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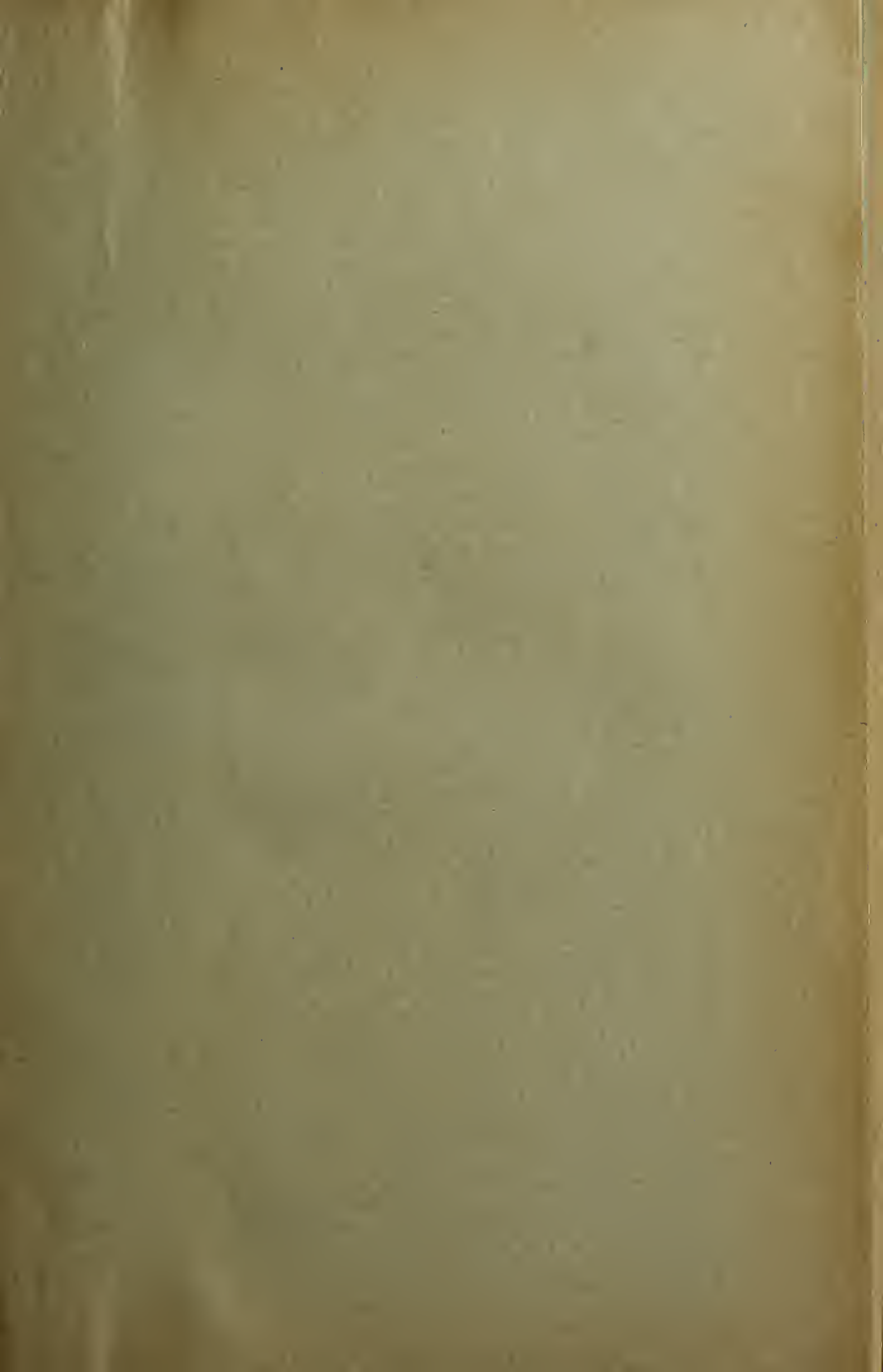

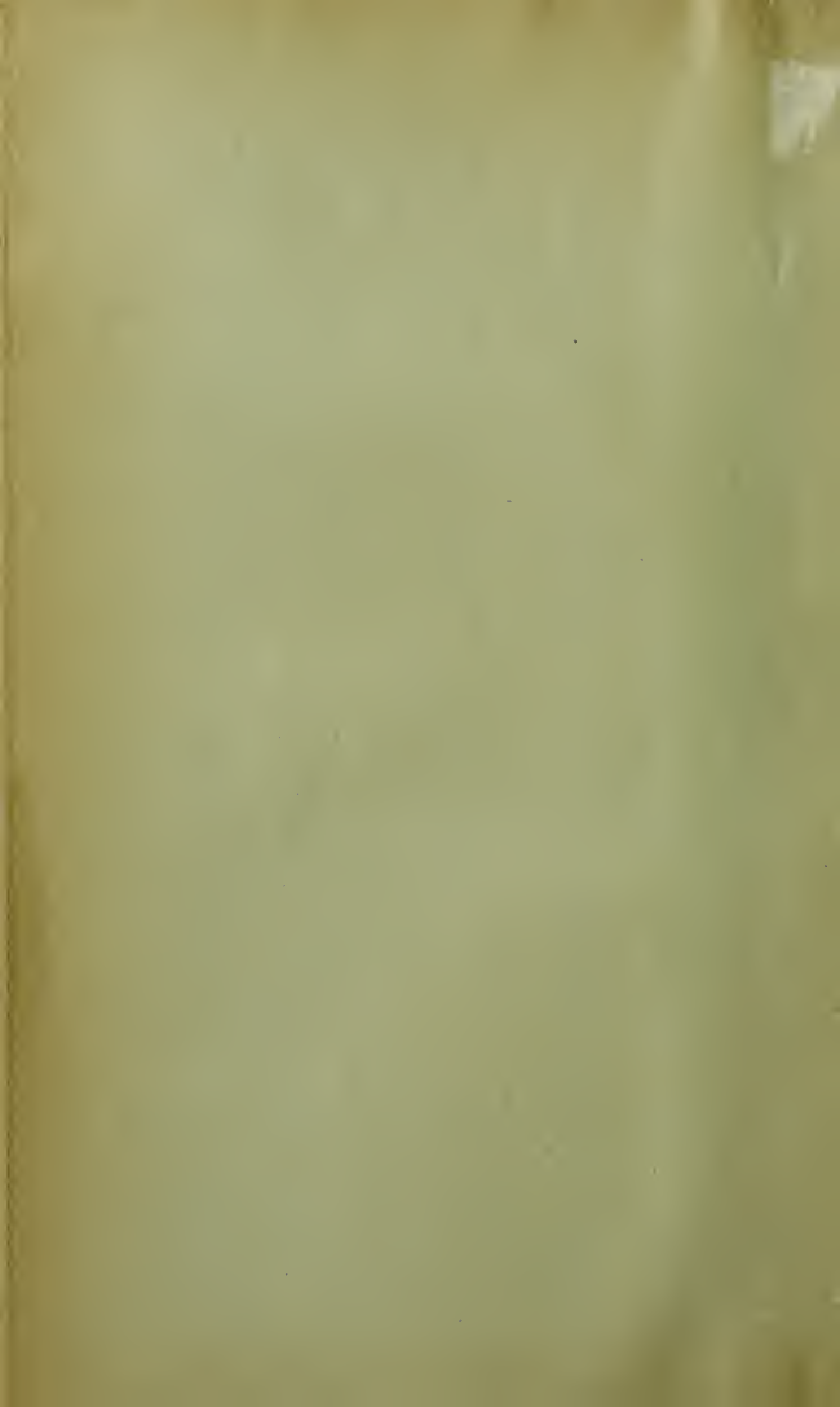

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THE JOURNAL

OF THE

Kansas Medical Society.

Vol. XIV. KANSAS CITY, KANSAS, JAN. 1914 No. 1

PERFORATING ULCERS, GASTRIC AND DUODENAL, IN THE VICINITY OF THE PYLORUS.

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Read before the Wyandotte County Medical Society, Dec. 16, 1913.

Among the most formidable complications encountered in peptic ulcer, is perforation, with the attending great danger to the life of the individual from peritonitis as a result of the contents of the stomach or duodenum being suddenly emptied into the unprotected peritoneal cavity. Fortunately, in many of these cases, the opening at first is very small, only permitting a small amount of gastric or duodenal contents to escape, thus giving nature a chance to wall in or to completely obstruct the outflow of the gastric contents by adhesive inflammation; thus saving the general peritoneal cavity from being flooded with stomach or duodenal contents, which would result in great shock, more or less general peritonitis and death, in spite of surgical treatment, even though promptly invoked, but in a majority of these cases, as has been above stated, the opening will be small at first, and nature will make a great effort to dam back the flow and protect, as far as possible, the general peritoneal cavity.

These cases while not occurring so frequently now as in the past, owing to a better knowledge of the symptoms produced by these ulcers in the early stage, and more accurate means of diagnosis, the diagnosis is generally made before perforation takes place, yet in a considerable proportion of the cases of chronic ulcer the symptoms are not very pronounced and may be absent entirely until there is a sudden occurrence of haematemesis or even perforation.

It is evident that cases of this kind can not be diagnosed, and quite frequently the symptoms are not sufficient to cause the individual to consult a physician. It is the symptoms presented immediately following the rupture, and the treatment, that I wish to discuss in connection with the report of three cases that have come into my service at St. Margaret's hospital during the past ten months.

Symptoms presented in cases of perforating ulcers of this

type naturally vary considerable, and depend to a certain degree upon: 1st, The size of the opening; 2nd, The site of the perforation, and 3rd, The character of the escaping fluid.

I think that it is quite evident that in perforation a quantity of the contents of the stomach or duodenum may escape, and yet there may be no escape of gas. Where gas does escape into the free peritoneal cavity, there will be loss of liver dulness; so this is a symptom, only of importance when present, and may be absent in the face of perforation, with escape of the contents of the stomach or duodenum.

Perforations occurring in the stomach are naturally more serious on account of the greater quantity of stomach contents that will probably escape. Again, where the ulcer perforates posteriorly the danger will be less than where the perforation is anterior, as the surrounding conditions are better for the quick walling in and protecting of the general peritoneal cavity. The posterior perforations frequently result in subphrenic abscesses; however, anterior perforations are very much more frequent than the posterior.

Pain is a constant and the most important symptom upon which an early diagnosis can be based. The pain is most severe and unbearable, located in the mid-epigastrium, or slightly to the left. As a rule, the pain is followed by vomiting, which generally empties the stomach of its contents; however, this is not a constant symptom. Muscular rigidity, especially marked in the upper abdomen, is always present. The abdomen, as a rule, is flat, and free from tympanitis in the early stages.

Shock or collapse will vary with the quantity of gastric contents thrown into the free peritoneal cavity. In those cases in which the opening is small, and nature succeeds in circumscribing and confining the escaping fluid to a small area, the immediate shock is small, compared with those in which the stomach contents are allowed to escape freely and unhindered into the general peritoneal cavity.

Peritonitis likewise will vary with the amount of contamination of the peritoneum. In fact, here, as in other peritoneal infections, the peritonitis is protective, and is nature's method of confining the infectious material to as small an area as possible by building a wall around it, the wall consisting of intestines and omentum, glued or cemented together by plastic exudates, and will always mean an abscess in the course of a few hours.

A count of the white blood cells will be of value in the early stages of perforation from a diagnostic standpoint. They will be found to be increased probably to fifteen or twenty-five thousand, with the polynuclear cells markedly increased, generally as high as ninety per cent. This, in connection with the sudden onset of severe, excruciating pain in the epigastrium, coupled with muscular rigidity, is sufficient to warrant a diagnosis of perforating, peptic ulcer. There is but one other condition of the upper abdomen that might be confounded with it, or that we might have to eliminate before making a diagnosis,

and that is acute pancreatitis, which, as a rule, would not give you the same character of pain, or the very sudden onset. Again, the blood count would not give you the marked leucocytosis. The shock or collapse would be as great, or greater, and the history of the case would probably enable you to eliminate this condition.

It is the importance of an early diagnosis that I wish to emphasize; for in many of these cases with a slow leak, nature will temporarily protect the general peritoneal cavity for a few hours, and the constantly increasing escaping stomach contents will break through the weak adhesions, and involve a greater area, or the whole peritoneal cavity, and the patient may lose his life by delay, or the lack of decision on the part of the physician. When the diagnosis can be made with reasonable certainty, there is only one means of relief for the individual, and that is through surgical intervention, and the death-rate will be in proportion to the time of operation, being small when operation is done early, and high when operation is done late, and I would consider any case that is allowed to go twenty-four hours after onset of severe epigastric pain resulting from perforation, as a late case. The temperature is not of much importance; in the early stages it will probably be found to be sub-normal; later, when there has been reaction from the shock, there will probably be some elevation of temperature.

As to location of ulcer, of one hundred ninety-three cases operated on by Mayo's C. H. and W. J., 61.7 per cent were duodenal, 31 per cent gastric, and 7.3 per cent duodenal and gastric, and from their observation, nearly all duodenal ulcers occur in the first inch and a half (ascending part) of the duodenum, and more than one-half extend up to or within three-fourths of an inch of the pylorus, while twenty per cent of them involve the pylorus and margin of the stomach, and of two hundred and sixty-one cases recorded by them as duodenal ulcers, 77 per cent were males, and only 23 per cent females.

They also state that ninety per cent of gastric ulcers are found in the pyloric end of the stomach. In their experience they state that perforation is comparatively common, but owing to the small amount of fluid in the duodenum and the fact that it is not as a rule infectious, the danger is not so great as in perforation of a gastric ulcer. Of two hundred and seventy-two cases operated on up to June, 1908, perforation was found in sixty-six cases; sixteen acute, with three deaths; thirteen subacute with abscess, no death, and thirty-seven chronic protected with one death.

Operation.—Incision is made in epigastric region slightly to right of median line, and after opening the peritoneum, the ulcer is sought for, but before loosening the adhesions which will generally be found around the seat of the ulcer, the general peritoneal cavity should be protected by hot gauze packs to prevent soiling of the unaffected peritoneum. After finding the ulcer it should be closed by cutting out the ulcer which may be sur-

rounded by a dense hard ring, and it may not be advisable to attempt the complete removal of all this hard area, and good results are generally obtained by simply removing the thin portion, and suturing so as to make a perfect closure.

Then the question of gastro-jejunostomy may be considered. Certainly this should be done in all cases where the condition of the patient will permit; if the patient is in condition of shock, it probably will be best simply to close the perforation, put in drainage, and close the abdominal wound. Good results are generally obtained by this means, but if the patient's condition will permit without too great risk, then gastro-jejunostomy should be the rule, and will unquestionably give the best results.

CORA GAUBLE, 34. Married. Domestic. Kansas City, Kansas.

Comes into hospital for relief of a dull aching pain over her epigastrium for past seven weeks; pain radiating to left shoulder, spine and breasts; vomits all she eats; intense, sour taste in mouth following vomiting. Constipation marked.

Immediate Condition.—Patient is apparently in great pain; frequently shrieks in utter agony. Color fairly good, although somewhat suggestive of slight cachexia; patient is rather fleshy, but loss of weight is evident. No jaundice or tingeing of her sclera.

Previous Personal History.—With exception of usual diseases of childhood, patient has always enjoyed the best of health. Pubescent at sixteen, always regular and free from pain. Is mother of one child, seventeen years old; one miscarriage, three years ago. Last menstruation, Dec. 19th. Direct family and collateral history excellent.

Physical Examination.—Heart and lungs negative; marked tenderness over the epigastrium, particularly in the region of the xiphoid, slightly to the left of the median line. Skin over this area, quite hyperaesthetic. No tenderness over gall bladder region, or any one part of the abdomen; slight tenderness over the left gastro-vertebral angle, in the region of the kidney. Gynecological examination was negative. The usual neurological examination showed nothing of importance.

Clinically, the patient had a temperature of 101.5 F., and a pulse of 118; respiration 26 per minute.

Laboratory findings showed blood present in both vomitous and stool.

Urine examination showed a sp. gr. of 1032, acid in reaction, heavy reddish precipitate, albumin, but no sugar; streptococcus, staphylococcus pus and a few red blood cells; a few hyalin and granular casts were present.

Blood examination on four different occasions, showed:

Total 27,000	Polys. 83	H. B. 80%
30,000	83	
25,000	84	
22,000	85	

This patient was admitted into St. Margaret's hospital as a medical patient, and the condition was diagnosed pancreatitis and referred to the surgical service.

Suffice it to state, that the diagnosis from a surgical standpoint failed to corroborate the medical diagnosis. In the presence of a high blood count, hematemesis and melaena, together with the inability to keep anything on her stomach, and the intense pain which the patient was suffering from, rather suggested the condition to be most probably a perforated gastric ulcer, quite likely on the posterior surface, together with a local peritonitis.

Operation revealed a posterior perforated gastric ulcer with local peritonitis. When the stomach was opened, a black tarry looking mass the size of a small fist, which proved to be a mass of persimmon seeds, which the patient later stated she ate, and which she thought was the cause of the stomach trouble, and which began seven weeks ago, was found lodged in the region of the perforation. About one quart of purulent fluid escaped from the region of the posterior surface of the stomach, following release of part of the inflammatory adhesions.

There was no opportunity to do a gastro-jejunostomy on account of the dense adhesions in the region of the stomach, so the opening was enlarged, the mass removed from the stomach and the ulcer closed and drainage inserted and abdomen closed. She suffered great shock, but recovered from this and died on the 3d, probably from obstruction due to mass of adhesions.

PATIENT. German, age 32; single, and a laborer.

Patient came into St. Margaret's hospital May 19th, 1913, and was admitted as a medical patient. The chief complaint at time of admission into hospital, was pain in the epigastrium, which, however, bore no relation to food. Examination of stomach contents showed free HCl points seventy-five, and a total acidity of eighty-five points; some blood; stool on repeated examinations, showed blood. A diagnosis of ulcer of the stomach was made and proper treatment instituted to which the patient apparently readily responded.

He felt so much relieved that he concluded to leave the hospital, which he did in spite of the physician's protest, on June 6th, 1913. On the night of June 24th, 1913, he again returned to the hospital, apparently feeling quite well. That night about one or two o'clock, he was suddenly taken with a violent pain over his epigastrium associated with profuse vomiting and collapse.

He was referred to the surgical service, with a diagnosis of perforated gastric ulcer, and recognizing the gravity of the patient's condition, the patient's abdomen was opened without further ceremony, and a perforated ulcer of the first part of the duodenum was found. The ulcer was excised. Posterior gastroenterostomy was done, and the patient made an uneventful rerovery.

MR. M. G. Age 62. Laborer and Widower.

Comes into hospital complaining of pain over his right hypochondriac region; pain is increased on respiratory movements and while changing position; appetite poor; bowels rather loose for the last three or four days. Patient states that he had taken some sal hepatica, which he explains as the cause of his present rather free bowl movements. He feels quite comfortable in recumbent posture, and free from pain except on deep respiration and on making pressure over right hypochondrium. Patient can not move left leg very well, stating that he has been troubled with rheumatism in that leg for several years.

Previous History.—Patient has had usual diseases incident to early childhood. Has always been very healthy with the exception of malaria thirty years ago, catarrhal jaundice twenty-five years ago, and with exception of Neiserian infection on two different occasions, patient has always enjoyed the best of health. For the past twenty-five or thirty years, patient has been drinking whiskey to excess, getting drunk whenever he could raise the price. For the past one and a half years he has had trouble with his stomach; complaining of pain over xiphoid region, belching and nausea following evening meals, and at times following breakfast and dinner. Never had to vomit. At outset of stomach trouble, these stomach symptoms would leave him for some time and then come back again; of a somewhat more or less periodical nature. For past month or so, he has had more than usual trouble with his stomach, stating that particularly the evening meal, and to some extent during the night, he had been suffering pain, and belching. Usually, breakfast and noon meals gave him little inconvenience. Patient was particularly prejudiced against meats and cabbage. Of late, bowels have been somewhat costive, and patient frequently went for two days without a bowel movement. Fourteen days ago he took a cathartic (sal hepatica), following which he had three or four good bowel movements.

During the night, while in bed, he was suddenly taken with a violent pain over the right hypochondrium, coming on quick as lightning, without any previous or prodromal pain over this area. This pain lasted two hours. A doctor was called, and the patient states that the doctor gave him some liquid medicine, after which he began to feel somewhat better. During this attack of pain, which radiated to the left towards his stomach, he felt slightly nauseated, but did not vomit, had no chill or fever as far as he knows. The following day he was removed to St. Margaret's hospital. P. S. Patient has lost seven or eight pounds during past six months.

The patient was admitted as a medical patient, and the attending physicians diagnosed his condition gall-stones and five days later was referred to the surgical service (Dr. Gray).

The preceding history was taken after the patient was transferred to the surgical service.

Physical Examination.—Patient fairly well nourished; sclera slightly jaundiced; tongue coated; left leg somewhat stiff, and mobility difficult; on palpation, no increased tactile fremitus over lung tissue could be elicited; apex beat in 6th inter-space, nipple line; no adenopathy tumefaction or deformity present; a small sebaceous cyst in right umbilical region; spleen not palpable. Liver slightly enlarged, extending about two finger-breadths below right costal margin. Tenderness over region of right costal margin, to inner side of normal gall bladder region; skin over tender area more or less hyperaesthetic. Percussion revealed nothing of importance relative to heart or lungs, but confirmed palpatory findings of liver. Pupils react to light and distance. No Rhombergism or pathological reflexes present.

Laboratory findings showed negative urinary findings. No stomach analysis or fecal examination could be had in this patient. Blood examination showed H. B. 85%; total white count, 7,800; Polynuclear cells, 80%.

Laparotomy showed perforated duodenal ulcer of the first part with local peritonitis and adhesions to neighboring structures.

A STUDY OF EPILEPSY BASED ON ONE THOUSAND ADMISSIONS TO THE KANSAS STATE HOSPITAL FOR EPILEPTICS.

M. L. PERRY, M. D., Parsons, Kansas.

Read before the Medical Association of the Southwest, Oct. 8, 1913.

The Kansas State Hospital for Epileptics was opened for the admission of patients in October, 1903—just ten years ago. During this period there have been admitted very nearly twelve hundred patients, about two hundred of whom were transferred from the State hospitals for the insane to which institutions they had been previously committed. The remaining one thousand cases form the basis of the present paper. I shall not attempt a close analysis of these cases, nor do I wish to bore you with a large amount of tabulated statistical matter. It is my object rather to call attention only to certain conditions shown by my cases which appear to me to merit some discussion and to arouse if possible a livelier interest on the part of the profession in this widespread and very serious malady. This disease, attacking as it does at least two individuals out of every thousand of the general population, or an aggregate of more than one hundred eighty thousand in the United States, most of whom are thereby more or less incapacitated, presents in addition to its purely medical features, some other phases which make it of importance from an economic and sociologic point of view. The laity have a very hazy and indefinite conception of epilepsy and our case histories, which are all signed by physicians, would indicate that there is need of a better knowledge of the disease by a consider-

able number of the medical profession. Unfortunately there appears to be a pretty general tendency on the part of many physicians to neglect and rather despise the subject of epilepsy as an uninteresting and hopeless condition, yielding only unsatisfactory results from treatment, and its victims are often more tolerated than treated until they pass on to some brother practitioner or perhaps fall into the hands of a patent medicine charlatan. This apparent lack of interest in the disease is reflected by the case histories which accompany patients to the institution. Many of these histories are so meager that they contain practically no facts of importance bearing on the case. Our statistics are therefore much less full and complete than they would otherwise be. Wherever it has been possible, however, we have filled in these gaps in the histories furnished on admission as information was obtained later, so that I believe some fairly accurate conclusions can be drawn from a study of the large number of cases under consideration.

Of the one thousand patients included in this report, five hundred thirty-six were committed by the courts as insane and four hundred sixty-four were received on voluntary commitment as sane epileptics; fifty of the number were later found to be not epileptic. The form of commitment cannot always be taken as a correct index of the patient's real mental condition. A few were committed as insane whose mental state would not justify such an action, but more errors were made in the other direction. In a good many instances it has appeared that the form of application was governed more by the requests of relatives or other irrelevant exigencies than by the actual mental status of the patient.

My statistics show a very decided difference in the number of males and females, there being six hundred sixty-six of the former to three hundred thirty-four of the latter. This difference in numbers can be accounted for in part by the fact that the male department was opened one year before the female. The number of insane included also has an influence, as insane men and boys are more apt to be committed because they are more difficult to control and manage in the home and are oftener the object of complaint in the community. There is also more reluctance on the part of the people generally to sending girls and young women to public institutions. Another reason why we find more men than women seeking institution care is that a much larger number of women epileptics marry and have homes of their own in their mature and declining years. When due allowance is made for all these different conditions pertaining to the sexes, it would seem that there remained still a preponderance of men, and our tables would indicate that more males than females suffer from this disease. This agrees with the findings of most authorities, including Spratling and Gowers, each of whom has had a very wide experience with epileptics.

An inquiry into the domestic relations of these patients reveals some facts of interest. Of the six hundred sixty-six males in the list, one hundred sixty-two, or 24.3 per cent, had been

married, and of the three hundred thirty-four females, there were one hundred thirty-one, or 39.2 per cent married women. This estimate is based on the total number under consideration, which includes many who developed epilepsy later in life than usual and had married before becoming diseased, but it should also be remembered that a relatively large number of these patients were children, and there were many whose mental defect precluded the possibility of marriage. In order to make as correct an estimate as possible of the percentage of epileptics who marry after the development of their disease a study was made of those who had reached the age of twenty before admission, that being taken as an average marriageable age for the two sexes, but in whom the disease had begun prior to their twentieth year. Of those coming in this category it was found that 13.8 per cent of the men and 33.8 per cent of the women were married. It is safe to say that a considerably larger percentage exists among the epileptics who do not seek institution care. These figures, indicating that at least one in every eight men and one in every three women among confirmed epileptics who reach adult life marry and raise families, acquire a striking significance when viewed in the light of the well known influence of heredity in the production of this and kindred disorders. The high percentage found among the women is particularly important, since it is shown by Gowers that in this disease a bad inheritance is more frequently acquired from the mother than from the father.

The following table gives the age at first attack in the cases in this study.

Age.	Number.
Under 1 year	52
1 to 2 years	46
2 to 5 years	105
5 to 10 years	144
10 to 15 years	150
15 to 20 years	138
20 to 30 years	125
30 to 40 years	61
40 to 50 years	42
50 to 60 years	30
60 to 70 years	11
70 to 80 years	10
Unascertainable	36
Not epileptic	50

This table agrees with similar statistics given by other observers in that it shows conclusively that epilepsy is especially prone to begin in the earlier years of life. In more than one-third of my cases the first attack occured before the tenth year. My figures differ somewhat from those usually given by authorities in showing a larger number of cases developed during adult life. In 29.3 per cent of my cases the first attack came on after the twentieth year. The comparative percentages are given by

Spratling as 17, by Gowers as 25, and by Turner as 26 per cent. This would indicate that relatively more cases of epilepsy begin in adult and advanced life than were observed formerly, and I am convinced that this is true. The reason for it can probably be found in the larger number of traumatic cases resulting from accidents in the use of machinery, from railroad wrecks, etc., the increased stress and strain of present day life, and the greater prevalence of arteriosclerosis. The not infrequent development of epilepsy during adult life is a condition which does not seem to be recognized by many authorities on nervous disases and one finds misleading statements on the subject in some of the best texts. Dana says, "After twenty the danger of epilepsy is slight and when it occurs it is usually due to accidental causes like syphilis, alcoholism, or plumbism." In Church and Peterson's book we find the statement "Epilepsy may appear at any age, but it is distinctly uncommon for it to commence after thirty." Starr in his text says "comparatively few cases appear after twenty-five." Even so close an observer as Oppenheim states that the disease seldom occurs after twenty. My clinical experience leads me to an opinion decidedly at variance with these statements.

The following table gives the duration of disease at the time of admission:

Duration.	Number.
Under 1 year	23
1 to 2 years	43
2 to 5 years	137
5 to 10 years	178
10 to 15 years	163
15 to 20 years	114
20 to 30 years	161
30 to 40 years	59
40 to 50 years	26
50 to 60 years	7
60 to 70 years	2
Unascertainable	37
Not epileptic	50

It shows that only 2.3 per cent of the patients were received within the first year of their illness and but 6.6 per cent had been epileptic less than two years, while more than one-fourth of the whole number had been afflicted longer than twenty years. From this it will be seen that epileptics generally delay seeking institution or colony care until their cases are practically hopeless.

