jar which contains the sodium citrate solution. The presence of this salt will prevent the blood from clotting. When 500 c.c. have been obtained strain the blood through gauze into an irrigating jar. Make the median basilic vein in either arm of the patient prom-

inent. Introduce a large caliber hypodermic needle and allow a few drams of blood to escape. Let a small quantity of the blood in the jar run through the tube, and when all air has been expelled attach the tube to the needle in the vein. Finally remove the band about the arm. Elevate the jar to at least five feet above

the patient and the blood will slowly run into the vein. The absolutely essential features in this form of treatment are perfect cleanliness, absence of any clot, and the complete occlusion of air.

#### REFERENCE

1. The Lancet Clinic, September 5, 1914.

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To economize space, we have omitted this month the detailed index to Volume XIII of *The Journal*, which closes with this issue. We have had the same printed in reprint form, and will supply it on request to libraries and others who plan to have the volume bound. Send to *The Journal*, 131 East State, Columbus.

## Selective Draft Officials Make New Appeal to Medical Profession for Patriotic Work---Medical Advisory Boards

The importance of the medical profession in the successful operation of the greatest governmental project ever attempted—the selective draft system—is again emphasized in the appeal made by President Wilson to the physicians of the country for the appointment of the Medical Advisory Boards as an important integral part of the revised procedure under which the second draft is to be operated.

After securing the formal endorsement of the plan by the American Medical Association, following a favorable vote by the delegates representing state associations, the President summoned to Washington, late in November, a distinguished physician from every state, and delegated to them the work of cooperating with their respective governors in the appointment and operation of these medical advisory boards. Dr. Charles Hamilton of Columbus was selected to represent Ohio at this conference, and to act as medical aide to Governor Cox in the development of the plan. All state representatives were commissioned as officers by the War Department.

The Medical Advisory Boards were not in existence when the first draft quota was raised. The need of some such agency was developed by this experience. They are to be established in geographical centers throughout the state and are to be composed of specialists representing those branches which are necessary factors in a thorough and exhaustive physical examination—particularly in those cases where the physical condition of drafted men is so near the border line as to require the more involved diagnostic procedures. In Ohio, for example, each board will include in its personnel a surgeon, an internist, an ophthalmologist, a roentgenologist, a neurologist, a laboratory technician, a dermatologist and an orthopedist.

At the time this was written the exact nature of the work of the Medical Advisory Boards had not been announced, but it is known that they are intended to give the drafted men the privilege of an appeal from the opinion of physicians who act as examiners for the local draft boards, and to relieve the local boards from the involved work that requires special treatment and special apparatus. Such technical examinations are far more necessary under the revised draft plans by reason of the fact that under the questionnaire system the physical examination of the drafted man is of paramount importance. The questionnaire eliminates from consideration by the draft board all men who are exempted on industrial or dependency grounds, and practically shifts the entire burden of the decision to the physician who determines the man's physical condition.

In a communication to the American Medical Association, the Provost Marshal General holds

that "any case in which the local examining physician has held the registrant disqualified for service (unless the disqualification is obvious), or in which the local physician is in doubt, or in which the registrant feels aggrieved by the decision of the local physician, or where the Local Board or the Government Appeals Agent desires to appeal the findings of the local physician, is to be sent to such Medical Advisory Board for an exhaustive (medical) re-examination upon which the Local Board can proceed to a final determination."

The machinery for the second draft is to be started on December 15. Inasmuch as the amount of work which will fall upon these new boards cannot be determined in advance, Governor Cox and Dr. Hamilton will proceed slowly in their organization. At the start the boards probably will be located in Cleveland, Akron, Youngstown, Canton, Mansfield, Toledo, Lima, Columbus, Springfield, Dayton, Cincinnati, Portsmouth and Zanesville. Later, if the work seems to require further division of the duties, additional boards will be located in other cities, for example, Steubenville, Marietta, Athens, Tiffin, etc.

As in other governmental procedures connected with the draft, the physicians honored by appointment to these boards will be expected to serve without remuneration. Every effort will be made to conserve the time of the men who are selected and to reduce the sacrifice to the minimum. Federal and state officials in turning to the medical profession for this additional aid are hearty and sincere in expressing their appreciation of the work that was performed by physicians in the operation of the first draft, and it is their opinion that the medical profession will emerge from this war with a far higher standing in the public estimation. While the temporary sacrifice will be considerable, it is felt that the general benefit will more than compensate.

Insofar as possible, the examining physicians who served their country on the local examining boards in the first draft, will be retained. State draft officials, from Governor Cox down, are enthusiastic in their commendation of the splendid work done by these men, and have appealed to them to continue their work. It is pointed out that the sacrifice of time will be considerably lessened in the second draft, as the work is better organized and those who are to be exempted on industrial and dependency grounds will be relieved of the physical examination. Furthermore, the examining physicians who served the 155 local boards in the first draft will be much better prepared by their experience to expedite the work with the new quota.

## Practically One-Sixth of the Practicing Physicians in Ohio Either Are in Service or Are Commissioned and Waiting Call

Exact data relative to the number of Ohio physicians who have been recommended for army commissions by the Surgeon General's Office was not available when the pages for this number were closed. On October 1, Ohio was accredited with 806 commissions in the Medical Officers' Reserve Corps and it is believed that at least a hundred have been added to this number since that time. As there are 125 Ohio physicians in other branches of the medical service (National Guard, with French and English troops, etc.) this means that well over 1,000 Ohio physicians now are either in service or are at their home stations awaiting call.

While the medical directories list 8,045 physicians for Ohio, the surveys made by the Association in recent years, in its membership campaigns, have shown that only about 6,000 of these are engaged in the actual practice of medicine. It is, therefore, a fair statement that one-sixth of the Ohio doctors have answered the urgent call to the colors.

The recruiting detail consisting of Drs. Ben R. McClellan of Xenia and Mortimer E. Danforth of Stanton, Michigan, finished its tour of the Northern Ohio counties at Coshocton on November 7. Dr. McClellan reports that they received splendid treatment in practically every city they visited, and that the plan of holding county mass meetings had given them an opportunity to address personally and secure direct data in regard to ninety per cent. of the physicians in the northern half of the state.

Indications are, early in December, that the immediate recruiting drive will be discontinued, although Ohio is still under its quota of 1130 medical officers.

Original plans called for a continuance of Dr. McClellan's recruiting itinerary through Southern Ohio, in December, but no orders have been received from the Surgeon General.

Unofficial—mark the *unofficial*—information from Washington indicates that physicians commissioned in September and October will not be called to active service until Spring.

The reason for this is unknown, of course. It is believed, however, that they will not be needed until the next draft army is mobilized.

That the general suspension of recruiting indicates that the War Department is planning a draft of medical officers, is held by some.

\* \* \*

"I was simply amazed while touring Northern Ohio and conducting physical examinations, to note the number of glaring physical defects in physicians," Dr. McClellan said, in commenting on his tour. "It is presumed that medical men

are to be leaders in their communities in matters relating to health and hygiene, and it might be fairly presumed that they would keep themselves free at least from the correctible defects. Yet I find, in case after case, physicians and even surgeons with hernia, fistula and long standing hemorrhoids. In fact, I think the proportion of hemorrhoids is as high among the physicians we examined as in the groups of drafted civilians. We even found one case where a man specializing in eye, ear, nose and throat was himself suffering material discomfort from a nasal polyp. In a majority of these cases the defects could have been corrected by the men themselves, under local anesthesia. I think that a propaganda should be started within the profession to urge upon physicians the necessity of devoting more careful attention to their personal physical conditions."

\* \* \*

Dr. McClellan called attention to a field in which elderly physicians, particularly those who are in good financial circumstances, may do their "bit."

"We found many elderly men, who are too old to be of value to the army as physicians and surgeons, exceedingly anxious to play their parts. Of course there was no means of taking advantage of their offers, but one well-known physician who is well beyond the age limit, gave us a very valuable suggestion. He is wealthy and is connected with the local bank. After he found that it would be impossible for him to enter the service, he investigated and found that three of the younger men in the county were being restrained by financial obligations. They were perfectly willing to accept the army pay, and were able to live on it comfortably, but two had purchased homes and one was still in debt for a part of his education. The banker-physician called these men to his office, and after finding that these were the only obstacles to their entering service, agreed to take over their obligations for the period of the war. Insofar as possible the deal was placed on a business basis, the doctors agreeing to assign to the banker a sufficient portion of the government life insurance money to insure the payment of the obligation in the event of death. Upon their return from service the young men will, of course, assume their obligations. It may not cost the banker a single penny, but he has the satisfaction of knowing that he has rendered his country a most valuable service in making it possible for three young, well-equipped physicians to serve."

"I feel sure that if this incident is given publicity it will lead other physicians to adopt the plan," Dr. McClellan commented.

# THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

<b>ADAMS COUNTY</b>		<b>AUGLAIZE COUNTY</b>	
Crawford, Treber C. ....	West Union	Anderson, W. M. ....	Wapakoneta
Ellison, S. J. ....	West Union	Day, J. M. ....	Waynesfield
Kennedy, Edwin J. ....	Peebles	Deerhake, W. A. ....	St. Marys
Irwin, J. W. ....	Seaman	Haveman, George A. ....	New Bremen
Irwin, R. W. E. ....	Manchester	Spencer, Harry ....	Noble
Sproull, O. T. ....	West Union	<b>BELMONT COUNTY</b>	
<b>ALLEN COUNTY</b>		Barrett, Park M. ....	St. Clairsville
<i>Lima</i>		Perry, J. C. ....	Shadyside
Basinger, H. L. ....	Longworth, M. J. ....	Evans, Forest M. ....	Bellaire
Black, William ....	Pfeiffer, Albert ....	Wilson, Harry E. ....	Marlins Ferry
Bradfield, I. C. ....	Sibert, A. V. ....	Wright, Fred S. ....	Bellaire
Clayton, G. R. ....	Sinke, E. D. ....	<b>BROWN COUNTY</b>	
Hay, Virgil H. ....	Tallman, Claude A. ....	Chaney, Herbert M. ....	Sardinia
Hibbard, Burt ....	Vorbau, W. H. ....	Jackson, E. H. ....	Georgetown
Johnson, J. R. ....	Wagner, M. A. ....	Tyler, George P., Jr. ....	Ripley
King, G. W. ....	Weadock, E. G. ....	<b>BUTLER COUNTY</b>	
Gamble, Charles D. ....	Spencerville	Beach, Wilbur E. ....	Somerville
Miller, G. E. ....	Spencerville	Burdal, R. E. ....	Seven Mile
Soash, M. D. ....	Bluffton	Griffith, W. E. ....	Hamilton
Steiner, Josiah S. ....	Bluffton	Graft, John A. ....	Hamilton
Wolfe, John R. ....	Delphos	Hawley, Paul R. ....	College Corner
<b>ASHLAND COUNTY</b>		Murat, Halstead S. ....	Middletown
Heyde, Jacob M. ....	Loudonville	Rogers, W. N. ....	Hamilton
Powell, Otho J. ....	Ashland	<b>CARROLL COUNTY</b>	
<b>ASHTABULA COUNTY</b>		Hathaway, J. J. ....	Carrollton
<i>Ashtabula</i>		Rheil, J. A. ....	Malvern
Burroughs, S. H. ....	Pardee, A. H. ....	Shipley, R. T. ....	Carrollton
Collander, Paul, ....	Stewart, Neville E. ....	<b>CHAMPAIGN COUNTY</b>	
Crosby, Charles C. ....	Wynkoop, R. B. ....	Harrell, Martin E. ....	Woodstock
Dickson, O. A. ....	Jefferson	Middleton, A. H. ....	Cable
Graham, O. L. ....	Kinsville	Pearce, H. M. ....	Urbana
Leet, W. H. ....	Conneaut	Smith, M. L. ....	Urbana
Lewis, George W. ....	Pierpont	<b>CLARK COUNTY</b>	
Sherwood, G. O. ....	Geneva	<i>Springfield</i>	
Thompson, Frank E. ....	Geneva	Andre, Robert M. ....	Ort, Wallace A. ....
Warner, Otto N. ....	Conneaut	Hamma, C. B. ....	Rind, Robert C. ....
Wilson, Harold ....	Conneaut	Miller, Harry ....	Syman, L. L. ....
<b>ATHENS COUNTY</b>		<b>CLERMONT COUNTY</b>	
<i>Athens</i>		Kennedy, Edw. J. ....	Milford
Andrews, C. H. ....	LeRoy, Bernard R. ....	Mitchell, Thomas A. ....	Owensville
Douthitt, C. M. ....	Merwin, J. T. ....	Roberts, David M. ....	New Richmond
Farmer, A. G. ....	Osborn, F. A. ....	Terwilligar, Clyde B. ....	Milford
Hooper, E. L. ....	Albany	Wakefield, J. D. ....	Loveland
Crossen, K. T. ....	Trimble	<b>CLINTON COUNTY</b>	
Danford, V. G. ....	Amesville	Brown, Henry M. ....	New Vienna
Flinn, George E. ....	Guysville	Conard, Robert ....	Blanchester
Harper, E. D. ....	Guysville	Hicks, W. M. ....	New Vienna
McLaughlin, P. R. ....	Guysville	Martin, A. B. ....	Blanchester
Pedigo, S. E. G. ....	Marshfield	Scott, Verner T. ....	Clarksburg
Sprague, Wiley T. ....	Chauncey		

This Roll of Honor should include the names of hundreds of men who have made an honest effort to enter service and who have been excluded therefrom by reason of some physical defect. Throughout the state there are many intensely patriotic physicians who feel that they could render their country excellent service, who have been arbitrarily disqualified under the regulations laid down by the Army. One surgeon, for example, who has suffered from an ankylosed joint from childhood—but who has managed to build up an excellent practice despite the condition—has been working night and day for weeks to have the Surgeon General waive this objection. Others with slight visual defects have been arbitrarily barred. These men certainly are entitled to inclusion in the Roll of Honor, but we have omitted their names therefrom because several are radically opposed to giving publicity to the fact that they have been thus barred by reason of physical defects. For that reason *The Journal* is publishing only the names of men who have volunteered for service and who have been accepted.

It should be clearly understood that *The Journal* has included in this Roll of Honor not only all Ohio physicians who are now in actual service but all who have passed the physical examinations and have been recommended for commissions by the Surgeon General. This means that practically every man in this list either is now in service or is at his home station awaiting official summons and expecting to be called at an early date. In some few instances the proffered commission has not been accepted.

It is very difficult to keep this list absolutely accurate and we will appreciate a note calling our attention to errors.

# THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

## COLUMBIANA COUNTY

<p style="text-align: center;"><i>Salem</i></p> Cruikshank, Alexander McGeorge, James M.	<p style="text-align: center;"><i>East Liverpool</i></p> Mills, F. T. Thompson, R. B.
Bailey, C. H. .... Bennett, H. W. .... Crane, James D. .... Harman, Howard E. .... Hennen, Leroy S. .... McHenry, Joseph B. ....	<p style="text-align: center;"><i>Lisbon</i></p> <p style="text-align: center;"><i>Leontonia</i></p> <p style="text-align: center;"><i>Leontonia</i></p> <p style="text-align: center;"><i>Leontonia</i></p> <p style="text-align: center;"><i>Hanoverton</i></p>

## COSHOCTON COUNTY

Cureton, B. F. .... Keenan, W. H. .... Lower, J. D. .... Wilson, Thomas R. ....	<p style="text-align: center;"><i>Walhonding</i></p> <p style="text-align: center;"><i>Coshocton</i></p> <p style="text-align: center;"><i>Coshocton</i></p> <p style="text-align: center;"><i>Bakersville</i></p>
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## CRAWFORD COUNTY

<p style="text-align: center;"><i>Bucyrus</i></p> Burrell, G. O. Carlisle, W. G. Caton, Russel J.	<p style="text-align: center;"><i>Galion</i></p> Gordon, Harold J. Koch, W. A. Lingenfelter, C. A.
Helfrich, M. L. Kring, John B. Harris, Ralph R. ....	<p style="text-align: center;"><i>Crestline</i></p> Mandeville, C. C. Murr, Paul A.

## CUYAHOGA COUNTY

<p style="text-align: center;"><i>Cleveland</i></p> Aland, Albert H. Allen, Maurice L. Andrews, Fred L. Avelone, Joseph C. Bachman, Ulysses N. Ballard, Homer C. Barney, William R. Beach, John L. Bell, Leo P. Blankenhorn, M. A. Bogart, Clark S. Boutwell, Joseph H. Bowers, Charles A. Boykin, John T. Brainard, Albert J. Bray, Charles M. Brock, Samuel Brooks, Ernest R. Bruner, William E. Buhis, Jacob L. Burhans, Charles W. Burstein, Theodore Bunts, F. E. Callaghan, A. E. Carson, Paul C. Chamberlain, Wilson S. Champlin, H. D. Christie, C. D. Clarke, Robert Colvin, Byron B. Cook, Alva D. Cooper, Frederick S. Cranmer, Linus R. Crile, George W. Crooks, John H. Crum, John R. Culer, Frederick A. Cutler, Franklin E. Darby, John C. Davidson, Paul F. Davis, Howard H. Denison, Adam B. Dexter, Richard Dippol, Arthur L. Dowds, Edward D. Driver, James R. Dwyer, William E. Eisenhrey, A. B. Feiss, Henry O. Filak, John A. Forbes, Roy P. Fried, Amos E. Gauchat, Paul C. Graci, Frank P. Gibson, Frank S. Gill, William C. Glass, George F. Goodman, Charles Goodman, Isadore J. Goschantz, P. C. Graham, Allen Grossman, A. B. Grossman, Royal G. Haeffel, George L. Harrison, R. I. Harter, James H. Haas, Ferdinand F.	<p style="text-align: center;"><i>Cleveland</i></p> Heabler, Locke E. Herrick, Frederick C. Herrick, H. Burt Hickin, F. W. Hill, Walter C. Hinton, Drury Hoover, C. F. Horr, William H. Jackson, Theron S. Jasinski, I. E. John, Henry J. Jones, Albert L. Jones, Arthur S. Jones, Frank H., Jr. Jones, Thomas E. Karsner, Howard Kelly, S. W. Kendall, P. G. Kennerdell, Thomas R. Kline, David R. Kramer, James G. Krebs, Paul H. LaRocco, Charles G. Lichtig, Henry A. Lichty, M. J. Lower, William E. MacDonald, D. M. MacFarland, C. H., Jr. Mahrer, Max Marine, David Matuska, Ignatius W. Maver, Nevin C. McClelland, Joseph E. McGav. N. P. McMillen, _____ McNamee, Edgar P. McRae, Floyd W., Jr. Meek, John A. Merrill, Leslie S. Miller, Joseph E. Moore, Paul G. Morrill, Gordon N. Mosiman, Roscoe E. Mowry, Floyd S. Mulkv, Carl Murphy, Patrick S. Musner, Harvey H. Neary, Edward P. Neuhauser, Bernard B. Nichols, William S. Norlin, Campbell F. G. Norton, James T. O'Brien, Martin A. O'Malley, George P. Osario, Vasco E. M. Ossman, Lawrence N. Oster, Lewis A. Parvzek, Harry Paul, Leslie I. Perkins, Roger G. Pierce, Harry D. Pleber, James D. Pleask, I. C. Prill, Henry C. Quilev, William I. Ravitz, Leonard R. Raycraft, L. J.
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Reese, David L. Reeve, George H. Reich, Rudolph S. Rice, Franklyn A. Richardson, Maurice L. Robinson, Andrew S. Robinson, Elan T. Rohland, William F. Rogers, W. B. Ruh, Harold O. Sanford, H. L. Schlink, Henry A. Schwarz, Edwin G. Shale, R. J. Sheets, Lorin G. Sherman, H. G. Sherry, Leroy B. Shube, Herman Shupe, T. P. Still, Ralph H. Skeel, R. E. Sloan, Harry G. Smith, John R. Spurney, Anton B.	Steel, John M. Stifey, Richard E. Stone, Alvin A. Stone, Charles W. Stotter, A. L. Strauss, Abraham Thomas, Meetham Thompson, Raymond L. Tippie, John W. Treister, C. D. Ulrich, Joseph M. Updegraff, R. K. Venable, Sidney C. Wagner, Harold F. Wahl, Harry Walker, Thomas E. Ward, Harry H. Weihrach, H. V. West, J. Hubert Williams, R. W. Wolf, E. E. Wychgel, James N. Yoder, I. I. Zinner, Nicholas L.
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McClain, Alvah S. .... Thompson, Ralph B. .... Wakefield, E. F. ....	<p style="text-align: center;"><i>Lakerwood</i></p> <p style="text-align: center;"><i>Solon</i></p> <p style="text-align: center;"><i>Chagrin Falls</i></p>
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## DARKE COUNTY

Bishop, W. D. .... Hunter, Matthew C. .... Husted, E. G. .... Sarver, A. F. .... Sullivan, Charles P. .... VanLue, J. W. ....	<p style="text-align: center;"><i>Hollansburg</i></p> <p style="text-align: center;"><i>Greenville</i></p> <p style="text-align: center;"><i>Greenville</i></p> <p style="text-align: center;"><i>Greenville</i></p> <p style="text-align: center;"><i>Burkettville</i></p> <p style="text-align: center;"><i>Gettysburg</i></p>
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## DEFIANCE COUNTY

Cass, James W. .... Kettredge, M. R. .... Stephen, Joseph E. ....	<p style="text-align: center;"><i>Farmer</i></p> <p style="text-align: center;"><i>Evansport</i></p> <p style="text-align: center;"><i>Jewett</i></p>
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## DELAWARE COUNTY

Day, Charles A. .... McCarty, Isaac T. .... Miller, Floyd V. .... Postle, Franklin D. .... Robinson, G. E. ....	<p style="text-align: center;"><i>Ashley</i></p> <p style="text-align: center;"><i>Galena</i></p> <p style="text-align: center;"><i>Delaware</i></p> <p style="text-align: center;"><i>Delaware</i></p> <p style="text-align: center;"><i>Ostrander</i></p>
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## ERIE COUNTY

<p style="text-align: center;"><i>Sandusky</i></p> Fenker, William T. Graefe, Henry, Jr. Leblicq, F. J. Houghtaling, F. M. .... Humphreys, Daniel W. .... Manning, George W. ....	<p style="text-align: center;"><i>Sarcbet, Hugo N.</i></p> <p style="text-align: center;"><i>Southwick, P. F.</i></p> <p style="text-align: center;"><i>Huron</i></p> <p style="text-align: center;"><i>Cedar Point</i></p> <p style="text-align: center;"><i>Kelleys Island</i></p>
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## FAIRFIELD COUNTY

<p style="text-align: center;"><i>Lancaster</i></p> Bone, P. S. .... Hamilton, C. H. .... Brown, Carl W. .... Coleman, William R. .... Lutz, Fred A. ....	<p style="text-align: center;"><i>Lantz, James M.</i></p> <p style="text-align: center;"><i>Silbaugh, John J.</i></p> <p style="text-align: center;"><i>Bremen</i></p> <p style="text-align: center;"><i>Sugar Grove</i></p> <p style="text-align: center;"><i>Amanda</i></p>
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## FAYETTE COUNTY

<p style="text-align: center;"><i>Washington C. H.</i></p> Baughn, Harry A. French, John H. Hall, Fred E.	<p style="text-align: center;"><i>Hodson, Herman O.</i></p> <p style="text-align: center;"><i>Howell, Luther P.</i></p>
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## FRANKLIN COUNTY

<p style="text-align: center;"><i>Columbus</i></p> Adams, Richard O. Adel, E. E. Albanese, N. A. Alcorn, John B. Allbritain, James W. Boucher, H. E. Bausch, Robert P. Boudreau, F. G. Brehm, G. W. Brundage, Howard M. Burkett, Dora V. Dawson, Dudley T. Denser, Clarence H. Dodd, Verne A. Duffee, W. E. Dunn, J. M. Dysart, N. C. Eckstorm, J. B. C. Edelman, Samuel D. Edwards, J. C. Elder, R. P. Faulder, George B. Forman, J. Gallen, F. T. Gilliam, D. B. Goodman, S. J.	<p style="text-align: center;"><i>Gordon, Elijah J.</i></p> <p style="text-align: center;"><i>Hamilton, Charles S.</i></p> <p style="text-align: center;"><i>Haney, Forest C.</i></p> <p style="text-align: center;"><i>Hauer, A. M.</i></p> <p style="text-align: center;"><i>Heckler, F. A.</i></p> <p style="text-align: center;"><i>Hindman, Samuel</i></p> <p style="text-align: center;"><i>Hugger, C. C.</i></p> <p style="text-align: center;"><i>Jo' nson, Romeo A.</i></p> <p style="text-align: center;"><i>Jolley, Roy F.</i></p> <p style="text-align: center;"><i>Jones, Daniel W.</i></p> <p style="text-align: center;"><i>Jones, E. B.</i></p> <p style="text-align: center;"><i>Jones, W. I.</i></p> <p style="text-align: center;"><i>Junkermann, Edgar N.</i></p> <p style="text-align: center;"><i>Keiser, Jay G.</i></p> <p style="text-align: center;"><i>Kerschner, J. E.</i></p> <p style="text-align: center;"><i>Kessler, John</i></p> <p style="text-align: center;"><i>Lawrence, F. F.</i></p> <p style="text-align: center;"><i>Lawrence, Gerald P.</i></p> <p style="text-align: center;"><i>Lehmburg, Charles E.</i></p> <p style="text-align: center;"><i>Lehner, Charles S.</i></p> <p style="text-align: center;"><i>Ludwig, E. C.</i></p> <p style="text-align: center;"><i>Markwith, R. E.</i></p> <p style="text-align: center;"><i>Maxwell, Charles L.</i></p> <p style="text-align: center;"><i>McCafferty, Lawrence</i></p> <p style="text-align: center;"><i>McC Campbell, E. F.</i></p> <p style="text-align: center;"><i>McClelland, C. E.</i></p>
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# THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

<p>McDowell, John R. McKay, Walter H. McNerney, Joseph D. Means, Jack Millon, W. F. Oelgoetz, A. W. Osborn, Morse F. Owen, G. F. Pfeifer, C. E. Postle, C. D. Postle, H. V. Reel, Phillip Roach, Charles J. Russell, Lecky H. Schaefer, G. C. Scheib, John P. Seeds, A. H. Sellenings, Oscar H. Shaffer, Edwin F. Shaffer, Elgie R. Postle, Robert S. Renner, John W.</p>	<p>Sharp, C. E. Sheetz, J. W. Shoemaker, Abram J. Small, Victor R. Smith, Edward E. Smith, C. T. Snively, Harry H. Sullivan, Timothy J. Taylor, W. N. Thornton, R. A. Van Dyke, Frank S. Warren, J. H. Warren, John R. Wells, C. H. Wilcox, S. S. Williams, Fred Wilson, Philip D. Winders, Frank Wright, H. R. Wood, E. C.</p>	<p>Ransohoff, J. Louis Rhodes, G. B. Ross, William L., Jr. Rupp, Dennis Sattler, Ray Schriver, L. H. Schroeder, John H. Shank, Reed Silberstein, Emanuel L. Smith, A. H. Snell, Albert F. Soutner, C. T. Southworth, J. Rufus Spelman, John D. Staley, R. W. Stambery, Henry Stammell, Charles A. Cadwallader, J. C. Klein, Elmer A. Snider, Frank E. Swing, Fred Tate, Ralph B.</p>
<p>.....<i>Shepard Hilliards</i></p>	<p>.....<i>Norwood Norwood Madisonville Harrison Harrison</i></p>	<p>.....<i>Norwood Norwood Madisonville Harrison Harrison</i></p>
<b>FULTON COUNTY</b>		
<p>Evers, William Hartmann, Carl F. Maddox, W. H. Murbach, Clarence F. Renolds, Ralph W. Stewart, N. E. Wilkins, Archibald M.</p>	<p>.....<i>Tedrow Wauseon Wauseon Archbold Fayette Wauseon Delta</i></p>	
<b>GALLIA COUNTY</b>		
<p>Rose, E. J. Clark, John W.</p>	<p>.....<i>Gallipolis Vinton</i></p>	
<b>GEAUGA COUNTY</b>		
<p>Hopkins, O. A. Myler, T. F. Williams, A. D.</p>	<p>.....<i>Chardon Burton Huntsburg</i></p>	
<b>GREENE COUNTY</b>		
<p>Darnell, William T. Farmer, Alfred G. McClellan, Ben R. Shields, L. Smith, Simpson A. Whitaker, Harry O.</p>	<p>.....<i>Xenia Fairfield Xenia Xenia Cedarville New Burlington</i></p>	
<b>GUERNSEY COUNTY</b>		
<p>Danford, V. H. Kackley, Ellis D. Lane, Fred W. Skeen, Carroll H.</p>	<p>.....<i>Byesville Cumberland Cambridge Senecaville</i></p>	
<b>HAMILTON COUNTY</b>		
<i>Cincinnati</i>		
<p>Applegate, Matthew M. Bachmeyer, Arthur C. Bader, Ellis Baehr, E. M. Beaman, Charles W. Benjamin, Julian Bentley, James M. Biern, Oscar B. Brown, Herbert A. Brummett, J. S. Buff, Julian H. Byrne, John F. Caldwell, J. A. Carothers, Ralph Carroll, Harry R. Colter, Phillip Cragg, Harry C. Crawford, Clay Cullen, William C. DeNeen, D. D. Devers, Albert B. DeVita, Michael R. Dryer, Charles S. Ervin, Charles K. Fayen, Emmet Feid, Louis, Jr. Fennel, Eric A. Foertmeyer, W. A. Ford, Steve Francis, Robin W. C. Freiberg, A. H. Friedenberger, Harry Friedlander, Albert O. Freyhof, William L. Geringer, Albert O. Gillespie, William Gaston, Raymond E. Grav, Edward B. Høven, J. Stewart Hall, Joseph A.</p>	<p>Handley, Daniel C. Hardinger, Ralph W. Hauser, Selmar Hendley, Frank W. Holmes, C. R. Juettner, Otto Kelley, Thomas Kieley, C. E. King, Edward Koch, Arthur E. Knauf, Arthur R. Lamb, Benjamin Layport, William L. Lee, Duke Lindenberger, L. N. Maddox, Robert D. Maertz, Charles Mann, Harry F. Martin, Earl A. Matuska, Anthony McCarthy, Merrick T. McGrath, E. R. Mehan, George T. Metz, Charles W. Miller, John D. Moloney, Louis Morris, Roger Muck, Edward Mullinger, Walter Neal, Charles A. Norris, Benjamin Odom, Stanley G. Owry, Franklin J. Paden, Russell H. Paul, Charles M. Peterson, Marcellus L. Pirrung, I. Edward Place, Philip Querner, Louis A. Ramsey, Allen</p>	
<b>HANCOCK COUNTY</b>		
<i>Findlay</i>		
<p>Balsley, Alfred W. Cooper, Elwin H. Firmin, John M. Hartman, John V. Todd, C. D.</p>	<p>.....<i>Keator, Warren B. Pennington, P. C. Van Horn, A. M. McComb</i></p>	
<b>HARDIN COUNTY</b>		
<i>Kenton</i>		
<p>Belt, LeRoy L. Nourse, John D. Snodgrass, Frank B. Crum, John R. Evans, Roy C. Lynch, Elmer E. Smith, Samuel C. Wisely, Allen N.</p>	<p>.....<i>Phillips, D. P., Jr. Schutte, R. G. Forest McGuffey Mt. Victory Ada Ada</i></p>	
<b>HARRISON COUNTY</b>		
<p>Curtis, W. H. H.</p>	<p>.....<i>Piedmont</i></p>	
<b>HENRY COUNTY</b>		
<p>Boesel, I. H. Earp, James F. Garwood, George E. Haag, Henry P. Harrison, C. M. Homeck, Herman W. Norris, O. L. Rohrs, Henry F.</p>	<p>.....<i>McClure Holgate Colton Liberty Center Napoleon Ridgeville Corners Deshler Napoleon</i></p>	
<b>HIGHLAND COUNTY</b>		
<p>Ambrose, W. H. Frame, J. H. Larkin, J. C. McAllister, J. L. Skeel, Carroll H. Varney, J. D.</p>	<p>.....<i>New Petersburg Highland Hillsboro Highland Greenfield Greenfield</i></p>	
<b>HOCKING COUNTY</b>		
<p>Hayman, E. H. Koppe, Harold F. Lyon, Claude C.</p>	<p>.....<i>Murray City Logan Logan</i></p>	
<b>HOLMES COUNTY</b>		
<p>Olmstead, Atlee R. Putnam, Isaac</p>	<p>.....<i>Millersburg Millersburg</i></p>	
<b>HURON COUNTY</b>		
<p>Bell, Clement L. V. Coupland, James D. Cranston, Byron S. Gill, Robert C. Harding, Charles L. Mackintosh, Angus A. Pilkey, Benjamin C. Reese, James W. Sipher, John A.</p>	<p>.....<i>Fitchville Norwalk New London Norwalk Bellevue North Fairfield Monroeville New London Norwalk</i></p>	
<b>JACKSON COUNTY</b>		
<p>Davis, Daniel W. Evans, Walter E. Gahn, Halder L. Henry, J. W. Hunter, Johnson S. Parker, W. H.</p>	<p>.....<i>Wellston Jackson Jackson Berlin Cross Roads Jackson Wellston</i></p>	
<b>JEFFERSON COUNTY</b>		
<i>Steubenville</i>		
<p>Biddle, James K. Biddle, Victor Clark, Roy S. Doneho, W. S. P. Atwell, Z. T. Caldwell, John R. Ferguson, G. A. Huth, Leo McFroy, Thomas Schilling, Robert W.</p>	<p>Erskine, DeMarr Jones, Thomas Maxson, Charles W. Miller, James E. .....<i>Amsterdam Ravland Toronto Follanshee Mingo Junction Toronto</i></p>	

# THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

## KNOX COUNTY *Mt. Vernon*

Blair, Harry W.	Cooper, Fred S.	
Clark, Edw. M.	Pumphrey, J. M.	
Claypool, John R.	Workman, I. S.	
Conard, Carroll D.		
Norrick, John H.	<i>Fredericktown</i>	
Phillips, W. O.	<i>Centerburg</i>	

## LAKE COUNTY

Jones, E. S.		<i>Painesville</i>
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## LAWRENCE COUNTY

Cass, Edward M.		<i>Utica</i>
Crary, H. C.		<i>Millers</i>
Marting, W. F.		<i>Ironton</i>
Mayberry, Irvin W.		<i>Scottown</i>
Rose		<i>_____</i>
Stewart, Forrest R.		<i>Sheritt</i>
Wiseman, Orlyn		<i>Pedro</i>

## LICKING COUNTY

Brown, James A.		<i>Newark</i>
Cook, Edgar P.		<i>Granville</i>
Hixson, A. H.		<i>Johnstown</i>
Johnston, E. H.		<i>Alexandria</i>
Lewis, W. H.		<i>Newark</i>
Marriott, L. L.		<i>St. Louisville</i>
Mitchell, L. A.		<i>Newark</i>

## LOGAN COUNTY *Bellefontaine*

Butler, Robert H.	Pratt, Lester J.	
Carey, William H.	Pratt, Malcolm L.	
Makenson, F. R.	Pratt, Robert	
McCracken, A. J.	Startzman, C. K.	
	Swan, G. H.	

Croft, J. W.		<i>West Liberty</i>
Davis, Claude		<i>East Liberty</i>
Fulwider, Robert M.		<i>Zanesfield</i>
Hinkle, W. M.		<i>DeGraff</i>
Zurmehly, S. L.		<i>Rushsylvania</i>

## LORAIN COUNTY *Elyria*

Hart, W. E.	Metcalf, H. M.	
Kramer, J. C.	Sheffield, Edwin E.	
Lawrence, Frank A.	Smith, Arthur B.	
Dager, W. F.		<i>Lorain</i>
Faus, Ralph W.		<i>Lagrange</i>
Gregg, Frank B.		<i>Wellington</i>
Mikolando, Otto		<i>Lorain</i>
Powers, Harry W.		<i>Amherst</i>
Richardson, V. M.		<i>Oberlin</i>
Sponseller, Fred M.		<i>Wellington</i>
Wiseman, Fred M.		<i>Amherst</i>

## LUCAS COUNTY *Toledo*

Beckwith, Horace K.	McCormick, Edward J.	
Belyea, James A.	McGonigle, M. B.	
Berger, C. A.	Meador, H. B.	
Booth, George B.	Miller, Lawrence D.	
Brewer, Lyman A.	Moor, Daniel C.	
Brown, Thomas H.	Moots, Charles W.	
Cass, James W.	Mundy, Carl C.	
Chollett, Burt G.	Myers, Foster	
Cole, Claude B.	Newberg, Frank L.	
Conger, William W.	Orwig, Earl	
Dolloway, L. M.	Peavy, Henry J., Jr.	
Eyestone, Fred	Pilliod, Frank W.	
Faber, Charles F.	Rees, Owen C.	
Ferneau, Frank D.	Ricard, William A.	
Ficklin, Frank B.	Rieg, Phil W.	
Figley, Karl D.	Rosenblum, Herman G.	
Gillette, Norris W.	Schade, August H.	
Grardot, Adolph J.	Shapiro, William M.	
Goodyear, Lucius B.	Souder, Charles G.	
Harrison, Jay M.	Stone, Willard J.	
Harvey, John H.	Strathmann, William H.	
Hayes, W. S.	True, John Arthur	
Hein, Barney J.	Tucker, John P.	
Hetler, George A.	Whitwham, G. P.	
Higgins, Thomas F.	Wilson, Dale	
Hofd, Daniel W.	Williamson, H. W.	
Johnson, Philip M.	Zemar, Ralph H.	
Lawless, Robert E.		
Hayes, Harry S.		<i>Whitehouse</i>

## MADISON COUNTY

Christopher, Harry V.		<i>London</i>
Kerr, George M.		<i>Lilly Chapel</i>
Parker, John W.		<i>London</i>
Wittich, Roderick B.		<i>Mt. Sterling</i>

## MAHONING COUNTY *Youngstown*

Allsop, W. K.	Blaine, William M.	
Barrett, C. D.	Borden, P. G.	
Bierkamp, F. J.	Brant, A. E.	

Breese, Floyd J. P.	McNamara, Frank W.	
Buchanan, J. U.	Meyer, Nathan W.	
Bunn, W. H.	Morrall, R. R.	
Clark, C. R.	Moses, C. H.	
Chme, Earl	Neshitt, D. A.	
Dunn, George D.	Nutt, George S.	
Farley, David L.	Osborn, H. M.	
Fenton, R. W.	Painter, A. M.	
Fitzpatrick, F. P.	Phillips, D. B.	
Hosbit, Dean A.	Reed, C. M.	
Hudnut, O. D.	Reed, Colin M., Jr.	
Jones, M. P.	Sherbondy, J. A.	
Kaskinski, T. J.	Thomas, E. R.	
King, James E.	Washburn, J. L.	
Love, William P.	Wilson, B. W.	
Mariner, James S.	Wolferth, C. C.	
McCurdy, S. M.		

## MARION COUNTY *Marion*

Hoskins, Jacob M.	Titsworth, Archie W.	
Mattox, S. W.	Weeks, Dana O.	
Mouser, H. K.	Weiser, Walter J.	
Rhu, H. S.		
Hurd, B. B.		<i>Caledonia</i>
Marsh, Evert J.		<i>Waldo</i>
Shira, Donald		<i>LwRue</i>

## MEDINA COUNTY

Appleby, A. G.		<i>Valley City</i>
Brintnall, R. A.		<i>Seville</i>

## MEIGS COUNTY

Bing, Byron		<i>Pomeroy</i>
Crary, Herman L.		<i>Letart Falls</i>

## MERCER COUNTY *Rockford*

George, John C.	Wilcox, Richard C.	
Wickersham, James C.	Wilson, Richard S.	
Ayers, Frank E.		<i>Celina</i>
Brumm, Frederick H.		<i>Coldwater</i>
Gihons, John T.		<i>Celina</i>
Leiser, William A.		<i>Pt. Recovery</i>
Ransbottom, I. J.		<i>Coldwater</i>
Schirack, C. J.		<i>Coldwater</i>

## MIAMI COUNTY

Caywood, James R.		<i>Piqua</i>
Haley, Michael R.		<i>Piqua</i>
Lindenberger, L. N.		<i>Troy</i>
Teeter, Judson		<i>Pleasant Hill</i>

## MONROE COUNTY

Edwards, C. E.		<i>Jolly</i>
McVey, Edward F.		<i>Clarington</i>
Thomson, W. E.		<i>Antioch</i>

## MONTGOMERY COUNTY *Dayton*

Baldwin, Ashton M.	Kislig, Fred K.	
Bayless, C. O.	Kuhl, Albert F.	
Burnett, Harry W.	Lyons, Clinton G.	
Carley, A. W.	Mansur, William B.	
Cline, C. L.	Mashburn, N. C.	
Coleman, C. A.	McCally, Albert W.	
Crow, Allen G.	McClellan, H. H.	
George, J. C.	McKenny, J. W.	
Giffin, Guy G.	Rounds, Frederick C.	
Grove, Courtney P.	Vega, Jaffrey J.	
Hendee, Walter W.	Walkup, Thomas	
Hewitt, Alchie E.	Wood, Thomas M.	
Kalter, G. E.	Woodruff, Ralph L.	
Kelly, John E.		
Dickinson, T. H.		<i>Germantown</i>
Hunt, Charles T.		<i>Miamisburg</i>
Travis, John L.		<i>Germantown</i>

## MORGAN COUNTY

Hill, J. F.		<i>McConnelsville</i>
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## MORROW COUNTY

Bennett, W. S.		<i>Cardington</i>
Jackson, C. S.		<i>Edison</i>
Virtue, D. B.		<i>Iberia</i>

## MUSKINGUM COUNTY *Zanesville*

Allen, S. L.	O'Flaherty, A. E.	
Baron, Frederick S.	Sellers, C. P.	
Brush, E. R.	Sutton, Thomas	
Fulwider, Robert M.	Walters, Alvin H.	
Higgins, Charles H.		
Loebell, Maurice		<i>Sonora</i>
Martin, John G.		<i>New Concord</i>
Wells, Robert E.		<i>Nashport</i>

## NOBLE COUNTY

Dew, F. R.		<i>Belle Valley</i>
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# THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

<b>OTTAWA COUNTY</b>		<b>SUMMIT COUNTY</b>	
Ballou, Justin G. ....	Graytown	<i>Akron</i>	
Ingraham, Frederick D. ....	Curtice	Barton, E. W. ....	Lybyer, P. C. ....
Jordan, Aid B. ....	Marblehead	Clark, Lucien D. ....	Neiland, H. R. ....
McCracken, Charles ....	Port Clinton	Davis, Paul A. ....	Postle, R. S. ....
Starkes, C. C. ....	Port Clinton	Drury, Roy F. ....	Power, R. E. ....
Van Epp, Owen B. ....	Port Clinton	Gillespie, B. H. ....	Rambo, E. F. ....
<b>PAULDING COUNTY</b>		Grim, Jesse ....	Rogers, W. J. ....
Fast, L. R. ....	Paulding	Haralson, C. H. ....	Smith, C. C. ....
Miller, John C. ....	Payne	Heckert, H. R. ....	Stewart, James E. ....
<b>PERRY COUNTY</b>		Logan, G. M. ....	Ulrich, Joseph M. ....
Allen, Edgar D. ....	New Lexington	Luce, R. V. ....	Woodbury, Harry E. ....
Burrell, Guthrie O. ....	New Lexington	Alspach, E. Z. ....	Kenmore
McNerney, N. H. ....	Corning	Havre, S. J. ....	Kenmore
Shaw, H. W. ....	Junction City	Long, P. B. ....	Copley
Sommers, J. C. ....	Somerset	Rodenbaugh, H. A. ....	Barberton
<b>PICKAWAY COUNTY</b>		Searl, William A. ....	Cuyahoga Falls
Jackson, Harry D. ....	Circleville	<b>TRUMBULL COUNTY</b>	
McKay, W. H. ....	Orient	<i>Warren</i>	
<b>PIKE COUNTY</b>		Ailes, M. D. ....	Page, Harlan
Seiler, I. P. ....	Piketon	Hoover, D. E. ....	Waller, C. E. ....
Tidd, E. W. ....	Stockdale	Knappenberger, M. T. ....	Wright, E. H. ....
<b>PORTAGE COUNTY</b>		Manley, O. T. ....	
Gatchell, W. T. ....	Ravenna	Moore, L. G., Jr. ....	Kinsman
Gorham, B. E. ....	Kent	Williams, C. C. ....	Niles
Hull, George E. ....	Mantua	<b>TUSCARAWAS COUNTY</b>	
Nichols, B. H. ....	Ravenna	Calhoun, G. E. ....	Uhrichsville
Pritchard, L. W. ....	Ravenna	Coleman, H. A. ....	New Philadelphia
<b>PREBLE COUNTY</b>		Goudy, Rollin A. ....	Newcomerstown
Coombs, Jerrard W. ....	Camden	Guthrie, Gale C. ....	Uhrichsville
Silver, H. Z. ....	Eaton	Marquand, B. A. ....	Canal Dover
Stewart, William T. ....	Morning Sun	Shawecker, K. E. ....	New Philadelphia
<b>PUTNAM COUNTY</b>		Shawecker, Max ....	Canal Dover
Davis, B. P. ....	Ft. Jennings	Wilson, Roy A. ....	Dennison
Owens, Otto J. ....	Ottawa	<b>UNION COUNTY</b>	
Siddall, John D. ....	Kalida	Boylan, J. L. ....	Milford Center
Watterson, John D. ....	Kalida	Calloway, F. C. ....	Marysville
<b>RICHLAND COUNTY</b>		Goff, William M. ....	Marysville
Findley, Samuel E. ....	Mansfield	MacIvor, Angus ....	Marysville
Lavender, D. C. ....	Pavonia	<b>VAN WERT COUNTY</b>	
Mecklem, W. P. ....	Mansfield	<i>Van Wert</i>	
Smith, George S. ....	Mansfield	Church, Charles G. ....	Lawhead, W. E. ....
Stober, John F. ....	Lexington	Flemming, R. C. ....	Leake, N. E. ....
Walker, C. S. ....	Plymouth	<i>Logan</i>	
<b>ROSS COUNTY</b>		Hanna, Myron ....	Scott
Dunn, A. H. ....	Chillicothe	Musgrave, A. C. ....	Ohio City
Hatfield, Charles C. ....	Kingston	Reed, F. E. ....	Wren
Holmes, R. W. ....	Chillicothe	Reeder, M. E. ....	Ohio City
Lightner, Russell E. ....	Kingston	Roller, W. C. ....	Wilshire
Nisley, Glen ....	Chillicothe	<b>VINTON COUNTY</b>	
Perry, Stephen W. ....	Bainbridge	Cox, O. S. ....	McArthur
Scott, V. T. ....	Clarksburg	Henry, W. H. ....	Hamden
Smith, W. B. ....	Frankfort	<b>WARREN COUNTY</b>	
Tinker, L. M. ....	Frankfort	Krohn, C. P. ....	Morrow
<b>SANDUSKY COUNTY</b>		<b>WASHINGTON COUNTY</b>	
Baker, E. W. ....	Clyde	<i>Marieteta</i>	
Deemer, W. R. ....	Fremont	Hill, Edgar W., Jr. ....	Smith, Arthur H. ....
Eyestone, A. G. ....	Gibsonburg	Penrose, J. B. ....	Stewart, J. M. ....
Harding, Charles L. ....	Bellevue	Sauer, William W. ....	
Kern, Peter E. ....	Gibsonburg	Adair, Frank ....	Beverly
Phillips, Merton O. ....	Fremont	Edwards, C. E. ....	New Matamoras
Trumbull, H. N. ....	Woodville	Gale, Larry ....	Newport
<b>SCIOTO COUNTY</b>		Sellew, Timothy ....	Watertown
<i>Portsmouth</i>		<b>WAYNE COUNTY</b>	
Blizzard, Donald M. ....	Quinn, W. A. ....	Bertolette, Harry B. ....	Shreve
Dawson, Challis H. ....	Rapp, Harry F. ....	Deeds, Charles R. ....	Dalton
Mills, Alfred B. ....	Rardin, J. S. ....	Ice, K. C. ....	Shreve
Moore, A. R. ....	Robe, O. W. ....	Wahl, Edward W. ....	Sterling
Mytinger, George S. ....	Ruggles, S. D. ....	<b>WILLIAMS COUNTY</b>	
DeCrow, Reaves W. ....	Sciotoville	<i>Bryan</i>	
Graf, Carl H. ....	Sciotoville	Long, James W. ....	Solier, Franz E. ....
<b>SENECA COUNTY</b>		Femberthy, Jesse P. ....	Snyder, Alva E. ....
<i>Fostoria</i>		Curl, George ....	Edgerton
Fruth, Virgil J. ....	Johnston, Cecil	Patton, Homer H. ....	Montpelier
Henry, C. A., Jr. ....	Leonard, William N. ....	<b>WOOD COUNTY</b>	
Daniel, Charles F. ....	Tiffin	<i>Bowling Green</i>	
Wenner, Henry L., Jr. ....	Tiffin	Boyle, Frank V. ....	Rae, James W. ....
<b>SHELBY COUNTY</b>		Gorsuch, George A. ....	Schrader, C. O. ....
Connor, Franklin ....	Sidney	Harrison, A. M. ....	Stove, Frank A. ....
Englerth, Benjamin ....	Anna	Biggs, I. L. ....	Custer
LeMaster, Vernon ....	Sidney	Bowers, M. H. ....	Perrysburg
<b>STARK COUNTY</b>		Wetherill, J. C. ....	Weston
<i>Canton</i>		<b>WYANDOT COUNTY</b>	
Danforth, M. E. ....	O'Brien, John D. ....	<i>Upper Sandusky</i>	
Hamilton, Claude D. ....	Todd, Joseph L. ....	Bowman, J. C. ....	Naus, Walter L. ....
Bernard, Benj. C. ....	Alliance	Kenan, Frederick ....	Smith, Arthur N. ....
Casey, L. E. ....	Minerva	Griest, T. C. ....	Nevada
Dougherty, J. B. ....	New Berlin	Van Buren, R. C. ....	Carey
Holston, I. D. ....	Massillon		
Ramsey, P. M. ....	Alliance		
Seranton, Homer G. ....	Alliance		
South, John J. ....	Massillon		
Walker, C. A. ....	Louisville		

## Members of Cincinnati Academy Raise Large Fund for "Liberty Physicians"---Columbus Plans

The various plans inaugurated by committees representing the profession in the larger cities to provide some form of financial relief for military physicians, are progressing nicely. In Cincinnati, Cleveland, Columbus and Toledo the financing of the plans is assured.

At a meeting of the Cincinnati Academy of Medicine on Monday, November 5, prompt action was taken on the report offered by a special committee appointed to consider the subject, consisting of the following: Drs. E. O. Smith, J. W. Murphy, D. T. Vail, B. M. Ricketts and D. W. Palmer, chairman. Resolutions were unanimously adopted providing for the formation of a Voluntary Trust Fund by the members of the academy. The resolution briefly sets forth the purpose of the movement and is herewith given in full:

"1. A Voluntary Liberty Physician Fund shall be raised from among the members of the Academy of Medicine of Hamilton County by subscription for the purposes hereafter outlined; this Fund shall be in charge of a Board of five trustees appointed by the president of the Academy of Medicine of Hamilton County; this Fund to be used by these trustees in accordance with the spirit of the resolution, and the trustees of this Fund are to report to the trustees of the Academy of Medicine of Hamilton County. This Fund is to be raised by subscriptions, payable as desired, during the continuance of the present war, and such subscriptions are to be at the rate of one, three, five, or ten dollars monthly. A subscription made by any member of the Academy of Medicine will be automatically cancelled by his or her entrance into the Federal service. The formation of the Voluntary Fund in no way obligates the Academy of Medicine to or for any Liberty Physician or his family.

"2. Funds for equipment may be loaned to Liberty Physicians needing this assistance.

"3. Financial relief to be offered from the Voluntary Fund to the family of any Liberty Physician himself, when in the judgment of the trustees of this Liberty Physicians' Service Fund, such relief is needed.

"4. To each Liberty Physician the trustees of this Fund may offer insurance as provided by an act of Congress, 'An Act to Authorize the Establishment of a Bureau of War Risk Insurance in the Treasury Department,' article 4, section 400 et al; the cost of such insurance to be paid from this Voluntary Fund as long as the Fund exists, during the term of this emergency, or during the term of the enlistment of any physician, or until the death of any member in the Federal service. The amounts of insurance so offered to be as follows: for single men, \$2,000; a married man sup-

porting a wife, \$5,000; and for each dependent child an additional \$1,000, up to the maximum allowed by Congress, \$10,000.

"5. At the termination of this emergency any moneys remaining in the Liberty Physicians' Service Fund shall be disposed of according to the wish of the Academy of Medicine expressed at a regular meeting following the issuance of a notice that such subject is to be taken up at the next meeting.

"6. Trustees to be appointed under this resolution are to enter into an obligation to administer this Liberty Physicians' Service Fund in accordance with these resolutions.

"Be it further resolved, that professional services be rendered to the patients of these Liberty Physicians, who may call for service, and to collect, (cash if possible), for such services, and pay to the family of, or those dependent on, such Liberty Physicians, 40 per cent of the gross receipts from such service, these payments to be made monthly. The above service to be rendered for these Liberty Physicians during the term of their service, provided such service does not continue longer than the termination of the present emergency, or in case of death, to the close of the present emergency. Each civilian physician rendering service to patients of Liberty Physicians shall notify them promptly upon the return of any Liberty Physician to civil practice, and request them to re-employ their former physician, and refuse to treat such patients during a period of one year following the return of such Liberty Physician to active practice."