When one in the study of this disease attempts to follow the time-honored custom in dealing with medical problems and ascertain the cause of the trouble he is very apt to find a number of conditions each seeming to have some bearing on the etiology of a single case, so that it is often difficult if not impossible to arrive at any definite conclusion. It is probably true that in the development of most cases there have been a number of factors concerned, such as dietetic errors together

with heredity, any one of which in itself might not have been sufficient to produce the disease resulting from their combined action. A comprehensive and reliable history of the patient and the circumstances connected with the very beginning of the trouble is quite essential in an inquiry into causation, and this is often impossible to obtain. Most statistics relating to causation, and particularly institution statistics, are therefore of rather doubtful value. In my table giving the probable causes of epilepsy I have endeavored to be conservative throughout and have assigned no cause except on reasonably good grounds. In nearly half the cases no definite cause could be ascertained. Some of these belonged to the so-called idiopathic group, but in the larger number no adequate history could be obtained. Table showing probable or contributing cause of epilepsy:

Cause.	Number.
Alcoholism	18
Appendicitis	2
Apoplexy	15
Arteriosclerosis	26
Childbirth	5
Diphtheria	1
Eclampsia, puerperal	2
Emotional shock	8
Head trauma	32
Heat exhaustion	2
Heredity:	
Alcoholism	22
Epilepsy	121
Insanity	87
Infanitle cerebropathies	127
Measles	4
Menopause	1
Menstruation, suppressed	1
Organic brain disease	2
Peripheral irritation	16
Scarlet fever	5
Senility	2
Septic infection	1
Syphilis	7
Typhoid	5
Varicella	1
Unascertainable	437
Not epileptic	50

A glance at the table shows that heredity heads the list of causes found. There was a history of epilepsy in the family of one hundred twenty-one of my patients, while eighty-seven showed a family taint of insanity, and in twenty-two one or both parents were alcoholics. An inherited taint was therefore known to exist in 24.2 per cent of those who were epileptic. It is more than probable that if a full and dependable history of all the cases were known this percentage would be doubled. The next

most frequent cause was some infantile cerebropathy, which was present in 13.3 per cent. Under this head are grouped those cases with a history of some disease of the brain or meninges in infancy or early childhood followed later by epilepsy. The usual history of an attack consisting of one very severe convulsion or a series of convulsions in rather quick succession often involving one side more than the other, followed by a prolonged period of coma and leaving behind some physical or mental defectiveness. These primary attacks may come on in the course of some acute illness, particularly in gastro-intestinal disorders or infectious diseases. The process is probably most often inflammatory, but in some instances it is undoubtedly vascular. The extent and character of the resulting brain lesions vary greatly, depending on the location and severity of the original disease. Sometimes there is a remarkable reduction in the size of a hemisphere, more often some localized sclerosis, mild hydrocephalus, or porencephaly. In one of my cases the autopsy records shows the weight of the left and right hemispheres as 19⅞ ozs. and 4 ozs. respectively. If the lesion happens to fall within the motor area we have the well known picture of infantile cerebral palsy resulting; but if the motor areas escape and some other portion of the brain is involved there is no paralysis, but mental retardation often follows. These latter types have been designated by Freud by the paradoxical term of infantile palsy without palsy. When the resulting brain lesion is small, and there is reason to believe that in some instances it can be demonstrated only by the microscope, a rather close physical examination will be required to elicit the symptoms of this condition. A comparison of the deep reflexes on the two sides will usually show some difference in their activity, and on the affected side there will very often be found an abnormal laxity in the articulations, particularly the metacarpophalangeal, which admits of overextension. A history of the characteristic convulsive attack at the outset will usually be given if any account of the patient's infancy can be obtained, and the attacks of epilepsy will present a distinct onesideness and ordinarily begin in one particular part. This feature of the seizures will be referred to again in the discussion of Jacksonian epilepsy. I have gone rather fully into the discussion of this condition, for the reason that the importance in the production of epilepsy is not generally appreciated. The more carefully it is looked for, the more one is impressed with its frequent occurrence. I am convinced that many cases of so-called idiopathic epilepsy would be found to belong in this group if analyzed more carefully. The scope of this paper will permit of only a word or two regarding a few other causes found. Arteriosclerosis and apoplexy taken together were considered the etiological factor in forty-one cases, 4.3 per cent. It is my opinion that arterial disease as a forerunner of epilepsy is underestimated. Head trauma is next in frequency and then alcoholism.

There is no scientific classification of the epilepsies. Several

have been advanced, but all have been more or less unsatisfactory, and open to criticism. The oldest and the one most frequently seen is that based on the type of seizure and it has been followed in my tables. As almost all cases present some variation in the kind of attacks at different times, I have followed the custom of assigning each case to the group corresponding to its most characteristic seizure type. For comparison I have put into parallel columns the hospital classification and the classification given by the physician furnishing the history on admission:

Type .	Hospital Classification	Classification Given in History.
Grand mal	525	436
Petit mal	39	147
Mixed, grand mal predominating	263	88
Mixed, petit mal predominating	118	
Jacksonian	4	50
Psychic	1	61
None given	...	218
Not epileptic	50	...

As the name of the institution would indicate, all patients come to it with a diagnosis of epilepsy, but fifty of this series, or 5 per cent, were found to be not epileptic. Of these there were eleven cases of paresis, ten of maniac depressive insanity, eight of hysteria, seven of dementia praecox, three of brain tumor, two of cerebral syphilis, and one each of chorea, paranoia, tabes, toxic insanity (morphine), senile dementia, neurasthenia, and imbecility. One adult and one infant were found to be neither epileptic nor mentally affected. In some of these cases the differential diagnosis was quite difficult, particularly some of the hysterias, but in most of them the real condition was quite apparent after a short period of observation and it would seem that this is an unnecessarily high percentage of errors.

According to the histories given there were fifty cases of Jacksonian epilepsy, but the hopsital records show only four of this type. The discrepancy has come about through a faulty understanding of what constitutes a Jacksonian fit. This type of seizure is one that results from a localized irritative lesion in or near some particular part of the motor cortex. It always starts with localized convulsive movements of the muscle group under immediate control of the cortical center involved in the irritative process. A sensory aura may or may not usher in the attack. The convulsion gradually spreads to other parts corresponding to the cortical centers nearest to the point of irritation. This spreading out may continue as center after center becomes affected until one-half the body is in convulsion, when it may subside or pass over to the other side and a general convulsion ensue. Some attacks do not go further than the part first involved. In the minor attacks consciousness is always retained and it is not usually lost as long as the seizure is limited to one side, and may even be retained throughout a general convulsion,

but this is not the rule. Not all attacks which involve one side more than the other or begin always with a certain movement of some one part of the body are Jacksonian. These features are found in the seizures of a large number of epileptics and are especially characteristic of the epilepsies resulting from the infantile cerebropathies noted above, but such patients do not suffer from real cortical fits as first described by Hulings Jackson. In differentiating the genuine cortical type of fit the following points should be borne in mind: the sharply defined localized convulsion at the onset, with gradual and systematic spreading; the prolonged retention of consciousness; the distinctly clonic type of the attack, without the primary tonic spasm as in ordinary epilepsy, and a marked tendency towards local palsy or weakness of the part first involved following attacks. The last two points are emphasized strongly by Turner. Krause also calls special attention to the clonic nature of cortical fits. He contends that clonic convulsions are characteristic of cortical irritation, while tonic contractions result from a subcortical or lower center involvement, basing his opinion upon experimental faradization of the cortex and irritation of areas from which the cortex had been excised by operation. Ziehen from animal experimentation concludes "unequivocally that clonic movements have their origin in the cortex, while tonic contractions spring from the lower motor centers." Not all cases are easy to differentiate, but a careful investigation will usually enable one to arrive at a correct diagnosis.

Another decided and interesting discrepancy observed in the above table is to be found in the different number of cases classed as psychic epilepsy. The hospital records show but one case of the kind and the histories give sixty-one patients having this type. Many of these diagnoses were undoubtedly based on the presence at times of post seizure automatism and psychic equivalents. A very large percentage of epileptics suffer more or less frequently from such attacks in connection with the ordinary grand mal or petit mal forms. There are cases, however, of a pure psychic type with no history or motor involvement at any time. Such forms are decidedly rare and it is much more usual to have an occasional convulsion in the cases properly classified as psychic. In my experience epileptics with a predominance of purely psychic seizures are quite uncommon.

The following mortuary table may be of some interest in showing the more common causes of death in epileptics:

Cause of Death.	Number.
Accidents	6
Apoplexy	10
Cardiac disease	34
Exhaustion	45
Gastro-intestinal disease	11
Infectious and malignant diseases	9
Nephritis	1
Nervous diseases, not epilepsy	24

Pellagra	2
Pulmonary disease, not tubercular	26
Single seizure	35
Status epilepticus	37
Tuberculosis	18
Total	258

In conclusion I will call attention to a few points concerning treatment noted from personal observation and experience. To be effective, systematic treatment should be begun early in the course of the disease and must be long continued. There are few diseases in which individual treatment is so important. Every case of epilepsy presents distinctive features which have a bearing on its proper and scientific handling. A very large number of patients will show temporary improvement under a change of treatment. In all head injuries a careful examination should be made for fractures of the skull and for evidence of depressed bone or meningeal hemorrhage. Any of these conditions calls for immediate operation as a prophylactic measure. All cases of Jacksonian epilepsy should be operated on if seen early. In long standing cases due to cortical irritation and in chronic epilepsy from other causes little may be expected from intracranial surgery. As a routine measure a search should be made for peripheral irritations to the nervous system and if any are found appropriate remedies either surgical or medical should be instituted for their relief. The attention should not be too strongly concentrated on merely checking the convulsive attacks, but it should be borne in mind that they are only symptoms of a general nervous disease. There is no drug which of itself will effect a cure. Of all the drugs used in the treatment of epilepsy the bromine preparations are the most effective. The bromide of sodium is the most satisfactory as a usual thing. There is no advantage to be gained by combining a number of the bromides. Comparatively small doses of bromides usually yield better results on the disease as a whole than do large ones. Bromides should never be given except in proper doses determined for the individual case and where the patient is under the frequent observation of a physician. I am convinced that most of the disrepute into which the bromides have fallen in recent years is directly due to their indiscriminate and unscientific administration. Any form of medical treatment will be limited in its effectiveness unless reinforced by hygienic and dietetic regulations.

TRACHOMA.

DR. CLARENCE L. ZUGG, Kansas City, Missouri.

Read before the Northeast Kansas Medical Society, Oct. 30, 1913.

To those of you who have read the literature on this subject, and listen closely to what I may say, will likely find that I will tell you nothing new.

I have no new methods of diagnosis, or treatment, no new operation real or imaginary, for the relief or cure of the numerous grave sequela of this world-wide disease. Neither have I discovered nor have I any new theories to offer as to its etiology.

Hence, my only excuse for this paper is to call attention to a disease that is very frequently not diagnosed until late and many individuals needlessly infected, thus making a complete failure out of what is most important to the community, at least, in the treatment of this disease, and which every practitioner of medicine should be able to apply, namely, prophylaxis.

DEFINITION.

Trachoma is a specific, infectious disease of the human conjunctiva, chronic in character, subjected to exacerbations and remissions, and characterized by a development of the lymphoid elements, causing a destruction of adjacent tissues which are replaced by bands of contracting connective tissue causing grave subsequent changes in the conjunctiva, lids, and frequently in the cornea and globe.

HISTORY.

The history of trachoma has its beginning in antiquity and extends down through the ages to the present time. It is spoken of in the Ebers papyrus and in the medical writings of the ancient Greeks. Celsus gives a good description of the disease. The ancients treated the disease by scarification of the conjunctiva and rubbing it with fig leaves.

The same principles, you will note, are employed in the treatment of this disease by some today. From the earliest to the present time the disease has been prevalent in Egypt and Arabia, and from thence it seems to have spread westward until it is no longer an oriental but a world encircling disease.

Before the last century references regarding the disease in Europe are indefinite though it undoubtedly has been endemic there from earliest times.

Great numbers of the soldiers of Napoleon First, while in Egypt, became infected and incapacitated for service by this disease, and through a blunder were discharged from the service and allowed to go to their homes. Consequently a great many Europeans were infected. In fact so great an outbreak occurred that it has been stated that Napoleon's soldiers brought trachoma, or Egyptian ophthalmia to Europe; but it is quite certain that this is not the case and that it had been there from earliest times. In this country trachoma is seen most frequently in those of foreign birth and our Indian population. The Irish, Germans and Jews furnish most cases in the foreign born. The negro is said to be almost immune. Recent investigations by the United States Public Health Service have shown the extent of trachoma among the mountaineers of Kentucky. Out of 4,000 examined 12½ per cent were found to have trachoma. The recent investigation of the Indians by Congress show that tracho-

ma is very common among them. The official figures at the Indian office show the Indian population in the United States to be 322,715. One-eighth of this number was examined and 22.7 per cent of those examined were infected with trachoma. The highest percentage, 68.72, was found in the Indians of Oklahoma. In Kansas 21.1 per cent of those examined were found to have trachoma. How the disease originated among the Indians can only be answered by conjecture. While trachoma in the past among the Indians has been deplorable, it has wrought no great damage except to themselves. But at present conditions are changing. The reservations are being opened up to settlement by white people and the Indian is being merged in the general population. An infection therefore, from this source alone, which endangers one of the senses, seems to be on the verge of being scattered through unlimited territory from confined areas.

Dr. Edward Jackson states that an investigation was made of the inmates of the State Home for Dependent Children in Denver and that over thirteen per cent had trachoma.

It is stated that in Arkansas in the school for the blind the chief cause of blindness is trachoma.

Since 1897 the "Book of Instruction for the Medical Inspection of Aliens," classifies trachoma as a "dangerous contagious disease," thus making its deportation mandatory.

Section 9 of the immigration law imposes a fine of $100.00 for every "dangerous contagious disease" brought into the United States that might have been detected by a medical examination. Since 1897 thousands of persons with it have been excluded from landing, though undoubtedly many cases have passed the inspectors at the ports of entry.

When we remember the handicap that trachoma imposes on those afflicted and its widespread prevalence, some idea can be formed of the public health problem that confronts Federal, State and local governments, also the necessity of providing proper care and treatment of those infected and necessary measures to prevent its spread.

SYMPTOMS AND COURSE.

Trachoma rarely begins as an acute inflammation. It is characteristic of trachoma that the onset is insidious, followed by a chronic course. Months and even years may elapse before the patient is aware of its presence. In those cases where a violent catarrhal inflammation is present it is usually due to a mixed infection with Koch-Weeks bacilli, pneumococci, or gonococci. As in other diseases, all grades of severity are seen in different cases. Usually the first symptoms noticed by the patient are inability to use the eyes, itching, burning, pain, a sensation as though a foreign body were under the upper lid, and frequently there is increased lachrymation followed by a muco-purulent discharge which mat the eyelashes together and has a tendency to adhere to the lids.

The papillae of the mucous membrane of the lids, hyper-

trophy giving a velvety appearance, and increasing numbers of granules develop. The inflammatory process gradually extends to the tarsus, causing it to become thickened. These changes cause the upper lids to droop which is characteristic of trachoma, as is also the formation of scar tissue. The palpebral conjunctiva is injected; but the conjunctiva bulbi is not injected until there is a beginning pannus. As the disease progresses the lymphoid element increases, causing a redundancy of tissue in the cul-de-sacs which on inverting the lids appears in longitudinal rows. There is more or less pain. Some of the trachoma bodies are absorbed, while others form, continuing the disease indefinitely. In the final stage of the disease, scar tissue forms which is nature's method of bringing about a cure. While in this manner the disease is cured, damage is done not only to the conjunctiva, but to the tarsi, cul-de-sacs, and often the cornea, by the resulting entropion, and trichiasis.

Weeks says trachoma may be divided into three stages.

(1) The stage of hypertrophy, in which the granules are discrete.

(2) The stage of coalescence or beginning cicatrization.

(3) The stage of atrophy.

For clinical purposes, the above is good.

ETIOLOGY.

While trachoma is a disease found in all classes of people, it is more frequently found in the poor; filth, overcrowding, vitiated air, improper and insufficient food are predisposing causes in so far as they lower resistance.

The common towel so frequently found in the homes of the poor is undoubtedly a factor in the spread of this disease.

There is plenty of evidence to show that trachoma is a contagious disease and due to some infective organism, because of many reported epidemics, its spread to other members of a family after one has contracted the disease, and its prevalence among isolated bodies of people. Even in spite of great care, infection may occur. Cuignet, the discoverer of skiascopy, lost an eye through trachoma. Much research work has been done in order to discover the specific cause, and a microorganism has been isolated which bears a close relation to the disease. This organism is a small diplococcus, and has been described by Sattler and Michel; however, their claims have not been supported. Muttermilch has described a fungus which he terms microsporon trachomatorum. Pfeifer and Ridley have described a parasitic protozoa. Others have announced various microorganism and by some the so-called "trachoma bodies" are regarded as the direct cause; but for the purpose of this paper suffice it to say that the direct cause of trachoma is an infection by an unknown microorganism. Trachoma may be contracted at any age, but young children are not as susceptible as older children or adults. Individual resistance and the virulence of the infection are also factors. As would naturally be supposed the active cases with profuse discharge are most virulent.

From what has been said it is evident that any measures that will check the discharge and the conveyance of same to others will check the spread of the disease.

PATHOLOGY.

In the beginning of trachoma there is hyperemia, small round cell infiltration, and an increase in the connective tissue. The most notable element, however, is the trachoma follicle which is a miniature lymphatic gland surrounded by a delicate capsule which gives off minute trabeculae to the interior of the follicle. In the capsule are small blood vessels and in the follicle capillaries are found. The substance of the follicle is made up of lymphoid cells. As the disease progresses the septa between the follicles disappear and varying sized plaques of lymphoid tissue are formed. The substantia propria of the conjunctiva is replaced by connective tissue, which as time goes on contracts, forming bands of scar tissue; the mucous membrane also, in old cases, is changed into cicatritial tissue.

COMPLICATIONS AND SEQUELAE.

The complications and sequelae of this disease are many. They may involve the lids, conjunctivae, cornea or even the interior of the eye.

Under this heading may be mentioned thickening of the tarsus, drooping of the lids, entropion trichiasis, symblepharon, xerosis conjunctivae, and iritis. The involvement of the cornea is the most serious. Here we may have corneal ulcers which may go on to perforation with all their direful results. But perhaps pannus is the most frequent and worst.

DIAGNOSIS.

Trachoma must be differentiated from purulent conjunctivitis, vernal catarrh and follicular conjunctivitis.

In purulent conjunctivitis a microscopical examination of the secretions of the eye will usually suffice.

In vernal catarrh, while the conjunctiva is roughened, the growths are warty and flat like paving stones, and the conjunctiva has a milky appearance, and frequently there is a history of recurrent attacks which come on with the warm days of opening spring, and the absence of many of the ear-marks of trachoma will make the diagnosis.

In follicular conjunctivitis the false granules are always larger in the lower fornix, there is but slight change in the structure of the conjunctiva, and little hypertrophy of the upper lid. The tarsus is not involved, and the growths disappear without leaving scar tissue. Drooping of the upper lid, pannus, trichiasis and shrinking of the cul-de-sac are absent.

Follicular conjunctivitis most frequently occurs before 20 years of age and is not contagious.

In trachoma the bodies are deeply imbedded in the conjunctiva and more abundant in the upper lid. Structural changes are present in the conjunctiva, the tarsus is often involved, healing leaves scar tissue, and the upper lid droops in most cases. Pannus, corneal ulcer, trichiasis, entropion and shrinking of the

cul-de-sacs are very common. Trachoma may occur at any age and in active cases is contagious.

Other conditions to be thought of are cicatraces of the conjunctiva caused by pemphegus and trauma, eczematous pannus, inflammations caused by beards of grain or caterpillar hairs in the conjunctiva, and intentional attempts to simulate trachoma by using snuff, etc., in the eyes.

PROGNOSIS.

Trachoma is a serious disease, because it endangers the vision of its victims, frequently causes great suffering, and incapacitating the patient to follow his calling. Because of the infectious nature of the disease and its insidious onset an individual may spread the disease before he detects it.

In the early cases the disease may be cured without serious damage, but in old cases treatment is often unsatisfactory to both physician and patient. In some countries it is the cause of 60 per cent of blindness. The prosperity of a country is no greater than the earning power of its people; trachoma is a great handicap and causes many to become public charges.

TREATMENT.

The classical division of the treatment of trachoma into prophylactic, medical and surgical, is ideal. The underlying principles of prophylaxis are first to lessen the discharge from infected eyes and, second, to prevent the transfer of the discharge from the infected eyes of patients to the eyes of other individuals.

The best gauge of the spread of the disease in Germany is obtained by a systematic examination of school children by a qualified physician. Likewise the most efficient method of control and treatment is secured by the regular treatment of children in the infected schools by a physician appointed for the purpose, because it is frequently very difficult to treat regularly persons who do not attend school. Doubtless the same plan would be effective here.

It is the duty of every physician to teach that the disease is preventable by absolute cleanliness. Nurses and physicians giving irrigations should wear goggles and thoroughly wash their hands after handling cases. The disease should be treated as contagious. The patient should sleep alone, have his own towels, washing utensils, handkerchiefs, etc. And finally the prophylaxis of trachoma is a problem for the national, state and local government.

It now seems that the principle on which the cure of trachoma depends is the production of a hyperemia of the conjunctivae at daily intervals until the conjunctiva returns to as near normal as possible. The expression operation is the therapeutic beginning of this artificial hyperemia and at the same time removes much of the diseased tissue which if left to nature or even assisted by medical treatment, would require a long time and would likely result in great injury.

I have found Knapp's trachoma forceps most useful in performing this operation.

Acute cases must not be operated and other infections causing acute inflammation must receive appropriate treatment first.

It has been my practice to apply cold compresses for the first few hours after the operation. Harrison reports, however, the use of hot applications in many thousands of cases without a single inflammatory reaction.

The patient should be seen daily after operation and an ointment of Mercuric Chloride in vaseline applied (1 to 5000); this tends to prevent adhesion as well as to act as an antiseptic. If adhesions form they must be broken up at once.

Avoid the use of copper sulphate when there is a corneal ulcer, iritis, or an acute exacerbation.

In old cases with roughened lids and pannus, I have found rubbing the lids with gauze over the tip of the index finger to yield most happy results. After this operation it is well to apply a solution of silver nitrate 2% or mercuric chloride 1 to 500. Care must be exercised in the use of solutions in this strength.

To all interested in the treatment of trachoma, and especially those who think it an incurable disease, I insist that you read the Medical and Surgical Treatment of Trachoma, by Dr. Jacovides, Alexandra, Egypt, and translated by Dr. L. Webster Fox, also the articles on trachoma read at the recent meeting of the A. M. A. at San Francisco and their discussions.

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THE RELATION OF THE PHARYNGEAL LYMPHOID RING TO GENERAL HEALTH.

H. C. MARKHAM, A. B., M. D., Parsons, Kansas.

Read before the Southeast Kansas Medical Society, April, 1913.

This is a subject little understood by the average physician, who is likely not to give credence to anything upon the subject until some case of unusual significance is presented to him and he has had observation of it for a time.

During the last two years one often hears the remark: "These throats are responsible for more than we think." Dr. Thomas A. Wood, of Columbia University, has estimated that fully three-fourths of all the school children have physical defects, prejudicial to their health. Four hundred thousand have organic heart disease; one million have, or have had, tuberculosis

of the lung; one million curvature of the spine, or other deformities to interfere to some extent with general health; five million are suffering from malnutrition; six million have enlarged tonsils and adenoids, and more than this number defective teeth. Out of this gigantic list we know absolutely that the primary cause was, either directly or indirectly, tonsils or adenoids. The size of these structures do not necessarily bear any relation to the amount of effect upon the subject, except in a mechanical way. From a standpoint of infection and autointoxication, the effect is very insidious, and manifests its deleterious influence in a manner quite baffling, where the physician is not on the alert.

This disease may be said to be essentially a disease of childhood, although I have removed very large adenoids from patients past twenty-seven years of age, the adenoids showing no evidence of atrophy. This disease is no respecter of persons, circumstances or conditions. It is about evenly distributed among both sexes, rich and poor alike.

Adenoids are the result of acute infectious diseases of childhood—namely, measles, la grippe, scarlet fever, sudden atmospheric changes, constipation, heredity, dampness and repeated colds. Where a mother or father has enlarged tonsils, some of the children will be found to be likewise endowed.

No two individuals will present the same symptom-complex. In some cases it may be a little obscure, because of rather small tonsils and adenoids. Some children present a very pitiful picture. The deformity of the face, teeth and mouth is very great. You note an expressionless countenance, almost idiotic, stupid, intellect very sluggish. The dental arches are distorted, teeth irregular, projecting in a rodent-like manner; short, thick upper lip; thin, pinched nose and receding chin. These features remain more or less permanent as long as they are unremedied, and if not remedied early, they are not entirely overcome. The ultimate result is in many instances a degenerate class of people that the state must provide for. The nose becomes plugged with mucous, through inability to breathe through the same. This discharge runs down over the lip and the child swallows it. The articulation is interfered with, consonants being hard to enunciate. Tubercular glands are found frequently in the neck.

The chest deformity is the consequence of shallow breathing and insufficient oxygenation, thus giving place to the chicken-breasted type, which quite frequently develops pulmonary tuberculosis. At night they are restless, rolling about and tossing in bed with noisy breathing, commingled with dreams and night terrors that leave lasting impressions. Many of these children exhibit a mental sluggishness more apparent than real, because of remarks of playmates, due to peculiarity of speech and inability to hear. They become listless and indifferent, restless, vicious, peevish and bad tempered. These features are noted throughout the course of their after life.

From a standpoint of malnutrition, we find faulty chest development. The normal dimensions of the chest are altered

and narrowed, resulting in undersized and abnormally developed lungs; tendency to bronchial inflammation is very much increased, limited breathing space and imperfect expansion of air cells, predisposed to infection, the power of resistance being diminished through improper blood supply. Carbon dioxide waste is not completely eliminated; the red corpuscles are lacking in iron, which means impoverished blood. Reflex symptoms develop or are aggravated. Asthma frequently arises in children. The hearing is defective in the great majority of these cases. Ear-aches and running ears are the results of these conditions.

Infectious diseases would be less virulent if these diseased throats were attended to in due time. The ravages of scarlet fever, pertussis, diphtheria and measles is very much modified. I have never seen a case of diphtheria in any person with a perfectly healthy throat. Every victim has enlarged tonsils. Children with normal throats, playing in the same room, seldom, if ever, contract it. Your cases of nephritis following scarlet fever all present bad tonsils, and the same is true of every case of eclampsia I have ever witnessed. In pronounced and prolonged cases of pertussis, examine the throat and reflect on what you see. Do the same in your pneumonia complications following measles and pertussis.

Diseases of serous membranes, which appear to have no definite source of origin, are traceable to recurrent attacks of tonsilitis. Under this head may be enumerated: Pleuritis, endocarditis, pericarditis, polyarthitis, nephritis, etc. Slight irritations of joints are undoubtedly due to the condition of the lymphoid structures of the throat.

Conditions demanding enucleation of tonsils may be enumerated as follows: Chronic pharnygitis, tubal and middle ear complications and enlarged cervical glands. Bronchitis in children, asthma, rheumatism with its complications and sequelae; blood changes such as anemia, gastro-intestinal disturbances with resulting complications of cholangitis; also such parenchymatous changes, as nephitis, hepatitis pancreatitis. Good results depend entirely upon the completeness with which these structures are removed and the manner in which it is done. The less trauma to tissue the better the results. The musculature of palato-pharyngeal region has a special function to perform in swallowing, articulation, hearing and breathing. After care of these cases is very important. To obtain first class results no patient should be discharged for approximately two weeks.

Tonsils and adenoids should be removed completely. The removal of one without the other is a waste of effort. Negative results invariably mean bad surgery. The positive results in these cases at times are little short of miraculous. Yet someone will state these structures have a function to perform and should not be interfered with. On the same theory, no tooth should be pulled. This same individual, because of ignorance, prefers a child with abnormal development rather than one with normal intelligence and in possession of all its faculties. Every

physician knows that good hearing, perfect speech, intelligent expression and normal development are very essential to practically all lines of trade, as well as professional life, if any degree of success is to be obtained. To make brooms or dig post holes requires only a low order of intelligence, while practically every other avenue of life requires a normal standard of thinking, acting and feeling. The special senses must be in perfect condition, supplemented with every advantage possible. The vicious, irritable nature is overcome, the normal standard is approached, promise takes the place of dejection and poverty, the social status is raised and the burden of the state is lightened, for many of these creatures become objects of public or private charity, or inmates of asylums, or jails, due to dwarfed or perverted mental faculties.

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One drop of croton oil dissolved in 30 drops of chloroform and 1 ounce of glycerin, given at night on an empty stomach, followed in the morning by sufficient castor oil to purge well, will remove tapeworm.—Pennsylvania Medical Journal.

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THERAPEUTIC NOTES.

Try cimicifuga in spinal irritation.

Tr. pulsatilla, applied locally, is useful in ovarian pain.

Scanty menses in plethoric women may be relieved by veratrum viride.

Aspirin in fine powder is a useful application to a follicular tonsil.

Pituitary extract or adrenlin is better than strychnia in impending collapse.

Equal parts zinc stearate, bismuth subnitrate and starch is an excellent application for chancroid.

To disinfect stools, add one-fourth their volume of quicklime and pour hot water over it. Set aside for two hours.

For dandruff, Brayton recommends 1 drachm precipitated sulphur and 30 grains salicylic acid in an ounce of ung. aqua rosae.

Two drachms each of the official mercury, belladonna and iodine ointments and 2 drachms of vaseline is a useful application to enlarged lymphatic glands.—Medical Council.

THE JOURNAL
OF THE
Kansas Medical Society.

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Subscription Rates: $2.00 per year, 20c single copy. Advertising rates furnished promptly on application.

The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1908, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas. and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 400-1-2 Portsmouth Bldg., Kansas City, Kas.