To make the work effective, immediately following the adoption of the resolution the committee asked for contributions covering the work for the first year, and in 25 minutes \$5,065.00 was subscribed. There was one contribution for \$150; 36 for \$100; 15 for \$50, and the balance for lesser amounts ranging down to \$5.00. Dr. Palmer advises us that the committee anticipates no trouble in raising from ten to twelve thousand dollars for this work.

\* \* \*

In Columbus arrangements are being made to collect a fund of several thousand per year, and to administer it in a manner similar to the plan followed in Cincinnati. Government insurance will be purchased and presented to every military physician from this county. The other forms of medical relief will be developed. In Columbus the relief plans will be maintained in behalf of the profession of the county and not limited to the Columbus Academy of Medicine. The president of the Academy selected a general committee of twenty representatives of the three schools of medicine, and of the different towns in the coun-

ty. This committee has in turn delegated the development of the plan to a smaller committee of seven which has been working under the direction of Dr. Charles S. Hamilton. It is planned to present a concrete working scheme to the Academy on December 3.

\* \* \*

In Cleveland the general committee appointed to represent the entire profession of Cuyahoga County is proceeding steadily with the work as outlined in the November *Journal*. Dr. Nathaniel M. Jones, chairman of the committee, advises that 300 members of the profession have pledged themselves to contributions ranging in amounts from two to ten dollars monthly. The committee estimates that it will spend about \$600.00 per month during the period of the war but hopes to collect a larger sum and to use the balance after the war as the nucleus of a permanent fund for the relief of superannuated physicians. In Cleveland no attempt will be made to provide government life insurance at the expense of the fund.

\* \* \*

In Toledo, where the patriot physicians' plan was inaugurated, the general committee has to date collected \$2,900.00 and spent about \$2,300.00. The disbursements thus far have been limited to payments for equipment provided to doctors who enter service. The committee estimates that the necessary cost of such equipment is \$101.70 and allows that amount to any Lucas County physician who applies for this help. This has undoubtedly stimulated medical recruiting in Toledo, as the financial outlay for the purpose of this special equipment frequently hinders young physicians from entering service—and it is the younger physician who is most seriously needed by the government at this time. Dr. W. W. Alderdyce, treasurer of the academy, advises us that the plan has good points and also points open to criticism, but that the committee expects to continue its work and to revise its operating system from time to time as the situation demands.

Dr. Robert H. Butler of Bellefontaine has been commissioned a past assistant surgeon in the Navy and assigned to Naval Base Hospital Unit No. 7. This rank is equivalent to a captaincy in the Army.

Dr. C. S. Judy, Miamisburg, is "doing his bit" by performing the duties of Health Officer in the absence of Dr. Chas. T. Hunt (Captain M. R. C.) on duty at Fort Thomas, Kentucky, since June 7. Miamisburg recently experienced an epidemic of small-pox and diphtheria entailing extra work for health officials. Dr. Judy turns over the entire salary to Dr. Hunt. It is unselfish service such as this, of which there are many instances, that indicate the true spirit of medical fraternalism.

## War Notes

Dr. George W. Crile, who spent November in this country, does not expect an early termination of the war. In several addresses he repeated that during his service in France he had heard no one express the opinion that the enemy was wavering or starving; that he was short of munitions or no longer fought a hard fight, or that the imperial power was crumbling. While serving as director of the Lakeside Base Hospital in France he had found the German prisoners strong and well nourished, and that he heard nothing of the enemy weakening until he returned to this country. Major Charles F. Hoover of Cleveland, who was associated with Dr. Crile in the management of the Lakeside unit, has resigned from service and will remain in Cleveland for at least the balance of the school year. It is possible that the Surgeon General will order home Dr. Howard T. Karsner, now in France, as he, too, is needed in the teaching work at Western Reserve. Dr. Crile expected to return about December 1.

Dr. C. D. Selby, of Toledo, Managing Editor of *The Journal* and Secretary-Treasurer of the State Association, and Dr. O. P. Geier, of Cincinnati, have accepted temporary commissions in the United States Public Health Service. They will conduct a survey of industrial conditions in munitions plants and war industries. Immediately this is completed, Dr. Selby will enter the Army and will be stationed in Washington, in the Surgeon General's office, where he will be associated with the division having charge of the rehabilitation of returned wounded soldiers.

Dr. Charles H. Higgins of Zanesville, lieutenant M. R. C., has been transferred to the 11th Provisional Training Battalion, 159th Depot Brigade, Camp Taylor, Louisville, Kentucky.

The medical profession of Toledo is to be represented at the front by a navy unit, organization for which was announced late in November. Dr. Charles W. Moots, retiring councilor of the State Association, is director and chief surgeon while Dr. P. Bruce Brockway will be chief of the medical staff.

The unit is similar to the one recently organized in Columbus and which is now stationed on the Virginia coast, and will be known as Naval Base Hospital Unit No. 7. Several months ago the Toledo profession endeavored to secure authorization for two base hospital units but this was finally refused by the Red Cross organization, and it is probable that the naval unit will be the only representative medical organization in the field from that city.

The proposed station for the hospital has not

been determined. It was first thought that an Atlantic coast port would be chosen, but later reports indicate possible service in France.

Dr. Henry S. Jewett, aged 71, for 50 years a practicing physician of Dayton, now retired from active practice, is modestly doing his "bit" by rolling bandages, sorting magazines and other things of material assistance to volunteer workers at Dayton Red Cross headquarters.

The Central Liberty Loan Committee of the Fourth Federal Reserve District received the following message from Cleveland Lakeside Hospital unit now in France: "Over one thousand liberty bonds taken by members of Lakeside Hospital unit. Every member a subscriber."

Dr. John W. Means of Columbus (Captain M. O. R. C.) went to Philadelphia, November 5, to enter the University of Pennsylvania Hospital for two weeks' training.

Dr. Carroll Storey, son of Dr. William Storey of Castalia, has returned home from six months' service in base hospital work in France and England.

Dr. Charles Stammel, former receiving physician at the Cincinnati General Hospital, and Dr. Philip Colter, assistant, have been admitted to the medical corps of the regular army. Dr. Stammel, who is a son of Dr. C. A. Stammel, enlisted in the First Field Hospital several months ago and was sent to Montgomery, Alabama. In the interval he successfully passed the examination for the regular army service and has been transferred to Washington. Dr. Colter passed the same examination and has been assigned to federal health service.

With 46 physicians and 42 nurses on hand, Major E. C. Huber, commandant at the Chillicothe base hospital, has established the following departments and assigned the physician-officers as follows: *Administration*: Lieutenant H. Curtis, adjutant; C. C. Crosby, registrar; A. B. Shatto, receiving officer; R. M. Fulwider, night officer; J. G. McWilliams, supervising officer; H. G. Schwab, quartermaster. *Medical Service*: Major D. D. Roberts, chief; Captains E. E. Adel and S. M. Rinehart; Lieutenants W. L. Freyhoff, J. W. Sheetz, C. F. Glass, A. Matsuka, M. R. De Vita, F. W. Hickin. *Pathological*: Lieutenants E. B. McKinley, B. Crawford and H. J. Gosline. *Neuro-Psychiatric*: Captain H. L. Stick, Lieutenant J. D. O'Brien. *Rocentgenology*: Lieutenant S. Brown. *Surgical service*: Major A. J. Harvey, chief; Captain C. W. Hoyt; Lieutenants G. M. Logan, R. E. Thompson, W. C. Gates, C. E. Sharp, J. D. Wakefield. *Ophthalmological*: Major A. C. Wood, chief; Lieutenants H. Stanberry, J.

W. Earel, W. D. Stevenson. *Oto-laryngological*: Major C. R. Holmes, chief; Lieutenants C. H. Weintz, L. J. R. Effler. *Venereal service*: Lieutenant D. P. Ray, chief; Lieutenants D. C. Handley, A. V. Sibert, J. J. DeVereaux, J. A. Shaffer. *Gas defense*: Lieutenant O. J. Brainard. *Tuberculosis*: O. H. Epley, R. M. Monfort, George H. Shaw, Captain C. L. Bjerrive.

Dr. L. L. Syman of Springfield, regimental surgeon in charge of work at Camp Lewis, American Lake, Washington, has suffered a nervous breakdown due to overwork at the cantonment. He has been given an honorable discharge from governmental work on account of his condition. Dr. Syman was the first Springfield physician to be called into active service.

Governor Cox gave enthusiastic endorsement, November 15, to the plan advanced by Dr. John H. Quayle of Cleveland, whereby at least 90% of the men rejected for military service might be made fit for military service, as well as for active civil life. The Quayle idea is embraced in a measure introduced at the war session of Congress by Senator Atlee Pomerene, which would appropriate \$100,000,000 for the construction of extensions to army cantonments, where the work of human reclamation can be carried on under the direction of experts.

Dr. Frank G. Boudreau of Columbus has established a permanent address in England and may be reached through The American Express Company, No. 6 Haymarket Street, London.

## BOOKS RECEIVED

*General Medicine*, Volume VI of the Practical Medicine Series, edited by Frank Billings, M. S., M. D., head of the Medical Department and dean of the Faculty of the Rush Medical College, Chicago, assisted by Burrell O. Raulston, A. B., M. D., Resident Pathologist, Presbyterian Hospital. Series 1917. The Year Book Publishers, Chicago.

*The Medical Clinics of North America*, Volume I, Number II (The Philadelphia Number, July, 1917). Octavo of 269 pages, 28 illustrations. W. B. Saunders Company, 1917. Published bi-monthly. Price per year: Paper, \$10; cloth, \$14.

*The Surgical Clinics of Chicago*, Volume I, Number IV (August, 1917). Octavo 206 pages, 70 illustrations. W. B. Saunders Company, 1917. Published bi-monthly. Price per year: paper, \$10; cloth, \$14.

## Physicians Commissioned in Reserve Corps Will Be Given Fifteen Days Notice Before Summons

We have received a number of inquiries from physicians who have been recommended for commission as to when they may expect a call to active service. In many instances failure to promptly call men who have been commissioned has caused an annoying waste of time—the commissioned man finding it necessary to settle his home affairs and practically stop practice, so as to be ready to answer promptly the summons from Washington. Since the immediate demand of the first draft army has been met the delay in issuing these summons has increased, and as a result many physicians holding commissions have been marking time at their home stations. The best information available on this subject is contained in a letter dated October 29 to Colonel Charles Willcox, surgeon at the Columbus Barracks, from Lieutenant Colonel W. H. Miller, of the Surgeon General's office, which reads as follows:

"By direction of the Surgeon General:

"1. Appeals for active duty accompanied by statements that officers have ceased all civil practice, have sold their homes and otherwise severed local connections, are continually reaching this office, leading us to the conclusion that some understanding must exist as to the conditions under which appointments in the Federal Reserve Corps are accepted.

"2. You are requested to give the widest publicity to the fact that the acceptance of a commission in the Reserve Corps does not necessarily imply immediate assignment to active duty; that the Reserve Corps has been organized to meet the conditions that will arise when our troops are more extensively engaged; and that until that time officers should continue their usual duties pending notice that orders are to be issued.

"3. Up to within a short time ago it was possible to assign officers as rapidly as appointments were accepted, but for some time to come very

few officers will be called out unless conditions materially change.

"4. We have every reason to expect that the services of every available medical officer will be eventually required but it is manifestly impossible to utilize the entire Corps with the number of troops now serving.

"5. All officers of the Reserve Corps on the inactive list will be given at least fifteen days' notice when first assigned to active duty. Until they receive such notice they should continue with their civil practice."

During November a nation-wide effort was made to give publicity to the point that physicians would be given at least 15 days' notice before they are expected to leave their practices. In commenting on the ruling Colonel Willcox writes *The Journal* as follows:

"In connection with this matter let me add my appeal to all who can possibly do so—to apply for admission to the Medical Officers' Reserve Corps, go on with their work as usual and hold themselves in reserve to go on active duty when required. Daily the importance of the part played by physicians in the War is becoming more apparent to all, in the same manner as is the fact that there is serious work before every man and woman. The Army will as far as human power can foresee be further increased and every increase will require an increase in the number of physicians. At present the number on active duty is sufficient for immediate needs. Unquestionably there will be need in not very distant future for many more. For this reason the Reserve must be ample. Let physicians apply as usual, lay their plans to enter active service later on and in the meantime go on as usual with their work. They will thereby constitute a potential power that will be of value when later needed."

## Military Service, Even Across the Atlantic, Has its Compensations, Dr. Boudreau Writes

In a personal letter to the editor of *The Journal*, Dr. Frank G. Boudreau of Columbus, epidemiologist in the state health department, now on leave, emphasized the point that should be given consideration in considering the army medical service—the value of the training which the doctor will receive. Inasmuch as Dr. Boudreau's letter is recent (October 29) we are taking the liberty of reproducing a part of it:

"Our landing in England was magnificent. We went ashore at 9 p. m. in a Scotch drizzle and had a wonderful reception from a single "Bobby." We had two days in London and then were scattered to the four points of the compass. There

are four Americans with me here, but none came over at the same time. I am in charge of the district laboratory of bacteriology and pathology, while the other Americans are all assigned to hospital work. In a short time I am to be assigned to the laboratory where only meningitis work is done. This will be a great opportunity as the meningitis prevention work here is of the very highest order. The medical director also promises me some time in London in the central laboratory from which all work is directed. So you see I am enjoying all the advantages of post-graduate work without expense.

"The reception given to us by British officers

is of the very best. They have done everything in their power to make our stay here pleasant and profitable. I have yet to hear a complaint from an American officer as to his treatment. I have a very comfortable room in a brick building, shared with a doctor from West Virginia. Our mess building has a lounge room with all the late papers, periodicals and medical journals. A beautiful club is about five minutes distant, and we can secure all its privileges by the payment of \$1.25 a month. We have golf, tennis, riding, shooting, billiards, etc., and the work here is so arranged that all may participate in outdoor sports in the day time. There is a theatre here with an excellent stock company, no civilians allowed. We also have movie houses. Some of our men have even been for pleasure trips as passengers on aeroplanes, an experience which will probably be mine before the end of the week. So you see we are not faring badly.

"As far as food goes, no other comment is needed except that there is much anxiety concerning increase in girth which promises to become embarrassing in some cases. As far as complaint goes we feel we have a reasonable grudge against the weather man, who is very moist. We leave our rooms in the morning with the sun blazing and not a cloud in the sky, but walking home at noon we are drenched by a sudden shower. We have had nice weather since I arrived, but it has rained practically every day, and the moisture makes a few degrees below sixty seem very cold.

"Taken altogether, I think that any man who hesitates to enter the medical reserve corps on the ground that he will have an arduous experience, will learn nothing and will see nothing but hardship, is quite mistaken. Another important thing is that expenses are much lower than in the U. S."

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## Recent Orders Issued by the Surgeon General Directing Movements of Ohio Physicians on Military Duty

The following notations concerning the movement of Ohio physicians in active military service, culled from the orders published by the Surgeon General, detail in a general way activities of the Ohio men who recently have been called to the colors:

*To Army Medical School, Washington, D. C.:* Lieutenant John D. Nourse, Kenton.

*To Boston, Massachusetts:* Lieutenants O. L. Graham, Kinsville; G. M. Logan, Akron.

*To Camp Beauregard, Alexandria, Louisiana:* Captain O. A. Hopkins, Middlefield; Lieutenant S. E. G. Pedigo, New Marshfield.

*To Camp Cody, Deming, New Mexico:* Lieutenant Frank E. Snider, Madisonville.

*To Camp Custer, Battle Creek, Michigan:* Lieutenants Charles R. Deeds, Dalton; Wilmer E. Griffith, Hamilton; T. J. Kaskanski, Youngstown; Ralph E. Powers, Akron; Emil E. Wolf, Cleveland.

*To Camp Devons, Ayer, Massachusetts:* Captain James D. Pilcher, Cleveland; Lieutenants J. E. Benjamin, Cincinnati; A. B. Grossman, Cleveland; Frank W. Pilliod, Toledo; George P. Tyler, Ripley.

*To Camp Doniphan, Fort Sill, Oklahoma:* Lieutenant W. P. Evers, Tedrow.

*To Camp Gordon, Atlanta, Georgia:* Lieutenants Herman L. Crary, Letart Falls; Arthur L. Dippel, Cleveland.

*To Camp Grant, Rockford, Illinois:* Lieutenant John D. Miller, Cincinnati.

*To Camp Greenleaf, Fort Oglethorpe, Georgia:* Captains Starr Ford and Rufus Southworth, Cincinnati; Lieutenants A. W. Foertmeyer, Cincin-

nati; Frank S. Gibson, Cleveland; Robert S. Sattler, Ralph W. Staley, Cincinnati; J. W. Van Lue, Gettysburg; Harry E. Wilson, Martins Ferry.

*To Camp Jackson, Columbia, South Carolina:* Lieutenant Vernon G. Danford, Trimble.

*To Camp Lee, Petersburg, Virginia:* Lieutenant Benjamin H. Gillespie, Akron.

*To Camp MacArthur, Waco, Texas:* Captain O. L. Norris, Deshler; Lieutenants William T. Stewart, Morning Sun; Charles H. Wells, Columbus.

*To Camp Meade, Annapolis Junction, Maryland:* Lieutenant Percy B. Long, Copley.

*To Camp Pike, Little Rock, Arkansas:* Lieutenants George L. Haefele, John R. Smith, Cleveland.

*To Camp Sherman, Chillicothe, Ohio:* Lieutenants M. D. Ailes, Warren; John R. Crum, Forest; Robert M. Fulwider, Zanesfield; John T. Gibbons, Celina; Ralph W. Hardinger, Cincinnati; Frank W. Hickin, Cleveland; Aldo V. Sibert, Lima; James D. Varney, Greenfield; John D. Wakefield, Loveland.

*To Camp Stuart, Newport News, Virginia:* Lieutenant Thomas R. Kennerdell, Cleveland.

*To Camp Taylor, Louisville, Kentucky:* Lieutenants Elmer A. Klein, Norwood; L. N. Lindemeyer, Troy.

*To Camp Travis, Fort Sam Houston, Texas:* Lieutenants C. M. Douthitt, Athens; Carl E. Edwards, Jolly; Herman O. Hodson, Washington, C. H.

*To Camp Wadsworth, Spartansburg, South Carolina:* Lieutenants H. C. Cragg, Cincinnati;



Charles C. Mandeville, Galion; J. H. Norrick, Fredericktown.

*To Canal Zone:* Lieutenants Ralph H. Sill, Cleveland; C. C. Starkes, Port Clinton.

*To Cleveland* (for duty in connection with the business of Lakeside Base Hospital Unit No. 4): Major George W. Crile, Cleveland.

*To Chicago Neurological School:* Lieutenants Charles E. Kiely, Charles M. Paul, Samuel Zielonka, Cincinnati.

*To Cincinnati Aviation Section:* Captain A. C. Bachmeyer, Cincinnati.

*To Cornell Medical College, New York:* Lieutenants Horace K. Beckwith, Toledo; R. F. Drury, Akron; B. H. Nichols, Ravenna.

*To Fort Benjamin Harrison, Indianas* Lieutenants D. D. DeNeen, Cincinnati; I. W. Mayberry, Scottown; C. K. Startzman, Bellefontaine; H. N. Trumbull, Woodville; Joseph M. Ulrich, Akron; Marion Whitacre, Cincinnati.

*To Fort Oglethorpe, Georgia:* Lieutenants Ralph W. Holmes, Chillicothe; Carroll H. Skeel, Greenfield; George C. Smith, Mansfield; Frank B. Snodgrass, Kenton; A. L. Stotter, Cleveland; Clyde B. Terwillegar, Milford; O. N. Warner, Conneaut.

*To Kelly Field, South San Antonio, Texas:* Lieutenant Arzo J. Pardee, Ashtabula.

*To Mineola, Long Island:* Lieutenants J. C. Larkin, Hillsboro; James S. Mariner, Youngstown; Rudolph S. Reich, Cleveland; H. G. Rosenblum, Toledo; C. J. Schirack, Coldwater; John W. Tippie, Cleveland.

*To New York City (Bellevue Hospital):* Lieutenants Floyd W. McRae, Jr., Cleveland; Samuel C. Smith, Ada.

*To Philadelphia:* Captain John W. Means, Columbus; Lieutenants Louis H. Schriver, Cincinnati; Guy H. Swan, Bellefontaine; Allen N. Wisely, Ada.

*To Pittsburg:* Captain Robert C. Rind, Springfield; Lieutenants Delbert E. Hoover, Warren; Herman P. McGay, Cleveland.

*To Rockefeller Institute, New York City:* Lieutenants William H. Bunn, David Farley, Youngstown; Roy P. Forbes, Henry J. John, Joseph E. McClelland, Cleveland.

*To Selfridge Field, Mount Clemens, Michigan:* Lieutenant John A. True, Port Clinton.

*To St. Louis, Missouri:* Lieutenants Roy F. Jolley, Columbus; A. J. McCracken, Bellefontaine; Thomas A. Mitchell, Owensville; William S. Nichols, Cleveland.

*To U. S. Army General Hospital, Washington, D. C.:* Captain William A. Searl, Cuyahoga Falls.

*To Washington, D. C.:* Major Robert D. Maddox, Cincinnati.

*To Home:* Lieutenants Joseph H. Frame, Highland; Nathan N. Meyer, Youngstown; Captain L. L. Syman, Springfield.

## NEWS NOTES OF OHIO

*Wadsworth*—Dr. and Mrs. J. F. Detweiler have gone South for the winter season.

*Fremont*—Dr. William H. Booth, formerly of Lindsey, has opened offices in this city.

*Mansfield*—Dr. and Mrs. J. S. Hattery are the parents of a daughter, born October 20.

*Lebanon*—Dr. Abram W. Mardis is reported to be recovering from a stroke of paralysis.

*Marion*—Dr. W. S. Mecklem is improving after suffering a slight stroke of paralysis, October 18.

*Woodville*—Dr. W. I. McCowan of Summerfield has located here for the practice of his profession.

*Piqua*—Dr. Clark E. Heatherington has returned from New York, where he took post-graduate work.

*Toledo*—An explosion, believed to have been caused by gas, wrecked the house of Dr. Leo F. Towers, October 19.

*Cincinnati*—Dr. Harry Freudenberger has been granted a permit in the Probate Court to change his name to Philip Gath.

*Bellefontaine*—Dr. Joseph H. Wilson narrowly escaped injury, November 5, when the machine in which he was riding was struck by an inter-urban car.

*Canton*—Dr. W. Wylie Scott, who moved here from Bolivar in June, has been appointed city physician to succeed Dr. Claude Hamilton, resigned to enter military service.

*Cleveland*—Dr. Harold Balme, surgical head of the medical school of Tsinan, China, addressed medical students at Western Reserve University on "War Surgery," November 6.

*Columbus*—Dr. Abram J. Shoemaker, who for four years has been night physician at the Ohio state penitentiary, resigned November 15, to devote all of his time to private practice.

*Gallipolis*—Dr. Charles E. Holzer, member of the Committee on Control of Cancer, Ohio State Medical Association, has been invited to address the Cabell County Medical Society, Huntington, West Virginia, on "Cancer Control" during the coming winter.

*Columbus*—Dr. Sterling B. Taylor assumed his duties as chief surgeon of the Toledo and Ohio Central and the Zanesville and Western Railways, November 1. Dr. Taylor has been local and divisional surgeon of these roads for many years.



## Revised Fee Schedule, with Several Increases, Has Been Adopted by Industrial Commission---Present Schedule Too Low

In recognition of the fact that the cost of administering medical attention has materially increased in two years, in common with the cost of almost everything, Dr. William H. White, chief medical examiner of the Industrial Commission, has induced the Commission to adopt a new fee schedule to be used as a guide in determining amount of compensation to be allowed physicians in workmen's compensation cases. We are presenting the revised schedule herewith, together with a comparison of its items to the present schedule.

In the main, the increases are very moderate and cover only the more glaring points of injustice imposed by the present schedule. It will be noted that the classification of injuries has been materially amplified so that if the new schedule is adopted, the attending physician or surgeon will have a much more definite guide for the determination of his charges.

Executive Secretary Sheridan has explained to the Commission the advantages of adopting the new schedule, and has been assured by individual members that the proposal will be given careful consideration at an early date. The work of the Commission has been materially hampered by the vacancy that has existed for some months in its personnel since the death of Mr. Yaple.

As the experience of the department increases, there is an increasing tendency to feel that it is economy for the state to secure the best possible

medical and surgical attention in these cases, and there are indications that members of the Commission are coming to realize that this can only be secured through the payment of adequate compensation to both the physicians and the hospitals.

The disturbing factor in the situation, and one that reacts against the great body of honest practitioners who deal with the fund, is the crooked physician. There is on hand very definite evidence that a number of physicians deliberately "pad" their accounts and attempt to charge the department for service that was not rendered. Thus far the Commission has not taken definite action to punish these offenders, but increased administrative funds are now available and special investigators have been employed to check these fee charges in suspicious cases. It would not be surprising to find criminal prosecution started against a number of physicians early in the new year, for the Commission is determined to break up this practice.

The number of doctors who stoop to this plane of crookedness is small, but the entire profession must suffer through their acts. The work of the few makes necessary a most careful scrutiny of every claim submitted. Gradually these crooks will be discovered and they will be denied further connection with the department. Until this is accomplished, however, the entire profession will suffer directly.

### Present Schedule

The fee schedule that was adopted by the Commission in 1914—before the war so greatly increased the cost of medical practice—and which has been closely followed by the Medical Department for three years, and which will be superseded shortly by the revised schedule presented in the first column, is presented herewith:

AMPUTATIONS	
Hip .....	\$75.00
Thigh .....	50.00
Foot .....	30.00
Leg .....	25.00
Shoulder joint .....	50.00
Arm, forearm or hand.....	25.00
Metatarsal or metacarpal, one.....	10.00
Metatarsal or metacarpal two or more....	15.00
Finger or toe.....	5.00
Fingers or toes, two or more.....	10.00
Ankle joint .....	25.00
Knee joint .....	35.00
Elbow joint .....	25.00

### The New Schedule

The schedule in this column is the amplified fee bill that has been adopted by the Industrial Commission of Ohio, to be used as a guide to the Medical Department in Workmen's Compensation cases. Several of the items are higher than those in the former fee schedule, which is presented in the next column.