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EDITORIAL

The next session of the Clinical Congress of Surgeons of North America will be held in London, England, the week of July 27th. This trip would make an ideal summer vacation and an opportunity (if a little more time and money were used) to visit many of the other clinic centers abroad.

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It must not be forgotten that the annual dues to the state society have been increased one dollar, making them now three dollars per year. If your dues to the county society are one dollar this will make them total four dollars. This raise was made at the annual meeting at Topeka last May to go into effect January 1, 1914. The reason for the increase was the cost of defending the members against suits for malpractice which the society adopted some time ago. Considering the returns the society gives for the annual dues, it is hard to see how anyone eligible to belong can afford to stay out.

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Believing that the Council on Pharmacy and Chemistry of the A. M. A. is doing a work of vast benefit to the profession, the Journal will hereafter publish each month their reports. After perusal of some of these reports our ideas concerning some of the proprietaries we have been in the habit of prescribing will receive somewhat of a jolt.

It has been the custom with some manufacturers to allege their articles contain certain ingredients which upon analysis has

been shown to be entirely absent. Other articles are shown to possess the merit claimed for them and a glance at the reports of the council will enable us to select the good from the bad.

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S. WEIR MITCHELL, M. D.

We omit all other titles to his revered name for the reason that we are prouder of his achievements as a physician than of his many other accomplishments. No doubt the daily press and the laity at large know more about S. Weir Mitchell by reason of his literary ability; no doubt the many colleges which have honored him and at the same time themselves, by attaching to his name L.L.D., and other titles, will remember his addresses, lectures and books; but we of the medical profession laud him for his valuable writings and advice for the relief of human suffering. To be a prominent physician, known throughout the world, is the acme of reputation and such was S. Weir Mitchell, M. D. To be a humanitarian in its ideal sense requires the sympathy of a broad-minded man, imbued with the principle of the Golden Rule, and such was Doctor Mitchell.

Doctor Mitchell died January 4, 1914, in Philadelphia, in his eighty-fifth year, of influenza, the severity of which was accentuated by his advanced age. He had membership in societies in many parts of the world, including the French Academy of Medicine, the Royal Society of England and the prominent societies of this country.

During his literary career, his books all portrayed some physiological or pathological deduction with the purpose of enlightening the reading public upon subjects which they, as a rule, would not obtain in ordinary literature. He had a vivid and convincing manner of imparting such knowledge.

But, above all, he was a great physician.

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THE PRESENT STATUS OF THE CHIROPRACTORS.

The lay press has recorded the fact that Governor Hodges has so far refused to appoint the licensing board of chiropractors as provided by the bill passed by the last Legislature. Inasmuch as the bill requires that the three chiropractors of the board shall have been in active practice of their profession two years previous to the appointment, this would mean that in order to qualify they must state under oath that they have done so contrary to the laws of Kansas. This places the Governor in the position of being compelled to appoint "self-confessed violators of the law" to offices intrusted with law enforcement—a questionable procedure to which the Governer very rightfully refuses to be a party.

Accordingly the chiropractors have applied to the Supreme Court for an order of mandamus to compel the Governor to appoint this board. The decision is awaited with interest. The Governor has shown evidence of his friendliness to the medical profession. This was manifest by the fact that he alone probably saved the

board of health and was a constant defender of all health laws that certain interests were determined to wreck. We believe he will postpone the appointment of the board as long as possible, should the decree be issued.

The Attorney General has stated that the law is ambiguous and contradictory, and that any action taken by the Governor under its wording is entirely optional. Should the Governor remain firm in his determination not to appoint the board, Kansas may be treated to a situation rather novel. A similar one is cited when during the administration of Jefferson, United States Chief Justice Marshall rendered a decision that the President should perform a certain duty. Mr. Jefferson replied: "John Marshall has issued his decree; now let him enforce it."

In the meantime there is no question that all chiropractors that follow their profession (or trade, which?) do so contrary to law, and are open to prosecution. It is doubtful if even the present members of the Legislature would reenact the law, but a lower house is to be elected in November. Doctor Siever's paper printed in a recent issue of the Journal has a very apt heading, "What Are We Going to Do About It?"

C. S. K.

EDITORIAL CLIPPINGS.

LATE RESULTS OF LUES.

Now that the interest of the public concerning various sexual diseases, particularly syphilis, has been aroused, it is well to be able to place before it exact figures concerning the ultimate results of this disease rather than to hurl invective and paint imaginary horrors. Indeed, a cold analysis of such late results shows a picture as bad as that painted by writers on this subject, if not worse. A reference to the literature shows many reports, a few of which have analyzed a material consisting of large numbers of cases. Thus Pick and Bandler studied 2,067 cases. Of these, sixty-four patients, or 3.1 per cent, died of tuberculosis; thirty-five patients, or 1.5 per cent, died of diseases of the nervous system; 0.6 per cent died of liver and kidney diseases; 0.3 per cent died from suicide and two of carcinoma. More recently Mattauschek and Pilcz have analyzed the late results in 4,134 cases of lues occurring among officers in the Austrian army from 1880 to 1900. Up to January 1, 1912, there was a total mortality of 546. The cause of death was ascertained in 508 of these cases. In 147 death was due to a secondary tuberculosis and in 83 to suicide; 17 patients died from aortic aneurisms and 101 of cardio-vascular diseases, including myocardial degeneration and arteriosclerotic changes. Syphilis was the direct cause of death in 20 cases and produced permanent disability in 20 others. There were 91 deaths due to diseases of the nervous system, 17 to kidney disturbances and 12 to diseases of the liver. Of the remaining 3,588 patients, 198 have progressive paralysis, 113 are tabetic and 132 have developed cere-

brospinal manifestations of syphilis, of whom 80 are insane. There were, therefore, 14.64 per cent who have succumbed to the effects of their infection or are chronic invalids. It seems hardly worth while to attempt to draw conclusions from the facts and figures here presented. Their awful immensity is in itself potent to teach. These men, as officers in the Austrian army, are called by the authors "sexually enlightened"; but the enlightenment evidently did not portray the fearful dangers to which syphilis exposes its victims in such a manner as to deter them from exposing themselves to infection. Were it not for the fact that even among a large number of medical men, the definite causal relationship between progressive paralysis, tabes and other manifestations is not understood, it would seem almost incredible that these officers should not have known of the terrible power of syphilis to destroy. Of great interest, of course, will be similar observations made in another decade which will show the influence of newer methods of treatment.—Journal A. M. A.

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SOCIETY NOTES.

Augusta, Kan., January 1, 1914.

Dr. W. E. Currie,
Sterling, Kansas.

Dear Doctor: I am late in getting my report of our society December 18th.

The weather was inclement and the roads bad so the attendance was small and the regular program was postponed to next meeting and a clinic on infantile paralysis was given by Dr. Anna Perkins of El Dorado.

Doctor Hoxie of Kansas City, Mo., gave a very instructive and entertaining talk on autointoxication.

The following officers were elected: F. A. Garvin, President; Dr. R. B. Earp, Vice-President; J. R. McCluggace, Secretary-Treasurer; C. E. Hunt, Anna Perkins and J. R. McCluggace, Censors; Dr. Anna Perkins, Delegate, and Dr. J. R. McCluggace, Alternate.

J. R. McCLUGGACE, Secretary.

At the annual meeting of the Wyandotte County Medical Society held December 29th the following officers were elected: President, J. F. Hassig; Vice-President, Dr. E. A. Reeves; Secretary, C. C. Nesselrode; Treasurer, Thos. Richmond; Board of Censors, Leslie Leverich, H. L. Regier; and Delegates to the State Society, W. F. Fairbanks, J. F. Hassig, Geo. M. Gray and J. E. Sawtell.

At the annual meeting of the Cherokee County Medical Society held at Columbus, December 8th, Dr. Robt. M. Markham of Scammon was elected President and Dr. E. L. Parmenter of Mineral, Secretary.

A joint meeting of the Western Kansas, the Tri-County and the Decatur-Norton County Medical Societies was held at Norton Friday, December 19, 1913. The following program was given:

"The Anatomy of the Perineum," C. W. Winslow, Oakley.

"The Pituitary Body," F. H. Smith, Goodland.

"Radiographic Study of Normal and Pathological Hip Joints," W. C. Lathrop, Norton.

A general discussion followed each paper.

Doctors present were: Winslow, Reeves, Smith, Cassell, Hardesty, Tinney, Cole, Lathrop and Kenney.

A business meeting of the Decatur-Norton County Society was held and the following officers were elected for 1914:

President, H. O. Hardesty, Jennings. Vice-Presidents, C. W. Cole, Norton; O. M. Cassell, Long Island. Secretary-Treasurer, C. S. Kenney, Norton. Censors, F. H. Smith, Goodland; C. W. Winslow, Oakley; W. C. Lathrop, Norton. Delegate. C. S. Kenney, Norton. Alternate, H. O. Hardesty, Jennings.

Six additional members were elected to membership for the new year.

C. S. KENNEY, Secretary.

The Montgomery County Medical Society held a meeting at the Carl-Leon last evening and chose officers for the ensuing year, as follows:

Dr. H. L. Aldrich, Caney, President; Dr. G. M. Seacat, Cherryvale, First Vice-President; Dr. C. P. Johnson, Coffeyville, Second Vice-President; Dr. W. C. Chaney, Independence, Third Vice-President; Dr. Pinkston, Independence, Secretary.

An excellent paper was read by City Commissioner I. G. Fowler, and Prof. C. S. Risden gave a fine address on "Progress." These talks were made following the banquet in the dining room of the hotel. The spread was an elaborate affair, prepared by Mr. and Mrs. Will Owens.

The dining room was handsomely decorated in keeping with the Christmas idea. The long table was beautiful in white linen and chrysanthemums. Covers were laid for half a hundred and a five-course menu was served.

Baird's orchestra was present and furnished pleasant music throughout the evening. It was voted by all present one of the finest banquets of the season.

Those present from out of town were: T. H. Johnson of Coffeyville, Dr. C. P. Johnson and wife of Coffeyville, Dr. H. L. Aldrich of Caney, Dr. J. A. Rader of Caney, Dr. W. E. Youngs and wife of Cherryvale, Dr. Chas. S. Campbell of Coffeyville, Dr. Fred W. Duncan of Coffeyville, Dr. George M. Seacat and son Lester of Cherryvale, Dr. W. N. Fortner of Coffeyville; while the doctors of the city were Dr. Mamie Tanquary and daughter Blendena, Miss Grace Patton, Dr. F. B. Taggart and wife. Dr. J. T. Davis and wife, Dr. H. M. Casebeer, Dr. C. L. Smith. Dr. A. W. Evans and wife, Dr. W. C. Chaney and wife, Dr. E. A. Minor and wife, Dr. C. W. Demott and wife, Dr. G. C. Chaney and wife,

Dr. J. S. Alford and wife, Dr. E. C. Wickersham and daughter-in-law, Dr. S. Flatt, Dr. Pinkston and wife and daughter Theta, and Miss Stella Shippley, Superintendent of the Montgomery County Hospital.

At the annual meeting of the Cowley County Medical Society held at Arkansas City the following officers were elected: President, Dr. Samuel J. Guy, Winfield; Secretary, Dr. Benj. C. Garlin, Arkansas City.

Salina, Kan., December 26, 1913.

Report of annual meeting Saline County Medical Society held at Salina December 18, 1913:

The regular program was carried out, followed by the election of officers for the ensuing year:

Dr. A. G. Anderson elected President; Dr. W. E. Mowery, Vice-President; Dr. H. N. Moses reelected Secretary; Dr. C. W. Jenney reelected Treasurer; Dr. J. R. Crawford elected as Censor for three years.

The Secretary in his annual report reported 28 members of the County and State Society. Five new members elected during the year. Nine meetings held, of which seven were at Salina, one at Gypsum and one at Minneapolis.

After the meeting, following the regular custom, the retiring President, Dr. O. R. Brittain, invited the society to the Y. M. C. A. to be his guest at a sumptuous banquet, which was followed by a social time.

H. N. MOSES, Secy.

The Barton County Medical Society had the pleasure of having Dr. W. E. Currie, counselor for this district, with them in their last meeting of the year. Dr. Currie is always a most welcome visitor, and our society always feels like doing more work and better work, after we have had an address from him.

The following officers were elected for the year 1914: President, Dr. A. H. Connett; Vice-President, Dr. A. E. Focht; Secretary and Treasurer, M. F. Russell; Board of Censors, Dr. Kock, 1914, Dr. Spears, 1915, Dr. Kendall, 1916; Delegate to the State Convention, Dr. B. L. Stinson.

The society was then treated to a bounteous banquet, prepared by our out-going President, Dr. B. L. Stinson.

Yours very truly,

M. F. RUSSELL, Secretary.

At the annual meeting of the Allen County Medical Society, held at Iola, December 10th, Dr. Omar L. Cox was elected President and Dr. F. L. B. Leavell, Secretary. Both live in Iola.

The Wilson County Medical Society held its regular quarterly meeting at Fredonia, Tuesday, Dec. 9th.

The following officers were elected to serve one year: Dr. C. A. Thomas, Fredonia, President; Dr. J. W. McGuire, Neodesha, Vice-President, and Dr. E. C. Duncan, Fredonia, Secretary and Treasurer. The following members answered roll-call: Drs. Sharpe, Williams and McGuire of Neodesha; Dr. B. R. Riley, Benedict; Drs. Flack, Thomas, Young and Duncan of Fredonia.

Drs. Duncan and McGuire were elected delegate and alternate to the State Society next spring, and were to present a paper to the State Society.

Dr. Riley presented a paper on Visceral Ptosis, which brought out some profitable discussion. Dr. McGuire read a paper on Typhoid Fever and Dr. Duncan one on Medical Inspection of School Children.

A good deal of discussion was entered into regarding the present method of handling pauper cases and the fumigation of houses after infectious diseases. It was universally agreed that legislation is urgently needed that will give physicians some legal standing.

Meeting adjourned to meet at Neodesha in March.

Yours truly,

E. C. DUNCAN, Secretary.

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NEWS NOTES

Dr. W. C. Lathrop is building a modern brick hospital at Norton. It will be open to all ethical physicians and will accommodate about twenty patients.

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A KANSAS MOT ARRIVES IN NEW YORK.

The Canadian minister of finance, addressing the insurance heads in New York Thursday night, delivered this epigram, which was deemed worthy of a place on the first page: "Most persons dig their graves with their teeth." It is a striking and able and perfectly good aphorism—but the Kansas Board of Health bulletin said it first.—K. C. Star.

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SURGERY AND REFORM.

In Chicago recently four patients were operated upon in the hope that the result would be the elimination of criminal tendencies and moral deficiencies in them all. The operations were done at the instance of Judge Bridgeman of the Circuit Court of St. Joseph, Mich., who has announced that hereafter he will not sentence any one convicted of moral crimes in his court until, by the use of the knife, an opportunity for regeneration has been given the affected mind.—Journal of the Medical Society of New Jersey.

Dr. George H. Hoxie of Kansas City, Mo., lectured at the M. E. Church in Augusta, night of December 18th, under the auspices of the Speakers' Bureau of the Council of Health of the American Medical Association. The lecture was good and much appreciated by a fair sized audience.

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Dr. C. B. Stemen of Ft. Wayne, Ind., who was formerly located in Kansas City, Kansas, is visiting his son, Dr. C. M. Stemen of the latter city.

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It is announced that the State Tuberculosis Sanitorium, Norton, will be ready to receive patients early in January although the entire building will not be complete until summer.

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The Atchison Board of Education has voted to employ a teacher of hygiene in the public schools. The teacher will be a trained nurse who will instruct the various teachers of the staff in hygiene and will also make regular periodical examinations of the school children.

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OBITUARY.

Paul Newlon, M. D., University Medical College, Kansas City, Mo., 1908; died at his home in Lincoln, Kan., September 25, from typhoid fever, aged 29.

H. G. Patterson (license, Kansas, 1901); a veteran of the Civil War; for thirty years a practitioner of northwestern Kansas; medical director of the Kansas State G. A. R. in 1907; died at his home in Rexford, November 29.

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REVIEWS.

NEW TREATMENT OF GASTRO-ENTERITIS.

Highly successful results have been obtained from the cold-air treatment of gastro-enteritis at Mt. Sinai Hospital. In charge of a graduate nurse, a small ward of four cots has been open during the height of the summer and from eighteen little ones admitted seventeen recovered.

The treatment is extremely simple. It consists of a fairly low temperature, 68 degrees to 72 degrees F., and feedings, which commence with Eiweiss milk and are modified until whole milk and barley water can be assimilated.

A clock thermometer indicates the quarter hours and traces any variation of temperature in red ink on the dial. Another thermometer records the outside heat.

One partially opened transom allows for ventilation, otherwise the windows are kept closed.

The air is introduced through a large ventilator by an apparatus in a compartment below the ward. From a shaft open to the street it is electrically fanned over a small reservoir of

water, from which it absorbs the necessary amount of humidity, and upwards through a tank lined with brine coils. This apparatus is capable of reducing the air to 22 degrees F.

Steam heat is also connected so that the temperature can be regulated as desired.—S. H., in Mt. Sinai Alumnae News.

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THE RHEUMATIC CHILD.

A writer in an English journal calls attention to some of the peculiarities of rheumatism, as it affects children. While it is believed to be of infective origin, or due to the invasion of a special germ, yet the heart is the chief seat of the mischief in the young, whereas in adults the joints are more seriously affected. It thus follows, he says, that a mild sore throat with a little aching in the muscles or joints may in a child be the only symptoms of an attack of acute rheumatism, which, if not properly treated, may damage the heart for life. So-called "growing pains" are in some cases really an attack of acute rheumatism, which needs long and careful attention. He urges the necessity of the public being aroused till it grasps the fact that growth is not painful, and that "growing pains" are in reality symptoms of some morbid condition, which may or may not be serious, but at least demands skilled advice.—The Trained Nurse and Hospital Review.

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The physical basis of crime, as interpreted by Judge Edward F. Waite of the Juvenile Court of Minneapolis, Minn., chronicled in the Bulletin of the American Academy of Medicine, December, 1913, depends upon the most common defects of delinquents, which he summarizes from his personal investigations as follows:

96 boys had phimosis;
84 boys had enlarged tonsils;
75 boys had seriously bad teeth;
58 boys had adenoids;
58 boys had defective vision.

Retardation is extremely common in the above conditions and it seems plain to the judge that the tendency of mere retardation is toward delinquency. Of course, epilepsy, even in mild form, is a potent factor of incapacity, for such an one cannot hold his place with his classmates not so afflicted, the sequence being idleness and ofttimes crime, showing the importance of early discovery of the condition and the proper treatment instituted before potential criminality has been developed. The following suggestions are given by Judge Waite:

(1) Medical inspection of school children should be adequately provided for.

(2) Remedial measures for physical defects of school children should be vigorously urged, and provided at public expense when necessary.

(3) Special pains should be taken in the public schools to detect neurotics and epileptics.

(4) The schools should provide psychologic tests for retarded children, to ascertain those who are susceptible to improvement and those who are not.

(5) Improvable retarded cases should be brought up to grade as quickly as possible through special classes and modified curricula.

(6) Non-improvable retarded cases should be eliminated from the schools, and parents urged to commit them to custodial care.

(7) There should be conducted in connection with every juvenile court a system of expert physical and mental examination of delinquents, not only for the purpose of assisting the court in appropriately handling the individual cases, but also to collect data for the scientific study of the causes of delinquency. Where the law does not permit compulsory examination and treatment full power in this regard should be given to the court, under proper safeguards. Parental scruples should be treated with respect, but the public safety is the supreme law; and the considerations that have led all civilized communities to enforce reasonable measures against the spread of contagious disease have their analogies in the field of crime-prevention.

(8) Generous provision should be made by the state for the custodial care of feeble-minded children.

(9) At present the custodial care of the state over juvenile offenders must end at the age of majority. Whatever may be the probability or practical certainty that a young person will at once resume a career of crime, the restraining hand of the state is then completely lifted. Our correctional system should be supplemented with permanent custody for the plainly incorrigible—defectives with criminal tendencies.

(10) Where there is doubt about the power of a juvenile court to commit children in appropriate cases to institutions for the special care of the feeble-minded and epileptic, this doubt should be removed by express legislation. A similar law relating to adults could be wisely administered, with untold benefit to the community, to prevent the breeding of imbecile and probably criminal offspring by defective and degenerate parents. The Jukes, the Kallikaks and the Ishmaels are not confined to New York, New Jersey and Indiana. Their children are scattered throughout the land, mating within and without the forms of law—an unspeakable curse to themselves and to society.

(11) By further safeguarding marriage, and by such other legislation as may be prudent and just, we should do all that is practicable to restrain the perpetuation of their kind by those who are, on account of disease or abnormality, physical or mental, demonstrably unfit for parenthood, but not appropriate subjects for segregation under custodial care.

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Theobromin Sodium Salicylate.—The object of Neuhof's (N. Y. Med. Journal, Oct. 25) communication is to show the practicability of intravenous theobromin sodium salicylate injections. The solution is readily prepared and sterilized, and when properly given produces no reaction. While 20 c.c. of a 5 per cent solution have been found a convenient standard, it may be modified to suit individual requirements. It seems particularly indicated in uremia, in the anuria of cardiovascular renal diseases, and in some types of primary renal disease when internal administration is impracticable or impossible and quick diuretic action is necessary. It is further suggested that these injections may be of benefit in some types of uremia accompanying eclampsia; in conjunction with other forms of treatment, it may help in starting diuresis.

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Genesis of Cancer.—The internal transformation changes of tissue were made the subject of study by Turnbull

(British Med. Journal, London). His results are based on 25,000 measurements and over 300 calculations. They establish what he believes to be a principle of the first magnitude in the cancer problem, namely: There exists a relation between the strain to which a tissue is exposed and the extent to which that tissue varies. This principle, he thinks, offers a rational explanation of the transformation of normal into cancerous tissue without it being necessary to think of any external cause for cancer whatsoever, for example, parasites. The above results indicate that cancer is explainable as an internal, compensatory and essentially physiologic tissue-change. If the above results be true then cancer is not infectious.

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Strychnin in Heart Failure.—An inquiry was undertaken by Parkinson and Rowlands (Quarterly Journal of Medicine, London) to obtain evidence as to its immediate effect when given subcutaneously in cases of severe heart failure. The blood-pressure, rate and regularity of pulse, rate of respiration and general condition were recorded for an hour after each injection. The action of repeated doses was not investigated. Fifty patients were examined on admission and approved if they presented symptoms and signs of severe heart failure with or without valvular disease; those with heart failure secondary to pulmonary or renal disease were excluded, as were those with pyrexia. Most of the patients showed orthopnea and edema of the legs; all had shortness of breath. Strychnin sulphate in a dose of one-fifteenth of a grain (1/15 gr. = 0.0044 gm.) was given subcutaneously in each experiment. Before any observations were made the patient was allowed to remain quietly at rest in bed for three to eight hours, and during this period no drugs were administered. After the injection, records were made at the end of each period of five minutes during one hour. In cases with regular rhythm on no occasion was any increase in blood-pressure produced. The average rate of the pulse before injection was 107.6, and after injection 104.0, a slight decrease of 3.3 beats per minute. The authors ascribe this fall to the same factors as mentioned above under blood-pressure.

The rate of respiration was unaffected by strychnin. No change in amplitude of respiratory movement was noted. In four cases out of the twenty-five Cheyne-Stokes breathing was recorded on the respiratory tracing. Strychnin had no effect on this abnormal respiratory rhythm. In twenty-five cases with auricular fibrillation the average rate of the pulse decreased by only 3.4 beats per minute in the hour following the injection. None presented any change in irregularity. The average rate of respiration showed a decrease of not more than one or two respirations per minute alike after strychnin and after pure water. No change was observed in the amplitude of respiratory movements. In one case Cheyne-Stokes respiration was recorded; this remained unaffected by the injection. The authors conclude that strychnin has no effect which justifies its

employment as a rapid cardiac stimulant in cases of heart failure.

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Communications.

Lebanon, Kansas, December, 1913.

The case of Fred Cook against Dr. J. B. Dykes for alleged damages was tried in the District Court of Smith County last week.

It was shown by the evidence that Fred Cook sustained a fracture of the tibia and fibula about three inches above the ankle on the 18th day of March, 1913. Dr. Dykes was called and reduced the fracture and applied Dupuy's adjustable wire splint, and to make sure that the limb would be thoroughly immobilized applied a sand bag along the outer side of the leg. At the end of three weeks it was found that no union had taken place. At the end of four weeks the broken fragments were not united. After five weeks had elapsed without union Dr. Dykes took Dr. L. P. Gaillaridet with him to see the case.

They found the ends of the broken bones in perfect apposition, but ununited. They asked Mr. Cook to take an anesthetic and allow them to freshen the ends of the broken bones by rubbing them together. He refused to have that done. Then they asked him to go to the hospital and let them apply a silver plate over the seat of fracture, and he refused to go to the hospital or to have the silver plate applied. He told the doctors that he would rather let the limb remain in the splint for three more weeks and at the end of that time, if there should be no union, he would let them do something.

At the end of one week from that time and six weeks after the fracture occurred the plaintiff had Dr. Tasso Felix of Downs called to take charge of the case and discharged Dr. Dykes over the 'phone.

It was shown in evidence by the nurse who called Dr. Felix that he told her he would not meet Dr. Dykes in consultation, but would come and take charge of the case if they would discharge Dr. Dykes. He was told to come, and Dr. Dykes was discharged over the 'phone.

Dr. Felix testified that when he first saw the case on the 2d day of May that the bones were overlapped two and one-half inches by reason of the lower fragment of the tibia being forced up between the upper fragments of the broken bones a distance of two and one-half inches, and that the overlapping of the bones was the cause of the non-union at that time. He said that he found it necessary to apply Buck's extension four days before it was possible to reduce the fracture, and after he had reduced it in this way he rubbed the ends of the bones together twenty-five minutes without an anesthetic and in this way brought about union. After the fracture had been reduced

as herein described he said that he applied adhesive strips below the seat of fracture, to which flat irons weighing thirteen pounds were attached for twenty days to keep the muscles from pulling the lower fragment of the tibia up between the upper fragments of the broken bones like it was when he first saw the case. This was the plaintiff's case.

Drs. L. A. Golden, J. E. Hodgson, F. H. Relihan, Victor Watts, C. C. Funk, L. T. Brown, L. P. Gaillaridet, W. A. Staley, D. W. Relihan, H. Morrison and H. A. Dykes testified that in their experience as physicians and surgeons they had never found it practical or necessary to apply Buck's extension in the treatment of fractures of the lower third of the tibia and fibula.

Dr. Felix was asked if he knew of any authority for using Buck's extension in treating fractures of the lower third of the tibia and fibula. He answered that he did not go by any authority, but common sense. It was the opinion of many who heard the case that it was a frame-up by Dr. Felix that would not stand up. The jury was out less than two hours and returned a verdict for Dr. Dykes.

The attorneys for Dr. Dykes were Mahin and Mahin of Smith Center, and Hawes and Ellis represented the plaintiff.

DR. HARRY M. TWEEDY.

The report of the case from the Smith County Pioneer of Smith Center also accompanied the communication:

MALPRACTICE SUIT FAILED.

The malpractice suit of Fred Cook, living south of Lebanon, against Dr. J. B. Dykes collapsed in a hurry last Saturday at noon when it went to the jury. That body took two ballots and brought in a verdict of not guilty. The verdict was no surprise to those who had listened to the case. The evidence throughout all the three days' trial overwhelmingly favored Dr. Dykes. Such widely known physicians and surgeons as Dr. Hodgson of Downs, Dr. Staley of Esbon, Dr. Brown of Kirwin, Dr. Golden of Kensington, Dr. Gaillardet of Formoso and Drs. Morrison, Funk and Relihans of this city appeared as witnesses and thoroughly indorsed and approved the treatment of Dr. Dykes in the case. Dr. Felix of Downs was the leading witness for the prosecution, and the impression prevailed with many that his interest in the case was inspired as much by the enmity he bore Dr. Dykes as anything else.

Along in the fall the plaintiff, Mr. Cook, had his leg broken and Dr. Dykes was called to reduce the fracture. The member, however, did not heal readily for the reason, as Dr. Dykes stated, that the patient disregarded his orders and advice. Several weeks went by and as the leg did not seem to be doing as well as it should, Mr. Cook went to Dr. Felix and five weeks and a half later he got about again and started a damage suit of $10,000 against Dr. Dykes. His attorneys were Mr. Else of Osborne and Mr. Hawkes of Stockton. Opposed to this pair of shrewd barristers were Mahin & Mahin of this city, who proved worthy antagonists for the outsiders. It was a battle royal all three days and an interested crowd was in the court room daily.

LANSING, A HEALTH RESORT.

SHERMAN L. AXFORD, M. D., Leavenworth, Kansas.

The mission of this article is to give an uncolored account of the sanitary condition of the Kansas State Prison. I want to make this broad statement at the beginning, that the Kansas

State Prison is about the healthiest spot in this healthful state. It has ever been the custom for a new prison administration to make much of the alleged unsanitary condition they are forced to cope with in their efforts to manage that institution. The administration of which I was a part was no exception to this rule, and the present administration has thrown the usual number of fits over the bedbugs, the small cells, the bucket sewage system, tuberculosis, syphilis, etc., and it is a right no one in fairness can deny them. No one would want to rob a brand new prison administration of the pleasure these paroxysms give them, and far be it from me to deprive these worthy gentlemen of any pleasure. But to the medical fraternity of Kansas I want to set up the facts, for they will never know unless someone tells them, for Kansas doctors rarely go to the penitentiary.