AMPUTATIONS	
of the hip .....	\$75.00
through the femur .....	50.00
of leg at knee joint.....	35.00
of tibia and fibula .....	25.00
of leg at ankle joint .....	25.00
through the tarsal bones .....	25.00
through the metatarsal bones .....	20.00
of one toe.....	5.00
of each additional toe .....	3.00
of a toe and corresponding metatarsal.....	10.00
of the arm at the shoulder joint.....	50.00
through the humerus.....	25.00
of the arm at the elbow.....	35.00

Present Schedule—(Continued)  
Wrist joint ..... 25.00

The New Schedule—(Continued)  
of the arm through the forearm or hand.. 25.00  
of one finger ..... 5.00  
of each additional finger ..... 2.50  
of the scapula, clavicle and the arm..... 100.00

FRACTURES

Upper arm ..... \$15.00  
Forearm, one bone (shaft)..... 12.50  
Forearm, both bones (shaft)..... 12.50  
Forearm, Colles' or at either joint..... 15.00  
Femur ..... 25.00  
Lower leg, one bone..... 12.50  
Lower leg, both bones..... 15.00  
Jaw ..... 10.00  
Ribs, one or more..... 5.00  
Patella ..... 20.00  
Acetabulum ..... 30.00  
Metatarsal or metacarpal..... 5.00  
Fingers, one or more..... 5.00  
Toes, one or more..... 5.00  
Coccyx ..... 10.00  
Sacrum ..... 10.00  
Sternum ..... 10.00  
Malar bone ..... 5.00  
Scapula ..... 12.50  
Clavicle ..... 12.50  
Nasal bones ..... 5.00  
Compound fracture ..... (extra) 25%  
Operation for wiring of bones or plating ..... (extra) 100%

FRACTURES

of the humerus ..... \$25.00  
of the head of the humerus, surgical or anatomical ..... 15.00  
of one bone of the forearm ..... 15.00  
of both bones of the forearm..... 20.00  
Colles' fracture ..... 15.00  
of one phalanx ..... 5.00  
of each additional phalanx or finger..... 2.50  
of one phalanx with corresponding metacarpal ..... 10.00  
of one metacarpal bone ..... 5.00  
of each additional metacarpal bone ..... 2.50  
of the shaft of the femur ..... 25.00  
of the femur through the anatomical neck.. 35.00  
of both bones of the leg ..... 25.00  
of one bone in the leg, either tibia or fibula 15.00  
Pott's fracture ..... 25.00  
of tarsal and metatarsal bones ..... 15.00  
of the great toe ..... 5.00  
of each additional phalanx or toe ..... 2.50  
of a metatarsal bone ..... 5.00  
of each additional metatarsal bone ..... 2.50  
of one rib..... 5.00  
of each additional rib ..... 2.50  
of the lower jaw ..... 25.00  
of both nasal bones..... 25.00  
of the patella..... 25.00  
through the acetabulum ..... 35.00  
of the symphysis pubis..... 50.00  
of the coccyx, with operation for removal 35.00  
of the coccyx, without operation for removal ..... 15.00  
of the superior maxillary..... 15.00  
of the inferior maxillary ..... 25.00  
of the scapula near the shoulder joint .... 25.00  
of the clavicle ..... 15.00  
of the skull with trephining.....\$50.00 to 75.00  
of the skull without trephining..... 5.00  
of the cervical vertebrae with operation ..... 25.00 to 100.00  
Fracture of the dorsal or lumbar vertebrae with operation..... 25.00 to 100.00  
Laminectomy ..... 50.00 to 100.00  
Compound comminuted fracture—25 per cent extra.  
Operative procedure for wiring, plating or bone grafts, from 50 to 100 percent extra.

DISLOCATIONS

Shoulder ..... \$10.00  
Elbow ..... 8.00  
Wrist ..... 8.00

DISLOCATIONS

Spine ..... \$50.00  
Shoulder ..... 15.00  
Elbow ..... 25.00  
Wrist ..... 10.00

Present Schedule—(Continued)		The New Schedule—(Continued)	
Hip .....	15.00	Hip .....	25.00
Knee .....	10.00	Knee .....	25.00
Patella .....	5.00	Patella .....	5.00
Anklè .....	8.00	Ankle .....	10.00
Clavicle .....	8.00	Clavicle .....	5.00
Fingers, one or more.....	2.50	Fingers, one or more.....	5.00
Toes, one or more.....	2.50	Toes, one or more.....	5.00
Jaw .....	5.00	Lower jaw .....	5.00
Metacarpal, one or more.....	5.00	Metacarpal, one or more.....	5.00
Metatarsal, one or more.....	5.00	Metatarsal, one or more.....	5.00
Carpal, one or more.....	5.00	Carpal, one or more.....	10.00
Tarsal, one or more.....	5.00	Tarsal, one or more.....	10.00
<b>SPECIAL OPERATIONS AND MISCELLANEOUS</b>		<b>SPECIAL OPERATIONS AND MISCELLANEOUS</b>	
Trephining of skull.....	\$50.00	Laparotomy .....	\$50.00 to \$75.00
Laparotomy .....	\$50.00 to 75.00	Removal of foreign body from the eye (ordinary.....)	2.00
Removing foreign body from eye (ordinary) .....	1.00	Enucleation of the eyeball.....	35.00 to 50.00
Enucleation of eye ball.....	\$25.00 to 35.00	Skin grafting .....	10.00 to 50.00
Laminectomy .....	50.00 to 75.00	Cauterizing corneal ulcer.....	5.00
Minor injuries, first dressing....	1.00 to 2.00	Extraction of steel from eye by use of magnet.....	25.00 to 50.00
Major injuries, first dressing.....	2.00 to 5.00	Iridectomy .....	25.00 to 50.00
After dressings, a reasonable number, depending on the nature and extent of the injury as described (office)....	1.00	Operation for removal of the lens of the eye.....	25.00 to 50.00
House or hospital visit, not to exceed.....	2.00	Minor injuries (first dressing) at home or hospital.....	3.00
Assistant, administering anæsthetic (physician) .....	5.00	Subsequent treatment, at home or hospital .....	2.00
Assistant to surgeon (physician).....	5.00	Minor injuries (first dressing) at the office .....	2.00
Mileage beyond city limits will be considered extra, in so far as possible.		Subsequent treatment at office....	1.00
		Administration of an anæsthetic by a physician.....	5.00
		Assistant to surgeon (physi- cian) .....	5.00 to 15.00
		Wasserman examination .....	5.00
		Urinalysis (chemical) .....	2.00
		Urinalysis (microscopic) .....	5.00
		Blood examination .....	5.00
		Roentgenogram .....	10.00
		Subsequent Roentgenogram .....	5.00
		Nephrectomy .....	75.00 to 100.00
		Plaster casts—depending upon location .....	5.00 to 50.00

### NEW FEE BILL

The new fee bill includes the following official statement concerning plastic operations and unusual surgical procedures, mileage in the country, and the supply of dressings and special appliances:

A fee in plastic operations will be allowed in accordance with the usual fee for private case in moderate circumstances.

In other surgical procedure not included in this schedule, an ordinary fee will be paid as per

patient in moderate financial circumstances.

Mileage beyond the city limits will be considered extra, based on the customary mileage for a given community.

It is understood that the attending physician shall provide all necessary dressings where the above charges are allowed. Extraordinary dressings, such as crutches, trusses, bandages, supports, vaccines, bacterines, serums and antitoxins will be paid for in addition to the usual attending physician's fee when receipts for the same have been filed with this department.

## OHIO PUBLIC HEALTH NOTES

—An order issued recently by Major Dana J. Robinson, federal health officer for the Chillicothe cantonment district, to avert a threatened smallpox epidemic, affected 1,330 Chillicothe school children who were unvaccinated or had not been vaccinated within seven years. The local board of health attended to the vaccination of 161 indigent children.

—Dr. Charles T. Nesbitt will assume his duties as chief of the Akron health department, December 3. Dr. Nesbitt comes to Akron from Wilmington, North Carolina, where he engaged in public health work for seven years. He succeeds Dr. J. J. McShane.

—To save fuel and benefit the pupils' health, the Cleveland board of education has directed that the maximum temperature of all school rooms be reduced from 72 to 68 degrees. In addition the board is considering the establishment of fresh air schools for well children, and the proposition submitted by State Coal Administrator Johnson, to change vacation time from summer to winter.

—A smallpox epidemic caused the closing of Portage County schools and churches during late November. Because of a tendency to disregard quarantine orders, the Board of Health issued an order to the effect that unless orders were strictly obeyed, a pest house would be opened and persons known to have been exposed would be confined therein until all danger of infection passed.

—The annual report of the Cincinnati Children's Clinic shows that 2,147 children, some of them infants, were treated during 1916, while its physicians made 1,029 home visits to 483 children and the nurses made 20,627 home visits.

—State and local health officers are considering plans to reduce the large bacterial count in Youngstown water by the installation of a chlorinator to sterilize the water before it is filtered.

—Dr. John E. Monger, registrar of the State Bureau of Vital Statistics, has been appointed representative of the federal government in Ohio to supervise the mailing of federal books on the care of babies, to mothers whose babes are registered with the bureau.

—Under the direction of the Health and Welfare League, 60 canvassers made a health survey of the city of Delaware during November.

—M. H. Chaney, superintendent of the Youngstown public schools, has asked the board of education for a ruling compelling parents to take action within a short time to correct defects in the physical condition of their children, where

same are discovered by the doctors and nurses employed by the school board. He says this department should be eliminated unless more efficient results can be obtained, and points out that this power to compel corrective work is vitally necessary.

—An eye, ear, nose and throat free clinic has been established at the Akron Children's Hospital. There were 100 cases on the waiting list when the clinic opened. Plans are now being considered for a dental clinic.

—Under the auspices of the Central Y. M. C. A. Dr. Charles E. Barker of Washington, D. C., conducted a "Health and Happiness Week" in Columbus during the week of November 4. He predicted that 25 years hence Americans, like the Chinese of today, will be paying physicians for keeping them well, instead of employing them when they are sick.

—Greenville observed "Health and Food Conservation Day" October 26.

—Health Commissioner C. C. Dryer of Toledo introduced two public health ordinances at the meeting of the city council, November 19. The first would require all users of drugs who are being treated by physicians to register with the board of health. A complete description of the patient, with his photograph, would be entered on a card and the patient would be required to sign it. By this method, Dr. Dryer believes, drug addicts may be prevented from changing physicians and securing more than their cases justify. The second ordinance would require all employes of restaurants or hotels, where food is served, to register and be examined for venereal diseases.

—State Health Commissioner A. W. Freeman issued a warning against smallpox, November 15. He pointed out the danger of its growth to a point where, in industrial centers, it might hamper munition production. Statistics compiled by the state health department show the total number of cases for October to be 416 as compared with 195 in October, 1916, and 92 in October, 1915. The influx of southern negroes is believed responsible for the epidemic. Cleveland led in the number of cases in October among health districts, having 56. In the number of cases per thousand population Doylestown, Wayne County, led with 28 cases, or nearly 32 per thousand.

—Members of the state commission to build a hospital for crippled and deformed children favor the selection of a site on the campus of Ohio State University, but have not reached a definite decision. Dr. W. D. Haines, Cincinnati, is the medical member of the commission.

—Toledo voters took a distinct step in advance when they authorized the issuance of \$2,800,000 in bonds to provide a complete sewage system. This will permit the construction of interesting sewers and will withdraw sewage from Ten-mile

Creek and the Maumee River, which in the past have been polluted in a most flagrant manner.

—A campaign to raise \$4,000 with which to maintain the Lima Instructive Nurse Association for another year was started in Lima November 12.

—As a means of co-operating with the State Department of Health in its campaign to prevent blindness due to carelessness in treating babies' eyes, Dr. John E. Monger, registrar of the State Bureau of Vital Statistics, has placed this question upon all birth registration blanks: "Was prophylactic against ophthalmia neonatorum used?" Statistics show that 18.7 per cent of the pupils admitted to the state school for the blind in 1916-1917 owed their blindness to ophthalmia neonatorum, as compared with 36 per cent the preceding year.

—Several Youngstown coal dealers are delivering coal only on a physician's certificate that there is sickness in the family and that coal is badly needed.

—Miss Natalie Heiser, Tiffin public health nurse, reports a total of 252 calls for the month of October.

—In an address before the Social Workers' Club of the Toledo Y. M. C. A., Dr. Henry Goddard, director of the research department of the Vineland, N. J., Training School for Workers with the Feeble-minded, declared that there is no foundation for the theory that the worries, shocks and experiences of the war will cause feeble-mindedness. "The only way the war will lower the intellectual level of intelligence is by killing off the normal individuals and leaving the mentally and physically deficient, who were rejected by the army, to form a larger percentage of our population," Dr. Goddard said.

—Declaring the building to be too crowded to conform with state health regulations, the State Board of Health has ordered Summit County Commissioners to provide more room at the county children's home. A report of the officers shows there are now 108 children being cared for with accommodations for 100.

—Dr. L. A. Woolf, president of the Ravenna board of health, resigned, November 2. Dr. Woolf, who has been president of the board for seven years, was instrumental in bringing about milk, plumbing and school inspecting in Ravenna.

—A maternity welfare bureau will be in active operation in Cleveland next year. Dr. R. A. Bolt, chief of the bureau of child hygiene, will be in charge of the new bureau.

Dr. Robert Maddox of Cincinnati (Major M. O. R. C.) has gone to Washington to take up active orthopedic work.

## NEWS NOTES OF OHIO

*Tiffin*—Dr. John A. Gosling spent the last two weeks of November in special X-Ray and laboratory work at the Presbyterian Hospital, Chicago.

*Alliance*—At a meeting of the Lexington Township trustees, October 27, Dr. Earl A. Mussleman was re-elected township physician for a term of one year.

*Cleveland*—Dr. B. F. Hambleton, who practiced here for a number of years, has been made dean of the medical school at Vanderbilt University, Nashville, Tennessee.

*Cleveland*—Dr. Myron Metzenbaum has moved his office from 768 Rose Building to 736 Rose Building, the office formerly occupied by the late Dr. Harris G. Sherman.

*Zanesville*—Muskingum County Commissioners recently appointed Drs. J. C. Crossland and W. C. Klemm as physicians for the county infirmary for terms of one year each.

*Cleveland*—The American Dietetics Association held its first convention here October 18-19. One of the chief purposes of the organization is the standardizing of hospital dietetics.

### Small Advertisements of Interest

*Location Wanted*—Middle-aged practitioner desires unopposed location in quiet country town, preferably in Central Ohio. If you know of such a community, please advise Executive Secretary Sheridan, 131 E. State Street, Columbus.

*For Sale*—In Spring Valley, Ohio. On account of ill health, excellent house containing eight rooms, hall and three-room office. Electric light, furnace; practice, equipment and drugs. Stable or garage. Good location, good roads. Price \$4750. Address Mrs. J. G. Fudge, Spring Valley, Ohio, or J. F. Keiter, Xenia, Ohio, R. D. No. 9.

*Wanted*—Physician to take over \$5,000 practice, owing to sudden death, in healthful growing Ohio town of 3,000. Railroad and interurban facilities excellent. Many paved roads and industries, excellent schools and churches. Can be taken over for price of office equipment. Write Box 426, Columbiana, O.

*Location Wanted*—Former army surgeon, graduate Jefferson Medical College, speaking four languages, desires good location in country or small town. Would also like company practice. Address Dr. L. D. C., care of *The Journal*.



VON WALDEN, AGAIN.

R. Von Walden, the widely-advertised Cincinnati quack, again has become involved with the state authorities who are seeking to protect the ignorant sick, but after a few days spent behind the bars in the Portsmouth jail, is once more at large. Von Walden, our readers may remember, is the self-styled "diet specialist" who advertised extensively in the newspapers and magazines, and gives the impression through his announcements that he can cure anything under the shining sun.

On December 25, 1915, he was called to Portsmouth to attend one Charles Fenstermaker, after Portsmouth physicians had pronounced the case as hopeless. Mr. Fenstermaker died shortly after Von Walden had collected \$250 from the family. The evidence in this case caused Von Walden's arrest, and he was tried before Probate Judge Thomas of Scioto county. The evidence was clearly against him and resulted in his conviction. He was fined \$150 and sentenced to a year in jail, but as Judge Thomas felt the ends of justice would be gained by securing his promise to quit, he suspended the jail sentence with that proviso.

For some time nothing was heard of Von Walden, but later full-page advertisements appeared in *The Cosmopolitan* and *The Woman's Home Companion*, and in several southern newspapers, announcing the therapeutic miracles that might be accomplished through this system. Finally, through this advertising Von Walden induced a patient to travel from Nashville, Tennessee, to Cincinnati. His patient, according to the statements of reputable Nashville physicians, at the time had arterio sclerosis and an organic heart lesion. Prior to falling into Von Walden's clutches, he had been able to engage in business during a portion of the year, spending the remainder of his time in Florida. The Nashville men advised him frankly that his condition was incurable, but that by careful management his life might be prolonged for many years. But Von Walden in his glowing advertisements promised an absolute cure.

The patient on his arrival in Cincinnati paid Von Walden \$500 in cash. Von Walden kept him at the Havlin Hotel and at a boarding house in Hamilton for ten days, at the end of which period the man was in a dying condition.

Relatives of the Nashville patient placed the details of the case in the hands of Dr. H. M. Platter, secretary of the State Medical Board, who in turn transmitted the evidence to Judge Thomas at Portsmouth. The Scioto County jurist immediately ordered the sheriff to issue a *capias* against Von Walden with the view of

compelling him to serve the suspended jail sentence. Von Walden was arrested in Cincinnati and taken to Portsmouth. His attorneys filed habeas corpus proceedings with the district court and brought out the point that a suspended jail sentence cannot be imposed after the passage of a period of time longer than the original sentence. Von Walden consequently was released.

In the meantime the character of his operations has been brought directly to the attention of *The Woman's Home Companion* and *The Cosmopolitan*. Mr. Lee Maxwell, advertising director of the former, in a letter to Dr. Platter apologized for permitting such an announcement to creep into their columns and promised to refuse admittance in the future. *The Cosmopolitan* manager promised to conduct an investigation of Von Walden's practices and to promptly deny him admittance if the charges are sustained.

DR. G. W. W. WALKER.

Dr. G. W. W. Walker, aged itinerant physician, formerly of Roseville, Ohio, is again "in hot water." Walker was for a time employed by the notorious United Doctors' outfit as a "case-taker." He was one of their "noted specialists." Convicted on this charge his license was revoked by the State Medical Board a year ago. Following this revocation he appeared before the board at each meeting, begging that he be restored to the right to practice, and promising faithfully to refrain from itineracy and quackery. Prompted by feelings of pity for the aged man, the board members voted in July to restore his certificate with the distinct proviso that he practice in one county and refrain from all quack procedures.

On October 31 and for several days prior thereto he published display advertising announcements in the Ironton papers setting forth his qualifications as a specialist, and advertising his appearance at the hotel for "one day only." He was immediately cited by Secretary Platter to appear before the board at the December meeting.

RECIPROCITY WITH ILLINOIS.

Secretary Platter has completed negotiations with the State of Illinois by which reciprocity will be extended to physicians licensed in either state by diploma as well as by graduation. Prior to this time reciprocity has been limited to graduates licensed after a special examination.

On December 4, 5 and 6 the winter examinations of applicants to practice medicine in Ohio will be held.

TOLEDO MEDICAL COLLEGE

Trustees of Toledo University have under consideration a plan to perfect an affiliation with some medical college under which it will be possible for them to give the first two years of med-



ical work in Toledo. The matter was informally presented to the State Medical Board at its October meeting by a committee consisting of President A. M. Stone, and Drs. W. J. Gillette and Park Meyers. No action has been taken.

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DR. HOLDEN CITED.

Dr. J. F. Holden of Columbus, formerly of Zanesville, who some time ago was convicted in the Columbus courts on an abortion charge, has been cited by the board to appear at the meeting on December 5 to show cause why his license should not be revoked. Dr. Holden's prison sentence was suspended on his promise to retire from the practice of medicine.

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PLAN TO PRACTICE IN OHIO.

At the meeting of the State Medical Board on December 5, applications to practice medicine in Ohio will be considered from the following-named physicians, who are now registered in other states:

William S. Howell—graduate Keokuk Medical College, Keokuk, Iowa, 1898; registered in Iowa; *intended residence, Santoy.*

Henry N. Crandall—graduate Columbian University, Washington, D. C., 1904; registered in Pennsylvania; *intended residence, Conneaut.*

Clarence W. Shaw—graduate Medical College of Ohio, Cincinnati, 1901; registered in Oklahoma; *intended residence, Cincinnati.*

Max Moses Teplitz—graduate University of Pittsburgh Medical School, Pittsburgh, 1914; registered in Pennsylvania; *intended residence, Canton.*

John Baxter Duncan—graduate Johns Hopkins Medical School, 1914; registered in Maryland; *intended residence, Cleveland.*

William J. Books—graduate Hahnemann Medical College, Philadelphia, 1917; registered in New York; *intended residence, Cincinnati.*

Leland E. Phipps—graduate University of Michigan, 1908; registered in Michigan; *intended residence, Youngstown.*

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NEW RECIPROCITY SCHEDULE

At the regular quarterly meeting of the board, October 1-2, reciprocity arrangements were entered into with three additional states, and the Ohio list now stands as follows:

Reciprocity, after state board examination only, with graduates from New York, New Jersey, Texas, Louisiana, Pennsylvania, Utah, Virginia, Wyoming and Wisconsin.

Reciprocity on the basis of diploma registration before 1900 and state board examination after 1900, with Alabama, Arkansas, Colorado, District of Columbia, Indiana, Illinois, Iowa, Kansas, Maine, Mississippi, Maryland, Michigan, Minnesota, Missouri, Nebraska, Vermont, West Virginia, Kentucky, Delaware, California and Oklahoma.

GIVEN OHIO LICENSES.

In recent months a large number of licenses have been granted by the Ohio Medical Board to physicians who were licensed to practice in other states. We are presenting herewith a list of the incoming practitioners, together with a notation of their present locations and the data of their admittance to practice in Ohio.

Secretaries of county medical societies should check this list carefully and get in touch with these incoming physicians. The fact that they have been admitted to practice in Ohio is an indication that they are eligible for society membership, as the State Medical Board conducts a rather careful examination in each instance before granting reciprocity certificates. The list:

ADMITTED APRIL 3, 1917.

Olga Pickmann Feinberg—graduate of University of Zurich, Switzerland; registered in Illinois; *residence, Cleveland.*

Carl Mulky—graduate Chicago Homeopathic Medical College; registered in Iowa; *residence, Cleveland.*

Frank H. Weideman—graduate Medico Chirurgical College, Philadelphia; registered in Maryland; *residence, Chillicothe.*

Leo Chapman Bean—graduate Johns Hopkins Medical School; registered in Maryland; *residence, Gallipolis.*

William R. Olmstead—graduate Western University Faculty of Medicine, London, Ontario; registered in Michigan; *residence, Toledo.*

Howard Lee Smallman—graduate University of Michigan; registered in Michigan; *residence, Barberton.*

Josiah Glenn Wilmore—graduate University of Michigan; registered in Michigan; *residence, Cleveland.*

George Washington Hedgepeth—graduate Meharry Medical College, Nashville, Tennessee; registered in Missouri; *residence, Dayton.*

Max Friedlander—graduate Long Island College Hospital, New York; registered in New York; *residence, Akron.*

Ernest Zueblin—graduate University of Lausanne, Switzerland; registered in Pennsylvania; *residence, Cincinnati.*

Robert Boyd Pratt—graduate Jefferson Medical College, Philadelphia; registered in Pennsylvania; *residence, Bellefontaine.*

Delmont Douglass Grimm—graduate Jefferson Medical College, Philadelphia; registered in Pennsylvania; *residence, Lorain.*

Andrew Jackson Nellans—graduate Burnett College of Eclectic Medicine and Surgery, Chicago; registered in Indiana; *residence, Elmwood Place.*

Frank Broughton—graduate Rush Medical College, Chicago; registered in Indiana; *residence, Toledo.*

Edward Newport Walker—graduate College of Physicians and Surgeons, Kansas City; registered in Missouri; *residence, Akron.*

Frank E. Stoaks—graduate Hahnemann Medical College; registered in Nebraska; *residence, Marietta.*

Henry Randel Baremore, Jr.—graduate University of Vermont College of Medicine; registered in Vermont; *residence, Akron.*

ADMITTED JULY 3, 1917.

Charles Scanlon Dryer—graduate Indiana University College of Medicine; registered in Indiana; *residence, Cincinnati.*

Benjamin Franklin Morgan—graduate Jefferson Medical College, Philadelphia; registered in Delaware; *residence, Youngstown.*

Martin Luther Crawford—graduate Howard University School of Medicine, Washington, D. C.; registered in Kansas; *residence, Youngstown.*

Roy Whittier Porteus—graduate Rush Medical College, Chicago; registered in Illinois; *residence, Coshocton.*

William Bennajah Watts—graduate University of Michigan; registered in Illinois; *residence, Cleveland.*

Harry Huston Musser—graduate Johns Hopkins Medical School; registered in Maryland; *residence, Cleveland.*

Victor Leo Arthur Langenderfer—graduate University of Michigan; registered in Michigan; *residence, Toledo.*

Harry Morton Sage—graduate University of Michigan Homeopathic Medical College; registered in Michigan; *residence, Columbus.*

Senekerim Hooahames Arakelian—graduate University of Illinois College of Medicine; registered in Michigan; *residence, Lima.*

Ferdinand Franklin Haas—graduate St. Louis University School of Medicine; registered in Missouri; *residence, Cleveland.*

Joseph Whitam Young; graduate Columbia University College of Physicians and Surgeons; registered in New York; *residence, Toledo.*

Harmon Octavius Baldwin—graduate University of Pennsylvania School of Medicine; registered in Pennsylvania; *residence, Cleveland.*

Augustus Edwin Smith—graduate Jefferson Medical College, Philadelphia; registered in Pennsylvania; *residence, Warren.*

Elizabeth Cisney Smith—graduate The Woman's Medical College of Pennsylvania; registered in Pennsylvania; *residence, Warren.*

Edward Jay Braun—graduate University of Pittsburgh School of Medicine; registered in Pennsylvania; *residence, Youngstown.*

Ulysses Simpson Tartar—graduate Meharry Medical College, Nashville, Tennessee; registered in Virginia; *residence, Cleveland.*

Henry Ezekiel Caldwell—graduate Medical College of Ohio, Cincinnati; registered in Pennsylvania; *residence, Cincinnati.*

Joseph Alexander McCreedy—graduate Bellevue Hospital Medical College, New York; registered in Pennsylvania; *residence, Greenwich.*

Albert Matthias Freund—graduate University

of Iowa Medical Department; registered in Wisconsin; *residence, Cincinnati.*

Porter Cornelius Pennington—graduate Chicago College of Medicine and Surgery; registered in Iowa; *residence, Findlay.*

Abby Dyer Allen—graduate Dunham Medical College, Chicago; registered in Illinois; *residence, Hamilton.*

ADMITTED SEPTEMBER 10, 1917.

Norris William Gillette—graduate University of Michigan Medical School; registered in Michigan; *residence, Toledo.*

Ladislau Slominski—graduate Chicago Homeopathic Medical College; registered in Colorado; *residence, Toledo.*

ADMITTED OCTOBER 2, 1917.

Arthur Monroe Calvert—graduate Medical College of Indiana; registered in Illinois; *residence, Cincinnati.*

George Wendell Dunlap—graduate Rush Medical College, Chicago; registered in Illinois; *residence, Toledo.*

Hugh Mulheron—graduate University of Michigan Medical School; registered in Michigan; *residence, Akron.*

Linus Reed Cranmer—graduate University of Michigan Medical School; registered in Michigan; *residence, Steubenville.*

Henry Allen Lichtig—graduate University of Michigan Medical School; registered in Michigan; *residence, Cleveland.*

Floriana Stolfi—graduate University of Naples, Italy; registered in New York; *residence, Akron.*

Stephen Greenfield—graduate Bellevue Hospital Medical College, New York; registered in New York; *residence, Akron.*

Silas Warren Saxton—graduate Jefferson Medical College, Philadelphia; registered in Pennsylvania; *residence, Steubenville.*

Howard Herman Heinrich—graduate University of Pittsburgh Medical Department; registered in Pennsylvania; *residence, Youngstown.*

Adam Wood Montague, Jr.—graduate Tulane University School of Medicine, New Orleans, Louisiana; registered in Texas; *residence, Cincinnati.*

Charles Henry Dean—graduate University of Vermont College of Medicine; registered in Vermont; *residence, Akron.*

James P. Hawkes—graduate Texas Medical College and Hospital; registered in Texas; *residence, Cleveland.*

Percy Kendall Holmes—graduate Bowdoin Medical School, Brunswick-Portland, Maine; registered in Maine; *residence, Delaware.*

John Lobban Kable—graduate University of Virginia Medical Department; registered in Virginia; *residence, Youngstown.*

Charles Ernest Clark—graduate University of Michigan Medical School; registered in Vermont; *residence, Elyria.*

## MEETINGS OF COLUMBUS ACADEMY OF MEDICINE

(Report by Ivor G. Clark, M.D., the Secretary)

*Meeting of Monday, October 1.*—Prof. James R. Withrow, of the Ohio State University, gave an interesting talk on industrial chemistry, in relation to the war. A large part of the discussion dealt with the various types of poisoned gas used in the war and the means of combating them. German chemistry, according to Professor Withrow, does not occupy the exclusive position we have been taught to believe, and the chemistry of America will, with a few exceptions, be able to measure up to the task of supplanting the Germans where they formerly had almost a monopoly.

Dr. A. B. Nelles read the paper of Dr. Starling Wilcox, giving the statistics derived from the recent Draft Board examinations.

*Meeting of October 8.*—The evening was devoted to memorial exercises in honor of the late George H. Matson. Dr. J. H. J. Upham related his experience with Dr. Matson in legislative work through the past eight or ten years, and paid high tribute to the idealism and vision of Dr. Matson. Dr. E. J. Wilson told of the part Dr. Matson took in the work of restandardizing the medical institutions of Ohio. Dr. A. J. Timberman gave a sketch of his early life struggles and student days and also attempted to analyze the spiritual side of Dr. Matson's life. Mr. L. F. Sater, who was associated with Dr. Matson on the Alumni Board of Ohio State University, cited various anecdotes demonstrating his loyalty to the University. Attendance 65.

*Meeting of October 15.*—Dr. W. F. Bay of the Industrial Commission reported an injury of the superior maxilla in the infra-orbital region, caused by the impact of a fragment of exploded emery wheel. Spasm of the orbicularis followed and the employe claimed damage for the loss of an eye. Dr. Bay states that this is a typical example of the unjust claims frequently placed against the State Industrial Commission by employes.

A paper by Dr. J. A. Beer dealt with the milk situation in Columbus. He described the methods of inspection used and good results obtained during the past few years by virtue of milk inspection. Dr. Louis Kahn cited several striking instances of spread of disease through milk supply during his term as health officer. Dr. A. W. Freeman, State Health Commissioner, whose discussion followed, contended that no amount of inspection could eliminate epidemics, as the circumstances under which epidemics occurred are so unusual and accidental in nature that no amount of painstaking can foresee the

occurrence of milk contamination. He gave specific examples to sustain his contentions. The best available statistics would indicate that about 6% of epidemics is due to milk contamination. Prof. Oscar Erf of O. S. U. followed with a rather exhaustive analysis of the problem of milk production and distribution including the cost thereof. Professor Erf's conclusions are that the price of milk if anything is too cheap. If it had not been for the intensive work of the United States Government in organizing and perfecting the milk producing industry, milk might easily be thirty-two cents a quart.

*Meeting of October 19.*—Dr. Francis Marion Pottenger of Los Angeles, California, delivered an address on "The Advances of Tuberculosis Together With Its Treatment." Attention was paid by him to the etiology and physiology of the disease and many statements were made that were contrary to the hitherto accepted notions of the disease. His classification of the symptoms of tuberculosis was scientific and helpful. He said that tuberculosis could be diagnosed in 90% of the cases and urged that the history be depended upon even if physical findings were not conclusive. He felt that more time should be given to the individual case.

Incipient tuberculosis is a misnomer as most of the cases so called are really bacteriaemias and have lasted from childhood. Tuberculosis in childhood should be given more attention, as cases yield rapidly to treatment in childhood, and much adult tuberculosis can thus be prevented.

In examinations for tubercle bacilli specimens of two days collections should be used.

In the treatment he indorsed the use of tuberculin and claimed the tuberculin test is of great value but cautioned that the preparations on the market giving varying areas of hyperaemia in the Von Pirquet test should be closely watched and the one producing the larger reaction should be chosen. A given preparation should be used for the purpose of comparison of reaction in different persons.

*Meeting of November 5.*—Dr. J. W. Clemmer read a paper dealing with "The Problem of the Inter-relations of the General Practitioner and the Specialist." He recommended that a law be passed making certain standard requirements for the candidate in the specialty. He also indorsed the group plan in diagnosis. Drs. Dudley Dunham, J. F. Baldwin and L. L. Bigelow took part in the discussion.

Dr. F. C. Wagenhals described, in his paper, the more common neurological syndromes incident to modern warfare. Dr. G. W. Keil discussed the paper.

Upon motion of Dr. Bigelow, the secretary cast a unanimous vote in favor of the election to membership of the following applicants: Drs. F.

H. Powers, T. K. Wissinger, C. C. Hugger, H. C. A. Beach, Charles E. Schilling and Joseph M. Dunn.

The resolution from the State Society increasing the dues of the Ohio State Medical Association was presented and the resolution by the State Society to have individual societies defray the expenses of the men at the front was submitted. Upon motion of Dr. Bigelow these two matters, with the increase of dues for the Columbus Academy of Medicine, were referred to the Council for recommendation.

*Meeting of November 12.*—The recommendations of the Council with regard to increased dues to the State Society and the resultant increased dues of the Academy were presented together with the recommendation that state and local dues of the men in Federal service be defrayed by the academy. It was also agreed that the academy be relieved of the expense of a banquet this year. Drs. A. M. Steinfeld, Andre Crotti, J. H. J. Upham and L. L. Bigelow took part in the discussion of the recommendations.

Although the constitution prescribes a definite procedure involving the change of the constitution when the dues are increased, Dr. Warner made the motion that it be the sense of the academy that the dues be increased to \$6.00 in order that the treasurer may proceed with the fee collections for the coming year.

Dr. W. F. Bay read a paper classifying injuries of the spinal cord and defending laminectomy in certain conditions. He urged critical neurological study of these cases before operative procedure is undertaken. The paper prompted full discussion by Drs. W. J. Means, Frank Warner, L. L. Bigelow and Carl Hoy.

Dr. Hugh Baldwin presented a paper on "Carcinomatous Growths of the Genito-Urinary Tract." Neoplasm of the prostate is present in a much larger percentage of prostatic disease than was formerly thought. Hematuria should always be accounted for, as it very frequently is the first sign of carcinoma. This paper was discussed by Drs. Frank Warner, C. W. McGavran and G. H. Shawaker.

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*Haines' Golden Treatment*—This is sold by the Golden Specific Co., Cincinnati, Ohio, as a cure for the liquor habit which may be administered without the knowledge of the patient. The directions which accompany the three dollar package imply, however, doubt as to the probability of success unless the patient is anxious to be cured of the habit and takes the powders knowingly. The A. M. A. Chemical Laboratory reports that this worthless nostrum consists of powders which are composed essentially of milk sugar, starch, capsicum and a minute amount of ipecac (Jour. A. M. A., Oct. 27, 1917, p. 1460).

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 \* MEETINGS OF CLEVELAND \*  
 \* ACADEMY OF MEDICINE \*  
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At the regular (141st) meeting of the Academy on October 19, Major C. F. Hoover of the Lakeside Hospital Unit discussed the medical aspect of the war.

At the 142nd meeting, on November 16, Major George W. Crile discussed the surgery of the war.

Dr. Hoover, in discussing the medical aspects, said that these are essentially the same as those met in civilian life, except that the contagious diseases are practically absent as well as those which depend upon the infirmities of age and poor physique. The so-called "trench foot," though commonly met, is merely a modification of a condition seen in middle life. "Shell-shock" and "gas poisoning" are the two chief conditions met with not to be found in civil practice. Dr. Hoover related the clinical symptoms of poisoning with chlorine gas, arsine gas, and phosphene gas (POO<sub>12</sub>), the latter being non irritating to the outer air passages. He stated that the use of emetic and blister gases is also common. Although the blisters produced are very severe, he has not seen a death from them. Dr. Hoover showed the regulation gas mask used by the Allies, as well as the box respirator which is more efficient but heavier to carry.

Questions were asked by Drs. Crumrine, Moore, Ormsby, Moorehouse and Updegraff. In replying to Dr. Updegraff's question as to the prevalence of neuroses, Dr. Hoover stated that functional neuroses were comparatively rare, chiefly he believed, because the individuals in the trenches are in physical health when enlisted. He stated further that he had not seen a single instance of Basedow's disease as a result of experiences in the trenches. He had seen over 7,000 individuals and not a suspicion of amaese. At a base hospital where the permanent population is about 60,000, and where 15,000 are coming and going daily, and at times as high as 2,000 wounded are received in a night, he had particularly inquired of the officers as to the occurrence of Basedow's disease, and was assured that not one case had been observed.

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NEW MEMBERS

At a meeting of the Council of the Academy of Medicine held Friday, November 9, 1917, at the University Club, the following members were elected to membership in the academy:

To active membership: W. E. Allyn, Viola J. Erlanger and Charles H. Hay, M. D. To associate membership: William L. Holt. On motion the resignations of Dr. W. H. Gunsolly and Dr. Otis F. Simonds were accepted.

The following are applicants for active membership: R. L. Allen and Benjamin W. Spero.

OPHTHALMOLOGICAL AND OTO-LARYNGOLOGICAL  
SECTION—OCT. 26

The ninety-second regular meeting of the section was called to order at 8:15 p. m., the Chairman, Dr. Leo Wolfenstein, in the chair. Dr. W. H. Tuckerman presented a boy of seventeen with a large fibroma of the nasopharynx, originating from the right side which was filling the right nostril and had shoved down the soft palate. It was easily visible from the mouth protruding below the soft palate. Radium had been used; injections of monochloroacetic acid. The radium apparently checked a tendency to malignant degeneration but did not control the growth. At present bipolar needles with electrolysis is being tried for reduction.

Dr. J. E. Cogan said that the cases he had seen had had severe hemorrhage on removal by the snare. Dr. Tuckerman stated that the reason for using the electrolysis was the fear of severe hemorrhage such as he had witnessed in other patients. He is trying the suggestoin of Dr. William B. Chamberlain who has reported gratifying results by this method.

Dr. C. L. McDonald presented a railroad man with complete destruction of the labyrinth and hearing of the left ear. He demonstrated the complete absence of caloric reaction in this ear. He stated that another patient whom he had hoped to present exhibited a dead labyrinth but some hearing was still present.

Dr. McDonald's paper was discussed by Drs. Cogan, Kochmit and W. H. Tuckerman.

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\* MEETINGS OF THE TOLEDO \*  
\* ACADEMY OF MEDICINE \*  
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The Journal has received the following program announcements from Toledo:

MEETING OF NOVEMBER 9

Some Visceral Manifestations of Syphilis—A Review of the Ocular Manifestations of Syphilis, B. F. Leatherman; The Pathology of Cardio-Vascular Syphilis, W. E. Moseley; Some Clinical Features of Cardio-Vascular Syphilis, Especially Aortitis, L. A. Levison; The X-Ray in the Diagnosis of Cardio-Vascular Syphilis, A. J. Hartman. L. A. Levison, Chairman.

MEETING OF NOVEMBER 16

Symposium on Tuberculosis—Tuberculosis of the Nose and Throat, W. W. Alderdyce; Tuberculosis of the Skin, J. Murray; Some Remarks on Surgical Tuberculosis, H. H. Heath; Tuberculosis of the Genito Urinary Tract, R. S. Walker; Some Remarks on Office Treatment of General Tuberculosis, C. F. Tenney; Home Treatment of Tuberculosis, T. Zbinden. W. J. Stone, Chairman.

MEETING OF NOVEMBER 23

Surgical Section—Plastic Surgery Following Epithelioma and Carcinoma, J. J. Sweeney; A Review of Two Hundred and Seventy-four Cases Following Operation on the Gall Bladder and Ducts, J. H. Jacobson; Infected Wounds, C. D. Selby. H. L. Green, secretary, E. W. Doherty, Chairman.

**COUNTY SOCIETIES**

FIRST DISTRICT

*Highland County* Medical Society met in regular session at Hillsboro October 24. The following officers were elected for the ensuing year: Dr. Lockhart Nelson of Hillsboro, president; Dr. J. D. McBride of Hillsboro, vice-president; Dr. K. R. Teachnor of Leesburg, secretary-treasurer, and Dr. J. C. Bohl of Hillsboro, censor. The program was not carried out in full, as unavoidable circumstances prevented. The principal business transacted was the adoption of a revised medical fee bill. Councilor Robert Carothers gave a short talk.—K. R. Teachnor, Correspondent.

*Warren County* Medical Society held its annual election of officers November 6. The officers selected for the coming year are: Dr. Thomas Sherwood of Waynesville, president; Dr. S. S. Stahl of Franklin, vice-president; Dr. Herschel Fisher of Lebanon, secretary, and Dr. Mary L. Cook of Waynesville, treasurer.—Herschel Fisher, Correspondent.

SECOND DISTRICT

*Champaign County* Medical Society was entertained by Dr. and Mrs. D. H. Moore at their home in Urbana, November 15. The early part of the evening was given to the discussion of matters pertaining to the medical profession. A paper on "Para-typhoid" was read by Dr. Richard Henderson, and was followed by an hour's discussion in which the author of the paper took an active part. Dr. John Hunter of Greenville, councilor of the Second District, addressed the society on organization and kindred matters. At the close of the discussion the hostess served refreshments. (From a news clipping).

*Darke County* Medical Society held its regular monthly meeting Thursday afternoon, November 8, at the St. Clair Memorial Hall, Greenville. Eighteen members and two visitors were present. The meeting was called to order by President Hecker. Dr. Hunter read a communication from Executive Secretary Sheridan in reference to the Matson Memorial Fund. The essayists were Drs. Robert Carothers of Cincinnati and H. O. Bratton of Columbus, with discussions by Drs. Stephen, Hunter and Matchett.—J. E. Hunter, Correspondent.

*Miami County* Medical Society met in regular monthly session at the Troy Club, Troy, November 1. Dr. John E. Hunter, district councilor,

was present and instilled enthusiasm by his address. Dr. O. H. Stuhlman of Piqua read a paper and Dr. A. J. Bausman of Pleasant Hill opened the discussion. Dr. Warren Coleman, a member of the Miami County Draft Board, gave interesting tabulated figures and conclusions on "Examinations of Conscripted Men in This County." The society voted to pay the state dues of members absent on military duty out of the treasury of the local society.—R. D. Spencer, Correspondent.

*Montgomery County* Medical Society, meeting in regular session on November 16, made the following nominations for election on December 7: President, L. G. Bowers, J. M. Howell, Dayton; first vice-president, H. B. Harris, Dayton, C. E. Shepard, Sulphur Grove, W. H. Riley, Vandalia; second vice-president, E. E. Bohlender, Dayton; third vice-president, R. A. Bunn, Dayton; treasurer, E. Mallow, Dayton; secretary, B. C. West, A. J. Moorman, Dayton; legislative committeeman, Webster Smith, Dayton; milk commission, A. L. Light, P. L. Gunckel, F. Thompson, Dayton; state delegate, Howard Dutrow, George Goodhue, Dayton; state alternate, C. N. Chrisman, Dayton. The president appointed Drs. E. M. Huston, E. H. Mallow and George Gohn as members of a committee to revise the constitution, changing particularly the sections relating to annual dues (to be raised from \$5.00 to \$7.00) and the annual election (to be changed from December to June). The dues of military members will be paid from the county society treasury. Hereafter the program committee will be appointed by the president instead of being elected by the society. Dr. E. S. Breese of Dayton read a paper on "Diagnosis and Treatment by the Needle," which was very interesting and provoked considerable discussion.

### THIRD DISTRICT

*Allen County* Medical Society held its regular fortnightly meeting, October 16, at the Lima City Hospital. Dr. G. E. McCaskey of Ft. Wayne addressed the society on "Methods of Diagnosis in Internal Medicine." Reports of several clinical cases were also given.

At the invitation of Dr. Charles H. Clark, the society held its first November meeting at the Lima State Hospital, November 6. Dr. Clark and his assistants, Drs. Berry and Vorbeau, conducted a clinic, using patients in the institution in illustrating their talks. New officers will be elected at the next meeting. (From a news clipping).

*Hancock County* Medical Society, meeting in the office of the secretary, Dr. Nelia B. Kennedy, October 31, voted to raise the annual dues from five to six dollars for the coming year. A list of the patients of physicians who have gone

into military service was distributed and they will be cared for by the members of the society. Enlisted doctors will also be kept in good standing in both the local society and the State Association. (From a news clipping).

*Hardin County* Medical Society met in Kenton on the afternoon of November 8, with a good attendance. Dr. W. B. Van Note of Lima, district councilor, and Dr. Fred Fletcher of Columbus were among the speakers. (From a news clipping).

*Logan County* Medical Society held its first Fall meeting in Educational Hall, Bellefontaine, November 2. The meeting was in the nature of a public clinic and was attended by many laymen. A large number of medical men were also in attendance. In a business session the society decided to pay the dues of associates who go into military service. Dr. William W. Hamer spoke on "The Value of Early Diagnosis in Surgical Cases, with Report of Cases." Several of the patients upon whom Dr. Hamer had operated successfully were present. He presented the nature of the cases with which he had dealt and showed a picture of the plating of bone fracture, and described cases wherein an early diagnosis of ruptured appendix had made the case possible of treatment. Dr. Hamer exhibited a pound tumor which he had removed from a patient. Dr. J. E. Thatcher presented a comprehensive paper on "Chronic Mouth Infections." Dr. A. J. McCracken spoke on "The Needs of the Army," and told of the work at Fort Benjamin Harrison where he has been for some weeks. Dr. J. S. Montgomery discussed the subject "Medical Preparation for War in Logan County" and cleared up a number of points that have been in question.—Guy J. Kent, Correspondent.

*Marion County* Medical Society met in Marion, November 6, with a good number present. The society decided to pay the membership dues of members in military service. Dr. H. L. Uhler read a paper on "The Review of Surgery," and Dr. J. W. McMurray gave an interesting case report. The next meeting will be held December 4. (From a news clipping).

*Seneca County* Medical Society meeting in Tiffin, November 22, elected Dr. H. B. Gibbon of Tiffin, president and Dr. E. H. Porter of Tiffin, secretary.—E. H. Porter, Correspondent.

### FOURTH DISTRICT

*Fulton County* Medical Society met in regular session at Delta, November 6. Drs. C. E. Patterson and R. W. Reynolds, of Fayette, were

elected president and secretary, respectively, for the coming year. (From a news clipping).

*Putnam County* Medical Society held its monthly meeting in the office of Dr. Frank Morris, Columbus Grove, November 1, with about 25 present. The meeting was opened with reports of a number of interesting cases. Dr. Guy S. Wilcox of Columbus Grove read a paper on "The Present Fad in Medicine," in which he brought out the idea that local infections, whether in the tonsil, root canal of a crowned or filled tooth, some other pocket of pus in the body, are responsible directly or indirectly for our ailments and diseases. This paper brought out a good discussion. "Helpful Hints not found in Books" was the title of a paper read by Dr. Harry S. Noble of St. Marys, which was interesting, practical and instructive to every one present. Following this the society enjoyed a dinner at the Columbus Grove Hotel, which had been arranged by local members. The next meeting will be held in Ottawa, December 6.—H. A. Neiswander, Correspondent.

*Sandusky County* Medical Society held its first autumn meeting in Fremont on November 9. The attendance was fairly good and the meeting proved to be a spirited one. The society voted to pay the dues of members who enter military service. Dr. W. L. Stierwalt gave an interesting paper on "Rheumatism."—D. W. Philo, Correspondent.

#### FIFTH DISTRICT

*Huron County* Medical Society held its regular monthly meeting in the Council Chamber at Norwalk, November 2. Dr. Harry G. Sloan read a very interesting paper on "Exophthalmic Goiter" and spoke a few words on the medical work in the army. The plan to raise a memorial for Dr. Matson was explained and heartily approved. Resolutions of approval were passed on the plan to erect an Inter-county Tuberculosis Hospital for the four counties adjoining Huron on the north.

After an informal lunch the society adjourned.—J. D. Coupland, Correspondent.

*Lake County* Medical Society met in regular monthly session at the Parmly Hotel, November 6. Dr. A. P. Brady, president, called the doctors to order and introduced Dr. C. E. Ward of Cleveland, who gave a very practical and scientific address on (1) "The Carrel-Dakin Treatment, as Used in Open Wounds in France;" (2) "The Duodenal Ulcer, Medical, Operative and Post-operative Treatment." In the first part of his address he said the Carrel-Dakin Treatment was now not in use in Cleveland. The doctors there who had used it soon after it was heralded to

the medical world, did not use it any more but had returned to the old treatment—boric acid and bichloride, iodine, etc.

The second part of the address was really a heart to heart talk, for Dr. Ward had been a sufferer from duodenal ulcer for years and had spent a fortune on treatment under famous doctors in Europe and United States in an effort to regain health. He said the early history was a great factor in diagnosis; that diagnosis was easy after autopsy. He described pain in this lesion as wavy, burning, subsiding, reaching a climax one-half to three or four hours after meals. He recommended stomach washing in the early morning. Blood may be in the stool, or there may be hemorrhagic emesis, but these are not diagnostic. The hunger pain is ever present. A general discussion followed. This was a splendid meeting. The next meeting will be held December 3.—E. S. Jones, Correspondent.

#### SIXTH DISTRICT

*Lorain County* Medical Society dispensed with its November meeting because of the special medical recruiting meeting held October 31. We expect to remit 90% of our dues by December 15. Next session December 11.—C. O. Jaster, Correspondent.

*Ashland County* Medical Society held its annual meeting in Ashland on November 20. The following officers were elected: Gaillard B. Fuller, Loudonville, president; L. B. Ash, Ashland, vice-president; W. M. McClellan, Ashland, secretary-treasurer; F. V. Dotterweich, Ashland, delegate to state convention. The annual dues were increased to \$7.00 per year and it was voted to pay the dues of members in service from the society funds. Dr. R. C. Kinnaman was selected to represent the society in the Medical Section at the next meeting of the Ohio State Medical Association. Dues are being paid promptly and Ashland County will be in the One Hundred Percent Club as usual.—W. M. McClellan, Correspondent.

*Portage County* Medical Society held its regular monthly meeting, November 8, in the office of Emily J. Widdecomb, Kent, with about one-third of the members present. The meeting was given over to Lieutenant B. H. Nichols of Ravenna, who gave an interesting report of the meeting of the Clinical Congress of Surgeons at Chicago. The report was made doubly interesting by reason of Dr. Nichols having been so closely associated with many of the notable surgeons present at Chicago. The next meeting will be held at the office of Dr. B. E. Gorham, Kent.—W. B. Andrews, Correspondent.

*Richland County* Medical Society met in Mans-

field, October 10. Ten members were present. Dr. John Maglott read a very interesting paper on "Diabetes," which was followed by a general discussion.—F. A. McCullough, Correspondent.

*Stark County* Medical Society held its regular monthly session in the Chamber of Commerce rooms, Canton, November 2. Dr. A. J. Hill read a paper on "The Present Status of Tonsillectomy and Adenectomy." The discussion was opened by Dr. C. A. Crane and continued by Drs. James Fraunfelder and W. H. Weaver. Dr. A. B. Walker, president of the society, gave a talk on "Intra-capsular and Bloodless Tonsillectomy." (From a news clipping.)

*Summit County* Medical Society met in regular session, November 6, with 44 physicians from Rittman, Doylestown, Wadsworth, Cuyahoga Falls, Barberton and Akron present. Dr. W. G. Weiss of Bath was admitted to membership and 10 applications presented. Dr. G. M. Logan presented four volumes to the library, Dr. T. D. Hollingsworth one volume, and Dr. W. S. Hough several volumes.

The secretary reported that to date 15 are in service (13 in the U. S. Army, one in the Canadian and one in the French), and 10 more have received commissions. Fourteen others applied, but were rejected for physical defects, and 15 others applied, but have not been accepted. This makes a total of 54 volunteers and more are preparing to volunteer during the coming months.

"The Practice of Medicine in Brazil" was discussed by R. H. Smith, describing the difficulties and red tape experienced by anyone desiring to practice in that country, especially if he wishes to settle in the beautiful city of Rio de Janeiro.

"The Role of the Medical Profession in the Government of a City," by D. C. Sowers, A. B., Ph. D., Director of the Akron Bureau of Municipal Research, was an interesting paper which traced the origin and growth of civic health departments and described the necessity for them and the resulting benefit to the population. The necessity for expert directors of such departments and skilled assistants was also emphasized. Dr. Sowers also entered a plea for strict attention to vital statistics. Discussion by T. D. Hollingsworth, S. St. J. Wright and D. B. Lowe.—A. S. McCormick, Correspondent.

#### SEVENTH DISTRICT

*Belmont County* Medical Society met November 21. The program consisted of informal reports by Drs. R. H. Wilson and J. O. Howells, who attended the surgical meeting in Chicago, and later visited the Mayo Clinics at Rochester. Their talks were interesting and instructive, and were thoroughly enjoyed.

After careful consideration of the need for

increased revenues to meet the pressing demands of organized medicine, the society voted unanimously to raise the dues from \$5.00 to \$6.00, and 23 members promptly paid their 1918 dues in order to facilitate the work of collection. The society voted unanimously to pay from its treasury the state dues of all members who enter military service. The movement to raise a testimonial fund for Dr. George H. Matson was heartily approved.

There will be a special meeting of the society on December 5 to consider the fee question and to discuss business matters connected with the practice of medicine in Belmont County.—J. S. McClellan, Correspondent.