Beginning with the cell houses. The prison has three cell houses, all very much alike. They are old, rough looking stone buildings, fifty years out of date. They look like they had been designed and wrought by amateurs. The floors are unsightly, ill-fitted flagstones. The walls are rough and uneven. The steam pipes that furnish the radiation are placed in a haphazard manner. The beams of the roof are rough and unsightly. In fact, the entire structure shows that no effort was made to please the eye of the beholder. The cells are in keeping with the rest of the building. They are truly a cell, and it is almost an insult to a man's manhood to ask him to sleep in one of them, but they are not especially unsanitary. Some of the press comments would lead one to believe that just to step inside one of these cell houses would mean almost certain dissolution. Now, that kind of statement is about on a par with the present day ratio of things, 98 pèr cent political business and 2 per cent facts. To ask a man to occupy one of these little, dinky holes in the wall is not in accord with the twentieth century idea of caring for convicted men, but it is not subjecting them to anything like certain death. Under the Hoch administration the best chemists Kansas could produce, and under the direction of the justly renowned Kansas State Board of Health, tests were made of the air in the cells, and it was found to be better than the air in most sleeping rooms. There is a system of forced ventilation that sucks the air through the cells. When this system is in operation, which is always when the men are in the cell houses, the air is good. Every week the bedding is taken out of the cell houses and aired. Several times a year the furniture is put into tanks and steam turned on (sterilized). The floor is mopped frequently with disinfectant. The walls are painted about once a year. One of the worst features about the cell is the bed. The bed is a shelf about two and a half feet wide made of slats and attached to the wall. The tick is a bag of straw. When it is full it would take a bronco buster to stay on top of it. When it is crushed down by use it is as hard as the slats themselves.

Now, a word about the night buckets, or bucket sewage system that you have been reading about. They are three-gallon galvanized pails with a tight-fitting lid. In the morning every prisoner takes his bucket out to the cesspool and empties it, rinses it out in a strong solution of disinfectant, then sets it down. Later a gang of men come along and scrub these buckets out in hot lye water and put a quantity of disinfectant in them. Just before the men go to their cells at night the cell house men put each man's bucket in his cell. No one is going to O. K. this bucket brigade, but I would like to respectfully ask the Kansas doctors how many have known of a person getting a tubercular or syphilitic infection by smelling a night bucket.

This brings us face to face with the much talked of tuberculosis question. Not long ago J. D. Botkin, warden, had a full-page article in a Kansas City daily telling of "The Shame of Lansing," in which he stands sponsor for the startling statement that there are 200 cases of tuberculosis in the Kansas State Prison. Shades of the departed! Does anyone in this land of correspondence colleges, rural telephone and Peruna almanacs think there are 200 cases of tuberculosis in the Kansas prison? If there are, it is the duty of the State Board of Health to stop this stream of unsuspecting visitors from going through that pesthouse at the rate of six hundred a month. If there is that amount of tuberculosis there it certainly is unsafe to go into that prison and breathe the dust-laden air. Here is how they reach their conclusion that they have two hundred cases of tuberculosis in the prison: Four years ago the State Board of Health ordered every prison given the ocular tuberculin test, and the practice has been continued with each new prisoner received since that time. Of the eight hundred prisoners tested immediately after the order went into effect, approximately 160 gave a positive reaction. These men were placed in divisions by themselves in the cell houses, and special care was taken with their floors, cuspidors, etc. No one claimed that this 160 men had consumption, but it was thought a good precautionary measure to isolate them somewhat, to treat them as suspected cases, if you please. These men were not permitted to work in the dining room, kitchen, etc., for obvious reasons. Four years ago is a long day in medicine, and the professional standing of the ocular tuberculin test was a great deal higher four years ago than it is today, and even then no one was willing to say that every plus Calmette reaction meant that you had found a case of consumption, and it was soon apparent to the medical department that such was not the case. Some, yes, by far the most, of this 200 so-called cases of tuberculosis are actually the healthiest, strongest and most athletic men in the prison. The ocular tuberculin test is not absolute. In fact, it has been proven that it is of little clinical value. Many persons normally possess enough tuberculinolysin to give a positive tuberculin reaction. Persons possessing inactive (cured) foci will generally react to the tubercular test. Nageli and Burchardt has

proved to us that nearly every adult person possesses these healed foci. The inmates of the Kansas State Prison are all adults. Therefore, is any but a high percentage of tuberculin reaction likely in this class of individuals? I think that healthy free men would give about the same percentage, of positive Calmette's, as the prisoners do. There is some tuberculosis in the prison. There is some in my city. In fact, I have encountered a certain amount in every locality that I have been familiar with, and I am going to state here that I think there is but little more tuberculosis among the prison inmates than among free men of the same general class.

It is necessary to mention that most unholy of insects, the bedbug. Every housewife knows empirically, that the bedbug is a curable malady. Scientifically, the proposition is this: It takes an infant bedbug forty-five days to grow into maturity and deposit an egg. It takes seven days to hatch the egg. Therefore, to clean up an infested room, it requires thorough cleaning at least once every seven days for forty-five days. The way to get rid of bedbugs in a penitentiary is to put a likely looking officer in charge of the cell house, acquaint him with the approved method of exterminating this nocturnal marauder and tell him to clean up. If he does not do it, can him kindly, unless his political or religious convictions happen to be particularly pleasing to the administration. In that event, promote him, and place an officer in charge of the cell house whose only claim to his position is competency.

There is a lot of evidence which goes to show that the prison is in reality a health resort. The death rate is about one to every three hundred inmates. This is exceedingly low when you take into consideration that you are dealing with adult males between the ages of eighteen and eighty, men who have dissipated and been reared under unfavorable circumstances. Thirty-five per cent of the men received at the prison are in poor health when received. The fact that some sick men are paroled, so that they can die at home, has a bearing upon the death rate, but this has less effect than some would have you believe. Many a man has secured a parole on the promise that he would go home and die, but when he gets home he often fails to make good. I know of several instances where men have gone out under these conditions and came back and did another sentence.

Governor Hodges has paroled ten prisoners who were more or less indisposed. Before getting up this screed I looked them all up, and they are all living—not only living, but mostly well. Two, possibly three, of these ten paroled prisoners, are so afflicted that recovery seems to be impossible, but they will live many years. This only emphasizes the fact that we cannot count them as penitentiary mortalities until rigor mortis actually sets in. During the time I was employed at the prison there was an average of one man a day admitted to the hospital, and fully half of this number were there as a result of an injury received in the mines or shops, or from a surgical operation. That hardly

looks like the Kansas State Prison is a seething mass of sick and dying humanity. I might add in passing that the true reformer, the individual who wants to do something worth while for the prisoners, can do them a real service by putting that convict coal mine out of business. I claim the state has no moral right to subject its prisoners to hazardous employment. Besides being dangerous it is a hotbed of prison crime and anarchy. I could get up a newspaper article on the crimes of the coal mine that would make the recent "Pagahysterica" look like a story in the Classmate. On two different occasions coming under my knowledge, investigating committees took the weight of a large number of prisoners. They all showed a gain in weight, and the gain in weight was in proportion to the time served. Those that had been in prison longest had put on the most flesh.

The prison employs about a hundred officers. These officers are on duty twelve hours a day. When on duty they are subject to the same sanitary conditions as the prisoners. During a period of four years the only prison officer to quit this vale of tears did so from a dose of carbolic acid, not consumption. If the prison was half as unsanitary as some of the press statements would naturally lead one to believe, the men who are employed at the prison are real heroes. Reverend Bodkin said, shortly before he took charge of the prison, that he had already had five hundred applications for appointments at the prison. One would hardly believe that you could find in Kansas five hundred followers of Jefferson willing to face death for $56 per month and board themselves.

The disease syphilis is there in abundance. A year ago last June there were a hundred and twenty-six men in the prison who claimed they had had syphilis. Of that number possibly forty had had it. The others were cases of a mistaken idea of the disease. During my stay there I never saw an initial lesion, or a primary manifestation, of syphilis. So I am inclined to doubt that it is handed from man to man via the public drinking cup or the odoriferous night bucket very often. The time is not far distant when Kansas will have to build a new prison. It is needed, not so much for physical reasons, as mental. The only way to cure the crime disease is to put new hope, new ambition, and a new attitude toward the world in the minds of the man. Housing a man in one of the Kansas type of cells certainly isn't going to improve his mental attitude. The prison needs a new general hospital above all else. The Legislature has never appropriated a dollar to build a hospital. They have always had to use some old, abandoned building, a makeshift. A new prison will have to come. But in the meantime do not lose sight of Lansing as a health resort.

NEW AND NON-OFFICIAL REMEDIES.

Since publication of New and Non-Official Remedies, 1913,

and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedies":

Digipoten.—Digipoten consists of the digitalis glucosides in soluble form, diluted with milk sugar to give it a strength equal to that of digitalis of good quality. Digipoten is adjusted by the frog and guinea pig methods to have a strength of 1,400 heart tonic units and by chemical assay to contain from 0.3 to 0.4 per cent digitoxin. The action, uses and dosage of digipoten are the same as those of digitalis. It is sold in the form of a powder, which is soluble in water, and as Digipoten Tablets, each containing 0.03 gm. The Abbott Alkaloidal Co., Chicago, Ill. (Jour. A. M. A., Dec. 6, 1913, p. 2069).

Tannigen Tablets.—Each tablet contains tannigen (see N. N. R., 1913) 0.5 gm. The Bayer Co., New York City (Jour., Dec. 6, 1913, p. 2069).

Bordet-Gengou Bacillus Vaccine for Whooping Cough Prophylaxis.—Greeley Laboratories, Inc., New York.

Bordet-Gengou Bacillus Vaccine for Whooping Cough Therapy.—This vaccine is believed to be of service in the prevention and also in the treatment of whooping cough. Greeley Laboratories, Inc., New York City (Jour. A. M. A., Dec. 13, 1913, p. 2158).

Culture of Bacillus Bulgaricus, Fairchild.—A liquid culture of the Bacillus Bulgaricus. The culture is sold in packages containing six and thirty vials, respectively. The culture is used internally in the treatment of intestinal putrefactive diseases and as an application to body cavities in the treatment of suppurative conditions. Fairchild Bros. & Foster, New York (Jour. A. M. A., Dec. 13, 1913, p. 2158).

Slee's Antimeningitis Serum.—For description of Antimeningococcus Serum see N. N. R., 1913, p. 215. The Abbott Alkaloidal Co., Chicago.

Slee's Antistreptococcic Serum.—For description of Antistreptococcus Serum see N. N. R., 1913, p. 216. The Abbott Alkaloidal Co., Chicago (Jour. A. M. A., Dec. 20, 1913, p. 2242).

POPAGANDA FOR REFORM.

Lactic Acid Ferment Preparations in N. N. R.—Assertions that the lactic acid ferment preparations on the market are worthless caused the Council on Pharmacy and Chemistry to examine those admitted to N. N. R. While past examinations showed this class of preparations to be most unreliable, the present market supply was found to be satisfactory. The prod-

ucts examined were Fairchild Culture of Bacillus Bulgaricus; lactic bacillary tablets, Fairchild; lactampoules, Fairchild; bacillary milk, Fairchild; bulgara tablets, H. W. Co.; massolin, Schieffelin (Jour. A. M. A., Dec. 6, 1913, p. 2084).

Sanatogen.—The fundamental objection to Sanatogen is not its outrageously high price, but the attempt to ascribe to a mixture of casein and glycerophosphate powers not possessed by these ingredients. The claim that Sanatogen is a "nerve food" is an absurdity, as is any claim that the casein in Sanatogen has a greater good value than the casein in ordinary milk. Physicians who have given fulsome puffs for Sanatogen are invited to study the claims which are made for it, the following being one: "* * * it revivifies the nerves, promoting sleep and helping digestion * * *" (Jour. A. M. A., Dec. 6, 1913, p. 2085).

The Value of Echinacea.—While most extravagant claims are made for the drug, the Council on Pharmacy and Chemistry concludes that, on the basis of the available evidence, echinacea is not entitled to be described in New and Non-Official Remedies as a drug of probable value (Jour. A. M. A., Dec. 6, 1913, p. 2088).

Texas Guinan.—The Texas Guinan World-Famed Treatment for Corpulency (Texas Guinan Co., Los Angeles, Cal.) appears to be the latest venture of W. C. Cunningham, of Marjorie Hamilton's Obesity Cure fame. It is exploited by follow-up letters giving the experiences of Texas Guinan, an actress, and offering the preparation at a sliding scale of prices, ranging from twenty down to three dollars. From an analysis made in the A. M. A. Chemical Laboratory it appears that an essentially similar preparation may be obtained by mixing one pound of powdered alum with ten ounces of alcohol and enough water to make one quart. A second specimen which was examined in the Association's Laboratory contained no alum or alcohol and appeared to be a tragacanth preparation of the "vanishing lotion" type (Jour. A. M. A., Dec. 13, 1913, p. 2173).

Colloidal Palladium.—A preparation of colloidal palladium, under the proprietary name Leptynol, is proposed as a means of causing the absorption of adipose tissue. The preparation appears one of the many thousand proprietaries produced abroad in the past year and put on the market after meager experimental work (Jour. A. M. A., Dec. 13, 1913, p. 2179).

Dowd's Phosphatometer.—According to its inventor, this is a device "for taking the phosphatic index or pulse of the nervous system." Its originator, Dr. J. Henry Dowd, M. D., Buffalo, N. Y., writes enthusiastically of his instrument and of "Comp. Phosphorus Tonic." The phosphatometer is a scientific absurdity which pretends to determine the amount of phosphate in the urine and thus to measure "nerve metabolism." (Jour. A. M. A., Dec. 20, 1913, p. 2258.)

Another "Cancer Cure."—Denver newspapers advertise that the International Skin and Cancer Institute of Denver claims

to have a cure for cancer. The "cure" is exploited by one John D. Alkire. No doubt those afflicted with cancer, and those who believe themselves afflicted with cancer, will flock to Denver for the "cure." The actual victims of the disease will, of course, die, but there will be the usual number of recoveries from non-malignant sores that will be heralded as "cures" and thus will make the venture a profitable one. To the honor of Denver it may be said that some of its newspapers refused the advertisement. (Jour. A. M. A., Dec. 20, 1913, p. 2248).

The Ready Reckoner.—The attempt of a proprietary exploiter to pose as the physician's post-graduate instructor comes from the promoter of a "blood stimulating" preparation—Hemaboloids Arseniated (with Strychnia). It is in the form of a ready reckoner for the diagnosis of pathologic sputum. The thing consists of a revolving arrow, surrounded by circles containing illustrations of bacteria such as no human eye ever saw through a microscope. The physician apparently is expected to point the arrow to what he sees, or thinks he sees, in the microscope, and then, through a window in the tail of the arrow, observe the name of the organism and the disease which it produces. The device is an insult to intelligent physicians and belongs in the waste basket. (Jour. A. M. A., Dec. 27, 1913, p. 2306.)

Pa-Pay-Ans (Bell).—An analysis, included with the report of the Council on Pharmacy and Chemistry rejecting the product, failed to find one of the constituents claimed to be present in the preparation—the constituent after which the medicine appears to have been named, namely, papain. (Jour. A. M. A., Dec. 27, 1913, p. 2314.)

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MISCELLANEOUS.

MEDICAL ADVERTISING.

"In the orderly working out of our campaign in favor of clean publications some criticism has come to light because, according to our notion, medical advertising is not legitimate.

"The contention that a doctor, or the owner of a proprietary remedy, may be as honest as a regular medical practitioner is true. He may be. But if he told the truth about his service he would make no advertising profit.

"No advertising doctor possesses any secret which the profession does not possess. He must make believe some unusual advantage or his advertising will not pull.

"Again, sick people are, as a rule, gullible. They are discouraged, disheartened, and in no condition to analyze. They grab at straws, and the main thing which medical advertisers do is to make the patient 'feel better' regardless of the permanent effect on the system.

"This brings about the 'dope' which is so much in evidence in advertised remedies and treatments.

"Standard Advertising has no criticism to make of any doctor simply because he advertises, but the facts stand out clearly that if he makes his offer in keeping with the truth he will not attract business, and for that reason medical advertising is at least 90 per cent fake advertising."—Standard Advertising.

———o———

Wanted to Purchase.—A medical practice in Kansas. Give full particulars in first letter.

DR. SETTLE,
528 E. Broadway, Newton, Kansas,

———o———

SPEAKING OF SLOGANS, HERE ARE A FEW.

Lazy men are just as useless as dead ones and take up more room.

When in doubt—tell the truth.

It does nobody any good to be grouchy.

Don't worry—today is the tomorrow you worried about yesterday.

Mind your own business and in time you'll have a business to mind.

Thoroughness plus ginger equals success.

Hell is full of fellows who fell—those who got up again dwell in Heaven.

If the unexpected happens—why not expect it?

If you can't push, pull. If you can't pull—please get out of the way.

The man who never made a mistake—never made anything.

Don't stare up the steps of success, but step up the stairs.

When the boss wants something done it simplifies matters to let him have his own way.

A genial Mutt will get further than a grouchy Genius.

The great danger in trying to get something for nothing is that you may get what you deserve.

Honesty is the best policy, but too many people have allowed theirs to lapse.

The more I see of some men the better I like my dog.

An executive is a man who makes quick decisions and is sometimes right.

The original noise is what counts—most people are merely echoes.

Be a "live wire," it's the dead ones that are used for door mats.

He who has misgivings as to the finish will never start anything.

Cheer up—this ain't near so hot as hell is going to be.

No man is down and out until he has lost faith in himself.

There is something doing somewhere for every man ready to do it.

Most people get what they deserve, but very few are willing to admit it.

If your business is not worth advertising, advertise it for sale.

Don't worry—work.

Greatness lies not in being strong, but in the right use of strength.

The world generally pushes a man in the way he makes up his mind to go.

If you can't win, make the one ahead break the record.

You can't saw with a hammer.

When you are down in the mouth just think of Jonah—he came out all right.—The Southwest Trade.

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Most of the staff of the Radium Institute are suffering from burns produced by radium. The assistant medical superintendent, Dr. Arthur Burrows, states that most of the staff have been burnt to a greater or less extent at some time or another. In his own case he found the skin peeling off his fingers when he went to play golf. The nurses, however, who do most of the actual handling, suffer most. In addition to the more or less painless skin-peeling, the finger nails become brittle and split down the center, ulcerated spots appear, and in time the hands become totally anesthetic. It is curious that the hands of those who have much to do with radium are always far more susceptible to heat than to cold. Gloves are not much protection. The only thing to do when the fingers show these symptoms is to have nothing to do with the radium until they recover. Those who develop burns are usually given some work in connection with the institute which does not involve immediate contact with the element. Radium in course of time burns most things to which it comes in contact. For instance, the lining of the boxes in which it is kept is often entirely eaten away. The ill effects are not felt

in the human body until a fortnight after the contact. It eats away the abnormal tissues, such as carcinoma, sarcoma, etc., and leaves the surrounding normal tissues in an ordinary condition. In its antipathy to abnormal tissues lies its curative properties in these cases. But in time, or as the result of excessive application, radium will have an effect also on the normal tissues. A subsidiary effect on the patient is increased susceptibility to changes of temperature over areas that have been treated with radium. Many patients who have had rodent ulcers and superficial skin lesions cured with radium experience great discomfort at the site of the old lesion when very cold or very warm air plays on it. This susceptibility, however, gradually disappears in two or three months. A marked condition of lethargy is frequently, it might almost be said invariably, noted in patients re - ceiving prolonged exposures with large quantities of heavily screened radium. It generally makes its appearance about the fourth day of the treatment, and passes off within a few days of the cessation of the exposure.

The greatest radium ore deposits in the world, it was announced October 23d at the American Mining Congress in session in Philadelphia, have been bought by two philanthropists and will be utilized to the benefit of humanity in the alleviation and cure of cancer. This announcement was made by Dr. Charles L. Parsons, chief of the Bureau of the Division of Mineral Technology of the United States Bureau of Mines. The philanthropists in question are Dr. James Douglas, president of the Phelps, Dodge & Co., of New York City, dean of the mining engineering profession and one of the greatest living authorities on copper, and Dr. Howard A. Kelly, noted gynecologist, of Johns Hopkins University. They furnished the money for the purchase of twenty-seven claims of mining land in Paradox Valley, Col.—the greatest radium-bearing ore deposit known to science. Furthermore, Dr. Parsons announced: 1. That the National Radium Institute had been incorporated for the purpose of working the carnotite deposits on the claims. 2. That the entire proposition was under supervision of the Bureau of Mines. 3. That not one cent of the radium to be extracted would be for sale. 4. That every milligram of the precious metal would be used in the cause of humanity in the amelioration and cure of cancer. 5. That the Bureau of Mines had evolved an entirely new method of extracting radium chlorid, which will reduce the cost materially. 6. That clinics for the treatment of afflicted would be opened in the Memorial Hospital, New York City, and in Dr. Kelly's hospital in Baltimore. 7. That the necessary machinery had been ordered and that work would be begun as soon as possible.—Exchange.

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CLINICAL NOTES

IODINE IN STERILIZATION OF THE SKIN.

Robb (Surg. Gyn. and Obstet,, Sept.), after painting the

abdomens of twenty-one patients, first with benzine, followed by benzine and iodine and then with two coats of tincture of iodine, 50 per cent, made cultures, with the following result: Eighteen were sterile, one grew staph. albus, one grew streptococcus, and one grew bacillus proteus. He then removed the iodine with 10 per cent iodide of potassium solution and made cultures, finding that twelve were sterile, seven grew staph. albus, one grew bacillus coli, and an unidentified microorganism appeared in another. After a further discussion of various methods of cleaning the skin, he reaches these conclusions: There is still no certain method of sterilizing the skin. Tincture of iodine in all probability possesses a definite inhibitory action upon the growth of bacterial forms. Sterilization with tincture of iodine is not to be relied upon, and should be used only when more elaborate forms of sterilization are contra-indicated.

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GLYCERIN AS A BLADDER LAXATIVE.

Dr. Otto Franck injects a 2 per cent solution of boric acid in glycerin to overcome the not infrequently occurring post-operative vesical paresis and to avoid the use of the catheter and its attendant dangers. He does not introduce a catheter, but simply injects into the urethra 15 to 20 c.c. of the solution. About 10 c. c. usually returns and only from 5 to 10 c.c. enters the bladder. The glycerin acts as a stimulant to bladder peristalsis and within twenty minutes there is usually a spontaneous evacuation of urine. The ability to micturate spontaneously persists. No special irritation occurs. The author also recommends in other forms of retention, especially in paralysis of neurogenous and mechanical nature. He also used the method in strictures and prostatic hypertrophy and has succeeded in bringing about spontaneous evacuation if only for a time. In those cases in which the catheter cannot be passed, the plan has a peculiar indication. Franck appropriately calls the glycerin a "liquid catheter." In acute infections of the anterior urethra the method is contra-indicated, although the glycerin would probably be less likely to carry the infectious agents inward than a catheter. In fact, glycerin has a distinct antiseptic action and was originally used in the bladder for this purpose in cystitis.—Medical Summary.

THE JOURNAL
OF THE
Kansas Medical Society.

Vol. XIV. KANSAS CITY, KANSAS, FEB. 1914. No. 2

MALIGNANT PAPILLARY CYSTADENOMATA OF THE OVARY.

DR. C. C. NESSELRODE.
Kansas City, Kansas.

Read before Kansas State Medical Society, May, 1913.

Instead of this being a report of a single case of papillary-cystoma of the ovary, it is a discussion of a series of these cases that we have seen at St. Margaret's Hospital in the last few years. A group of cases in which we have had more than a passing interest and from which a number of interesting facts can be gathered.

In order that we might more clearly see the relation of these cysts to other ovarian cysts, we have prepared this outline.

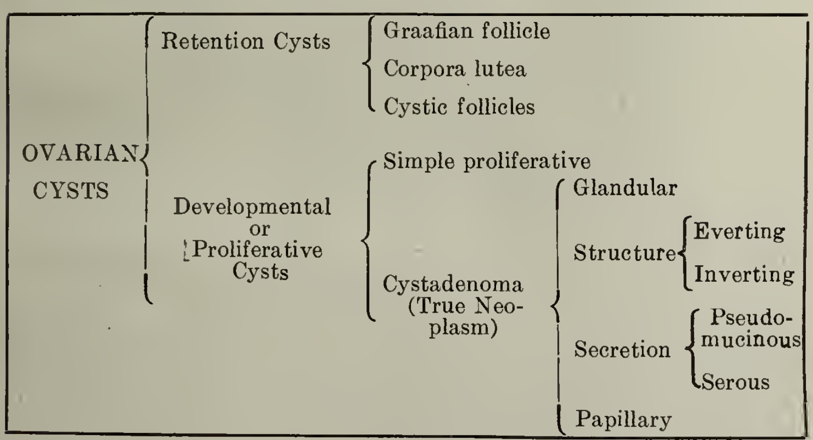


FIG. 1.

This outline is largely self-explanatory.

SIMPLE PROLIFERATIVE.

Ovarian cysts first divide themselves into retention and proliferative cysts. We are but little interested in the first class, and suffice it to say, that clinically they are limited in growth and never develop into other types of tumors, produce notable symptoms or undergo malignant change.

PROLIFERATION CYSTS.

The preceding cysts are formed by some disturbance in the evolution of normal processes, and are, therefore, not neoplastic in character. This group, on the contrary, is characterized by an active growth of the epithelium. The degree of activity

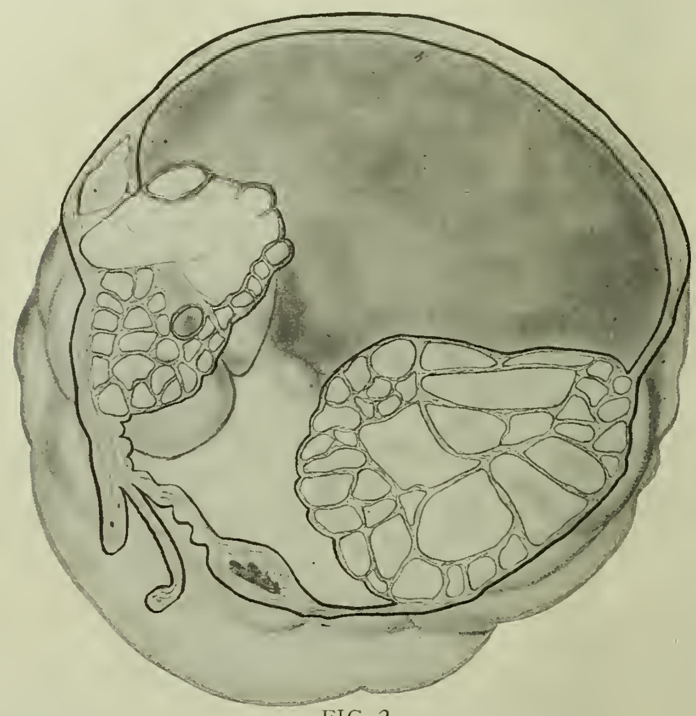


FIG. 2.

Multilocular ovarian cyst, in which the smaller cysts project into the cavity of the larger one, which in this way presents externally the appearance of a monocystic tumor.

these cells manifest varies markedly, some being active both physiologically and in proliferation, while others manifest almost all their activity in cell multiplication. For this reason it is desirable to divide them for discussion into the simple proliferative cysts and the cyst-adenomas.

In this type the epithelium takes an active part in the

growth of the tumor, but its chief activity is manifest in an increased secretion, cell proliferation being confined to a degree necessary to line the cyst wall as it increases to accommodate the collecting fluid.

This class is not a large one; they are slow of growth and

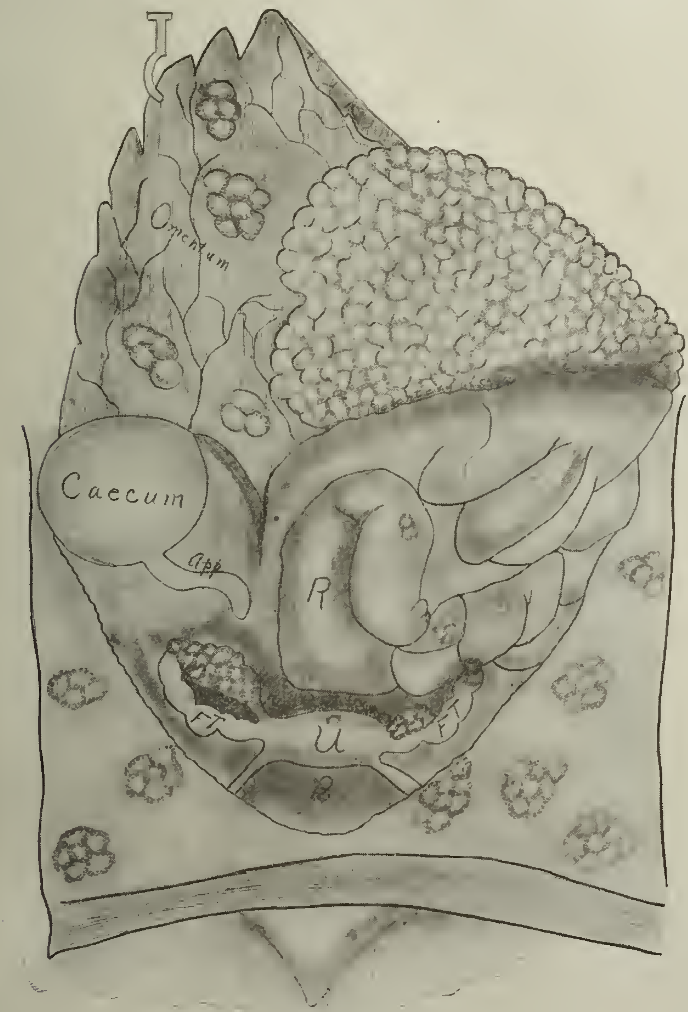


FIG. 3.

Showing papillomatous masses adherent to omentum peritoneal wall, intestines and uterus.
Papillomata of both ovaries seen in situ from behind.

never show a disposition to become malignant. They are usually found accidentally, but when large may reach clinical dignity.

In fact, there is a question of the advisability of classifying them separately from the follicle cysts.

CYSTADENOMAS.

These are true neoplasms in as much as in them the epithelial proliferation is in excess of that required to line the cyst walls. Their origin is probably due to some anomaly in the development of the ovary. Waldeyer suggests that they arise from embryonal rests or from the germinal epithelium of the ovary.

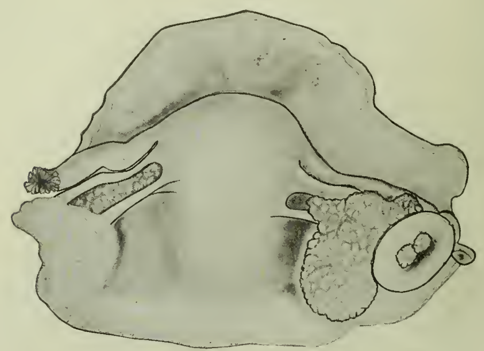


FIG. 4.

The right ovary is transformed into a papillomatous mass and inside a cyst two masses are seen sprouting.

The epithelial activity of these tumors varies greatly and upon this they are readily divided according to Waldeyer into the glandular and papillary types.

The first (Fig. 2), the glandular, is characterized by an abundance of secretion, either pseudomucinous or serous, and its cells content themselves with the formation of new cysts within the parent cyst.

The second, or papillary (Fig. 3), is the one we are most interested in today. In this there is usually less secretion but the cells form many and branching projections into the cyst cavity.

We will read the history of the last one of these cases simply as a type case.

Miss W., entered the hospital on Feb. 14, 1913. Age 44, single, office work.

Family History.—Father living and well. Mother dead. Age 68, one stroke of apoplexy. Brothers, three. One dead in infancy. Sisters, three and well.

Personal History.—Began to menstruate at fifteen, regular but some pain first day.

Past History.—Measles, chicken-pox, sacrlet fever. Always healthy, and spent much time outdoors engaged in various athletics.

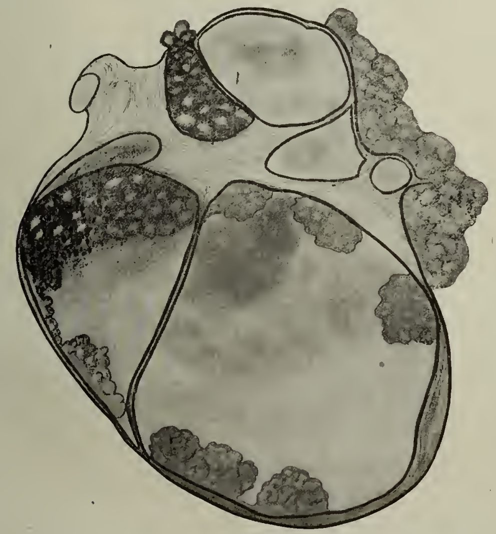
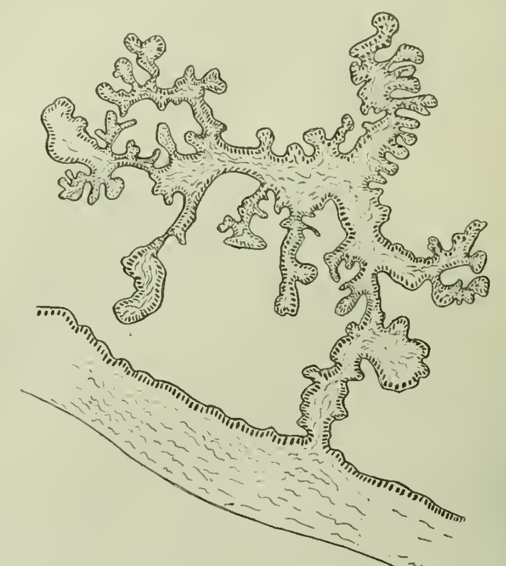


FIG. 5.
Cysto-papilloma of the ovary, with papillomatous masses within and outside of the cysts. A papillomatous mass has ruptured one cyst.

Present Trouble.—Noticed last November that her abdomen was getting larger, also that she felt stuffy, especially after she would eat. Never any pain. No loss of weight or disturbance in menstruation.

Five days ago some pain in right hypocondrium, and once over entire abdomen. At this time she consulted her family physician and was advised to come to the hospital, giving as his opinion that she had an ovarian cyst of some size.

On examination at the hospital, abdomen much distended, it was determined that she had free fluid in the abdomen. The diagnosis lay between tubercular peritonitis and malignant



Diagrammatic microscopic section of a papilloma.

FIG. 6.

Diagrammatic cyst ruptured by a papilloma.

papillo-cystoma of the ovary, with the preference strongly in favor with the latter because of history of outdoor life and

absence of any previous history such as would go with tubercular peritonitis.

Blood Ht. 80%. Leucocytes 8400. Poly's 73%.

Urine 1030 acid. No Alb. No Sug.

Negative microscopically.

On opening the abdomen there escaped a large amount of free fluid. This was rather dark in color. Specific gravity 1030, it being a true exudate.

On inspecting the abdomen (Fig 3), represents a rough sketch of what we saw.

First, the peritoneum was thickly studded with small papillomatous nodules varying greatly in size. Some of these were not larger than a grain of wheat while others were as large as the end of the finger. Upon the surface of the bowels were many similar small nodules. It was in the omentum that the largest masses were found. This largest omental mass was larger than the double fist and occupied the upper left quadrant of the abdomen. This omental mass had far outgrown the original mass and was so adherent that any attempt at removal was out of the question. These masses were readily recognized as papillomatous in character and one naturally thought of the ovary as the site of the primary trouble.

And Fig. 4 is a sketch on a larger scale of what you saw about the uterus.

Largest mass on right side, part papillary and part cystic. Left side, all papillary and on the outside of the ovary, evidently a transplant from the parent mass on the right side.

These papillary cystomas of the ovary constitute a well defined group peculiar in their clinical and microscopical aspects. They were first classified by Waldeyer as a variety of the glandular cystoma.

Oldhansen was the first to draw a sharp line of distinction between the papillomatous and glandular cystadenomata. Most of the later writers have confirmed the observations of Oldhausen. Some have gone so far as to further subdivide the papillomata into species. This would seem of no practical value.

Fig. 5 represents a cross section of one of these papillary cystomas, showing the relation of the papillary masses to the cyst cavities, also illustrating how, when one of these cyst cavities is ruptured, the papilla are turned loose to transplant themselves upon any exposed surface.

They constitute from 12 to 16 per cent of the ovarian cysts

of a size to have clinical dignity. One series reported by Howard Kelley of 138 ovarian cysts, 30 were papilloma.

They are not malignant in the sense that carcinomata are, but by transplantation, only very rarely do they undergo true malignant degeneration. However, Dr. Potter reports a case with pulmonary metastasis. They are very slow growing, as a rule, but occasionally one is found which grows rapidly.

Dr. Miller reports a case living 15 years after the condition was recognized at operation.

Dr. Kelley reports one living 6 years with removal of fluid every eight months.

They are tumors of middle or past middle life.

Average age of Kelley's cases 42.4 years.

They may be either uni-locular or multi-locular. In size they vary greatly, seldom of great size; however, the greater abundance of papillary growth is found in the smaller tumors.

Ascites is sometimes the first symptom and is always present after rupture of the cyst. The fluid is an exudate and not a transudate, it resulting from the secretion of these papillomatous masses as well as the peritoneum.

HISTOLOGY.

Histologically the outgrowths consist of connective tissue framework covered with epithelium. This connective tissue is truly only a framework. A careful examination of the papilla at its earliest stage shows that it begins by a proliferation of the epithelium and as this pushes out from the surface and branches, the connective tissue follows it, lying beneath the surface and carrying the blood and lymph vessels. The tumor is primarily epitheliomatous in its histogenesis, and might be called papillary epithelioma.

Fig. 6 represents in a schematic way the histological appearance of these tumors.

Diagnosis can not be made positive.

So any cyst may be papillomatous and should be so regarded until proven not so.

It all comes back to the same point in treating malignancy regardless in what form or where; that is the importance of early diagnosis. And this can only be obtained by educating the public, especially the women, to the importance of cancer and how it may be recognized and treated.

SURGERY OF THE GALL BLADDER.

J. C. BUTLER, M. D., Stafford, Kan.

Read before Stafford County Medical Society, Dec. 10, 1913.

It is necessary in order to comprehend fully the conditions one finds, in treatment of diseases connected with the gall bladder, to bear in mind its anatomical relations as well as its mechanical provisions, so as it occupies a normal anatomical position, and the organ is, mechanically considered, approximately perfect; there is no call for treatment because the gall bladder becomes distended with bile, which is a non-irritating fluid and empties itself regularly. These functions give rise to no uncomfortable feeling or pain and cause no irritation.

Normally we find the gall bladder suspended from the lower and under surface of the liver as a very slightly distended, pyriform sac, which empties its fluid rapidly into the duodenum. The muscles of the gall bladder are strong and active and are able to empty the contents.

It seems beyond doubt that this pouch shares the fate of all similarly constructed organs in the body—the stomach, the urinary bladder, the pelvis of the kidney, the vermiform appendix; so long as there is nothing to prevent these organs from emptying their contents they are almost certain to remain normal, but when an obstruction occurs, interfering with the normal emptying of the organ, trouble will ensue. In other words, an interference with drainage is sure to cause a certain amount of residual substance which makes the accumulation of bacteria possible, and from this accumulated substance we must expect injury to the lining membrane of the organ. At first it may simply be catarrhal, but later will become destructive to the mucous membrane, causing ulceration; this in turn will result in cicatricial contraction and in further obstruction. With this condition present the prognosis goes from bad to worse.

In the meantime the contents of the gall bladder may have been moulded or formed into gall stones, by contraction of the gall bladder and this give rise to another important element. The lining of the gall bladder is now no longer in contact only with the relatively non-irritating bile, but also with these hard substances which are often of very irregular form and shape; frequently they have sharp angles or projections.

It has been found that bacteria, especially the colon bacillus, are present most of the time in diseased gall bladders and in

gall stones. It has been found that a great many gall bladder cases have previously suffered from typhoid fever, also a large number have been found to have been sufferers from acute or chronic appendicitis. It is rather difficult to determine whether typhoid fever, disease of the gall bladder and of the appendix in appendicitis, is simply a simultaneous infection or whether the infection of the gall bladder is secondary to the other infections.

In experiments among animals it has been shown that the simple infection of the gall bladder gives rise to no pathological condition, provided there is no obstruction to the biliary or cystic duct. The constant flow of new bile seems to be sufficient to dilute and wash away the infectious material to a sufficient extent to make the infection harmless. It is quite different as soon as an obstruction to the ducts occurs, when there is residual bile in which the micro-organism can multiply, a pathological condition will occur which may simply develop into a catarrhal inflammation of the mucous membrane lining the gall bladder, or it may result in the formation of gall stones or a severe inflammation of this organ involving the anatomical structures beyond the mucous membrane.

In man this obstruction may result from inflammation of the mucous membrane of the common duct, due to an infection from the alimentary canal; or as I have observed in a few cases, the gall bladder may be drawn down by adhesions, causing a short bend in the common, or more usually in the cystic duct; or an adhesion between the stomach and duodenum and the liver or the gall bladder may have the same effect. This condition is often due to a gastric ulcer. Again the gall bladder of the female may be forced down out of its normal position by tight lacing and the mucus and bile may be expelled at intervals and may stop the biliary or common duct, and thus form the necessary obstruction to make the infectious material effective. These are some of the cases in which we have the severe gall stone colic.

If this obstruction persists in the presence of infectious material in the gall bladder a suppurative inflammation may occur and this may result in an empyema of the gall bladder; if the infection is severe, especially if there be present spasmodic contractions of the gall bladder, the entire mucous membrane lining the organ may become gangrenous, a condition I have occasionally seen in acute cases. This may in turn extend to the other layers of the gall bladder, resulting in a gangrenous

condition of the entire organ, or this condition may affect only a small portion of the gall bladder. When this is the case, the contraction of the non-affected portion of the gall bladder is likely to cause a perforation at the gangrenous point. It is important to know that these spasmodic contractions of the gall bladder correspond with contractions of the stomach, and that they will subside when the stomach is empty or at rest, only to recur when this condition of rest in the stomach is interrupted. I have seen attacks of gall stone colic which would not subside even after giving large doses of morphine hypodermically; they could be controlled by completely emptying the stomach and irrigating same with warm water. The pain would recur on the taking of any food into the stomach.

Sex and age plays an important part in these cases; nearly four times as many cases have occurred with the female sex; you rarely ever have severe gall bladder cases in people under thirty years of age, although you occasionally see it in the younger.

A very large majority of these cases refer their troubles to their stomach and think the trouble is there. I had a patient consult me in regard to her trouble, as she thought a stomach trouble, when after very careful examination I could make out a very plain case of gall bladder trouble, as all the well pronounced symptoms were present. Patient also gave a history of having suffered from this trouble for more than two years and when told she was suffering from gall bladder trouble she remarked that she knew her trouble was mostly in her stomach as she had never had any pain in the immediate vicinity of the gall bladder. It is said that more than half of the cases of gall bladder trouble have never suffered an attack of biliary colic, only a very small proportion ever show jaundice, very few ever pass gall stones.

The following symptoms will usually enable you to make a positive diagnosis:

First. Digestive disturbances, a feeling of weight or burning in the vicinity of the stomach after eating, gaseous distention of the abdomen.

Second. A dull pain extending from the right of the epigastric region around the right side about at a level with the tenth rib, passing to a point near the spine and progressing upwards under the right shoulder blade.

Third. A point of tenderness upon pressure between the ninth costal cartilage on the right side and the umbilicus, also

the well known Murphy sign of gall bladder disease. It is made by having your patient breathe with the open mouth, allowing the abdominal and other muscles to relax; physician presses his thumb, or, better, his fingers, well up under the border of lower rib on right side; he strikes these fingers while they are in position with the fist of his other hand closed and if patient experiences severe pain at this time in that region it is said by Dr. Murphy to be a positive sign of gall bladder disease.

Fourth. A history of having had one or more attacks of appendicitis or typhoid fever.

Fifth. There may be a slightly yellowish tinge of the skin on the days patient is feeling the worst.

Sixth. There is nearly always an increase of the liver dullness, which is very marked in some cases.

Seventh. There may be some swelling of a variable size opposite the end of the ninth rib.

So long as the gall stones simply remain in the gall bladder without causing any complications the harm to the patient is relatively slight. His comfort will be greatly disturbed on account of the digestive disturbance. The pain will not be extreme and he or she usually accumulates an abundance of fat, especially in the abdominal walls. It has been held by many authorities that it is not wise to make use of radical measures for the removal of gall stones, so long as they do not give rise to any grave disturbances. This would undoubtedly be a proper view to take were the danger to the patient approximately the same before and after the occurrence of these complications. This, however, is not the case, as is shown in different series of cases, given by Dr. Oschner and others. Most all cases that were operated before complications arose recovered, while there were a number of deaths in these cases where the operation was delayed until complications arose. I would unhesitatingly recommend early operation in all these cases, unless there was some well marked contra-indication present, as the cases that are operated early nearly all recover.

The complications that are caused by the presence of gall stones may be chronic in character; taking the form of digestive disturbances and giving rise to almost constant discomfort. This condition is probably due to the interference with the passage of food through the pyloris into the duodenum, causing dilation of the stomach. Patient may be in a constant septic condition from the absorption of residual bile, as well as products of fermentation from the dilated stomach. A chronic sufferer from

gall stones is disturbed more or less every day, and is forced to at times give up his occupation. A great many cases of carcinoma of the gall bladder and liver are brought about by this disease.

The following are some of the principal complications as given by Mayo-Robinson's in his work on this subject:

Acute intestinal obstruction, general hemorrhages, dilation of stomach, dependent on adhesions around the pylorus, ulceration of the bile passages, establishing a fistula between them and the intestines, stricture of the cystic or common duct, abscess of the liver, localized peritoneal abscess, empyema of the gall bladder, infective and suppurative cholangitis, septicaemia or pyaemia, phlegmonous cholecystitis, pyelitis on right side, gangrene of the gall bladder, cancer of the gall bladder or its ducts, subphrenic abscess, empyema of the right pleura, pneumonia of the lower lobe of the right lung, chronic invalidism, inability to work, suppurative pancreatitis, etc.

TREATMENT.

Gall stones and severe infections of the bile tracts have come to be looked on as purely surgical affections. However it is not the best time to operate during the acute attacks; better to operate between attacks. There is very little in a medical way that can be done for these cases. During the acute attack all food should be withheld from the stomach, patient should be fed by rectal enema, stomach should be frequently washed out with warm water, hot applications to stomach and gall bladder region, often the pain so severe as to require the frequent use of morphine hypodermically. Sometimes very large doses fail to give relief if there is any food in the stomach; phosphate of soda given in hot water preferably before meals has seemed to do some good in some of the cases I have treated; succinate of soda is also used. Olive oil in large doses is frequently given in this disease.

I consider these cases as purely surgical, as surgery offers the only hope of a permanent cure. The following is the technique I prefer:

In operations on the gall bladder and especially those upon the bile ducts, considerable advantage may be gained by placing a sand bag at or under the patient's back, at or a little above the level of the liver. This will cause the liver to present in the wound and afford easy access to the cystic and common ducts. For all gall badder operations I prefer the straight incision made through the right rectus muscle, near its outer border. The

upper end of the incision starts at the costal margin and extends downward. The incision is first carried through the skin, superficial and deep fascia down to the muscle fibers. These should be separated longitudinally by means of a blunt instrument, like the handle of a scalpel, so that none of the fibers shall be cut. The incision is completed by carrying it through the transversalis fascia and the peritoneum. The wound should be long enough to admit the entire hand, as advised by different surgeons. This is important because the next step must consist in a careful palpation of the gall bladder, the cystic, the hepatic and the common ducts. This cannot be thoroughly done without the introduction of the entire hand. The pancreas, duodenum and pyloris should be examined at the same time; should it be found that more room is needed the incision can be prolonged upward; after this the parts should be held apart by an assistant with retractors, the gall bladder should be brought up into the wound and packed around with sterile gauze. If there is much distension the bladder can be punctured with a trochar and the fluid allowed to escape, being careful not to allow any of the fluid to come in contact with the peritoneum and other tissues. After this the bladder can be opened with knife or scissors in order to explore the inside, and remove stones, etc. I prefer to catch the bladder on each side where it has been opened with hemostatic forceps and let the assistant hold these while the bladder is being explored. If stones are found they can be removed with a small spoon shaped instrument for this purpose. If there are any stones in any of the ducts of course they should be removed. After the bladder has been emptied of all stones, etc., it should be wiped out with sterile gauze. All these cases should be drained by placing a good sized rubber tube into the bladder, which should be left in for several days. This can be fastened with cat gut or other suture material. The tube is usually ready to be removed by the time the stitches are absorbed. The patient should not be allowed any food for at least three days, and then it should only consist of liquids and only in small amounts. Of course we must be governed by the condition of the patient as regards the diet, etc. These cases should be dressed often until drainage ceases, so as to keep everything scrupulously clean. Patients as a rule recover from these operations in from three to four weeks. I usually give my patients the normal salt solution by drop method for at least twenty-four hours after the operation and longer if indicated. Give strychnia and other stimulants when indicated.

PREVENTION OF TYPHOID FEVER.

DR. J. C. CORNELL, Parsons, Kansas.

Read before the Labette County Medical Society, Oct. 22, 1913.

This paper, like most papers, will be noted for one thing; namely, brevity.

In the discussion of the prevention of typhoid fever, it is essentially important that the cause be taken into consideration. Therefore, in a superficial manner, I will discuss the causes; namely, the excitant and contributive causes. The excitant cause of typhoid fever is by a specific infectious micro-organism, namely, the bacillus typhosus, and as a contributive cause the following must be considered: All substances taken by mouth, the condition of the individual's body as to cleanliness, the disposition of sewage and the presence of insects acting as carriers and so on.

In all probability, the manner in which the greatest number of bacillus typhosus gain entrance into the human anatomy is through articles taken by the mouth into the gastro-intestinal tract. These articles so taken we will tabulate as follows: Milk, water (usually well or spring), oysters, ices, salads of various sorts, celery, meat, cabbage and uncooked vegetables which have grown in soil on which infected material has been used as a fertilizer, this being the most common. Also by unclean fingers and by insects, such as the common house fly.

The next factor is the disposition of sewage, such as garbage, slops, excretions, etc. An additional factor is the season of the year. Therefore, in the taking up of the prevention of typhoid, we must consider the ability of the micro-organism to live. Upon investigation, it has been shown that the bacillus typhosus dies easily from the effects of heat—a temperature of 155 degrees for five minutes readily kills the germ, and the temperature of boiling almost instantly. Thus the advisability of applying this principle whenever possible can be seen. Therefore, heat should be applied to all of the above named foods that can be so treated, and the discontinuation of the use of all vegetables that cannot be cooked is advisable, especially in the summer season. The discontinuation of all ices and ice cream, if there be any question as to the methods of manufacture, is also advisable.

The next important step in the prevention of typhoid, especially in infected districts, is the prevention of contamination by the common house fly, which is probably the greatest dissem-

inator of typhoid fever today. This can be done by proper screening and the destruction of breeding places of the fly, such as manure, etc., as well as the keeping of all animals and fowls that attract flies as far as possible from the living quarters. It has been estimated that the common house fly, which has just fed at an infected spot, carries approximately one million typhoid bacilli.

Next in consideration is the disposition of the sewage, garbage and excreta, which should be taken care of whenever possible in a properly constructed sewer, cesspool or privy vault, never in privy box or in privy on top of ground, and where privy vaults are used they should be disinfected by either slack lime or chloride of lime as often as necessary. All persons nursing or handling infected persons should take the same precautions as for any other infectious disease, to obviate the possible danger of contagion. In addition to this, all cases should be reported to the health authorities as soon as possible after the diagnosis has been made, as this will allow them to start their investigation as to the probable carrier and its elimination, and thereby prevent the further spreading of the disease.

In infected districts the use of the typhoid vaccine has been tried with phenomenal success in the prevention of typhoid fever, giving the individual so vaccinated a temporary immunity. In summing up, the prevention of typhoid rests upon the proper preparation of all stuffs taken by mouth, the proper disposition of all sewage and garbage, and vaccination with the typhoid vaccine.

It will probably be interesting to know the method in which the epidemic of the past season was handled. Upon receiving the report of a typhoid case, inquiry was made as to the age, number in family, from whom meat, groceries, vegetables, milk, ice cream, ices and all foodstuffs were purchased, the source of the water supply, the presence of animals, whether the house was screened or not and the disposition of garbage and sewage. This was made into a chart, and the predominating factors were taken up first for consideration. In this epidemic twenty of the twenty-one cases reported received their milk supply from the same source and seventeen their water from the same source. As these two features stood out most prominently, they were the first to be investigated. The handling of milk was first taken up, as it was the most predominant feature, and the method of handling being found to be fairly satisfactory, the water supply of this dairy was next

investigated and a sample of this water with a sample of the city water, which seventeen people out of the twenty-one had been using, was sent to the state bacteriological laboratories for a bacteriological examination. The State Bacteriologist's report showed that the water from the city contained 25 B. Colli groups, of which the bacillus typhosus is a member, to the cubic centimeter, and that the water from the dairy well contained 50,000 to the cubic centimeter, and furthermore showed a positive test to the tenth dilution, which proved conclusively to her that this was the source of our infection, and, acting upon the instruction of Dr. Crumbine, this well was closed and no new cases were reported.

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THE TREATMENT OF CHILBLAINS.

M. Brocq (La Quinzaive Thérapeutique, Nov. 15, 1913) recommends bathing the affected parts with a decoction of walnut leaves as hot as can be borne, drying carefully and then applying the following powder:

℞ Bismuthi Salicyl. . . . . .10 grm.
Amyli. . . . . .90 grm.

As a preventive, friction with camphorated alcohol is useful.

For the severe itching the following lotion may be rubbed in:

℞ Glycerini

Aq. Rosæ aa. . . . . .50 grm.
Tannin. . . . . .0.10 to 1 grm.

Internally, 2 to 4 of the following pills may be taken a day, to assist in the restoration of vascular tone:

℞ Quin. Sulph.

Ergotin, aa. . . . . .0.05 cgr.
Pulv. Digital. Fol. . . . . .0.005 mgr.
Extract: Belladon. . . . . .0.001 m.

These should be given at the approach of cold weather, with several days' intermission.

To preserve the hands one may also apply the following cream:

℞ Lanolini. . . . . .60 grm.

Ol. amygdal. Dulc. . . . . .50 grm.
Vaselini. . . . . .0.10 cgr.
Essent. Ros. . . . . 10 gtt.

THE JOURNAL
OF THE
Kansas Medical Society.

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Subscription Rates: $2.00 per year, 20c single copy. Advertising rates furnished promptly on application.

The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1908, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 400-1-2 Portsmouth Bldg., Kansas City, Kas.

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EDITORIAL

One cannot rest upon laurels already gained, for they fade and wither unless they have company provided.

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The Doctor: "A public-spirited man; one who looks after the health of the community; one who makes the town and city habitable; one who saves the babies from untimely death; one who transforms pest holes into summer resorts and makes commerce possible between these same pest holes and the rest of the world; one who brought about the successful issue of the greatest engineering undertaking the world has ever witnessed." Join the medical societies and be numbered among the doctors who do things.—Academician, Dauphin County (Pa.) Medical Society.

When you stop to think of it, how many doctors are there who really do things, that do not identify themselves with medical organizations. Look at the men who are leaders in the profession who have accomplished things worthy of note, you will find that they belong to medical societies. The stimulus, learning and the avoidance of ruts which they have all required to reach the summit probably was received in part from their County, State or National Societies. To be big men requires association with others.

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The annual meeting of the State Society will be held at

Wichita May 6-7. The program committee is already at work and they promise things of unusual interest for the meeting. The profession of Sedgwick County has always given us an elaborate entertainment and they say this meeting will be no exception. Now is the time to prepare for the trip. Keep it in mind.

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At the meeting of the Council held in Kansas City January 13th, Dr. W. E. McVey of Topeka was elected editor of the Journal, his term commencing May 1st. Your present editor will have served six years at the expiration of his term and has given the Society his best efforts. Sometimes it has seemed that these efforts have not been crowned with brilliant success and in truth there are many, many avenues in which the Journal can be improved. Undoubtedly the Journal will go forward during Dr. McVey's term of office, for his experience as editor in times past will stand him in good stead. Also his connections with the Society will be of great benefit in getting out a journal of interest to the profession. Dr. McVey served with credit as president of the Society in 1903-4 and is now Councillor for the district and chairman of the Medical Defense Board. We can see naught but success for the Journal in every particular with the new editor at the helm.

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"The well-conducted medical society should represent a clearing house, in which every physician of the district would receive his intellectual rating, and in which he could find out his professional assets and liabilities. We doctors do not 'take stock' often enough, and are very apt to carry on our shelves stale, out-of-date goods. The society helps to keep a man 'up to the times,' and enables him to refurnish his mental shop with the latest wares. Rightly used, it may be a touchstone, to which he can bring his experiences to the test and save him from falling into the rut of a few sequences. It keeps his mind open and receptive and counteracts that tendency to premature senility which is apt to overtake a man who lives in a routine."—Osler's Aequanimitas.

No truer words were ever spoken and coming from the type of men that it does the thought should sink deeper and remain long in our minds. There are, however, many more benefits derived from membership in the medical society. Ours at least provides medical defense against malpractice suits—a thing that many of the members do not remember. This one fact would be worth all that is paid in dues by the members. There are also many other features, social and otherwise, why one should belong to a medical society, but they are so many and not an argument can be raised against any of them that it is the wonder of the age why any one entitled to belong would fail to do so.

In a report of the treatment of Paresis by the combination fever and specific method by Chas. R. Ball, B.A., M.D., in the St. Paul Medical Journal he describes Case No. 10 as follows: "Mr. G. D. admitted to hospital Aug. 4, 1913, age 43, married, two children, both living and healthy; **no history of miscarriages."**

Is it possible that the neglect of finding this history in our male patients is a cause for some of the failures in 606 therapy? The question is open for discussion.