*Tuscarawas County* Medical Society meeting in New Philadelphia on November 6, was addressed by Lieutenants McClellan and Danforth. Before the addresses, our society voted to pay the dues for 1918 of those members who are serving our country in the army. Dr. J. G. Stuckey of New Philadelphia who died on November 15 of general sepsis, was buried on November 18.—Tracy Haverfield, Correspondent.

#### EIGHTH DISTRICT

*Fairfield County* Medical Society entertained with a banquet and smoker at the Hotel Martens, Lancaster, October 30. The following were present: J. H. Axline, J. J. Silbaugh, H. M. Hazelton, H. L. Bounds, H. R. Plum, R. W. Mondhank, C. G. Axline, J. T. Farley, C. W. Goss, W. R. Coleman and P. S. Bone. After the banquet a meeting was held and clinical cases reported by Drs. Mondhank, Goss, Coleman and C. G. Axline. These cases were freely discussed by the society. Dr. S. C. Caldwell, physician at the Boys' Industrial School, was admitted to membership, having been transferred from the Gallia County Society. The application of Dr. O. M. Hendershot was received and referred to the board of censors. A resolution was adopted that the state dues of all members in active military service be paid out of the society treasury. Resolutions of regret at the death of Dr. George Saunders, Columbus physician, who formerly lived in Lancaster, were passed.—H. M. Hazelton.

*Morgan County* Medical Society held an interesting meeting, October 17, in the mayor's office at McConnelsville, which was well attended. Officers were elected at this meeting for the ensuing year as follows: C. E. Northrup, president; J. F. Leeper, vice-president; J. F. Hill, secretary-treasurer; H. L. Fiscus, Lee Humphrey and W. D. Mercer, members of the board of censors.—(From a news clipping.)



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## NINTH DISTRICT

*Lawrence County* Medical Society, in regular session at Ironton, October 25, nominated the following officers: Dr. Wilson Lynd of Ironton, president; Dr. E. E. Ellsworth of Ironton, secretary-treasurer; Dr. O. U. O'Neill of Ironton, delegate of state convention; Dr. W. S. Eakman of Ironton, alternate.—(From a news clipping.)

*Scioto County*—Hempstead Academy of Medicine met in regular session on November 12 in Carnegie Hall, Portsmouth. The program was given by two of the nurses of the Bureau of Community Service in order that the members of the academy might have a better idea of the work being done by that organization. Miss Virginia Lewis read a paper on "School Nursing;" also one on "Bureau Activities." Miss Anna Cunningham read a paper on "The Work We Have Been Doing in Tuberculosis." The three papers were well received, and as a result the members have a clearer idea of the work being done. The academy passed a resolution to pay the dues of members enlisted in military service. Members of the academy have donated an hour a week to school work, a service lasting three months. The meeting was well attended.—O. D. Tatje, Correspondent.

## TENTH DISTRICT

*Madison County* Medical Society held its regular monthly meeting, October 25, in the reception rooms of the London Exchange Bank, the use of which has been granted the society for all future meetings. It was unanimously decided to pay the dues of our physicians in military service. Dr. W. F. Smeltzer was the essayist of the evening, his subject being "Auto-Intoxication." This paper proved to be an interesting summary of Dr. Smeltzer's own convictions along this line from actual observation.—F. E. Rosnagle, Correspondent.

*Pickaway County* Medical Society was entertained at dinner by its New Holland members, November 2. Immediately after the dinner the society was called to order by Dr. Jones, 19 members being present. The society unanimously voted to pay the state dues of any and all members who are now or may become engaged in any branch of the national defense. Dr. J. E. Monger gave an interesting paper on "Vital Statistics," showing the necessity of each physician making prompt birth returns. Dr. J. B. May followed with an unique and instructive paper on "The Ductless Glands."—D. V. Courtright, Correspondent.

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## OHIO HOSPITAL NOTES

—Portage County citizens passed a \$50,000 bond issue, November 6, for the purchase of White Hospital, Ravenna, and its enlargement to 50 beds. It is probable that the hospital, which has been closed for three months, will be opened as a county hospital in the very near future.

—Alliance City Council appropriated \$3,500 for the equipment of a nurses' home in connection with the City Hospital.

—The Chester Hospital Association, East Liverpool, has relinquished charge of the institution into the hands of Dr. G. W. Wentz of Follansbee, former head of the hospital. Dr. Wentz will be in charge for a period of 60 days, or until a reorganization of the association is perfected.

—The Board of Trustees of the German Deaconess Hospital has appointed the following on the staff of the hospital: Gynecology and abdominal surgery: E. Gustav Zinke, two years; O. J. Siebert, one year, or until C. A. L. Reed returns. General surgery: E. W. Walker, two years; H. H. Hines, one year. General Medicine: J. L. Tuechter, two years; Charles Maertz, one year; Theo. Bange, substitute for Dr. Maertz until his return. Ophthalmology: Horace Tange-man, two years; Clarence King, one year. Otolaryngology: W. C. Harris, two years; Walter E. Murphy, one year. Obstetrics: James W. Rowe, two years; D. J. Davies, one year. Pediatrics: Theo. Bange, two years; F. C. Theiss, one year. Radiography: Sidney Lange, two years; Charles Goosman, one year. Pathology and clinical microscopy: A. E. Osmond, two years.

—Trustees of Lakewood Public Hospital, Cleveland, announce that the new building will be open for use, December 1. The first building, opened 10 years ago, will be converted into a nurses' home.

—An addition to the facilities of Orchard Springs Sanitarium, located just north of Dayton, which will allow improved facilities for the care of nervous and mental cases, has been completed. Dr. R. W. Adkins is in charge of the institution.

—A bazaar was held November 30 and December 1 for the benefit of Massillon City Hospital. Among the articles offered for sale was a lace handkerchief contributed by Mrs. Woodrow Wilson.

—Physicians of Dennison and Uhrichsville met at the new Twin City Hospital, November 5, to outline a course of instruction for a training



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school for nurses. The hospital was opened for the reception of patients, November 8.

—At the annual meeting of staff of Elyria Memorial Hospital, November 19, the following officers were selected: President, Dr. R. H. McClure; vice-president, Dr. W. H. Hull; secretary-treasurer, Dr. C. O. Jaster.

—A group of Columbus physicians have purchased the home of the late Dr. Frederick W. Schwartz, built 40 years ago at a cost of \$40,000, and converted it into Columbus' first maternity hospital. The hospital company was incorporated, not for profit, by the following men who are also members of its staff: Drs. A. Livingston Stage, president; J. A. Riebel, vice-president; H. C. Beach, secretary; J. P. Merchant, treasurer; W. P. Kyle, Ida M. Wilson, Harry E. Myers, C. C. Ross, P. W. Willey, J. E. Holmes, C. F. Frosh, Earl W. Euans, G. T. Meek, R. B. Taylor, Andrews Rogers, R. B. Drury, E. R. Shilling, I. J. Mizer, A. D. Beasley, John Rauschkolb.

—Graduation exercises for the first class of nurses to complete the three-year training course in the Homeopathic Hospital at Ohio State University were held November 8. The 1917 class contains four members.

—Citizens of Norwalk held an In-Door Fair during November as a means of raising money with which to liquidate the \$3,800 debt on the new Memorial Hospital in that city.

—According to a report received from the base hospital at Camp Sherman, November 3, health conditions at the camp are excellent. The hospital had 480 patients from 36,000 men making up the camp population, and only a small percentage of them were cases that have developed since the selects entered camp.

—Work will be started on the new Good Samaritan Hospital at Sandusky in the near future. The building will be a two story structure and will accommodate 51 beds. The old building will be utilized as a wing of the new one and used for nurses' quarters.

—Papers for the incorporation of the Marion Hospital Association were filed with the Secretary of State, October 25. It is expected that the association will eventually solve the hospital problem which has faced Marion for years.

—A benefit theatrical performance for the Barberton Citizens Hospital was held during Thanksgiving week by employes of the hospital and various Akron and Barberton people.

Dr. Christian R. Holmes of Cincinnati, who has been commissioned as a major, will have charge of the large army hospital at Camp Sherman, Chillicothe. Dr. Holmes has leased the Lewis home in West Second Street and expects to spend four days a week here.

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### Whooping Cough Regulations

Instead of excluding from school all children in the family, where a case of whooping cough develops, the Cincinnati Board of Health will, in the future, exclude only *children who have whooping cough, and contacts in the family who are suspected of having the disease*, are excluded from school. Well children of a household where a person is ill with whooping cough may attend school providing they are free of any catarrhal symptoms. Contacts manifesting any symptoms of whooping cough must be referred immediately to the school physician by the teacher for exclusion.

The new regulations further provide that any person who has whooping cough must avoid contact with his fellow men and not go to theatre, church, moving picture shows, public assemblies, nor ride in street cars or public vehicles.

"Patients are not free to go about until ten days after the spasmodic stage is over. Children who have had whooping cough are not to be admitted to school unless they have school permits."

In commenting on these changes, Health Officer Landis says: "This procedure is not only safe but a definite advance over our former method of excluding from school *all* children in the family if any member had whooping cough. When it is generally known that *all* of the children don't have to stay at home, parents will call

in the family physician early. Some hitherto undiagnosed cases will be brought to the attention of the doctor."

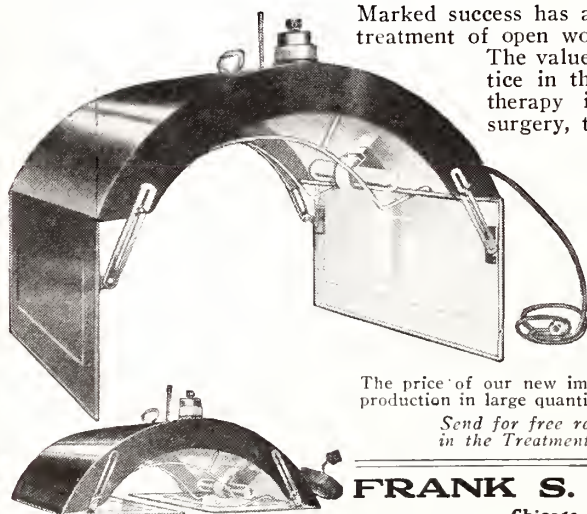
### Co-Operate With The Nurse

*The Journal* frequently has urged cooperation by physicians with the public health nurses that are being employed by local public health organizations. In Ohio during the past five years this nursing service has been materially extended and many small cities are now supporting community public health nurses through public and private agencies.

In Ohio, at the present time, public health nurses are working from 68 nursing centers—there being 495 in the field. In the larger cities large numbers are employed. Cleveland, for example, supports 130. But many small cities have nurses, and in eleven counties they are employed by the boards of commissioners for rural work.

On the part of some physicians there is still a tendency to undervalue the work of these women, and to feel that in some way their activity is out of harmony with the efforts of the medical profession. This is a fallacy, for it is shown here in Ohio that where the doctors understand the plans of the nurse and work in cooperation with her, the interests of both the community and the profession are advanced. The point is emphasized in a letter addressed to *The Journal* by Ella

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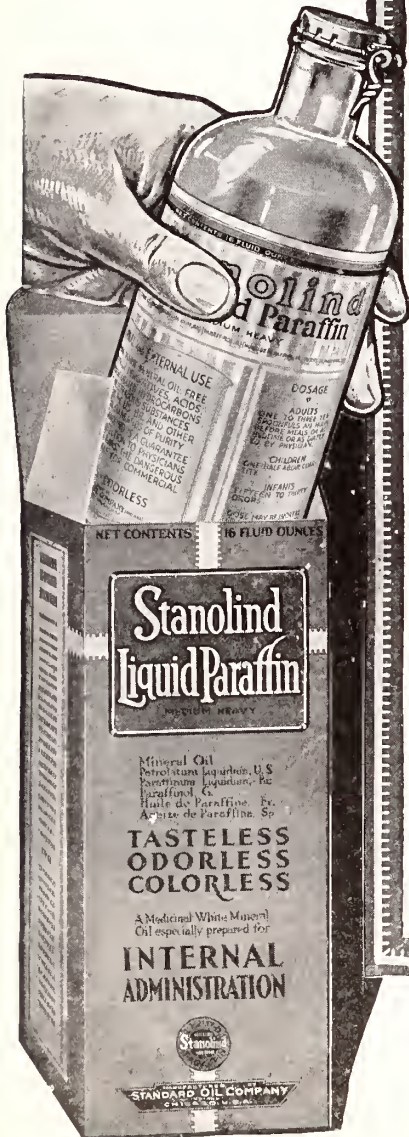
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Phillips Crandall, R. N., executive secretary of the National Organization for Public Health Nursing. She says:

"Public health nurses have greatly increased during the past few years. Hundreds, perhaps thousands, of small towns and rural communities as well as large cities, have come to regard them as indispensable community servants. Their service represents at least a minimum of skilled nursing which can usually be supplemented with safety by family, neighbors or trained attendants. They also stand as much for the protection of health as for the care of the sick. Their value as health agents is now pretty generally recognized by health officers, school boards, and manufacturers as well as by the public itself.

"Because their work is largely preventive, one of their chief values is that they persuade many people to call upon their doctor before an illness has become serious enough to have convinced them that it was necessary to consult him. Nevertheless, their opportunities as health teachers most often depend upon and follow their entrance to the homes in time of need due to illness. They are very dependent upon the local physicians because it is an invariable rule that no visiting or public health nurse shall perform any treatment nor administer any medicine, nor even make repeated calls upon a patient except with the consent and direction of the family physician.

"Oftentimes these facts are not understood by country doctors and consequently they refuse to call for the nurses' assistance, and even discourage their patients and their families from doing so. This situation is becoming less and less frequent, but still exists in some localities and among some doctors.

"More than ever, these nurses will be needed now that so many physicians are being called to military duty, and yet they cannot serve the people unless the doctors who remain at home will recognize and call upon them.

"The members of the National Organization for Public Health Nursing, among whom are many Red Cross town and country nurses, have instructed me to bring this matter to the attention of the State Medical Associations in the hope that they will see fit to urge their county societies to interpret the work of public health nurses to their members to clear away the misunderstandings which are now in some places preventing the best and fullest use of public health nurses and to encourage employment of their services."

*Ironton*—Dr. and Mrs. George Vanden, who have been spending several months at Yorba Linda, California, as guests at the ranch of Dr. Keller, formerly of Ironton, expect to return about January 1.

## PRESCRIPTION SERVICE THAT SATISFIES

The service that firmly holds customers and constantly attracts new ones, is SERVICE that SATISFIES.

The facilities of THE WHITE-HAINES OPTICAL CO. are equal to the severest test.

ACCURACY is our first consideration.

Prompt Deliveries consistent with accuracy is our second consideration.

Our ability to handle a large volume of work promptly is worthy of your consideration.

We are Headquarters for Punktals, Kryptoks, Ultex onepiece, Naktic and Korectal (Trade Mark Reg.) lenses.

Try our "SERVICE THAT SATISFIES."

### The White-Haines Optical Co.

INDIANAPOLIS, INDIANA

COLUMBUS, OHIO

SPRINGFIELD, ILLINOIS





**Help this sick soldier**

He is one of thousands who have broken down with Tuberculosis in our Army or have been refused admission to the Army because of Tuberculosis.

*War always increases Tuberculosis*

Red Cross Christmas Seals are sold in your community to protect you and your family from Tuberculosis and to provide proper care for your soldier boys who break down with this disease.

*You must buy three times as many this year.*

Put Red Cross Seals on all your holiday mail and packages. Buy a lot and resell some to your friends who might otherwise neglect it.



**Buy  
RED  
CROSS  
Xmas  
Seals  
today!**



**The Advantages of  
Condensed Milk**

**PURITY**

It is a well-established fact that fresh cows milk may contain pathogenic organisms which spread infectious diseases. When even the slightest laxness exists in the enforcement of milk laws, there is danger. The use of condensed milk eliminates this danger.

The following extract from Dr. Coult's Report to the Local Government Board on an inquiry as to Condensed Milk (London 1911) gives the findings of experts:

*"All epidemiological evidence points to the conclusion that the infecting organisms of such diseases as scarlet fever, diphtheria and enteric fever are destroyed in condensed milk."*

Whenever fresh cows milk is under suspicion, the use of a pure, carefully prepared infant food such as Borden's Eagle Brand becomes a prophylactic measure. Eagle Brand is pure; manufactured under the most sanitary conditions from selected high-grade milk and sugar.

For sixty years it has been the standard infant food.

**BORDEN'S CONDENSED MILK CO.  
NEW YORK**

### Physician's Work More Important

The new regulations for conducting the draft under which all drafted men are classified will materially reduce the number of physical examinations and the work of the examining physicians. Under this plan also, the importance of physical examination is very greatly enhanced, as the fate of the drafted man depends entirely upon the report by the examining physician. Inasmuch as all other exemption claims have been disposed of in advance, through the plan of classifying the men, the decision as to whether the drafted man is to be forwarded to the cantonment will in the future rest entirely with the examining physician. In other words, if the drafted man passes the physician examination, he goes.

Draft officials here in Columbus expect that the second draft will be called for about the middle of January, and will be for one million men. They do not expect that the details of the first draft will be completed before this time.

Draft officials see little prospect for an increase in the federal allowance to examine physicians. The present fee is ten cents per examination, with the proviso that the total for any one day shall not exceed \$4.00. This sum is so pitifully inadequate that in perhaps fifty per cent. of the cases here in Ohio the examining physicians refuse to make out the necessary vouchers—preferring to contribute their services to the government.

### Get Your Papers Ready Now

Section officers are now preparing the scientific program for the annual meeting which will be held in Columbus next May. We suggest that if planning to present a paper at this meeting, you immediately get in touch with either the chairman or the secretary of the section before which you are to present same. Dr. Teachnor, chairman of the program committee of Council, has requested all section officers to have tentative reports ready for consideration by Council by January 7. A definite effort will be made this year to complete each section's program early in the new year. Interest in the annual meeting has so increased that as a rule section officers have more papers offered than can be accommodated, and indications are that late comers will receive little consideration this year.

—Patients and friends of the Bureau of Community Service, Portsmouth, listened to an address by Dr. Stephen A. Douglass, Superintendent of the Ohio State Tuberculosis Sanatorium at Mt. Vernon, October 15. Dr. Douglass had for his subject "Home Care and the Hopeful Outlook for the Cure of Tubercular Patients."

## FORT WAYNE MEDICAL LABORATORY

(Established 1905)

DR. BONNELLE W. RHAMY, Director

Bacteriological, sero-logical, pathological, toxicological and chemical examinations of all kinds given prompt, personal attention.

Full instructions, fee table, sterile containers and culture tubes sent on request.

(As early diagnosis is the important factor in successful treatment it will pay you to utilize dependable laboratory diagnosis early and often.)

Wassermann test for syphilis.....\$5.00  
(Send 3-5 C. c. of blood)

Gonorrhœa complement fixation test.....\$5.00  
(Send 3-5 C. c. of blood)

This serologic test is the very best means of determining the presence or absence (cure) of chronic gonorrhœal infection.

Lange's colloidal gold test of spinal fluid..\$5.00  
Differential test; tubercular, syphilitic infection and general paresis.

Pathological tissue diagnosis.....\$5.00

Autogenous vaccines

Bacteriologic diagnosis and cultures....\$2.00  
20 doses vaccine in 2 C. c. vials.....\$5.00

Rooms 307-309 Gauntt Bldg., Cor. Webster and Berry Sts. Phone 896—Fort Wayne, Ind.

## ATTENTION: LABORATORY SERVICE FOR PHYSICIANS

We make EVERY USEFUL AND ACCEPTED TEST

*punctually  
competently  
for moderate fees*

WASSERMAN Test, controlled by the best method, the

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URINE ANALYSES

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Send for Fee List, Literature, Containers, Free of Charge

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19 W. 7th St., Cincinnati, Ohio

Directors: Dr. A. Faller, Dr. R. B. H. Gradwohl

## Our Business

is confined exclusively to the manufacture of Strictly High Grade Medicines and Pharmaceuticals for Physicians, Dispensing and Prescribing.



Our Offices and Laboratories are now located in our New Building, 330-336 Oak Street, one square north of Grant Hospital.

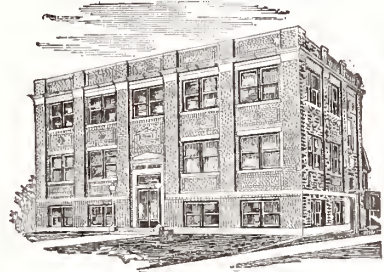
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**The COLUMBUS PHARMACAL Co.**

COLUMBUS, OHIO

## Sherman's Bacterial Vaccines

Prepared in our specially constructed Laboratories, devoted exclusively to the manufacture of these preparations.



Vaccines constitute an important group of remedial agents. These Vaccines are marketed in specially devised aseptic bulk packages insuring added safety in withdrawing contents.

5 C. C. for \$1.00      18 C. C. for \$3.00  
Ampules, 6 in box, \$1.50

Daily Users of Vaccines Use Sherman's

Write for Literature

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DETROIT,                    ::                    ::                    MICHIGAN

## Every Physician Is Interested In Physician's Supplies

In dispensing, he requires a great variety in his office—in prescribing he uses the PRESCRIPTION DEPARTMENT that is UP-TO-DATE.

If you are unacquainted with our plan of handling the physician's requirements, you may profit by giving us an opportunity to show you what we can do.

**The Wendt Bristol Co.**

47 South High St., Columbus, Ohio

**FINE PHARMACEUTICAL SPECIALTIES**

## THE Westerfield Pharmacal Co. DAYTON, OHIO

Physicians' Supplies, Surgical Instruments, and Office Equipment

**A GENERAL SUPPLY DEPOT  
WE CARRY EVERYTHING**

A full line of Pharmaceuticals and Tablets and a fine line of Specialties

We have the largest stock of Pharmaceuticals in the Central States. Everything in Serums and Vaccines—Mulford's, Parke-Davis and Sherman's lines. Oxygen and Nitrous Oxide, and everything else.

If you are not already dealing with us, why not arrange to buy where you can get everything? Think it over.

### Inter-State Association Meetings

The one hundredth semi-annual meeting of the Union District Medical Association, comprising Butler and Preble counties of Ohio and four Indiana counties, was held at the Oxford Retreat, October 25. Dr. Louis Schwab of Cincinnati and Dr. Garrett Pigman of Liberty, Indiana, delivered eloquent eulogies on Dr. Herschel Dwight Hinckley of Cincinnati, deceased president of the association. Dr. Charles P. Emerson of Indianapolis spoke on "Our Profession in Times of War." Dr. J. C. Sexton of Rushville, Indiana, acted as toastmaster at a dinner served by Dr. Harvey Cook, of the Retreat, and among those who responded were the following Cincinnati physicians: Drs. C. L. Bonifield, W. D. Haines and B. M. Ricketts. One hundred members attended the meeting. Dr. William A. Thompson of Liberty, Indiana, was elected president for the coming year, and Brookville, Indiana, chosen as the 1918 meeting place.

The nineteenth annual convention of the Ohio Valley Medical Association was held in Evansville, Indiana, November 6-7. The association includes physicians from Indiana, Illinois, Kentucky and Ohio. Dr. Martin Fischer of Cincinnati was one of the speakers, his subject being "Feeding the Patient." Dr. M. L. Heidingsfeld of Cincinnati is second vice-president of the association.

The Tri-State Academy of Medicine, including members from Ohio, West Virginia and Pennsylvania, met in East Liverpool, November 8. Dr. J. S. McCulloch of Wellsville is president.

### Thank You—Some of You

It is pleasing to announce that members are paying their 1918 dues well in advance of the time limit—January 1.

Seemingly, there is state-wide recognition of the fact that in these war-times with their accompanying social upheaval it is more necessary than ever before to maintain a state medical organization at maximum efficiency, and a further realization that money—the money derived from state membership dues—is vital to that efficiency.

To a limited number, the broader phase does not appeal. They are paying their dues promptly for more selfish reasons. They do not want to lose their *Journal*, and they realize the value to them of the medical defense offered by the Association. They realize that if their 1918 dues are not paid by January 1, that protection lapses—and they do not want to take a chance.

If you haven't sent your check to the secretary of your county society, do it today. Don't wait for him to "dun" you.



## Grains Super-Cooked

### All Food Cells Exploded

Prof. Anderson's process by which Puffed Grains are made is this:

Selected wheat or rice grains are sealed in huge guns. The guns are revolved for 60 minutes in a heat of 550 degrees. Even 400 degrees will dextrinize grain, as you know.

The moisture in each food cell is thus changed to steam. Then the guns are shot, and the steam explodes. Over 100 million separate explosions occur in every kernel.

The grains are puffed to bubbles, eight times normal size. Every granule is broken for easy digestion.

No other process, we believe, so fits these grains for food.

The thin, crisp Puffed Grains taste like confections. Yet they are simply whole grains—nothing added.

You will find these delightful foods to advise when ease of digestion must be considered.

### The Quaker Oats Company

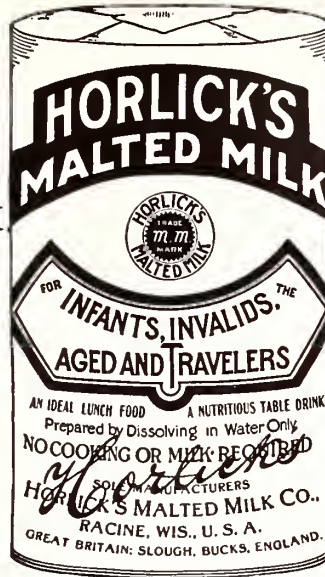
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(1749)

**Puffed Wheat**      **Puffed Rice**  
**and Corn Puffs**  
**All Steam-Exploded**

Identifies

Malted Milk



**R**ECOGNITION of Horlick's Malted Milk has been growing for over a third of a century. It rests upon *quality* that combines *Originality*, uniformity and dependability.

**H**OW *Success-fully* Horlick's has met the requirements of the physician and the needs of the patient is shown by the universal accord with which it is prescribed.

*To one and all Horlick's is Malted Milk and Malted Milk is Horlick's. Sample and printed matter prepaid to the profession.*

Horlick's Malted Milk Company

Racine, Wis.

## Have You an Infant Feeding Problem?

If so, the hand booklet, "*Successful Infant Feeding*," mailed on your request will help you solve it. It contains the essentials of simplified infant feeding methods evolved within the past few years—a reformation beginning with the discovery that the sugars used in infant feeding cause more trouble than the curds of cow's milk.

## Modern Infant Feeding Is Successful

because its methods are simple, understandable, easy to use, and yield dependably good results. It provides diets suitable for the individual well infant, which cause a normal gain in weight, also efficient corrective diets for digestive disturbances. MEAD'S DEXTRI-MALTOSE is largely used in these diets because it is more readily assimilable than cane sugar or milk sugar, and correspondingly less liable to cause the troubles of sugar fermentation. **NO DIRECTIONS** for use accompany packages of MEAD'S DEXTRI-MALTOSE. It is made for physicians' use only.

**MEAD JOHNSON & CO., Evansville, Indiana**

### Takes Stand on Contract Practice

The following interesting resolutions concerning "contract practice" were adopted, November 12, by the Van Wert County Medical Society:

"WHEREAS, It is deemed unethical and detrimental to the best interests of the medical profession to engage in "contract practice," therefore, be it

"Resolved (1) That contract practice be defined as follows: The entering into an agreement, written or otherwise, by a physician with any individual, organization or corporation, whereby said physician agrees to render medical or surgical attention to said individual, organization or corporation for a consideration, financial or otherwise, less than that established by the Van Wert County Medical Society fee bill.

"(2) That we, the members of the Van Wert County Medical Society, refuse to enter into any contract, as above defined, for the practice of our profession.

"(3) That any member of the Van Wert County Medical Society who engages in contract practice as above defined, automatically severs his connection with said Medical Society.

"(4) In adopting the above resolutions, we fully appreciate that certain members of our society have at present contracts for which they have given bond for the faithful performance and fulfillment of said contracts. We hereby consent to such contracts being carried out, but shall insist on the members refusing to renew such contracts. We also are aware that there are in existence some so-called perpetual contracts which can be severed on thirty days' notice. Failure on the part of the members of the Van Wert County Medical Society to discontinue employment under such contracts after an opportunity to render such individual, organization or corporation due notice, automatically forfeits his rights to membership in said society."

### Sixth District Meeting

The one hundred and seventy-third session of the Union Medical Association of the Sixth Council District was held at Cleveland Tuesday, November 13, under the presidency of Dr. George F. Zininger of Canton. The morning was devoted to clinics at Lakeside and Charity Hospitals. Following the luncheon at the Statler Hotel, the afternoon was devoted to two very interesting papers:

"The Physician in War—His Utilization and Conservation," by Dr. Daniel S. Gardner of Massillon.

"Group Medicine—What it Promises to Accomplish in the Future for Our Hospitals and the General Practitioner," by Dr. William H. Mercur of Pittsburgh.

## Top Coats for Professional Men Is Our Specialty

Our motor, storm and classy tourist coats are built as well as experienced men tailors can build them. The workmanship, fit, finish and the reliability of the materials used at a minimum price from builder to consumer is our proposition to you, Doctor. If we do not serve you better for less money in our capacity than you can secure elsewhere you cannot use us. You are from Missouri and we are here to show you! As to our reliability we refer you to the Warren Savings Bank, Warren, Pa. Our proposition is: If you do not find our garments in every way satisfactory return them and we will cheerfully refund your money; or, send us a bank reference and we will cheerfully send you prepaid a coat for your inspection—if satisfactory, send us your check covering price of coat, if not, return it with no obligation whatever on your part. In ordering, give chest measurement over suit coat, inside seam of sleeve, your weight and height.



No. B-53

We pay parcel post and express charges.  
We guarantee to please you or refund your money.

### Men's Rough-Weather Coat No. B-53

#### Our Special Rough-Weather Coat for Physicians

This coat is specially built for the physician who must face the elements daily in his professional duties. A practical model in a general utility box coat for men. Material is a firmly woven hard twisted yarn in gray mixture with plaid back or black granite cloth with plaid back. Absolutely waterproof. Collar can be worn open or closed, as illustrated. As nearly indestructible as a coat can be made.

An unmatched value at..... **\$7.85**  
Sizes 34 to 48

### Men's Tourist Coat No. B-137

An ideal tourist coat for men. Material is a hard twisted oxford gray worsted. A specially prepared material making it absolutely waterproof. Silk lined throughout with extra separate yoke lining across the shoulders. Large, roomy flap pockets. Gentle enough for a dressy coat and practical enough for a general utility coat. A dependable garment and a genuine bargain. All sizes, 36 to 48.

Our Price..... **\$12.50**

Same model in a double texture cashmere with a twilled serge lining, in tan only. **At \$10.00**



Catalogue of women's Fur Motor Coats sent upon request. Also women's, boys' and girls' storm coats.

We have a sufficient cloth in sight for 1200 coats. When present stock is exhausted an advance of \$2.00 will be necessary on coat No. B-137 and \$1.00 on coat B-53.



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Always at Your Service

**THE DIRECT MOTOR APPAREL COMPANY, Warren, Pa.**

# Dr. Alexis Carrel's Apparatus for Administering Dakin's Solution

in the treatment of Infected Wounds, Compound Fractures, Acute and Chronic Osteomyelitis, Gangrenous Appendicitis, Peritonitis, etc.

We have the correct outfit. Particularly we would emphasize that we have the correct rubber tubing which is made specially for us.

Refer to Dr. Sherman's article, Surgery, Gynecology and Obstetues, March, 1917, on the Carrel Method of Wound Sterilization.

## Harvey R. Pierce Company

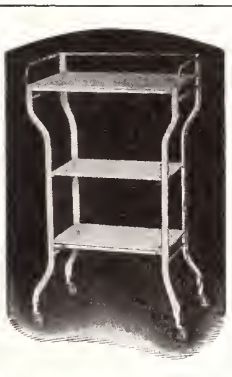
Surgical Instruments  
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PHILADELPHIA, 1801 Chestnut Street  
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Jenkins Arcade



Dr. Rogers *Tycos*

SELF-VERIFYING SPHYGMOMANOMETER \$25



## Have You Received Your Copy of Our Handsome New Catalog "G"?

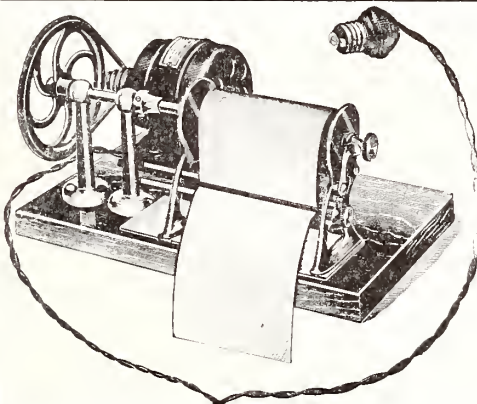
### The Columbus Aseptic Furniture Company

Manufacturers of

ASEPTIC OFFICE AND HOSPITAL FURNITURE AND  
METAL PRODUCTS

142-148 North Third Street

Columbus, Ohio



## Red Cross and Base Hospital Supplies

- Electric Bandage Roller \$25—\$42.00
- Carrel Dakin Apparatus \$4.25—10.50
- Caldwell Paraffin Sprayer 15.00
- Pierce Paraffin Sprayer - 12.00
- Electric Paraffin Sprayer - 25.00

Complete Sanitary Furniture Equipments for  
Hospitals.

**THE MAX WOCHER & SON CO.**  
CINCINNATI, OHIO

### Hospitals Should Proceed Carefully

The sub-committee of the Ohio Branch of the Council of National Defense which deals with public health, hospital and nursing problems, is advising hospitals throughout the state that they should not formulate plans for the care of sick and wounded soldiers except on the advice and by the authority of the Surgeon General. The committee is advised that the plans of the Surgeon General's Office do not contemplate any extensive use of civil hospitals for military purposes except in case of emergency, except where civil hospitals place at the disposal of the Medical Department of the Army a considerable number of beds (approximately one or two hundred) which can be placed strictly under military control. For the most part, it is planned to provide hospital facilities to meet the military needs by the utilization of existing government facilities wherever the need develops, and by the construction of temporary hospital buildings or by contract with civil hospitals which can place a sufficient number of beds at the disposal of the government.

Experience has shown that it is highly desirable to keep the sick and wounded of the Army under military control, which would be exceedingly difficult, if not impossible, if the soldiers were distributed among a large number of civil hospitals throughout the country.

A large proportion of the work which will be done in this country will undoubtedly be in the nature of providing hospital facilities for prolonged convalescent cases, reconstruction of the crippled and maimed and re-education of those who are permanently handicaped, and it would be impossible to carry out this program except in institutions provided for the segregation of large groups properly equipped with the necessary occupational devices, workshops, etc.

#### DR. BROWN HONORED

Dr. Homer C. Brown of Columbus, chairman of the legislative committee of the National Dental Association, is receiving congratulations by dentists from all sections of the country because of the enactment of a bill by Congress which extends to dentists in the Army and Navy rank equal to the rank of medical officers. Dr. Brown represented the dental profession at Washington and is accredited with being chiefly responsible for the passage of the bill, which materially increases the number of commissions open to dentists and increases the importance of the dental profession in the various branches of military service. In New York, recently, the military dentists of the country tendered him a dinner and presented him with a watch in expression of their appreciation.

## Wherever There's Pain and Inflammation--- There Summon **ATOPHAN**

Although Atophan — formerly imported, but now manufactured by us in the U. S. A.—was practically unobtainable for nearly two years, few physicians will have forgotten its unique physiologic action and therapeutic efficacy in Gout and Articular Rheumatism.

It is the broader application of Atophan as a Systematic Analgesic and Antiphlogistic of strikingly prompt and enduring effect, non-depressant and safe, which may need recalling to your attention.

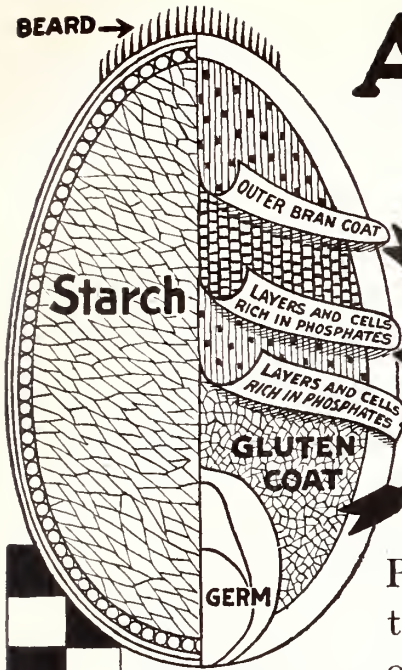
Whether the Pain be thought vaguely "Rheumatic," "Neuralgic" or distinctly that of Neuritis, Migraine, Hemicrania, Lumbago or Sciatica, let the Inflammatory Process be Iritis, Laryngitis with Dysphagia, or the burning and itching of Eczema, Puritus, etc., Atophin is indicated for relief and treatment.

*Information and Literature from*

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WHEAT BERRY  
ENLARGED

# A bran food with real nutriment in it

Purina Branzos provides the regulating properties of bran, plus the nourishing properties of all the wheat coats.



In addition to the outside or fiber coat, which is all that ordinary bran is, Purina Branzos contains all of the other layers, which are rich in gluten and phosphates. This makes Purina Branzos nutritious as well as laxative, and gives it a rich, distinctive flavor. The patient really enjoys eating Branzos.

The value of a bran diet is recognized by all physicians. Purina Branzos enables them to recommend a bran diet that has real food value, and decided palatability. It is the only bran product of which one will naturally eat a sufficient quantity to do him some real good.

Purina Branzos is exceptionally valuable for nursing mothers, because it increases the milk flow, and improves the quality. It also regulates the system.

For boys and girls Purina Branzos is splendid. They like it and will eat plenty of it. Purina Branzos is very rich in mineral salts that build bones, gluten that makes tissue and fiber that stimulates normal action of the digestive organs.

There is only one bran *food* that we know of. If physicians will specify Purina Branzos in recommending a bran diet, their patients will be sure to get the right thing. It is packed in a checkerboard package, bearing a red cross.

*We shall be glad to send a sample  
to any physician why is interested.*

**RALSTON PURINA CO., 985 GRATIOT ST., ST. LOUIS, MO.**

# NEWS NOTES OF OHIO

*Mansfield*—Dr. Irwin H. LeBarre is attending clinics in New York.

*Cambridge*—Dr. Herbert A. Green and family have located in Portsmouth.

*Rootstown*—Dr. E. E. Van Horn succeeds Dr. E. B. Dyson, who recently moved to Akron.

*Akron*—Mrs. Seiler, wife of Dr. J. H. Seiler, died on October 31, after an illness of six weeks.

*Marion*—Two instrument cases, valued at \$30, were stolen from the office of Dr. J. B. Taylor, October 30.

*Streetsboro*—Because of ill health, Dr. William A. DeVaul will move to a warmer climate in the near future.

*Madison*—Dr. Charles H. Quayle closed his sanitarium, November 15, and went to California for the winter.

*Cleveland*—Dr. Charles Edwin Briggs has moved his office from the Lennox Building to No. 207 Osborn Building.

*Toledo*—Dr. R. C. Longfellow has been appointed to membership on the Lucas County Food Conservation Committee.

*Mansfield*—Dr. Schiller of Hayesville is here to take charge of Dr. George C. Smith's office during his absence in military service.

*Cleveland*—Dr. John E. Darby is ill at home after suffering a slight paralytic stroke. He is the father of Dr. John C. Darby, now located at Camp Sheridan.

*Bucyrus*—Dr. H. H. Smith and family of this city are making an extended stay at North Yakima, Washington, for the benefit of the health of their daughter.

*Cincinnati*—Reports from the bedside of Dr. C. A. L. Reed promise eventual restoration to health. Dr. Reed suffered a stroke of paralysis some time ago and his condition was considered critical for many weeks.

*Hicksville*—Dr. and Mrs. Noah H. Jackson have moved to Wahjamuga, Michigan, where the doctor has been appointed resident physician at the State Epileptic Colony. Dr. Jackson has resided in Hicksville for 20 years.

*Columbus*—Dr. James F. Baldwin has been presenting a series of lectures dealing with various phases of medicine and surgery at the Wednesday evening meetings of the First Congregational Church. He reviewed the entire subject in a most interesting manner, and the increasing size of the lay audience attested to their interest in the subject.

# SIOMINE

"S-IOD-AMINE"

Accepted by Council on Pharmacy and Chemistry or inclusion in "New and Nonofficial Remedies."

An Ideal Alterative

Indicated in

**Locomotor Ataxia**

and All Other Lesions of

**Tertiary Syphilis, Chronic Articular Rheumatism, Arthritis Deformans**

and All Conditions in Which

**Iodin and Iodids Ordinarily Are Used**

SIOMINE is easily administered and does not cause any untoward effects when employed as directed.

SIOMINE is marketed in capsules only. Doses:  $\frac{1}{4}$ ,  $\frac{1}{2}$  and 1 grain; 2 and 5 grains.

Write for booklet on Internal Iodin and Siomine Medication

Manufactured by



**HOWARD-HOLT COMPANY**  
(INCORPORATED)  
Manufacturing Pharmacists  
CEDAR RAPIDS, IOWA

## WE OFFER YOU

A Representative Line of General Pharmaceuticals covering all standard makes.

Surgical Dressings, Ligatures and Sick Room Supplies in such quantity and selection as will supply the most exacting.

Serums, Vaccines, Antitoxins and other Biologicals in complete assortment, stored under ideal conditions and handled by Pharmacists understanding their technical differences and therapeutic usages.

A Clinical Laboratory under the direction of an expert Pathologist (Dr. S. S. Hindman) completely equipped for all kinds of clinical work.

Directory for Graduate Nurses at the service of the Profession; with the largest enrollment in the Middle West.

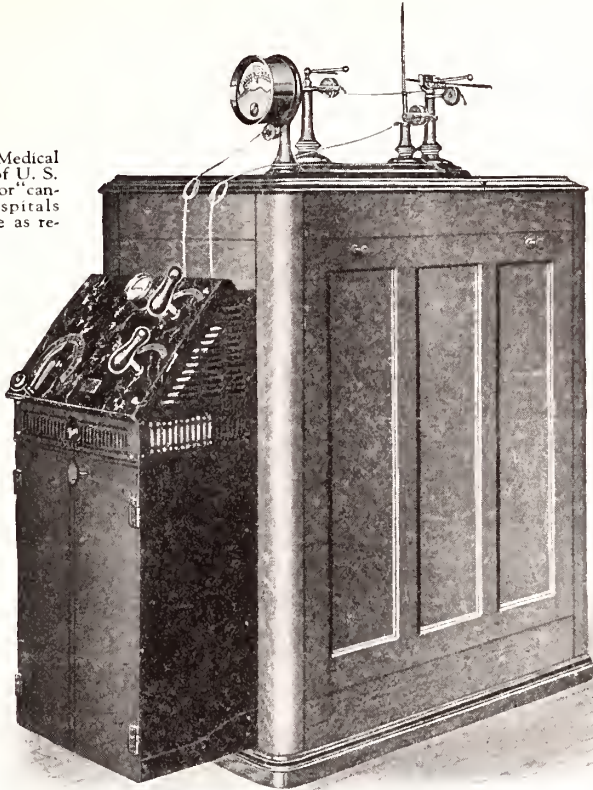
Prompt, Efficient and Courteous Service—Are You Using It?

**THE RUPP & BOWMAN CO.**  
TOLEDO, OHIO

"YOU WILL DO BETTER IN TOLEDO"



Accepted by Medical Department of U. S. Government for "confinement" hospitals and elsewhere as required.



220 volts, A. C.  
\$1025.00  
220 volts, D. C.  
\$1300.00  
(F. O. B.  
Chicago)

## Another "Victor" Accomplishment —the Victor "New Universal" Roentgen Apparatus

Point for point and dollar for dollar, it epitomizes "next to the last word" in the Victor ideal of a modern roentgen generator

### SPECIFICATIONS

DESIGN—Closed core and single disk.  
CAPACITY—10 kilowatt.  
SPARK LENGTH—10 inches.

CONTROL—Auto transformer or resistance—  
singly or in combination, as preferred.  
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**Control of "Social" Diseases**

On November 7 an important conference of Ohio health officers was held in the office of Health Commissioner Freeman, in Columbus.

Representatives were present from Toledo, Youngstown, Akron, Springfield, Dayton, Hamilton, Columbus, Cincinnati, Camp Sherman and the State Department of Health.

As a working basis, Dr. Freeman described the California plan which provides for notification and follow-up reports at regular intervals, with note as to the source of infection; instructions and literature for all classes; regular medical inspection by the medical staff of local health departments; broad powers to make investigations and inspections; isolation of prostitutes; no certification, and adequate dispensary and hospital facilities.

It was the concensus of opinion that the State Board of Health should adopt a program along similar lines.

The need for forced hospitalization of those spreading social diseases was recognized, as was also the necessity for the adoption of legal procedure that would enable public officials to accomplish this end without violation of the constitution. Autocratic authority is repugnant to a democracy and a dangerous weapon in the hands of any man.

It was also the sense of the meeting that the State Board of Health should go on record recommending state-wide suppression of prostitution because it is in harmony with the law and the wish of the federal government.

Dr. Freeman was of the opinion that suppression was not only possible but desirable.

That physicians in the territory adjacent to the army camps are awake to the dangers of the venereal peril, and are anxious to co-operate with the military authorities, is indicated by the following resolution—adopted recently at a special meeting of the Pickaway County Medical Society:

*Resolved*, That the Pickaway County Medical Society, as a patriotic duty, pledges its cooperation as a corporate body, and its membership individually, to, and with, the military authorities in their efforts to minimize the problems of venereal diseases as they effect the National troops encamped at Camp Sherman and elsewhere.

*Resolved*, That members of this society, before treating soldiers for any venereal disease first secure the name, the company, and regiment of the soldier applying for treatment, and after rendering emergency treatment if necessary, report immediately the case to the Division's surgeon's office. And, in the event of a refusal to give the identification asked for, treatment will be refused and a reasonable effort made to identify the soldier.

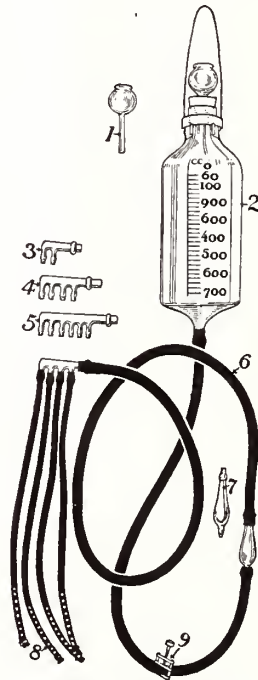


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— TROMMER —

**L**IEBIG was the first physiological chemist to call attention to Malt Extract and advocate its use as a food medicine. That his views were correctly based is evidenced by the wide use of Malt Extract in America and Europe and the popularity of many infant foods in which maltose is the principal constituent.

Leibig's process for making Malt Extract destroyed the diastase and it remained for Prof. Trommer to develop the fact that while maltose as prepared by Liebig was an excellent nourishment for the sick, that diastase as preserved in a properly prepared Malt Extract such as **TROMMER'S** is the element which effects transformation of the carbohydrates into an assimilable form of food.

"Diastase normally exists in constant proportion all the tissues, organs and fluids of the human body where its action has been demonstrated to be intracellular, as for example, converting the glycogen of the liver that its product may be utilized for structural growth and repair of wastes."

Bechamp and Moro discovered that human milk contains diastase and that cow's milk does not contain it. In infant feeding many physicians have achieved brilliant results by the addition of diastatic Malt Extract to pure cow's milk, thereby supplying the vitalizing and energizing element (diastase) of which an artificially fed infant is otherwise deprived. Sixty-six per cent of the solids of human milk are carbohydrates, which the diastase of human milk seems to dispose of to the advantage of the growing child. Cow's milk solids consist of 36 per cent of carbohydrates, to which often more carbohydrates are added to make the quantity equal to human milk. Few realize the importance of adding normal diastase to assist the process of metabolism in the new born.

Malt Soups (Malzsuppen) have been largely used by Keller, Czerny, Gregor and Koplik. The latter says: "The Keller method of feeding with dextrinized gruels is one of the most useful methods of feeding marantic infants, and one in which, in a great number of cases of atrophy, has given me brilliant results. I have used this method of feeding in cases in which all other known methods have failed."

We will be pleased to supply literature relating to **MALT EXTRACT**  
and formula for Making Malt Soup

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## THE TROMMER COMPANY

*Manufacturers of Malt Extract*

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"Resolved, That in the event the soldier is identified, whether treatment is rendered or not, an effort shall be made to learn from the patient the source of the infection, and if this information is secured the name of the person and her address, if a prostitute, shall be sent to the proper commandant of military police at once; if the source is a non-professional female her name and address shall be reported at once to the community representative of the War Department Commission on Training Camp Activities.

"Resolved, That similar procedures be carried out with all prostitutes who present themselves for treatment for venereal disease, and also with non-professional females with venereal disease who might be a source of infection to soldiers.

"Resolved, That copies of these resolutions be sent to all druggists in Pickaway County as well as to all members of this society, and that all druggists be asked to cooperate with the medical fraternity in its effort to increase the general health and welfare of the National troops and residents of this county.

(Signed) HOWARD JONES, President.  
D. V. COURTRIGHT, Secretary."

College Registration Increases

The following information showing the comparative registration in the various classes of Western Reserve University School of Medicine, and University of Cincinnati College of Medicine for this year and for 1916-17 is furnished *The Journal* by the registrars of the colleges:

WESTERN RESERVE UNIVERSITY				
	1914-15	1915-16	1916-17	1917-18
Freshmen .....	52	52	53	51
Sophomores .....	31	42	37	44
Juniors .....	52	32	42	46
Seniors .....	34	52	33	41
Specials .....	5	2	1	1
<b>Total .....</b>	<b>174</b>	<b>180</b>	<b>166</b>	<b>183</b>

UNIVERSITY OF CINCINNATI		
	1916-17	1917-18
Freshmen .....	37	48
Sophomores .....	21	37
Juniors .....	22	25
Seniors .....	14	19
Specials .....	8	6
<b>Total .....</b>	<b>102</b>	<b>135</b>

We failed to receive the statistics from the College of Medicine at Ohio State University in time for this issue.

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CLINICAL INSTRUCTIONS in all departments of medicine and surgery. Clinical and Personal Courses in Eye, Ear, Nose and Throat.

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### Free Trial Lots

We urge physicians to ask us for a trial lot of Jiffy-Jell in various fruit flavors. It will give you a new conception of these ideal dainties for the sick and convalescent. One great distinction lies in the gelatine itself. Jiffy-Jell is made with an extra-grade gelatine, which the owners of Jiffy-Jell produce.

The output of this grade is limited. It costs twice as much as the common. And in these days of gelatin shortage, it is a very hard grade to insure.



### Fruit-Juice Flavors

The flavors for Jiffy-Jell are made from the fruit itself. Not one is artificial.

The flavors come sealed in glass vials,

so they cannot change—one vial in each package.

The flavors are abundant. For instance, half a ripe pineapple is used in the flavor for one Jiffy-Jell dessert.

No other gelatin product is accompanied by bottled flavors of this kind.



### Economical Delights

Jiffy-Jell is easily digested. Its crushed-fruit taste makes it appetizing. It is made in an instant, at a trifling cost. It forms a conveyor for other foods, like whipped cream, nuts, chocolate, vegetables, rice, etc.

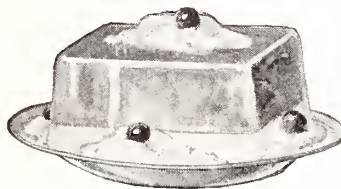
Mint flavor makes an ideal relish jell. Lime flavor makes a tart, zestful salad jell. The other fruit flavors give a wide variety of tempting, fruity dainties.



Please prove these facts in your own home. Let us send you some Jiffy-Jell to try. A request is sufficient.

Jiffy-Jell has been approved by Prof. Allyn of Westfield; also by Dr. Wiley.

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### 10 Flavors in Glass Vials

Each package contains the flavor in separate vial

Strawberry	Orange
Raspberry	Lemon
Loganberry	Lime
Mint	Pineapple
	Coffee

## Physicians of Paulding, Mercer and Van Wert Counties Form New Society, To Meet Annually

The new Tri-County Medical Society was organized in Van Wert on October 22 by physicians from Paulding, Mercer and Van Wert counties. The new society will hold an annual meeting at a date midway between the State meeting and the Northwestern Ohio sessions. The following officers were elected: President, R. G. Morgan, Van Wert; vice president, D. S. Richardson, Celina; secretary, L. E. Ellis, Van Wert.

We are indebted to Dr. B. L. Good of Van Wert for the following report of the first meeting which was held at Van Wert County Hospital, Monday afternoon and evening, October 22. The program:

"Tonsillitis"—Dr. J. W. Cartwright of Payne.

"Endocarditis"—Dr. W. N. Taylor of Ft. Recovery.

"The Relation of the Clinical Laboratory to General Practice"—Dr. R. J. Morgan of Van Wert.

"Ascites,—Its Clinical Significance"—Dr. B. L. Good, Van Wert.

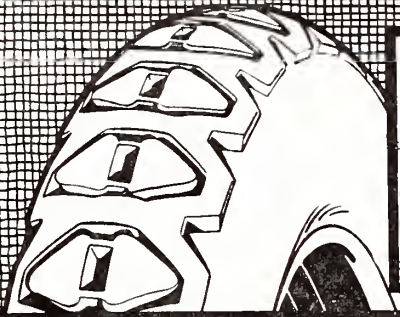
"The Lime-Starved State"—Dr. W. Grant Hague of New York City.