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The subject of railway accidents produced by diseases occurring in railway employees is very ably presented in a paper by S. Grover Burnett, A.M., M.D., Kansas City, Mo., in the January issue of the Medical Herald. This paper was read before the Kansas City Academy of Medicine Oct. 25, 1913, and is a very interesting document which should be read in its entirety by all physicians and surgeons, particularly those who are employed as examining surgeons for railroads. In it is exposed the penurious attitude of the managers of railroads in the matter of the initial fee for examination of applicants for such important positions as engineers, firemen and conductors, and cites the comparative expense attached to the legal department in defending lawsuits which are the outcome in a large percentage of cases from the laxity of thorough examination of one or all of these vocations. It would certainly appear that the business foresight of the managerial departments of such large corporations does not show the alertness that is expected of men occupying such responsible positions, and this from both a financial and preservative standpoint. Thousands of lives are lost and thousands of dollars unnecessarily spent because an engineer has an epileptic or an epileptoid seizure while his hand is on the throttle. Whether this be due to epilepsy itself or to the gumma of syphilis cuts no figure with the result of accident which certainly would be prevented by systematic, well-paid-for and repeated examinations of all trainmen and dispatchers. Drug habits should be impartially inquired into, for there is sufficient evidence to warrant that as one of the causes in dulling the senses, which should be acutely alive at all times within the men in these employments.

Whatever the cause, the eyesight is abnormal, mistaking signals, misreading or misunderstanding orders; the memory is affected, forgetting that which was read; or partial or complete unconsciousness at a critical time, one or all putting in jeopardy,

at least, or destroying many lives or crippling and deforming scores of unsuspecting passengers.

Dr. Burnett cites thirty cases including engineers, firemen and conductors, who were the cause of serious accidents by reason of having been afflicted with either grand mal, petit mal, brain and cord syphilis, incipient paresis, myelitis and morphine, codein, heroin and H. M. C. habit.

The absolute uncertainty of the time when aberration takes place in these individuals makes it all the more hazardous for those depending upon their full, normal brain-working integrity.

It would seem that the fellow trainmen would be more alive to the necessity of frequent and thorough examinations of their entire crew, for Mr. Williams Lee of the Order of Railway Trainmen gave out this statement: "That in that organization one is killed every seven hours and fifteen minutes and every nine minutes a man is injured." Statistics from the Interstate Commerce Commission for June 30th, 1913, lists 3635 employees killed in the United States during the year.

That the vast majority of these trainmen and the traveling public could be better protected by competent and frequent medical inspection of employees is certain.

J. L. B. E.

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In every piece of mechanism of human invention, the inventor has provided a means whereby the working parts may be cleaned out. Flues in a boiler have an outside entrance so that water or some compound may be blown through them. Carburetors have a valve through which oxygen may be forced. Oil is constantly supplied to parts where friction would destroy without its presence, etc., etc.

It has long been and is now a mooted question as to the usefulness of the appendix vermiformis, and it seems to the writer that his eyes have been opened and the purpose of the **Great Inventor of the Human Mechanism** has been solved, after reading Dr. E. M. Magruder's treatment of chronic colitis by irrigation through the stump of the appendix, as presented by him in the Virginia Medical Semi-Monthly for Jan. 9, 1914.

Has anyone ever given a lucid theory for the existence of the appendix?

The writer will answer the question. No! Has anyone ventured to explain its existence? Yes! thousands! Can the writer settle the question for all time to come? Yes! (maybe). Listen!! For centuries past and for centuries to come the hu-

man family have been, are and will be prone to colic. The Inventor of Humans knew this. Maybe that was a part of the punishment coming to him. Coming to him through his offspring, the child. It punishes the parents about as much as the progeny. See! a part of the punishment program.

But the Inventor provided a means of relief; a valve in the colon, through which remedies may be introduced which will mitigate the suffering; the Appendix!

Simple, isn't it? Open the abdomen, bring the appendix to the surface, fasten it and when a colic comes on, put in a chemical compound, oil or oxygen and clean out the colonic flues and there you have it. Simple, isn't it?

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The Department of Health, Division of Child Hygiene, Brooklyn, has issued the following instructions to school nurses:

The following methods will hereafter be used in treating children sent to the nurse by the medical inspector of schools:

Pediculosis.—Saturate head and hair with equal parts of kerosene and sweet oil; next day wash with solution of potassium carbonate (one teaspoonful to one quart of water), followed by soap and water.

Favus, Ringworm of Scalp.—Scrub with tincture of green soap, cover with flexible collodion. Severe cases: Scrub with tincture of green soap, paint with tincture of iodine and cover with flexible collodion.

Ringworm of Face and Body.—Wash with tincture of green soap, and cover with flexible collodion.

Scabies.—Scrub with tincture of green soap, apply sulphur ointment.

Impetigo.—Remove crusts with tincture of green soap, apply white precipitate ointment.

Molluscum Contagiosum.—Express contents, apply tincture of iodine on cotton toothpick probe.

Conjunctivitis.—Irrigate with solution of boric acid.

This simple, effective line of treatment should be adopted by every school in the country. It is more especially applicable in the larger cities where the schools draw upon tenement houses and the lower classes for their enrollment.

EDITORIAL CLIPPINGS.

GORGAS APPOINTED SURGEON-GENERAL.

The announcement that the President has nominated Col. William C. Gorgas as Surgeon-General of the Army of the United States, with the rank of brigadier-general, will be received with approval, not only by the medical profession, but also by the public. Probably not since the days of the Civil War has it been possible for a President to make an appoint-

ment that will cause so much general satisfaction. The people of the United States justly regard the construction of the Panama Canal as one of the great achievements in our national history. From the point of view of the constructing engineer, its completion, in advance of the estimated time and at less than the estimated cost, is a triumph for American engineering skill, for the Army engineer and for West Point training.

For his masterly ability as an organizer and administrator, highest praise is due to Colonel Goethals, and any reward which Congress or the President may see fit to confer on him will be well deserved; but the mechanical construction of the Panama Canal differs from other engineering feats only in size. The work of the Sanitary Department under Colonel Gorgas has not only been the greatest task of sanitation that has ever been undertaken, but it is also unique and epoch-making. For the first time in human history a region which, since the earliest traditions of civilization, has ben regarded as a plague spot in which it was impossible for civilized man to live and work, has been converted into a place fitted for enjoyable habitation and labor, with a death-rate below that of the most modern cities. Such an achievement is not only of the most vital importance in making possible the construction of the canal, but it also has a broader and a far greater significance. It is a practical demonstration on a large scale of the possibilities of preventive medicine and of the application of scientific discoveries of the past fifty years in the prevention of disease.

While the general public will most readily grasp the importance of this work on account of its humanitarian aspect, the world of business has been convinced, as never before, of the practical commercial value of modern sanitation. Regions of the earth which have heretofore been closed to civilized man are, through Colonel Gorgas' work, made as habitable as any portion of our own country. Any section of the earth can now be developed, provided the cost of proper sanitation is provided. And in view of the results the cost is not prohibitive, but is a sound financial investment. Municipal and community health can be bought like any other commodity, and the responsibility for a high death-rate rests directly on those in authority. The public can fix its own death-rate by the amount it is willing to spend. These are new discoveries for civilization. Colonel Gorgas has worked them out to a positive demonstration. No matter what the future may have in store, civilized man can never recede to his old position of fatalism, resignation or indifference to the

ravages of epidemic disease.

It is characteristic of the man and of the profession which Colonel Gorgas represents so well, says The Journal of the American Medical Association, that no reward in the form of great wealth will be his, nor would it be considered or accepted. The promotion which is his by right of seniority and which he has doubly earned by achievement, the holding for a few years of the position as Surgeon-General until the time for his retirement comes, the quiet and peaceful years of rest which he has so well earned, the satisfaction of work well done for the good of humanity—these are the modest rewards which will be bestowed on Colonel Gorgas, and they are the only rewards which would be worthy of the man, of his profession and of his monumental work.

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SOCIETY NOTES.

Cowley County at their annual meeting elected Dr. Walter P. Guy president and Dr. B. C. Geeslin secretary.

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The Tenth Annual Conference of the American Medical Association on Medical Legislation and Medical Education will be held at the Congress hotel, Chicago, Feb. 23 and 24.

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At the annual meeting of the Douglas County Medical Society held at Lawrence Jan. 13th Dr. H. L. Chambers was elected president and Dr. E. J. Blair secretary.

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Franklin County at their annual meeting held Dec. 30th elected Dr. Willis L. Jacobus president and Dr. James P. Blunk secretary.

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At the annual meeting of the Reno County Medical Society held at Hutchinson Jan. 2d Dr. C. L. McKittrick was elected president and Dr. W. F. Schoor secretary.

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Sedgwick County at their annual meeting at Wichita Dec. 16th elected Dr. Lloyd P. Warren president and Dr. F. S. Whitman secretary.

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The Northeast Kansas Medical Society will hold its annual meeting at Kansas City Thursday, Feb. 19th. The meeting in the afternoon will be held at the Mercantile Club and in the

evening at the Grund hotel. The society will be entertained by the Wyandotte County Medical Society.

The feature of the meeting will be a symposium on "Gastric and Duodenal Ulcer" by Dr. M. Shoyer of Wheaton, Dr. E. T. Shelley of Atchison and Dr. Geo. M. Gray of Kansas City. The balance of the program will be as follows:

Dysmenorrhea, Dr. J. C. Shaw, Holton.

Paper, Dr. L. S. Milne, Kansas City.

Report of a Case of Diabetes, Dr. C. R. Townsend, Centralia.

Paper, Dr. P. B. Matz, Leavenworth.

Acute Diseases of the Upper Respiratory Tract, Dr. H. L. Alkire, Topeka.

Vital Statistics, W. J. V. Deacon, Topeka.

Paper, Dr. C. C. Nesselrode, Kansas City.

Paper, Dr. H. M. Conner, Topeka.

Talk, Prof. John Sundwall, University of Kansas.

The Wyandotte County Medical Society held its annual banquet at the Grund hotel, Kansas City, Kansas, January 13th, 1914. The Society had as guests the officers of the State Society. The banquet was held at 9 o'clock and one hundred and fifteen physicians sat down. After the spread, which was accompanied by Riley's orchestra and the Sumner High School Glee Club, the following speakers were heard: Dr. J. F. Hassig, President Wyandotte County Medical Society; Dr. W. F. Fairbanks, Dr. M. F. Jarrett, President State Society; Dr. Geo. M. Gray, Hon. Charles A. Miller and Drs. C. S. Kenney, C. C. Goddard, W. E. Currie, and Arch D. Jones, Councillors. After the speaking was finished stereopticon pictures of the deceased members of the Society were thrown on the screen, then pictures of all the ex-presidents. These were followed by pictures in caricature of some twenty-five of the members and some of the guests. Taken all in all the banquet was probably the best one ever given by the Wyandotte County Medical Society.

These little amusements where almost the entire local profession gather has helped a great deal to promote the good feeling which now exists amongst the profession of this county.

C. C. NESSELRODE, Sec.

The Brown County Medical Society at its regular meeting Jan. 6 at Hiawatha elected the following officers: President, Dr. Jas. M. Robinson, Morrill; Vice-President, Dr. W. G. Em-

ery, Hiawatha; Secretary and Treasurer, Dr. H. J Harker, Horton; Censors, Dr. B. J. Alexander, Hiawatha, Dr. L. Reynolds, Horton; Delegate to State Meeting in Wichita, Dr. H. J. Harker, Horton; alternate, Dr. H. J. Deaver, Fairview.

Two applications for membership were reported.

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NEWS NOTES

Don't miss the annual meeting of the Northeast Kansas Medical Society to be held at Kansas City Thursday, Feb. 19th. The program will be found under the "Society Notes."

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Dr. J. O. Ward has moved from Horton to Atchison.

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Dr. Jeffrey Martin has moved from Galena to Pittsburg, Kansas.

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Dr. Victor E. Watts has moved from Bellaire to Smith Center.

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Dr. C. H. Case of Basehor is doing post-graduate work in New York.

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Dr. H. L. Goss, formerly of Sedan, has located at Horton.

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Dr. Chas. F. Menninger of Topeka, who was operated upon January 9th for removal of gall-stones, is reported to be improving.

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Dr. John C. Cornell has resigned as city physician of Parsons.

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Dr. Verne H. Banteleon of Kansas City, Kansas, was married Dec. 30th to Miss Alma Bell Davis of Hiawatha.

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Dr. S. B. Koory has moved from Norton, Kansas, to Humphrey, Nebraska.

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Dr. J. B. Armstead has moved from Winchester to Topeka.

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Dr. G. M. Wooden has moved from Bluff City to Anthony.

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Dr. H. C. Hopper has moved from Lawrence to Nokomis, Ill.

Dr. B. F. Hawke of Harper, Kansas, has been appointed superintendent of the new asylum for the insane at Larned, Kansas. This new institution will be ready to receive patients about February 1st.

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Dr. John H. O'Connell of Topeka was married to Miss Evelyn Fiero of Dallas City, Ill., December 22d.

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Dr. P. B. Matz, assistant surgeon of the Soldiers Home at Leavenworth for many years past, has resigned and will be pathologist for St. John's and Cushing Hospitals in that city.

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Dr. B. F. Hawk of Harper has been appointed superintendent of the Larned State Hospital for the Insane, which will be ready to receive patients by Feb. 1st.

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OBITUARY.

Francis M. Pickens, M.D. Rush Medical College, 1870; one of the oldest practitioners of Winfield, Kan.; a veteran of the Civil War; died in his office in Winfield, December 17, from accidental gas asphyxiation, aged 72.

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Mordecai Davis Elder, M.D. College of Physicians and Surgeons, Keokuk, Iowa, 1878; a Fellow of the American Medical Association; one of the oldest practitioners of Bourbon County, Kan.; died at his home in Mapleton, December 18, from angina pectoris, aged 65.

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Marshall R. Borst (license, Kansas, 1901); a practitioner for twenty-five years and a member of the Kansas Medical Society; at one time Health Officer of Mitchell County; died at his home in Glen Elder, December 24, from cerebral hemorrhage, aged 58.

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Thomas M. Zane, M.D. Missouri Medical College, St. Louis, 1877; a Fellow of the American Medical Association; of Osage City, Kan.; died in a hospital at Emporia, January 10, from nephritis, aged 61.

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William G. Graham, M.D. New York Homeopathic Medical College, 1866; a pioneer resident of Cowley County, Kan.; died at his home in Winfield, January 2, aged 73.

REVIEWS.

Dr. George W. Crile in his advocacy of nerve blocking in anaesthesia as presented by him in The Southern Medical Journal gives these clinical results and summary:

The test of any research, any theory, is the clinic—and the clinic only. Any theory is worthless unless it gives practical results. The clinical results I can report have been confirmed by the personal experience of a number of good clinicians—Bloodgood, Cabot and others. The work of the nurse is greatly minimized and the clinical aspect in or out of the operating room is altered. My associate, Dr. W. E. Lower, and I during the past year performed 729 abdominal sections under this method with a mortality rate of 1.7 per cent, and in the Lakeside Hospital service, where all kinds of acute emergencies are met, and where most of my own private work is done, there were performed by my associates and myself in the past year operations on 2,672 patients with a mortality rate of 1.9 per cent, and in the last 1,000 cases .8 of 1 per cent, a result never before approached in the Lakeside Hospital.

The brain being a tissue of surpassing delicacy is damaged with wonderful facility by injury and by fear and worry. The good risk patient when operated by almost any method by almost any surgeon of experience, will recover from his operation, but the delicate nervous organization is only too frequently shattered by the experience. We now understand why. Though the principle is clear, the technique demands to a certain extent a re-education of the surgeon; it demands a certain amount of detail and precision; it demands far more consideration for the patient; but through anoci the destiny of a patient is to a greater degree placed under the control of the surgeon, who through it is enabled to reduce both the morbidity and the mortality.

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SULPHURIC ETHER LAVAGE.

In a preliminary clinical report of thirty cases treated by the Souligoux-Morestin method of sulphuric ether lavage of the peritoneal cavity, G. De Tarnowsky, Chicago (Journal A. M. A., January 24), says that his attention was called to the method during a recent visit to the Paris clinics where it is used in five hospitals as a routine measure in all laparotomies. It was his privilege to watch the modus operandi and to notice the absence of unfavorable sequels. Eight years' experience with ether as a local disinfectant had convinced him already that it was harm-

less as regards cell degeneration and he quotes the French authorities to the same effect. He began using it in his abdominal operations in the latter part of August, 1913, in both private and charity cases with uniformly gratifying results. The technic is described by him as follows: "After removal of pathologic tissue free pus is carefully wiped out; then ether is freely poured into the abdomen and is allowed to come in contact with all of the viscera in a case of general peritonitis. The viscera are literally washed in ether, hence the term 'lavage' adopted by the French. As much as a quart of ether has been thus used. After having remained in contact with the abdominal organs for from two to five minutes, it is mopped out by means of gauze sponges and the abdomen is closed with one small drain. In circumscribed peritonitis the pus cavity, having been wiped out, is filled with ether and the abdomen is closed without drainage. In pelvic peritonitis, ether-soaked sponges are applied to all involved surfaces, and then 2 ounces of ether are poured into Douglas' pouch and the abdomen is closed without drainage. The immediate effect of ether, thus applied, is to cause a momentary capillary contraction followed by hyperemia of the viscera. There is a moderate formation of carbon dioxid in the abdomen, evinced by a bubbling sound and the escape of bubbles from the surface of the ether. Ether is slowly absorbed by the serosa; this is proved by the fact that no change in the anesthesia of the patient has been reported to date." De Tarnowsky's thirty cases included three cases of gangrenous appendicitis with general peritonitis, four cases of localized abdominal peritonitis, two of pelvic peritonitis and one of acute cholecystitis with adhesions in which the bactericidal action was very apparent. The remaining cases were not acutely septic. In 75 per cent the postoperative pain and restlessness were lessened and were not increased in the remaining 25 per cent. He is convinced that there is less pain than there is ordinarily encountered and there was no mortality in this series. Experimental study on animals is being carried on by Dr. Bissel in the Cook County Hospital and will be reported later.

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Way to Vaccinate.—The vaccination process should stop at the vesicle and in order to make sure of this, Dyer (American Journal of Tropical Diseases and Preventive Medicine, New Orleans) says, the physician should see to it that the eruption stops with the vesicle, by purposefully breaking the vesicle and treating the site antiseptically. This practice, Dyer has followed for nearly twenty years, with a happy satisfaction in the knowl-

edge that the proverbial "sore arm" is prevented and that the scar of vaccina is either avoided, or is reduced to a minimum.

The way to vaccinate should be based on the following technic: Clean the area thoroughly with soap and water; follow with alcohol sponging. Be sure the alcohol dries off well, so as to leave the area aseptic but not antiseptic. Vaccinate by any aseptic method; the writer usually employs the point coming with the glycerined vaccin and the area is scarified. Cover the area of vaccination at once with sterile cotton and hold in place with collodion. A shield may be used over this dressing to prevent its removal. Conduct the vaccination as you would any other surgical case. Have the patient return on the third, fifth and seventh days. If there are no symptoms of itching, or of pain, do not remove the dressing until the fifth or seventh day.

On the day the dressing is removed, if there is no sign of vesiculation, reapply sterile dressing as before. On the seventh day, look again for the vesicles; if none, repeat dressing. Do this every two days until the tenth or twelfth day. If no vesicles show, revaccinate and proceed as before. If the vesicle shows at any dressing, brush the surface with tincture of iodin, then carefully clip the top off of the vesicle with a pair of sterile scissors. Paint the base of the vesicle with a thirty grain to the ounce solution of nitrate of silver, or with pure phenol (followed with alcohol). Put on a sterile dressing, or an antiseptic dressing. Change the dressing every two days. At the end of four or six days, there is a dry crust (not pustulating). Now the patient can take care of the wound, with a dressing of ichthyol (20 grains), phenol (10 grains), ointment (oxid of zinc ointment, 1 ounce), changed night and morning. The evils of vaccination, particularly those incidental conditions following the pustulating arm, Dyer claims, are prevented by such a procedure. There can be no impetigos, and erythema multiforme and its congeners cannot result from pus absorption.

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BALSAMS IN GONORRHEA.

Ribolet (Ann. des, mal ven., December, 1912) considers that the administration of balsams in the early stages of gonorrhea increases the duration of the disease, and often causes complications. He points out that the balsams have no bactericidal action on the gonococcus, and only diminish the pain and the suppuration. But to diminish suppuration in the acute stage of gonorrhea is to counteract the natural means of evacuation of the

gonococci, the latter, instead of becoming absorbed by the phagocytes, remain in the urethra and penetrate into the mucous membrane and urethral glands. He, therefore, recommends that balsams should not be given till the gonococci have disappeared. Among the complications which he considers may be due to early administration of balsams are gonorrheal rheumatism, stricture, and chronic inflammation of the glands of the urethra and prostate. Balsams are, however, useful in the discharge of the disease when gonococci have disappeared from the discharge, especially in cases of posterior urethritis, with dysuria or hematuria. Balsams should be given in large doses at first, and then gradually decreased.

CEREBRO-SPINAL MENINGITIS.

Dr. Noble P. Barnes, of Washington, D. C., in Interstate Medical Journal, St. Louis, September, has a paper on Cerebro-Spinal Meningitis; Some Atypical Manifestations and a New Diagnostic Aid. He concludes with the following facts as worthy of mention:

1. That cervical opisthotonos was one of the very last signs to develop.
2. The contraction of the recti and other abdominal muscles, noticeable in all the cases.
3. In several of the cases the symptoms for a week or more could have been mistaken for any other disease on account of the absence of the classical symptoms of meningitis.
4. The disproportion between the pulse-rate and temperature, particularly noticeable in three of the cases.
5. The dilatation of the pupils produced in all cases when Kernig's signs was being elicited, also in several instances when the head was being flexed upon the chest.
6. The complete covering of the palate with herpes vesicles in two of the cases.
7. The ability to produce the rash in true cerebro-spinal meningitis with the electric light and reflector, which phenomenon could not be induced in meningitis due to other organisms.
8. The necessity for prompt examination and re-examination of the spinal fluid.
9. The importance of making a leucocyte count.—New Jersey State Medical Journal.

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NEW AND NON-OFFICIAL REMEDIES.

Since publication of New and Non-official Remedies, 1913,

and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-official Remedies":

Radium and Radium Salts.—Radium is used in medicine in the form of its chloride, bromide, sulphate and carbonate. The therapeutic value of radium salts depends on the emanations which are given off from the radium. Radium emanation consists of alpha-rays, beta-rays and gamma-rays, the latter being similar to X-rays and therapeutically the most useful. The quantity and concentration of radium emanations are expressed in terms of "curie" and Mache units. A "curie" is the amount of emanation in equilibrium with 1 gm. of radium and a microcurie is one millionth of a "curie." A microcurie is equivalent to about 2,500 Mache units. It has been claimed that radium emanation is of value in all forms of non-suppurative, acute, subacute and chronic arthritis, in chronic muscle and joint rheumatism, in arthritis deformas, acute and chronic gout, neuralgia, sciatica, lumbago and in tabes dorsalis for the relief of lancinating pains. Its chief value is in the relief of pain. Surgically marked results are obtained in the removal of epitheliomata, birthmarks and scars. Radium may be administered in baths, by subcutaneous injection in the neighborhood of an involved joint (0.25 to 0.5 microcurie in 1 or 2 cc. distilled water), by local application as compresses (5-10 micocuries), by mouth as a drink cure (in increasing doses of from 1-10 to 10 microcuries three or more times a day), by inhalation, the patient for two hours daily remaining in the emanatorium, which contains 0.0025 to 0.25 (average 0.1) microcurie per liter of air.

Radium Chloride.—Radium chloride is supplied in the form of a mixture of radium chloride and barium chloride, and is sold on the basis of its radium content. Radium Chloride, Standard Chemical Co., Radium Chemical, Pittsburgh, Pa.

Radium Sulphate.—Radium sulphate is supplied in the form of a mixture of radium sulphate and barium sulphate and is sold on the basis of its radium content. Radium Sulphate, Standard Chemical Co., Radium Chemical Co., Pittsburgh, Pa. (Jour. A. M. A., Jan. 3, 1914, p. 41.)

Sodium Acid Phosphate.—Sodium Acid Phosphate (Sodii Phosphas Acidi), NaH_2PO_4, H_2O, is the monosodium dihydrogen salt or orthophosphoric acid, containing not less than 82 per cent of anhydrous sodium acid phosphate. Sodium acid phosphate is administered to render the urine acid or to increase

its acidity. It is used for this purpose to assist the action of hexamethylenamin, which is effective only in acid urine. It should be given so that it has left the stomach before the hexamethylenamin is given. Non-proprietary preparations: Sodium Acid Phosphate, M. C. W., the Mallinckrodt Chemical Works, St. Louis, Mo.; Sodium Phosphate, Monobasic, P. W. R., the Powers-Weightman-Rosengarten Co., Philadelphia, Pa. (Jour. A. M. A., Jan. 10, 1914, p. 127.)

Slee's Refined and Concentrated Tetanus Antitoxin(Globulin Solution).—For description of Tetanus Antitoxin see N. N. R., 1913, p. 218. Abbott Alkaloidal Co., Chicago.

Slee's Normal Horse Serum.—For description of Normal Horse Serum see N. N. R., 1913, p. 236. Abbott Alkaloidal Co., Chicago. (Jour. A. M. A., Jan. 10, 1914, p. 128.)

Ampoules Emetine Hydrochloride, P. D. & Co.—Each ampoule contains emetine hydrochloride 0.02 gm. Parke, Davis & Co., Detroit, Mich. (Jour. A. M. A., Jan. 10, 1914, p. 128.)

Phenolsulphonephthalein.—A product differing chemically from phenolphthalein in that a carbonyl group of the latter has been replaced by a sulphone group. Phenolsulphonephthalein is used to determine the functional activity of the kidneys. It is injected intramuscularly or intravenously and it rate of excretion determined colorimetrically. Phenolsulphonephthalein is a red powder which yields a deep red solution with water or alcohol containing an alkali.

Phenolsulphonephthalein, H. W. & Co.—Made by a special process and said to be exceptionally pure. Hynson, Westcott & Co., Baltimore, Md.

Phenolsulphonephthalein Ampoules.—Each contains a solution of 0.006 gm. phenolsulphonephthalein, in the form of the monosodium salt. Hynson, Westcott & Co., Baltimore, Md.

Sterile Ampoules of Mercury Salicylate.—Each contains 0.06 gm. of mercury salicylate N. N. R., suspended in a vegetable fat. Hynson, Westcott & Co., Baltimore, Md.

Salvarsan-Ehrlich, Suspension in Ampoules.—Each contains 0.1 gm. of salvarsan, suspended in a vegetable fat. Hynson, Westcott & Co., Baltimore, Md.

Neosalvarsan-Ehrlich, Suspension in Ampoules.—Each contains 0.15 gm. neosalvarsan suspended in a vegetable fat. Hynson, Westcott & Co., Baltimore, Md. (Jour. A. M. A., Jan. 24, 1914, pp. 297 and 298.)

Elarson.—Elarson is the strontium salt of chlorarsenobehenolic acid, containing about 13 per cent of arsenic and about

6 per cent of chlorin. It has the action of arsenic, but the arsenic being in lipoid-like combination is said to be better utilized and to exert its therapeutic effects in similar doses than other organic arsenical preparations. Also, it is said to produce relatively little gastric irritation. It is sold only in the form of Elarson tablets. The Bayer Co., New York. (Jour. A. M. A., Jan. 31, 1914, p. 379.)

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PROPAGANDA FOR REFORM.

The Action of Hexamethylenamin.—It has been shown by Hanzlik and Collins that hexamethylenamin can act only in body fluids which are acid in reaction, namely, the gastric juice and the urine. The only part of the body in which hexamethylenamin may be expected to exert an antiseptic action is in the urinary tract, and then only if the urine is acid. If the urine is not acid already sodium acid phosphate should be administered to render it so. The administration of sodium or potassium acetate or citrate, in sufficient quantity, will render an acid urine alkaline and inhibit the action of hexamethylenamin. (Jour. A. M. A., Jan. 3, 1914, p. 43.)

Odor-o-no.—Odor-o-no, the Odorono Company, Cincinnati, Ohio, is sold as the "anti-dress shield toilet water." It is claimed to eliminate excessive perspiration and to be absolutely harmless. Confirming the analysis made by the Indiana state chemists some time ago, the A. M. A. Chemical Laboratory reports that now, as when examined before, Odor-o-no is a strong solution of aluminum chloride. When this solution is applied to the skin, it will be decomposed by the perspiration into free hydrochloric acid which will attack and irritate the skin, and aluminum hydroxide which tends to clog up the pores. (Jour. A. M. A., Jan. 3, 1914, p. 54.)

Hydrocyanate of Iron, Tilden.—While from the name one would judge Hydrocyanate of Iron, Tilden, to be a cyanide of iron, analysis in the A. M. A. Chemical Laboratory has demonstrated the preparation to consist essentially of equal parts of talc and Prussian blue, with traces of organic matter having the properties of alkaloids. Prussian blue is a remedy that has been used for epilepsy and found wanting. (Jour. A. M. A., Jan. 3, 1914, p. 58.)

The Quality of Sodium Acid Phosphate.—As it appears probable that the use of sodium acid phosphate will increase and since previous experience has emphasized the unreliability

of little used drugs, the A. M. A. Chemical Laboratory deemed it important to examine the market supply. While the official sodium phosphate may be obtained of exceptional purity, the examination showed that the market supply of sodium acid phosphate was decidedly variable and much less pure, although not seriously impure. Based on the examination the laboratory proposed standards which were thought fair, both to those who make it and those who use it in their practice. The examination showed the product of the Mallinckrodt Chemical Works and of the Powers-Weightman-Rosengarten Company to comply with the proposed standards. Acting on the report of the laboratory, the Council on Pharmacy and Chemistry decided to describe sodium acid phosphate in New and Nonofficial Remedies, and, having adopted the proposed standards of purity, accepted the two brands named for inclusion with N. N. R. (Jour. A. M. A., Jan. 10, 1914, p. 142.)

Hypo-Quinidol.—While no definite statements appear to be contained in the advertising matter sent out by R. W. Gardner, certain statements suggest that Hypo-Quinidol might be some sort of a quinin hypophosphite preparation. But if this is true, its action would be the same as other salts of quinin and the extravagant claims made could not be substantiated. Hypo-Quinidol is a preparation the composition of which is secret and for which highly improbable claims are made. (Jour. A. M. A., Jan. 10, 1914, p. 148.)

The Richie Morphin Cure.—The Richie Company was discussed in Collier's Great American Fraud series as one of the concerns which under the guise of mail-order "cures" for the morphin habit fosters the slavery of the drug habit by substituting for the morphin addiction an addiction to their villainous mixtures of opiates. More recently shipments of the Richie "cure" were seized by the Federal authorities and found on analysis to contain from 7.21 grains to 15.95 grains of morphin sulphate to the fluidounce. (Jour. A. M. A., Jan. 10, 1914, p. 144.)

Radium in Carcinoma.—Sparmann reports on the after-history of fifty-three cases of carcinoma treated with radium. Of these eleven have died since the treatment, in six the tumor has disappeared, in five the condition seems improved, in seven the condition is aggravated and in the others the treatment was not continued because the condition of the patients had become worse. While these results show that radium is a remedy of

use in the treatment of cancer it is not a sovereign remedy as some enthusiastic reports would have us believe. (Jour. A. M. A., Jan. 17, 1914, p. 212.)

Expurgo Anti-Diabetes.—The claim made for Expurgo Anti-Diabetes (sold in Canada as Sanol Anti-Diabetes) that it is "The only positive cure for diabetes" and others of this character should be sufficient to condemn it. Nevertheless medical journals advertise it and physicians have been found to give testimonials for it. Examination in the A. M. A. Chemical Laboratory showed that Expurgo Anti-Diabetes is essentially a watery solution of plant extractives with small quantities of sodium salicylate and salt. The exploiters claim that their stuff contains the fruit and bark of jambul, rosemary, star anise and fluid extract of calamus, cinchona, cola, condurango and gentian. One of the claimed ingredients, jambul, was in vogue as a remedy for diabetes some years ago. It was tried and found wanting and relegated to the therapeutic scrap heap. (Jour. A. M. A., Jan. 24, 1914, p. 312.)

Case's Rheumatic Specific.—This is a "patent medicine" sold under the inferential claim that it does not contain salicylate. A package bearing the statement that this medicine "cures where all else fails rheumatism; muscular, sciatica, lumbago, gout, neuralgia, neuritis" contained one box of "Rheumatic and Gout Pills" and one of "Bilious and Liver Tablets." Examination in the A. M. A. Chemical Laboratory showed the first to contain sodium salicylate with some magnesium oxide and licorice root, while the second was found to contain aloin or some preparation of aloes as the purgative constituent. (Jour. A. M. A., Jan. 31, 1914, p. 394.)

MISCELLANEOUS.

THE OPEN WINDOW.

A medical inspector of the Philadelphia public schools recently made an experiment to determine the value of cold fresh air in school rooms, with the cooperation of the teachers and parents of the pupils.

He opened the windows at the top and bottom and kept them open during the entire winter. The room was shut off from the heating plant of the building except when the temperature fell below 45° F. The children wore extra wraps and had fre-

quent drills and exercises. Week by week during the fall, winter, and spring he weighed and examined the pupils, watched their study and their play and compared their progress in health and scholarship with that of pupils in another room of the same building. In the latter room the pupils were of similar grade and of about the same number, but the room was heated and ventilated by the usual methods. The pupils in both rooms were normal healthy children from the same kind of homes so that the test was as fair, accurate and searching as possible.

At the end of the experiment it was found that the pupils in the open window room had averaged a gain in weight more than twice as much as those in the warm air room. They had also been wholly free from colds and had been more regular in attendance than the others. They were also more alert, learned their lessons better, needed less review work, and were better behaved. In health and happiness and in development of mind and body they had a clear advantage over the others. This Philadelphia experiment not only gave to children who were well some of the good things which nature intended that they should enjoy but it demonstrated to school officials and parents the advantages of low temperature in the school room.

The result of this experiment was that the school board in Philadelphia has authorized the establishment of open window classes in several other schools.—West Virginia Medical Journal.

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ACTION OF CHLORIDS ON CALOMEL.

It is customary to warn patients who have taken calomel to refrain from salt or salted foods for some hours at least, after the medicine has been taken. Occasional complications which follow the taking of calomel have for a long time raised the question of a possible decomposition of calomel, with the formation of corrosive sublimate, in the presence of the sodium chlorids in foods. The question of the incompatibility of calomel and of table salt has been studied again recently. Dr. Patein, head pharmacist at the Lariboisière hospital, recently reported before the Académie de mèdecine the results of his experiments, which show that practically calomel is transformed into the sublimate by chlorids and lactates of sodium and ammonium, performed or not, only when these salts are neutral. Decomposition begins only when the medium becomes alkaline. Sodium chlorid has the property of protecting calomel against the decomposing action of sodium carbonate. The purgative action of calomel cannot be attributed to its partial decomposition in the stomach.

Patein found that dogs which had taken calomel mixed with salt showed no symptoms of intoxication.—Journal A. M. A.

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THREE TYPES OF PHYSICIANS.

I have found three types of men in the medical profession. They are the muckrakers, not in the modern signification of that word, but with its classic definition from Bunyan, the fellow whose sole purpose is the raking together of dollars, no matter how dirty; the wooden-headed mechanic, mechanically working at the trade of medicine; and the true professional man, the high priest of purity, serving at the altar of clean, sound manhood and womanhood for the "healing of the nations."—Dr. G. Henri Bogart, Notes, Northumberland County (Pa.) Medical Society.

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CLINICAL NOTES

No case of ectopic gestation should be allowed to go on after rupture or abortion. When the patient comes to the surgeon with child from the fifth to seventh month it is better to delay operation in the child's interest. Some operators claim it is better to defer operation until the child's death in order that the placental circulation may cease and lessen danger of hemorrhage. —Dr. S. B. Moore, Virginia Medical Semi-Monthly.

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The worst of all methods, so far as the preservation of the scalpel is concerned, is to put it in the flame or in a dish with alcohol to be lighted. This may be done in case of urgency, but it must be recognized that the knife will cut pretty badly—it will be quite ruined forever; if sterilized by boiling it will cut abominably, but it can be repaired by grinding. The nature of the operation will help to determine the choice.—Dr. Dubreuilh, University Medical Record.

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The usual course of a goiter beginning with a constantly increasing glandular hyperplasia and ending as glandular atrophy, with accumulation of colloid, represents the two extreme anatomical pictures of hyperthyroidism and hypothyroidism. The anemia, insomnia, muscular weakness, intestinal disturbances, tachycardia, exophthalmos, dyspnea, nervousness, and hypersusceptibility to high temperature, show the hyperthyroid state. The pallor, puffiness of the skin, loss of hair, mental torpor, clamminess, slow pluse, gallstone-like attacks, tendency to lipomata, represent the hypothyroid state or condition of myxedema.—Dr. J. F. Corbett, St. Paul Medical Journal.

The old-fashioned method of using a bedroom pillow supplemented with strips of board on either side is still an excellent dressing, especially in fractures of the leg. Plaster-of-Paris dressings are difficult to properly adjust, and should never be used until one has acquired considerable skill in their application. In my opinion there are certain parts of the body where plaster-of-Paris should never be used except by surgical experts, that is, in fractures of the shaft of the humerus and femur, and in obscure injuries about the elbow and knee joints.—Dr. J. Alex. Hutchison, Canadian Journal of Medicine & Surgery.

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Fracture by slight or indirect violence suggests the possibility of some disease of the bone; so does non-union.

The absence of displacement in a fracture of the olecranon gives no promise of immunity from impaired function; callus formation may interfere with the joint action.

Subperiosteal fracture of the patella is an occasional cause of persistent pain and stiffness in the knee. It is one of the various things that may be discovered upon radiographic examination in cases of obscure joint disability.

If a cursory examination of a radiograph shows no fracture, in a case where clinical signs indicate its presence, look carefully within the bone shadow for the evidence of a fissuring or subperiosteal break.

Ultra-rigid asepsis and minimization of manipulation are the first great essentials in the open treatment of fractures. If these cannot be provided by the environment of the surgeon and by his experience, don't operate.—American Journal of Surgery.

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THE TREATMENT OF ATONY OF THE STOMACH.

L. Pron outlines the dietetic and medicinal treatment of this condition as follows: The patient may eat meat and a small quantity of bread. He may partake at dinner of a glass of light wine diluted with plain mineral water. A small cup of coffee at the close of this meal is permissible. There are indicated all those medicinal agents that favor the evacuation of the stomach —whether or not their action is a chemical one. For the loss of appetite the following mixtures have been found of distinct value:

℞ Tincture of gentian,
Tincture of quassia,
Tincture of calumba,
Tincture of anise (Russian Pharmacopeia),
aa 5 grams.

The dose is 20 to 40 drops in a quarter of a glass of water twenty minutes before meals.

℞ Tincture of nux vomica,
Tincture of gentian, aa 5 grams.

The dose is the same as the above.

℞ Tincture of condurango,
Glycerin, aa 60 grams.

Of this mixture the dose is one teaspoonful in a little water and should be taken fifteen minutes before each meal.

Another remedy is tincture of jaborandi in twenty-drop dose, one-quarter of an hour before meals, or its alkaloid pilocarpine, in the following solution:

℞ Pilocarpine nitrate, 0.05 gram.
Distilled water, 150 grams.

The dose is a tablespoonful before each meal. Ipecac may be administered in doses of 10 to 20 drops of the tincture (German Pharmacopeia). Of similar efficacy is bicarbonate of sodium, one-half gram in a little water, one-half hour before meals. The postprandial distress is relieved by the following:

℞ Potassium sulphate,
Potassium nitrate, aa 0.05 gram.
Powdered ipecac, 0.01 gram.
Amorphous quassin, 0.01 to 0.02 gram.
Powdered nux vomica, 0.02 gram.

This powder is to be taken immediately after each meal.

Another important stimulant of smooth muscle is magnesium chloride, which may be given as follows:

℞ Magnesium chloride, 1 gram.
Distilled water, 150 grams.

Of this solution a tablespoonful is given before or after meals.

If the gastric atony is accompanied by pain one may give 10 to 15 drops of equal parts of tincture of condurango and tincture of hyoscyamus, one-quarter of an hour before meals; or the following:

℞ Sodium sulphate,
Sodium phosphate,
Sodium bromide, aa 2.50 grams.
Distilled water, 250 grams.

One tablespoonful is given twice a day, ten minutes before meals.

Dover's powder in 0.2 gram doses may be given after each meal, or one-half teaspoonful of Hoffman's anodyne in a little sweetened water.—Thérapeutique Clinique des Maladies de l'Estomac."

THE JOURNAL
OF THE
Kansas Medical Society.

Vol. XIV. KANSAS CITY, KANSAS, MAR. 1914. No. 3

THE CAUSATION, SYMPTOMS, DIAGNOSIS AND PROGNOSIS OF GASTRIC AND DUODENAL ULCER.

DR. E. T. SHELLY, Atchison, Kansas.

Read before the Northeast Kansas Medical Society, Feb. 19, 1914.

The causation of gastric and duodenal ulcer is still somewhat obscure, but it is probably due to secondary bacterial infection and subsequent digestion of the infected area.

Gundeman succeeded in rapidly inducing ulceration of the stomach in rabbits and dogs, by injuring the liver, and he is quite sure that abnormal functionating of this organ has at times causal connection with ulceration of the stomach and duodenum.

La Roque believes that duodenal ulcer is due to bacterial infection from parts of the body drained by the portal vein, and that gastric ulcer is really the result of metastatic infection from a duodenal ulcer through the lymph channels in the wall of the pylorus.

Rosenow of Chicago, after experiments on a number of rabbits and dogs, and one monkey, comes to this conclusion: "Intravenous injection of streptococci of proper grade of virulence, may be followed by ulcer of the stomach and duodenum. The ulceration is due to a localized infection and secondary digestion." Infected tonsils or gums might cause gastric ulcer by the entrance of bacteria into the blood followed by local infection in the stomach. Associated infection of the gall bladder and the appendix, which often occur in ulcer of duodenum and stomach, suggest a possible relationship between these conditions.

Symptoms.—About 90 per cent of all cases of gastric ulcer occur between the ages of 30 and 60 years and they happen three

times as frequently in men as in women. These cases have a more or less definite history of dyspepsia—pain and vomiting—with the appetite poor or capricious. The pain varies in severity; is located in the epigastrium and extends through to the back. It may be colicky or be gnawing or boring in character (hunger pains) and is at its maximum two or three hours after meals and may not cease until the stomach has emptied itself. At other times, the pain is relieved by eating or by taking an alkali. Sometimes the intolerance of food is so great that even water is rejected. In rare cases, pain is almost absent. The point of greatest tenderness is usually at the xiphoid point or a little to the right along the rib-margin or in the right hypochondrium.

The pain is increased by pressure and by palpation of the stomach.

Vomiting usually exists and when an attack occurs, it continues as long as food remains in the stomach. Vomiting may also occur late at night or early in the morning. At such time only mucus and bile may be ejected. The vomited matter is always extremely acid because of an excess of hydrochloric acid, and may contain blood.

The appearance of the blood generally depends on the quantity vomited. It may be red or clotted, or may appear only as coffee grounds or soot suspended in a darkish liquid.

Melena—blood in the stools—occurs at times. When the ulcer is very small and the hemorrhage slight, tarry stools may be the only evidence of hemorrhage. About a third of all cases have hemorrhage—haematemesis or melena, or both.

Unfortunately none of the symptoms described may be considered pathognomonic of ulcer.

The presence of a neurosis in a case of ulceration adds greatly to the difficulty of diagnosis as it causes great variations in the clinical picture. The use of atropin is said to be a very good therapeutic test, in cases of simple gastric neurosis, this drug relieving the symptoms.

The Roentgenograph seems, however, to be a quite certain means of recognizing ulcers for, according to Pirie of Montreal, "every condition of organic stomach (or duodenal) trouble has its characteristic appearance."

Less enthusiastic Roentgenoscopic experts say that Roentgenoscopic findings are usually certain in duodenal ulcer but not so certain in gastric ulcers. Negative findings in duo-

denal ulcer are less reliable than negative findings in gastric ulcer. If the clinical picture is good, it is said that normal Roentgenoscopic findings indicate duodenal ulcer.

Schmeden of Berlin says that after a bismuth meal the shadow in the upper portion of the duodenum is constant in duodenal ulcer and is due to ptosis of the stomach which kinks the duodenum and favors the retention of the contents of the duodenum at this point.

This retention encourages the formation of ulcer by keeping the alkaline intestinal juices from coming to this point to neutralize the acid chyme from the stomach.

Ptosis of the stomach being due to the upright position in man, this position may be said, therefore, to favor the formation of ulcer of the duodenum as it tends to create other troubles, such as varicose conditions in the lower portion of the body, inguinal hernia and uterine and ovarian displacements. In cases where the Roentgenograph cannot be invoked how may a diagnosis be made? In the first place, it is, happily, as unimportant as it usually is impossible to tell a gastric ulcer from a duodenal ulcer until the abdomen is opened.

There are a number of conditions which present symptoms very similar to those of ulcer of the stomach and the duodenum.

In hepatic colic the pain is at the same place, but it usually exists independent of digestion. Vomiting is only incidental and affords little relief. As a rule, the vomited matter contains bile, and bile is usually present in the urine and blood, causing jaundice. The pain also comes at long and uncertain intervals and the patient is practically well between attacks.

Hyperchlorhydria is very difficult to diagnose from ulcer. The maximum pain comes at the same time in both conditions, but food is usually not vomited in hyperchlorhydria. Nocturnal vomiting and the presence of acid in the stomach in the absence of food is more likely to happen in hyperchlorhydria.

In malignant diseases of the stomach and duodenum there is less likelihood of hemorrhage than in ulcer, and a cancerous cachexia may be present. The pain is also usually not so great in cancer nor the bleeding so profuse. The vomited matter in cancer does not contain an excess of acid, and an indurated cancer mass can at times be felt. Headache is also said to be less likely to be present in cancer than in ulcer. This history of a case will usually help to decide correctly between ulcer and cancer.

In uraemia, with its gastric pain and intolerance of food, there are also displayed the usual signs of Bright's disease.

The gastric crisis of tabes may be mistaken for ulcer, especially as hyperacidity and blood may be present in this condition; but tabetic symptoms, even in the pretabetic stage, will generally be present.

In the intervals between the crises the stomach is normal.

Prognosis.—The prognosis in ulcer of the stomach or duodenum is always grave. Recovery occurs often, however. Indeed, Einhorn is quoted as saying that 99 per cent of cases of duodenal ulcer recover under judicious medical treatment. The duration of these cases varys from a few weeks to many years, and they are characterized by periods of improvement and relapse. Prognosis as to life and spontaneous cure is said by some to be less favorable in duodenal ulcer than in gastric ulcer, but cancer transformation is more likely to occur in gastric ulcer.

Whenever healing of an ulcer occurs it is accomplished by cicatrization or by extragastric adhesions. It is claimed that a healed ulcer is so difficult to find on post mortem, that the failure to do so is not conclusive evidence of the absence of a scar.

Death may result from hemorrhage, from perforation and peritonitis or from malignant changes. To be able promptly to recognize perforation of an ulcer is a matter of extreme importance because these cases, if treated surgically within twelve hours of the accident, stand a very good chance to recover. Very rarely, favorable cases occur in which the perforation results in an encysted peritonitis or adhesion may take place with neighboring organs and abscess formation occur, which process gives opportunity for spontaneous absorption or relief by a late operation.

The fact is that there are more cases of perforation of gastric and duodenal ulcer, in which a correct diagnosis is not made, than otherwise. Indeed a simple ulceration is not recognized half the time.

In trying to make a differential diagnosis in a case of suspected perforation, the character and location of the pain is probably the most important point to consider, provided the ulcer itself has not previously been recognized. The pain occurs in the upper portion of the abdomen and is very sudden and unbearably violent. It is often described as bursting in character. The posture of the patient is characteristic. He lies

on his back with the thighs flexed, and every muscle tense. This is especially true of the abdominal muscles where the rigidity sets in at once and is board-like, particularly in the upper portion of the abdomen. It is sometimes so tense that the abdomen is retarded into a transverse depression at the level of the umbilicus. The expression is very anxious and he is afraid to shift his position.

Extreme tenderness exists at first only over the site of the perforation, but later spreads as peritonitis develops. Peritoneal irritation is apt to spread along the paracolic grooves into the right illiac fossa where the tenderness soon becomes as great as in the epigastrium, and a perforative appendicitis is therefore usually suspected when the case is not seen early.

A history of previous abdominal trouble indicative of ulceration always exists in these cases.

Subsidiary symptoms of perforation are shock and vomiting of blood. Symptoms of shock are, however, unreliable from a diagnostic standpoint because they vary so greatly. The temperature, pulse and respiration are quite misleading as there may be little change in any of them. Indeed, when marked evidence of shock develops it has more prognostic than diagnostic significance, as a fatal termination is not far away. Abdominal distention and absence of liver dullness also have little diagnostic value. A differential blood count helps only to distinguish between an inflammatory and a non-inflammatory condition. Gibson of New York says that a very marked pain always occurs during the first half hour after perforation in one or the other of the supra-clavicular spaces, usually the left.

The cardinal symptoms of perforation are a sudden, terrific, abdominal pain, intense tenderness, and great muscular rigidity, and in their presence the surgical nature of the trouble is certain, even though uncertainty may exist in regard to the exact nature of the conditions present, and no time should be lost in rendering surgical aid.

A case of this sort seen recently will be cited:

The patient was a woman 48 years of age, the mother of several children with a negative family history, but there was a six-year history of stomach trouble at times. During these attacks she had pain in the epigastrium after eating, extending through to the back, eructation of gas, vomiting of bile and alternating attacks of constipation and diarrhea. At these times she also had headaches, but no increase in temperature. One Satur-

day this patient vomited some food after her dinner and took no supper, but she had no severe pain, only some discomfort. She went to bed at 8 o'clock and slept fairly well until eleven, when she awoke with a sharp, excruciating pain in the right hypochondrium and back. She perspired very freely, and her temperature was subnormal. The severity of the pain gradually subsided, but great tenderness on pressure continued. Liver dullness was absent. Some vomiting occurred and the pulse became a little faster. At the end of twelve hours—Sunday noon —the temperature rose to 100. The surgical nature of the trouble being apparent an immediate operation was urged, but the patient and her family refused to permit it. Paliative measures were thereupon resorted to. Enemas and several doses of epsom salts were given, and so much relief was afforded by them the first day that the family felt that an unnecessary surgical operation had been avoided. But that evening a hypodermic of morphine (one-eighth grain) had to be given. Monday several more enemas were given, but with indifferent results. The temperature rose to 101, the pulse became faster and weaker and spells of vomiting of bilious liquid occurred. By Tuesday the weakness became extreme and toxaemia became very marked. That evening, however, the family concluded to have an operation performed immediately and the patient was taken eleven miles by ambulance to a hospital. By the time arrangements had been about completed for opening the abdomen, the patient became pulseless and expired, death occurring eighty hours after perforation took place.

An autopsy revealed the omentum adherent to the posterior part of the descending duodenum, plugging up a half inch perforation at this point. A perigastritis on the posterior wall of the stomach had occurred as a result of the escaped duodenal contents. The gall bladder was full of gall stones, but intact. The appendix and pelvic organs were normal.

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THE SURGICAL TREATMENT OF GASTRIC AND DUODENAL ULCERS.

DR. GEORGE M. GRAY, Kansas City, Kansas.

Read before the Northeast Kansas Medical Society, Feb. 19, 1914.

The surgical treatment of chronic or peptic ulcers, occurring in the stomach and duodenum, naturally divide themselves into, first,

the treatment of those in which perforation has occurred; second, those in which hemorrhage of a severe character has occurred; third, those in which no perforation has occurred and no severe hemorrhage.

In cases where perforation has already occurred, the condition of the patient is not likely to be any too good for operation, especially one that may be of long duration, as the patient is generally suffering from shock of some degree, and what is done within the abdomen must be done rapidly.

Here the perforation must be sought for, and, if possible, closed. Care must be exercised in handling the viscera while searching for the ulcer, and large moist gauze packs should be carefully placed within the abdomen as the first step after opening the abdomen and before searching for the perforation, for the purpose of protecting the viscera, and to prevent the further soiling of the peritoneum.

After locating the ulcer it should be closed, preferably by cutting out the crater or thin portion that may remain and direct suture of the raw surfaces with second suture of the serous surfaces.

Where the ulcer is located on the anterior surface of the duodenum there will be little difficulty in closing the opening, but when located on the posterior surface, and especially if dense adhesions are present, there may be considerable difficulty in closing the opening, and you may have to content yourself with plication without cutting out any of the surface of the ulcer.

If the condition of the patient will warrant, gastro-jejunostomy should always be performed, especially when there is any doubt as to firm closure of the perforation.

In cases where severe haematemesis has occurred recently, the condition of the patient is generally serious, for as a rule the hemorrhage has recurred and made the operation necessary. Moynihan says in dealing with hemorrhage from the stomach or duodenum two plans may be followed:

By the first the surgeon makes a search for the ulcer, and deals with them by excision, plication or cauterization; by the second he deals with the hemorrhage indirectly by performing gastro-enterostomy as speedily as possible. By this operation the stomach is emptied and allowed to contract, and opportunity is thus given for the ulcer to heal.

In regard to the first method, it must be acknowledged that it is the more desirable. When a vessel is bleeding the surgical indication is to secure it with a ligature, or in some other direct method to effect its closure. In many cases this is possible. In other

instances, however, the ulcer may be found adherent to pancreas, liver, or very dense adhesions may be present. Inquiry into the records of cases that have been dealt with by the direct method shows that the bleeding point may be impossible to discover.

For these reasons Dr. Moynihan and other good surgeons have felt that the direct treatment of the ulcer for the purpose of arresting the hemorrhage is unnecessary and should not be resorted to where there is great difficulty in discovering the bleeding ulcer. For the desired ends, the arrest of the hemorrhage can be reached by safer means.

Gastro-enterostomy was found to lead to arrest of the hemorrhage and to a speedy and complete healing of the ulcer. Moynihan explains this as follows:

That the bleeding is kept up by the distention of the stomach with gas. The operation of gastro-jejunostomy empties the stomach, allows it to collapse, thus arresting the hemorrhage, and in cases of haematemesis, therefore, he advocates the performance of gastro-enterostomy as the safest, speediest and surest method of checking the hemorrhage, and says that in no case has he found reason to regret having adopted it, but he adds that this has not been the experience of others, for many cases are recorded where hemorrhage has continued and proven fatal after gastro-enterostomy. It would seem that the safest course to pursue is, whenever it is possible, to secure the bleeding vessel, and after this to do immediate gastro-enterostomy.

In the surgical treatment of duodenal ulcers, not the seat of perforation or severe hemorrhage, gastro-enterostomy has given very gratifying results, and is especially the operation of choice where the lumen of the duodenum or the pylorus has contracted.

W. J. Mayo, in an article entitled, "Pathological Data Obtained from Ulcers Excised from the Anterior Wall of the Duodenum," says that in performing gastro-enterostomy for the cure of duodenal ulcers, the area of the ulcer should be infolded as recommended by Moynihan. The infolding sutures of linen or silk should be applied in a manner to obstruct the entrance to the duodenum and prevent food from entering the ulcerated portion. He says that as a rule they apply an obstructing suture just above the pylorus for this purpose. This method of producing obstruction, while temporary, will last long enough to enable healing to take place in the ulcer.

He states that an ulcer so treated will but rarely recur. If recurrence does take place, it will then be necessary to make the obstruction permanent, either by complete division of the pyloric end

of the stomach and turning both sides in a method developed by Von Euselsberg, and thinks that ulcers of the anterior wall of the duodenum may be excised and duodenum sutured without doing gastro-enterostomy, but after an experience with fifty-two cases operated upon in this way he thinks it is better to do gastro-enterostomy even where the ulcer is excised, or plication done.

As to the technique or the superior results obtained by posterior gastro-enterostomy over anterior time will not allow of our taking up. Suffice it to say that either anterior or posterior gastro-enterostomy will give a good result, in case the stomach is bound down by adhesions.

I do the posterior if possible, but when adhesions are numerous and prevent a ready apposition of the stomach and jejunum posterior then I do the anterior and find either effectual.

In conclusion will report the following cases as illustrative of these different conditions above mentioned. Case one: German, age thirty-two years, a laborer. Patient came into St. Margaret's hospital May 19, 1913, and was admitted as a medical patient. The chief complaint at time of admission into the hospital was pain in the epigastrium, which, however, bore no relation to the taking of food. Examination of stomach contents showed free HCl points seventy-five and a total acidity of eighty-five points; some blood; stool on repeated examination showed blood. A diagnosis of ulcer of the stomach was made and proper treatment instituted to which the patient apparently readily responded.

He felt so much relieved that he concluded to leave the hospital, which he did, in spite of the physicians' protest, on June 6, 1913. On the night of June 24, 1913, he again returned to the hospital, not feeling quite so well. That night about one or two o'clock he was suddenly taken with a violent pain over his epigastrium, associated with profuse vomiting and collapse.

He was immediately referred to the surgical service, with a diagnosis of a perforated gastric ulcer, and recognizing the gravity of the patient's condition, his abdomen was opened without further ceremony, and a perforated ulcer of the first portion of the duodenum was found. The ulcer was excised, posterior gastro-enterostomy was done as rapidly as possible, and the patient returned to his bed. His recovery was uneventful.

Case two: Robert O'Donnell, age 54. Police captain. Family history negative, also present history with the exception of epigastric pains and dyspepsia running back over a period of several years, especially troublesome for the past five months. Pain almost continuous in epigastrium, more severe

two or three hours after eating. Never vomited blood to his knowledge, until the night of August 17th, when he vomited large quantities of blood that made him faint and very weak. He entered the hospital August 18th, at which time a blood count showed 15,000 leucocytes, 85 per cent polynuclear cells. Hg. 85 per cent. Stool examination showed no blood three days after entering hospital.