Dr. Cartwright's paper on "Tonsillitis" contained much of value to the general practitioner and included a very interesting case report. The discussion was opened by Dr. M. L. Downing of Rockford, who emphasized the value of the salicylates, and of phenacetine in high temperature complications. Dr. Bartholomew of Van Wert discussed the paper from the specialist's standpoint, and advised against the removal of the tonsils in the presence of an active infection.

Dr. D. H. Richardson of Celina expressed his disapproval of hydrogen peroxide in treating these cases, stating that it deprived the tonsil and pharynx of the mucous coat which serves as a protection. He recommended the use of silver nitrate and local applications of ice during the first twenty-four hours; after twenty-four hours, hot applications.

Dr. W. P. Clay of Convoy cited a case in which tonsillectomy was done in the presence of a very active infection, with a most satisfactory recovery.

Dr. Taylor's paper on "Endocarditis" began with a short review of the heart's anatomy, followed by a forcible presentation of the relationship between the etiology and the pathology of



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**NON SKID TIRES**

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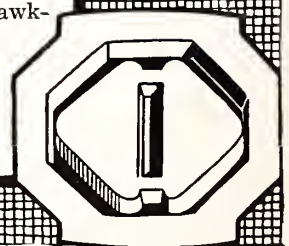
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the disease, and a discussion of the treatment from a practical standpoint.

Dr. Morgan, in his paper on the "Relation of the Clinical Laboratory to General Practice," referred briefly to the valuable contributions that have been given to science through the medium of the laboratory and spoke of its functions in establishing new and more modern methods of diagnosis. He emphasized the importance of using the serums and antitoxins as prophylactic measures in the treatment of all infections.

Dr. C. E. Huston, in opening the discussion, expressed his approval of all that had been said by Dr. Morgan. He called attention to the skepticism of the lay public in regard to the use of serums and vaccines, and further stated that a case of typhoid fever at present should be regarded as criminal negligence.

Dr. F. E. Reed of Wren stated that much of the skepticism found among the laity relative to serum and vaccine treatment could be laid at the door of the physician himself.

Dr. F. L. Bates of Lima condemned the apparent willingness of many physicians to place all dependence on laboratory findings to the neglect of symptomatology and clinical diagnosis.

Dr. B. L. Good, in his paper on "Ascites," called attention to the relatively few conditions causing ascites, and considered the subject from the standpoint of differential diagnosis, the general diagnosis having already been established.

Dr. W. Grant Hague of New York City gave a very interesting talk on the "Lime-Starved State," and told of the results which have followed treatment at the New York Clinic.

#### New Fellowships for Ohio

A large delegation from Ohio attended the sessions of the Clinical Congress of Surgeons and the Sixth Convocation of the American College of Surgeons in Chicago late in October.

The week was filled with splendid clinics and enjoyable and profitable meetings. Military surgery was of course the chief topic under discussion, there being addresses by Sir Berkeley Moynihan, consulting surgeon of the British Army, Colonel Derele of the French Army, and other prominent surgeons from the allied countries.

The sixth convocation of the American College of Surgeons on October 26 was a memorable occasion. Dr. George W. Crile, president, home from France on a furlough, presided and conferred fellowships upon the new candidates. The following Ohio men were added to the list of Fellows:

Hamilton Fisk Biggar and Francis P. Corrigan, Cleveland; Lyman Augustus Brewer, John Gardiner, Homer H. Heath, Clarence D. Selby and Walter H. Snyder, Toledo; Henry C. Evans, Youngstown; Carl R. Steinke, Akron, and Henry Klar Yaggi, Salem.

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They regard ground bran as inefficient. They wanted bran flakes.

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When we announced it, thousands of physicians wrote us for samples of it. And now people are serving about a million dishes weekly, largely by doctors' advice.

We believe that Pettijohn's Flakes and Pettijohn's Flour will solve the bran-food problem to your satisfaction.

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### Rolled Wheat with Bran Flakes

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Pettijohn's Flour is 75 per cent fine patent flour mixed with 25 per cent tender bran flakes. To be used like Graham flour in any recipe; but better, because the bran is unground.

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## An X-Ray Problem Solved

During the past eighteen months there has been great difficulty in making the former grade of Paragon X-Ray plates, owing to inability to secure the imported gelatine formerly used.

Several weeks ago we secured a large quantity of high grade gelatine, since which time we have been making plates of very uniform quality and speed.

Many customers who tried other brands with varying results are ordering Paragon Plates again, and are highly pleased with the results obtained.

Try Paragon Plates and satisfy yourself that they are the ones to use for finest results.

Get your supply early. Railroad shipments are moving very slowly.

### UNIVERSAL PLATES

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### Vote Million for Hospitals in Cleveland

Voters in Cleveland may be depended upon usually to vote rightly on welfare problems. At the polls this year they gave a substantial plurality for the proposal to issue one million dollars in bonds to improve hospital facilities.

In face of enormously increased war taxes and numerous other pressing bond issue proposals, it was feared that the rank and file might overlook this need, but the final count shows that the hospital project received a safe margin over the necessary two-thirds vote.

The money will make possible material improvement in the care of the sick by the city. One-half will be spent in the addition of a medical and surgical unit for the City Hospital, which now provides 657 beds. Last year 7,636 cases received attention at the hospital and this represented only two-thirds of the number seeking admittance. As a result, private hospitals were forced to care for several hundred patients who should have been treated in the city institution.

The addition of the new medical and surgical wing will give the city increased facilities for the hospitalization of patients suffering from venereal diseases. It was estimated that there are 80,000 cases of syphilis in Cleveland. The City Hospital is the only refuge afforded, and its present facilities are limited to 25 beds for adults and 30 for children. Cleveland expects to event-

ually provide from 200 to 300 beds for this class of patients.

The remaining half of the million dollar issue will be devoted to increasing the provision for tuberculosis patients at the Warrensville City Tuberculosis Sanatorium. At the present time Warrensville has 266 beds available for early stage cases and 96 beds for advanced cases. For more than a year Warrensville has had a waiting list ranging from 100 to 150 cases. The increased facilities made possible by the bond issue probably will permit the release of 100 beds in the City Hospital now used by tuberculosis patients, and the consequent increase in facilities to the down-town institution for the care of other patients.

This progressive action by the voters of Cleveland is due in a large measure to the intelligent campaign waged in behalf of the proposal by the comparatively small group of hospital executives, public health workers, and physicians who were familiar with the tremendous need of such additional provision. Publicity was the keynote of the campaign. The needs of the city were summarized briefly and this summary was presented to the voters through every possible medium. The newspapers helped wonderfully in driving home the fact that a million dollars spent in this field would save millions that otherwise would be lost through the economic waste of sickness.

# Dichloramine-T

## DAKIN'S OIL SOLUABLE ANTISEPTIC

USABLE IN CONCENTRATIONS TWENTY TO FORTY TIMES AS STRONG AS HYPOCHLORITE SOLUTION.

During the Clinical Congress of Surgeons, held in Chicago, October 22 to 27, the use of DICHLORAMINE-T was reported in 7228 surgical cases, with very remarkable results.

Twelve hundred cases of war wounds treated in France with DICHLORAMINE-T were also reported, with 99.5% recoveries and no secondary hemorrhages.

DICHLORAMINE-T is used as an oil spray for nasal and throat work to destroy the microorganisms of diphtheria, meningitis, and other diseases. It is also used as a spray for surface wounds and burns, and is poured into deep wounds, thus doing away with intermittent or continuous irrigation and frequent changes in expensive dressings.

### TRIAL OUTFIT

1 ounce DICHLORAMINE-T	4 ounces Chlorinated Eucalyptol
All Glass Atomizer	16 ounces Chlorinated Paraffin Oil
Sample Vial of Chlorazene Tablets	

Price of Complete Outfit with full directions and Literature, \$5.35, direct from Our Laboratories or through your druggist.

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# CALCREOSE

## A New Creosote Product

Accepted by the Council on Pharmacy and Chemistry as a New and Non-official Remery

At one time creosote was used as an adjunct in the treatment of pulmonary tuberculosis and in gastro-intestinal infections, especially typhoid. Because of its disagreeable odor and taste, because it caused gastric irritation and distress, nausea and even vomiting, clinicians practically abandoned the use of creosote.

### Calcreose

We believe that Calcreose will restore creosote medication to favor.

Calcreose is a new and acceptable form of creosote medication.

Calcreose contains fifty per cent. pure beechwood creosote and is easily administered because it can be given in tablet form. By beginning with small doses and increasing the dose slowly until tolerance is reached, enormous doses can be administered.

As high as 120 grains of Calcreose (60 grains of creosote) have been given daily without inciting digestive disturbance.

Calcreose does not cause gastric distress or irritation, nausea or vomiting, when administered as recommended.

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Like creosote, Calcreose is a stimulating expectorant and an intestinal antiseptic. Calcreose is not a germicide, but it checks bacterial activity, checks putrefaction, lessens the production of toxins—hence reduces the toxemia always associated with intestinal infections.

### Indications

Calcreose is indicated in bronchitis, particularly in cases which have progressed beyond the acute stage. Calcreose is especially useful in the treatment of bronchitis associated with pulmonary tuberculosis; in all acute infections of the respiratory organs.

### Price List

*Calcreose Powder.*—A reddish-brown powder, containing 50 per cent. creosote in combination with calcium ..... Per pound, \$3.00

*Calcreose Solution.*—Prepared by adding one pound of the powder to one gallon of water ..... Per gallon, \$3.50; per pint 60c

*Calcreose Tablets.*—Coated brown. 4 grs. .... 100, 40c; 500, \$1.60; 1,000, \$3.00

Calcreose is carried in stock by wholesale druggists; also supplied to physicians direct. We ship charges prepaid.

### Special Offer to Physicians

We will, upon request, supply samples of Calcreose Tablets to prove that Calcreose is easily taken. In to prove the therapeutic properties of Calcreose, we desire to send physicians sufficient quantity to test it thoroughly. If results are satisfactorily you will be glad to pay for it; if not satisfactory, there will be no charge.

If you have cases of bronchitis, especially the bronchitis associated with pulmonary tuberculosis, on which you wish to give Calcreose a thorough test, this is a good opportunity to do so.

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Gentlemen:—Please send me prepaid and on approval: 1,000 Calcreose Tablets..... price \$3.00.

I will remit in 60 days if I find them satisfactory. Nothing to be returned, nothing to be paid, if results are not satisfactory.

Dr. ....

Address .....

### Tip to County Society Officers

Dr. George W. Keil, secretary of the General Practitioners' Medical Society of Columbus, offers a suggestion which should result in the saving of considerable money to the treasury of each county medical society.

Under the new postal regulations effective November 2, the cost of a post card has been increased to two cents. As practically all societies now use post cards in advising members of meetings and programs, this would mean a doubling in the cost of this work, and in some instances a severe drain upon slender society treasuries.

On taking up the matter with the postal department, Dr. Keil found that the two cent rate applies only to cards bearing the words "post card" or "private mailing card," and of post card size—the regulations provide that post cards shall not exceed in size approximately 3 9-16 by 5 9-16 inches, nor be less than approximately 2 3-4 by 4 inches.

Dr. Keil found if he used a plain card, without the phrase designating it a "post card" or "private mailing card," and made it slightly larger than the required maximum for post cards, he could send it through the mail for one cent—under the third class rate.

In other words, if secretaries will adopt a regulation plain card, 6 1-4 by 4 inches, society an-

nouncements, programs, etc., may be either printed or mimeographed thereon and the mailing cost will be one cent.

### It Will Be Needed Next Year

"The war has caused some lack of interest in medical circles in Fairfield County during the past summer, but we got together at a banquet in October, and I think all that were present felt the need of more intensive organization. We have decided to make these banquets monthly affairs and discuss our practical need instead of papers by 'outside talent.'

"Three of our members now are at Camp Sheridan and three more are commissioned to go when called. Fairfield County Society will keep up state and county society dues of its members while away. We also hope to go 'over the top' with a larger membership than last year. *We realize that this is the time to maintain a high standard of efficiency in medical organization, for if we don't, the irregulars will certainly take advantage of our preoccupation to impose upon the state and both the physicians and the sick will suffer.*"

The above is culled from a recent letter received by the Executive Secretary from Dr. H. M. Hazelton, Lancaster, Secretary of the Fairfield County Medical Society.

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# The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY  
BY THE  
OHIO STATE MEDICAL ASSOCIATION

UNDER THE DIRECTION OF THE PUBLICATION COMMITTEE

FEBRUARY 1, 1917



Entered as second class matter July 5, 1905, at the  
Postoffice at Columbus, Ohio, under act of  
Congress of March 3, 1879

¶ *Legislation, of vital interest to every physician in Ohio, has been proposed in the General Assembly at Columbus. We give the gist of these bills in this issue. \* \* \* \* \* Be safe rather than sorry. An index appears on page 102.*

FIRST NUMBER—FEBRUARY

## Surgical Clinics of Chicago

**Clinic of Dr. A. D. Bevan, Presbyterian**  
Hernia: Inguinal; femoral diaphragmatic.—Gallstone disease.

**Clinic of Dr. A. J. Ochsner, Augustana**  
Goiter: Diagnosis; treatment; technic of operation; after-treatment.—Hernias in children.

**Clinic of Dr. E. Wyllys Andrews, Mercy**  
Repair of fractured patella.—Flap method of skin grafting.

**Clinic of Dr. L. L. McArthur, Michael Reese**  
A modification of the technic of gastric surgery.

**Clinic of Dr. Dean Lewis, Presbyterian**  
Nerve suture: (a) Gunshot wound of brachial plexus; (b) Paralysis of external popliteal—drop foot; (c) Ulnar nerve paralysis.—Congenital pyloric stenosis.—Cystic disease of breast and plastic.

**Clinic of Dr. Carl Beck, North Chicago**  
Open wound treatment of acute and chronic bone and joint infections.—Open wound treatment of empyema.

**Clinic of Dr. D. N. Eisendrath, Cook Co.**  
Head injuries—two cases complicated by symptoms of intracranial involvement.—Perforating ulcer of the lesser curvature of the stomach.

**Clinic of Dr. Kellogg Speed, Mercy**  
Tendoplasty for wrist-drop.

**Clinic of Dr. S. C. Plummer, St. Luke's**  
Calculus anuria.

**Clinic of Dr. E. W. Ryerson, Polyclinic**  
Ankylosis of elbow.

**Clinic of Dr. D. B. Phemister, Presbyterian**  
Tumor of the jaw.—Echinococcus cyst of liver complicated by post-operative subdiaphragmatic pyopneumothorax.

**Clinic of Dr. Allen B. Kanavel, Cook Co.**  
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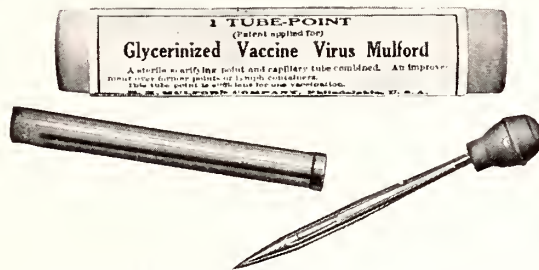
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¶ *Christian Science "healers" naturopaths, chiropractors, osteopaths and optometrists have raided the Ohio Legislature in an effort to break down the educational standards designed to protect the sick public. An analysis of their various demands appears in this issue. Consult the index on page 174.*

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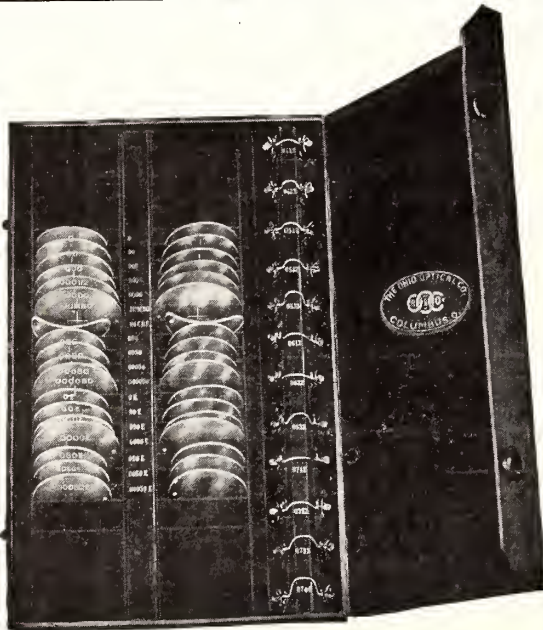
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¶ *Well, the Ohio Legislature has adjourned. Every attempt to emasculate the Medical Practice Act, was blocked; and some splendidly constructive public health legislation was passed. This issue contains a complete review.*

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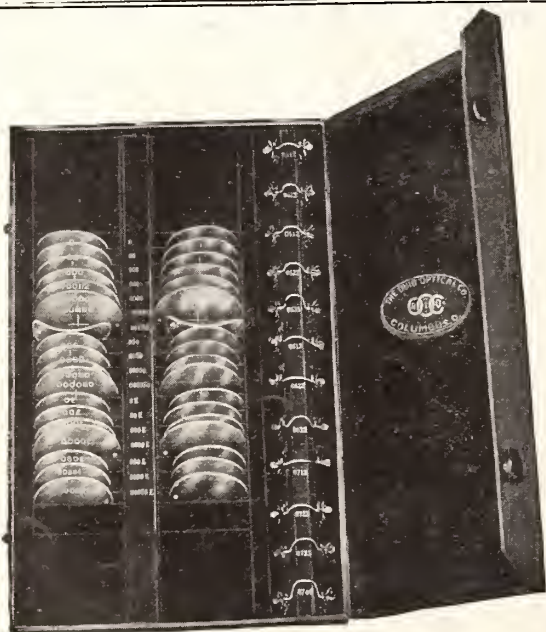
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# The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY  
BY THE  
OHIO STATE MEDICAL ASSOCIATION

UNDER THE DIRECTION OF THE PUBLICATION COMMITTEE

MAY 1, 1917

VOL. XIII  
No. 5



Entered as second class matter July 5, 1905, at the  
Postoffice at Columbus, Ohio, under act of  
Congress of March 3, 1879

¶ In this number we present the Program for the Annual Meeting which will be held in Springfield on Monday, Tuesday and Wednesday, May 14, 15 and 16. Also, we present the interesting annual reports of the various standing and special Association committees

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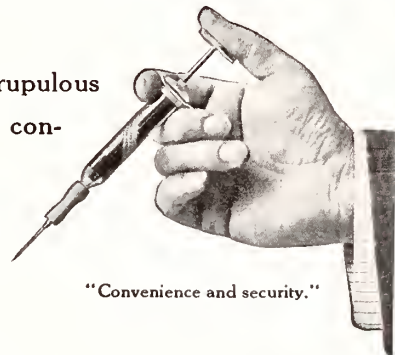
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Congress of March 3, 1879

This number presents a Symposium on Cancer, collected by Joseph Ranshoff, Chairman of the Ohio Committee of the American Society for the Control of Cancer.

- |                                       |                              |
|---------------------------------------|------------------------------|
| 1. The Cancer Problem, D. Tod Gilliam | 6. Breast, John C. Oliver    |
| 2. Infectious Nature, Wm. B. Wherry   | 7. Stomach, J. H. Jacobson   |
| 3. Genito-Urinary Tract, E. O. Smith  | 8. Pathology, Paul G. Wooley |
| 4. Uterus, Andre Crotti               | 9. Rectum, Geo. B. Evans     |
| 5. Larynx, George W. Crile            |                              |

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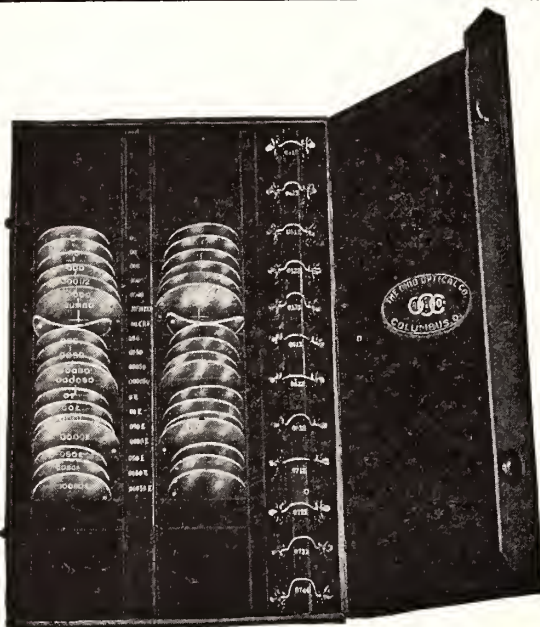
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- ¶ *France and England must have medical officers at the rate of 300 per month. Thousands will be needed in our enlarged Army.*
- ¶ *Can YOU go? It is a question that you must decide for yourself.*
- ¶ *The physicians of America must play a big part in this war to make the world safe for Democracy.*
- ¶ *Col. Willcox, Columbus Barracks, discusses this need on page 485*

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Brown.....	Jos. G. Clemens, Georgetown..	R. B. Hanna, Georgetown.....	4th Wednesday in Feb., May and Nov.
Butler.....	W. E. Griffith, Hamilton....	Mark Millikin, Hamilton.....	2d Wednesday, monthly
Clermont.....	.....	.....	3d Wednesday, monthly
Clinton.....	Robert Conard, Blanchester..	Kelly Hale, Wilmington.....	Second Thursday, monthly
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Highland.....	J. C. Larkin, Hillsboro.....	K. R. Teachnor, Leesburg.....	1st Wednesday in Jan., April, July and Oct.
Warren.....	C. G. Randall, Harveysburg..	Herschel Fisher, Lebanon.....	1st Tuesday in May, June, July, Sept., Oct. and Nov.
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Darke.....	S. A. Hawes, Greenville.....	A. F. Sarver, Greenville.....	2d Thursday each month
Greene.....	R. R. Richison, Yellow Springs.	H. C. Messenger, Xenia.....	1st Thursday each month except October.
Miami.....	L. A. Ruhl, Covington.....	R. D. Spencer, Piqua.....	1st Thursday each month
Montgomery....	E. A. Baber, Dayton.....	B. C. West, Dayton.....	1st and 3d Friday each month
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Allen.....	Andrew W. Bice, Lima.....	E. D. Sinke, Lima.....	1st and 3d Tuesdays
Auglaize.....	W. S. Stuckey, Wapakoneta ..	C. L. Mueller, Wapakoneta....	3d Thursday, monthly
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Van Wert.....	J. Ward Wilson, Van Wert....	C. G. Church, Van Wert.....	2nd and 4th Monday, monthly
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Fulton.....	P. S. Bishop, Delta.....	A. A. Brindley, Swanton.....	1st Wednesday, monthly
Henry.....	O. L. Norris, Deshler.....	Charles M. Harrison, Napoleon.	3d Wednesday, monthly
Lucas.....	Charles Lukens, Toledo.....	Chester W. Waggoner, Toledo.	Friday, each week
Ottawa.....	C. C. Starks, Port Clinton....	S. T. Dromgold, Elmore.....	2d Thursday, monthly
Paulding.....	Ernest Kohn, Grover Hill....	C. E. Huston, Paulding.....	3d Wednesday, monthly
Putnam.....	Wiley D. Hickey, Leipsic.....	C. F. Douglass, Kalida.....	1st Thursday, monthly
Sandusky.....	M. Stamm, Fremont.....	D. W. Philo, Fremont.....	Last Thursday, monthly
Williams.....	D. C. McTaggart, Bryan.....	M. V. Replogle, Bryan.....	2d Thursday each month
Wood.....	C. C. Greiner, Pemberville....	A. A. Babione, Luckey.....	2d Thursday, monthly
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Cuyahoga....	R. K. Updegraff, Cleveland....	J. E. Tuckerman, Cleveland...	Every Friday evening
Erie.....	H. C. Schoepfle, Sandusky....	P. F. Southwick, Sandusky....	Last Thursday, monthly
Geauga.....	G. R. French, Burton.....	Isa Teed-Cramton, Burton....	2d Thursday, Jan., March, July and Sept.
Huron.....	R. L. Morse, Norwalk.....	J. D. Coupland, Norwalk.....	2d Thursday, monthly
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*Pineal Substance*—  
Powder and Tablets, 1-20  
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¶ *Have the physicians of your community taken steps to protect the practice of the medical officers who have gone, or are going, to The Front? Has your County Society acted?*

¶ *All of us cannot serve with the troops. But we can, and should, interest ourselves in the development of a plan to afford some measure of financial relief and protection to the patriot physicians who are sacrificing everything to serve their country.*

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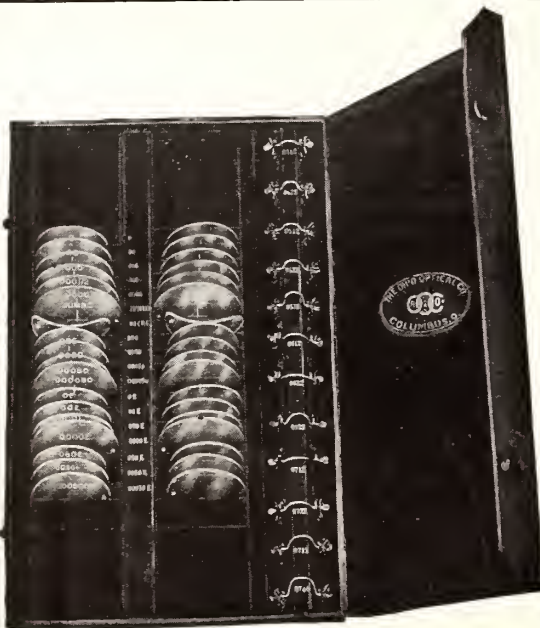
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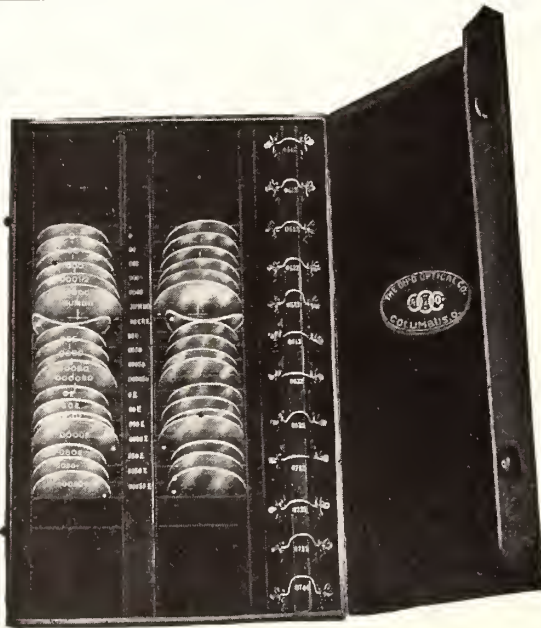
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¶ A summary of the contents of this issue appears on Page 690.

¶ A Revised Roster of Ohio physicians who have answered their Country's call, starts on Page 659.

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