Examination of stomach contents showed fifty points free HCl with 74 total. He was kept in the hospital and in bed from August 18th to August 26th, taking an entirely milk diet. Very little improvement occurred in his condition, although his strength was somewhat improved. On August 26th the abdomen was opened by an incision in the epigastric region. Stomach was found dilated, extending well below the umbilicus with dense adhesions about the pylorus. In fact, the adhesions were so dense binding the stomach down to the gall bladder. and posteriorly to the pancreas, that it was impossible to bring it up near the wound. The adhesions between the stomach and gall bladder were liberated and posterior gastro-jejunostomy was done, and abdomen was closed without drainage. The patient was under anaesthetic for two hours, and left the operating room with pronounced shock. After he was returned to his bed, enemas of normal salt solution were frequently given, and he rallied from the shock very promptly. He remained in the hospital five or six weeks, during which time his improvement was gradual. Occasionally, having vomiting spells in which the vomitus was distinctly bile-stained, or composed largely of bile. He has now been for some months in the government service in Oklahoma, and was in my office some four days ago and informed me that he was feeling fine; was able to eat anything, and suffered no pain; that he was constantly gaining in weight and strength, his weight at this time being 165 pounds, and his weight when he left the hospital was 130.

Case number three: Isaac Specter, age fifty-three, married; family history: father died at sixty, cause unknown; mother died at age of sixty of dropsy. Has three brothers living and well; one sister living and well. Previous history unimportant with the exception of an attack of flux twenty years ago. Present history: Smokes and chews tobacco, but is not a user of alcoholic liquors. Present trouble dates back eight years, at which time he vomited blood rather profusely on one occasion, and suffered more or less with epigastric pains and flatulency.

Two years ago had first attack of sharp pain in epigastrium. Had no vomiting with this attack, but the pain was severe, and diagnosis of gall stone colic was made by the attending physician. He was quite ill and confined to his bed for three months at this time. This was in the winter of 1911-1912.

The following summer was up and worked, and suffered but little pain. During the winter of 1912-13 was in bed most of the winter. Last summer was up and around, but suffered constantly with epigastric pain, and felt sick. He has been in bed most of this winter. Was in St. Mary's hospital from Dec. 1st to Dec. 24th, during which time he vomited at one time a large quantity of blood. Since leaving St. Mary's hospital he has been at his home, suffering with epigastric pains nearly all the time; pain is not especially increased by eating, but stomach becomes distended with gas after eating. Appetite is very poor; constantly constipated, and has lost twenty-five pounds in weight during the last two years. Examination of stomach contents shows free HCl 35 points, total 100; no blood; stool not examined, urine negative.

February 12th, abdomen was opened, dense adhesions encountered, binding the pylorus down posteriorly; by palpation I could distinctly feel an ulcer with its hard border situated upon the posterior surface of the duodenum, near the pylorus. Posterior jejunostomy was done, and the ulcer untreated, as it was impossible to free the pylorus from the dense adhesions.

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PHYSICIANS AND DRUGGISTS CO-WORKERS, NOT COMPETITORS.

F. G. FOWLER, Independence, Kansas.

Read before the Southeast Kansas Medical Society, Sept. 30, 1913.

The subject of doctors and druggists working in harmony or otherwise, like most subjects of interest, has been much discussed. The discussion has been carried on sometimes in a friendly and conciliatory spirit,—sometimes, too often in fact, with mutual reproaches and recriminations. On the whole I believe the discussion has resulted in good to such of us as are not so unfair and illiberal as to suppose that our own side is absolutely and unqualifiedly right simply because it is our side, and that the other side is just as absolutely and unqualifiedly wrong for no other reason than that it is the other side. Argument for the sake of downing the other fellow's argument

is apt to be biased and unfair, and is worse than a waste of time. It never convinces but rather creates and fosters ill feeling and resentment, thus effectually blocking instead of assisting the effort to get and comprehend each other's views and arrive at an understanding of the real merits of the case in hand. Such methods may possibly be of use in high-school debating contests, but are without value in the dealings of men. They are apt to be used only to cover either our want of knowledge or the weakness of the position we defend. I ask you, whatever you may think of my paper and however poorly it may meet with your approval, to grant me credit for a sincere desire to see an improved understanding and appreciation between the most honorable and unselfish profession under the sun,—that of medicine—and its inseparable handmaiden—pharmacy. Why should there not be? They are as necessary to each other and their fields of usefulness, though distinct, as inseparable as those of the architect who designs an elegant structure and the builder who erects it guided by the plans; as those of the author who writes a book that is to electrify the world and the publisher who prints and disseminates it; or of the inventor who conceives a device that will revolutionize some field of labor and the trained mechanician who renders its use possible.

Perhaps the most common cause of irritation and misunderstanding between physicians and druggists is the charge of counter-prescribing on the one side, met by the counter-charge of office-dispensing on the other:—undoubtedly two unwise and unprofitable practices when indulged in to a considerable extent. That these complaints are not of recent origin and that doctors and druggists had their troubles in olden times is shown by the following extract from a memorial addressed by the druggists to the council of Nuremburg in 1581:

"May it please the Honorable Council to lend ear to our complaints, and to see fit in such a manner to protect our interests that we shall not be unduly oppressed by the physicians, and that each of us shall be enabled to enjoy the just results of his labors. The following, honorable sirs, form the substance of our complaint:

1. The sale of all confections, formerly disposed of by us, has now fallen into the hands of the sugar dealers.

2. Counter sales are now made by all the large spice and cheap corner grocery shops, thus robbing the druggist of a source of profit that he is justly entitled to.

3. The sale of sundries, such as sealing wax, fumigating pastilles, paper, ink and pens, is now taking place in common huckster shops.

4. The sugar dealers are not only selling confections, but also all kinds of fruit juices, electuaries of quinces, and all such preserves that do not deteriorate in the course of a year.

5. All distilled waters, oils and the like, which were formerly kept by druggists only, are now indiscriminately sold by any ignoramus who imagines himself qualified to engage in this traffic.

6. Unguenta and emplastra, which certainly belong to the exclusive field of pharmacy, are now dispensed by barbers and ignorant physicians, who are neither justified by precedent nor by qualification to handle these things.

7. Now, many expensive medicaments are, every year, carried over and deteriorate, because the doctors do not prescribe them, and they prove a total loss to the druggist. Of such medicines we will but enumerate the fruit juices, the purging elixir of roses and the massa pillularum and the trochiscorum genera."

After some further remarks the memorial goes on to say:

"We were pained to learn that the physicians have charged us with selling adulterated and injurious drugs, and declare that the public has on this account withdrawn its patronage from us. Self-preservation and honor demand that we no longer remain quiet under these accusations. Albeit, there may be persons who do not wish to deal with us, there are, nevertheless, numbers that prefer to be treated by us, and if we deny them the succor asked for, and send them to the physician, they will be displeased and go without any treatment whatever. This much also is certain, that if we would dispense medicines in all cases where we are called upon to prescribe, we would shortly have more patients than the physicians. We have, furthermore, abundant proof that the physicians frequently overstep the boundary line of their field. They, for instance, prescribe in German instead of Latin, so that any barber or old woman can prepare the medicine, and the druggist is ignored."

About the same period the druggists and doctors of France seem to have been engaged in similar dispute. In this case the doctors came off easy winners. Incensed at the action of the druggists in giving advice to those who asked for it, the doctors formed what would be called in these days a combination in restraint of trade. That is, they agreed among themselves to prescribe only such simple herbal remedies as the patients them-

selves could procure and prepare; and this course was rigidly followed until the rebel druggists were starved into taking this oath:

"I swear and promise before God, the Author and Creator of all things, One in Spirit and divided in three Persons, eternally blessed, that I will observe strictly the following articles:

First. I promise to live and die in the Christian faith.

Second. To love and honor my parents to the utmost; also to honor, respect, and render service, not only to the medical doctors who have imparted to me the precepts of pharmacy, but also to my teachers or masters from whom I have learned my trade.

Third. Not to slander any of the ancient teachers or masters, whoever they may be; also, to do all I can for the honor, glory and majesty of physic.

Fourth. Never to teach to ungrateful persons or fools the secrets and mysteries of the trade; never to do anything rashly without the advice of a physician, or from the sole desire of gain; never to give any medicine or purge to invalids afflicted with acute diseases without first consulting one of the faculty.

Fifth. Never to examine woman privately, unless by great necessity, or to apply some necessary remedy; never to divulge the secrets confided to me.

Sixth. Never to administer poisons nor recommend their administration, even to our greatest enemies, nor to give drinks to produce abortion without the advice of a physician, also to execute accurately their prescriptions, without adding or diminishing anything contained in them.

Seventh. Never to use any succeedaneum or substitute without the advice of others wiser than myself, to disown and shun as a pestilence the scandalous and pernicious practices of quacks, empyrics and alchymists, which exist to the great shame of the magistrates who tolerate them.

Lastly. To give aid and assistance indiscriminately to all who employ me, and to keep no stale or bad drugs in my shop. May God continue to bless me only so long as I continue to obey these things."

While on the subject of old time medicine and pharmacy I am tempted to quote a very sensible set of rules laid down by a prominent apothecary in England, said to have been a cousin of the ill-fated Anne Boleyn: "The apothecary must first serve God; foresee the end, be cleanly and pity the poor. His place of dwelling and shop must be cleanly, to please the senses withal.

His garden must be at hand with plenty of herbs, seeds and roots. He must read Dioscorides. He must have his mortars, stills, pots, filters, boxes, clean and sweet. He must have two places in his shop, one most clean for physic and the base place for chirurgic stuff. He is neither to increase nor diminish the physician's prescription. He is neither to buy nor sell rotten drugs. He is to meddle only in his own vocation and to remember that his office is only to be the physician's cook."

My own relations with physicians have been so nearly uniformly pleasant that I have little to offer of complaint. Still it would be strange if from my thirty-six years behind the drug counter I could not pick up enough incidents to illustrate the short paper I offer. I am addressing a body of men whose very presence at this meeting as representatives of the most useful of all the learned professions proclaim them broad minded, level headed and disposed to fairness. Therefore I have no fear of giving offense when I say that all physicians are not of the same mold; that there are boors and shysters here and there, even men directly dishonest, in the practice of medicine, as well as among lawyers and, more be the pity, in that sacred calling whose work it is to insure our happiness in the world to come. This argues nothing against the profession, but it is nevertheless a condition to be considered.

I believe that I am warranted in saying that while the professions of medicine and pharmacy are today more sharply distinct, each in its own province, than ever before, yet never in history have their work and interests been so inseparably interwoven as now; and never before have mutual friendship, respect and confidence been so nearly universal as they are at this time. While the millennium of the two callings has by no means arrived, yet each side has come to see that there is room and necessity for both, and that the prosperity of the one denotes, at least to some extent, the prosperity of the other. I think this condition may be explained partly by the immense progress made during the last twenty-five years in both medicine and pharmacy,—partly by the general trend of the times toward team work, each member of the team finding enough to do to attend to his own share and bent on doing it in the most thorough manner possible, rather than attempt the whole job, with mediocre results. In this particular team, your work is to find out what ails the man and dictate what medicines, in what form, shall be used for his relief. Our's is to select, buy and prepare those medicines and furnish them in strict accordance with your dictation.

If we each do well our own particular part of the work, we shall, without doubt, perform a greater service for ourselves, for the patient and for the world at large, than if each, or either of us had attempted the entire task alone.

Because of the growing recognition of this truth, the causes of friction before mentioned are much less frequent than they were formerly. Perhaps, too, the extent to which the practices were indulged in and the harm arising therefrom, have been magnified in the minds of the one side as against the other, owing to a lack of mutual understanding. We all know that grievances, like chickens, thrive by being brooded over in the dark. That there are cases where both office-dispensing and counter-prescribing may be not only justified, but necessary, I think may pass unquestioned.

I well remember the situation in the little town in Indiana where I began learning the business. My boss had traded his farm for a grocery store and, later, the grocery store for the drug store. In those elder days in Indiana—and, indeed, in most of the states,—to own a drug store was to be a druggist, full fledged, with absolute authority to sell and dispense medicines of any and all descriptions that the public could be induced to buy. Ergot, oil of savin, oil of tansy, cotton root, strychnine, morphine, gum opium and all such were as staple in the drug store as sugar and prunes in a grocery store, and were sold as freely to all comers, with as little regard to the age or mental capacity of the customer,—in fact, without regard to any feature of the transaction aside from the commercial feature. We had made a sale and got the money, what more could you ask? We might have done a nice business in cocaine but for the unfortunate fact that cocaine had yet to be discovered.

My ex-farmer, ex-groeer boss had a kind of vague general idea that if he sold the wrong medicine by mistake and harm was done thereby, and the injured party or the injured party's heirs were small enough to make a fuss about it, why, it might be unpleasant, and possibly cost him something—maybe as much as twenty dollars. For that reason he took pains to differentiate between sweet spirit of niter and nitric acid, and only on rare occasions got tangled up over cream of tartar and tartar-emetic. His method of filling a prescription or recipe, while not what one could call strictly along scientific lines, at least was entitled to the credit that attaches to simplicity. It consisted in gathering the various components together, or so many of them as he could find, dumping them one after another into the bottle and giving

it a shake. I recall that once a stock raiser brought a recipe for a horse liniment. It contained several oils, a portion of cantharides and a small quantity of sulphuric acid. The boss proceeded along his usual lines and was getting on swimmingly until he gave the customary shake. Then things happened; I don't remember how many, but quite a few. The boss was very indignant at the customer for not having told him his darned receipt was dangerous, handed back the formula together with the information that he didn't care to sell nothin' to no such a man, and also, that if the customer were a gentleman he would pay for them clothes.

When, after a few months of hard study, assisted by my father and two other physicians, who were most kind and helpful, and whose memory I hold in grateful reverence to this day, I felt competent to undertake the making of a simple tincture, the boss very complacently offered to show me how. I knew that he had never attempted to make a tincture or even seen one made, but still he was the boss.

"Now the main thing," said he, "is to get your right ingregiences." I wanted to make tincture of myrrh. I knew where the powdered myrrh was, but to avoid offense I must needs let him find it for me. So he went slowly nosing along the shelves and finally came back lugging the jar of ammonium muriate, on the label of which "muriate" had been abbreviated to "mur." "There you are," he exclaimed triumphantly, "there's your myrrh. You see what comes of knowin'. I knowed it as soon as I laid my eyes on it."

So far as I know he never killed anybody, and he differed in that respect from his only competitor. This man gave a customer, much chilled from a long drive in a March rain, a drink of whisky medicated with tincture of aconite. In the course of an hour or less the customer ceased complaining of his chill. At the inquest the druggist testified that he had meant to put tincture of ginger in the whisky and that anyway the tincture of aconite could not possibly have hurt anyone, inasmuch as he had only put in a teaspoonful or so. In those days tincture of aconite was made of thirty-five per cent strength—three and a half times the potency of the present official tincture.

The point I wish to make here is that a doctor who would have written prescriptions in that town, in those times, knowing the situation, would have been so many kinds of a fool that I could not undertake to enumerate them. What they did do and the only thing they could do in justice to their patients and

themselves,—yes, and to the druggist,—was to personally select and buy their medicines in quantity and issue them to their patients as required. I say this was the best under the circumstances. It was; but undoubtedly this method is not without fault, and with different conditions is not only unproductive of the best results attainable, but a foolish waste of the physician's time and money as well.

I come now to a more unpleasant aspect of the case, and one that I would willingly pass over without mention, if I were merely trying to present a one-sided argument. Unfortunately, all the errors and shortcomings on the part of druggists are not caused by ignorance. I said a while ago that the honorable profession of medicine is not without its unworthy members. So I must, with shame, acknowledge that pharmacy has its quota of men who, knowing how to select, prepare and compound medicines correctly, stoop in their greed for greater profits, to the employment of cheaper processes and inferior drugs of similar appearance. They doubtless believe they are making money by such methods; as a matter of fact I am convinced that they do not make as much in the long run as they might by absolute honesty. Physicians soon know them and at least some of the laity find them out, sooner or later; and a reputation once soiled by such practices can never be entirely cleaned. Some years ago, while visiting in Humboldt, Nebraska, I asked a druggist for phenacetine. Not suspecting that I, too, was a druggist, he reached for his box of acetinilid. I said, "You misunderstood me, I want phenacetine." He looked quite injured at my impudence and said, "This is phenacetine,—the same thing only an extra good quality." At that time phenacetine cost at wholesale one dollar an ounce and acetanilid a little more than half that much for a pound. This man had grown gray in the drug business and, beyond doubt, was capable enough had he only been honest. As it was, he was barely making a moderate living. In a day or two I became acquainted with the leading physician, a most pleasant gentleman and competent practitioner. I noticed that his office was a miniature drug store. "I see that you dispense your own medicines," I said. He replied: "I should much prefer not to dispense, but am obliged to; do you know the reason why?" I said, "Yes, I know the reason why." I have known other instances where druggists failed to merit the confidence of physicians, but need not take up time with further examples. The substituting druggist, while not extinct, is fast becoming so, the process of extinction being possibly as-

sisted by that well-known and immutable law of nature,—the survival of the fittest. Let him go. He is a mill-stone on the neck of honest and honorable pharmacy, a menace to the physician, and must be a nuisance to his own conscience and self respect.

It seems at first blush a harder task to find reasons which may justify the other cause of complaint, counter-prescribing by druggists, yet I think some such may be offered. Not to justify the making a practice of prescribing, I wish you to understand, but occasions do arise, I believe, when good business requires it and, in certain emergencies, common humanity demands it. For example of the first class, a customer asks "What is the best thing you have for worms in children?" Now, I could, of course, reply, "You had better see a doctor and let him prescribe for your child, rather than fool with a medicine put up for everybody." As a matter of fact, I do sometimes say something of similar import, but not always. I have to use my judgment as to how it will go with the customer. Druggists, as well as doctors, depend upon their patrons for a living and must be equally, or even more careful not to offend them. So, perhaps oftener than otherwise, I hand out my assortment of worm syrups, candies and powders. If pressed for an opinion and I have reason to believe that one is more efficacious than the others, I do not hesitate to say so; though in a very large majority of cases the customer takes the one he had in mind when he started for the drug store. I frequently say after the sale is made, "Now, if you don't find this satisfactory, if I were in your place I should take the child to a good doctor, let him find out just what is the trouble and treat him accordingly." I am convinced that I have turned more business to physicians in that way than I could possibly have done by a flat refusal to show or discuss the medicine. I have left in the customer's mind not only a friendly feeling for my store, but also a mustard-seed of thought, which may or may not grow into a tree, that the child would be better off in the hands of a competent physician and that even the druggist himself thinks so. On the other hand, by discourteously refusing to show the medicine, or, showing it, contemptuously declining to discuss its merits and calling him, in effect, a fool for trying to do his own doctoring, I could only have engendered resentment against both my store and physicians in general, and a firm conviction that I stood in with the damned doctors to rob the people. These are facts, friends, however we may theorize to the contrary. The case applies not more to vermifuges than

to cough syrups, liver pills and other ready-made remedies so long in common use.

Again, a man attacked with a sudden pain, real or imaginary, in his stomach asks me to fix up a dose of something to relieve him. Now, it is absolutely certain that he will not go to a doctor and get a prescription, at least not then. Not infrequently I do give him a dram of tincture of ginger, a few drops of tincture capsicum, or peppermint, or camphor, or a combination of such in a little water, charging him sometimes ten cents, oftener nothing, if a regular customer. I freely admit that it is not a very high-grade business, but it is a business that could not by any possibility have been diverted to the doctor, and is done more to satisfy the customer than with an eye to his ten cents. In a few cases of urgent necessity I have gone farther than this, even to the extent of temporary dressings for burns and cuts. One stormy night just before my usual closing time a sixteen-year-old boy came in the store suffering from I knew not what. He had run away from home in the northern part of the state and, pressed by hunger, had fallen in with an encampment of tramps and partaken of their food. He asked permission to sit by my fire, but was soon seized with such violent crampings and vomiting that I hurriedly made him a bed of my overcoat and began phoning for a doctor. Not one could I get hold of. I gave the boy such simple anodynes as are usual, all of which were immediately ejected with increased suffering. A dose of morphine followed the same route. In my extremity I prepared to administer a hypodermic dose when, to my great relief, a doctor passed the door and was requisitioned to take the case off my hands. As it happened, he approved the hypodermic dose and gave it himself, following it in a short time with a second, with eventually good results. Another time, many years ago, a man was hurried into the store where I was clerking and laid upon the floor. He had been stabbed in the throat and was spouting like a geyser. Horribly frightened, I yet realized that there was no time to wait for a doctor, or for anything, if the man were to be kept alive five minutes. Grabbing the only cloth in reach, a towel—not too clean, by the way—I made a knot and improvised a compress which, at least, answered the purpose until the doctor arrived a little later. He, of course, replaced my rude contrivance with a proper one; but, unlike the physician who helped me out with my boy-tramp, made very sarcastic remarks about smart-Alec drug clerks who imagined they were doctors, and called general attention to my bungling

dirty towel compress. I believed then and I believe now that I kept the man alive for the doctor, but somehow I had a vague feeling of having done something criminal, and I think most of the crowd rather felt that I had. This was, as I say, many years ago and many years before the other incident. I mention only the two as an illustration of the better feeling and friendship brought about in the last two or three decades.

Now it seems to me that such counter-prescribing as I named is not more to be condemned than is the action of the physician in carrying a pocket case full of medicines for emergencies rather than compel patients to wait in every case until a prescription can be sent to the drug store; and no druggist with a grain of horse sense would dream of criticising such dispensing on the part of the physician. That there are men in the drug business who undertake the treatment of various ailments, especially venereal diseases, I do not deny. For such I have no excuse or defense to make. They are the warts, the quacks, the blot on the 'scutcheon of honorable pharmacy. Let us leave them to their natural and inevitable fate,—the contempt of decent druggists, the ill-will of physicians instead of their friendship and cooperation, the maledictions of the poor sufferer who has acquired an incurable stricture along with the one-day cure, and a general reputation of fake clap doctor and cheap grafter. The practice and business of pharmacy should no more be judged by them than should the practice of medicine be judged by such an example as the old tub who used to treat patients for "dry dropsy," or the "Chicago Curative Institute." This institute consisted of a tall and rather impressive looking individual with magnificent red whiskers, who lived in Wichita and came to Independence once a month, some years ago. He cured everything and diagnosed at a glance without a moment's hesitation or any examination whatever. You see, he was a natural diagnostician and required no artificial aid at all in arriving at correct conclusions. His principal remedy was a six-ounce bottle of a most beautiful and mysterious liquid. The poor dupe—and for a long time he had many of them every month—was directed with great particularity to apply one drop, never by any chance more than two, to some specific point of his anatomy; usually the exact center of the back of the knee joint. He was informed that he would feel the working of the powerful medicine at once. And strange as it may seem the patient usually did. One old lady declared that it went through her like an electric shock the instant it was applied. I happen to know absolutely that this grand

medical triumph of the century consisted of nothing on earth but a tiny portion of potassium permaganate in distilled water. The tall and bewhiskered Chicago Curative Institute got from ten to fifty dollars for each bottle of his great scientific marvel and proclaimed with much truthfulness that no regular physician in the West had ever used it in that way before.

Now I wish to touch on a topic that is a delicate one and hard to get at without fear of giving offense. Were it not of such vital importance to the druggist I believe I should pass it by. In some ways it seems like an attempted intrusion into the rights and prerogatives of the physician. I beg you to believe that I have no such desire and I ask you to give unbiased consideration to the question and judge whether the suggestions offered may be followed with satisfaction to yourselves and relief to the druggists. Also bear in mind that by the word druggists I mean real druggists—men who have the ability to select and prepare drugs and medicinal agents, and the sense of honor and responsibility that will insure their best work. It is this: Why not let us, the home druggists, whom you know and see every day, and on whom and whose work you can easily keep watch at all times, prepare your medicines and combinations of medicines in such quantities and in such form as you desire them, rather than make us buy them ready-made of so many different makers? You know what you want to use better than any smooth-tongued agent with a cartload of samples can possibly know for you. Somebody, somewhere, has to prepare your medicines for you; let us do it. The argument that medicines made in immense quantities by big houses are more reliable than such as we can prepare on a small scale, your own better judgment must, on reflection, show to be false. It is not possible that in making a huge tank of some particular preparation each separate small quantity drawn off will be as uniform in dosage as will be the same small quantity made by itself, every step in its preparation carefully watched, every ingredient accurately proportioned for that particular small quantity. If it were true that the large factory product is more uniform, then how could we explain the well-known fact that some consignments with identical labels are lighter in color or consistency than others, or that in some bottles will be found, after standing, a precipitate, in others none? It may be argued that we ask the privilege of making your medicines in the hope of realizing a greater profit. I, for one, plead guilty at once. For instance, instead of filling your prescription for a certain much-used combination of bro-

mides, making a bare ten cents on the usual four ounces, I would fill your prescription with your own selected combination, giving every grain of every ingredient you ask for, in a form every way as acceptable to the patient, and realize say twenty-five cents. You surely would rather put that fifteen cents into my pocket than dump it into that already overflowing pocket in St. Louis. And the extra profit is not the whole thing, though by no means to be sneezed at. You would have the satisfaction of feeling that you had used your own knowledge, rather than that imparted by the St. Louis company's literature, and I would have the satisfaction of feeling that I had made use of my skill and had profited thereby, instead of dumping a ready-made preparation from one bottle to another and paying the St. Louis man for skilled work that he is no more capable of doing than I, if as well. In many cases we could furnish as good or better preparations to the physicians and their patients, at a less price than we now pay at wholesale, and still retain a reasonable profit. For example, the bromide proprietary referred to costs us sixty-seven cents per four ounce bottle. Any good druggist can make as elegant a mixture with fully as great a proportion of all the bromides claimed to be in it, or of any other combination of bromides desired by the physician, and sell it to the patient for fifty or sixty cents and make a good profit. So with practically all such medicines. A much vaunted and frequently prescribed proprietary medicine which long purported to be an anodyne made by some secret process whereby the ill effects and habit-producing qualities of opium were eliminated and the beneficent principles only retained, costs us seventy-one cents per eight-ounce bottle. Shorn of its false claims by the pure food and drugs act it is now known and confessed to be nothing in the world but eight grains of morphine dissolved in eight ounces of elixir. You surely would rather let us have a fair profit on such a prescription, in case you wanted to use it, than send an enormous profit to this other St. Louis house with its outrageous false pretenses. I ask you to give this question a fair consideration and at least try your home druggist in the way suggested. If he makes good—and he certainly will, if he is worthy the name of druggist—you will be helping the cause of good and honest pharmacy. If he doesn't make good then he has no right to complain of whatever course you decide upon. Let us be your cooks.

Another source of distress to the druggist is caused by thoughtlessness on the part of the physician and his natural desire to rid himself in the quickest and easiest manner of an an-

noying pest. The drummer with the new ethical preparation with the scientific-sounding name calls on the doctor, winds up his talking machine, jabber, jabber, jabber, dumps a desk load of samples and continues to jabber, until the doctor in very self-defense gives at least tacit consent to give the medicine a trial. Thereupon the talking machine hies him to the druggist and again unlocks his noise-maker, with the added and powerful re-inforcement of the physician's endorsement. Now, what is the druggist to do? He knows, if he is an old one, that in all probability the endorsement was obtained in just about the way I have indicated, and that the doctor will use his own cool judgment as to prescribing or not prescribing the medicine. If he and the physician are on good terms, as they ought to be, and he can get the physician's ear in time, the true status can usually be obtained. Still, it is a delicate proposition to ask a grown man and a professional man, at that, if he meant what he said. So, as a rule, the druggist orders more or less of the preparation and takes his chances. If the physician prescribes it he is safe; if not, it is a few more dollars added to the druggist's already heavy investment in dead stock—an absolute loss. I'll tell you what my physician friends do and what I do. The physician says to the talking machine, "I will examine your literature when I have more time to consider it carefully, and if I decide to use it, have my druggist order a supply," and refuses to discuss the matter further. Then if he decides to give it a trial he asks me to order a small supply at first, both of us well knowing that if results are good he will continue to prescribe and I to order. Sometimes he is well pleased; other sometimes—and, as every physician here knows, these last sometimes outnumber the first —the medicine proves to be a rehash under a new name with trifling and unimportant variations in formula, of medicines which are already standard,—or fakes pure and simple. And speaking of the deskload of samples: Doctors, in all seriousness I believe that they are a prolific cause of harm to your own interests. Thus, the physician, in certain contingencies, will give the sample to a patient, making no charge as a rule. The patient is impressed with the scientific-sounding name and the professional instructions on the label, takes much pride in learning both by heart and finds, truly or otherwise, that it is the exact remedy for his complaint; whereupon he recommends it with great particularity as to pronunciation, to all and sundry. Result, druggist has unexpected counter calls for medicines which should only be used by the doctor's orders but which he cannot

refuse to sell, and the physician is out at least some business which is rightfully his. In this way, my long experience and observation leads me to believe Elixir of Iodo-Bromide of Calcium Co., Succus Alterans, Celerina, Listerine, Glycothymoline, Antiphlogistine, Papayans, Veracolate, Hinkle tablets, various manufactures of Viburnum and Hydrastis and a number of others, have become public property, often to the public's harm, certainly to the harm of legitimate practice, and to no real advantage to the druggist.

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A SUBSTITUTE FOR CARBON DIOXID SNOW.

The use of carbon dioxid snow is becoming more and more popular in dermatology, but, unfortunately, the apparatus is expensive and the technic not always simple. For superficial cauterization G. Knauer recommends trichloracetic acid as equally as efficient and much simpler, but care should be exercised that none of the acid touches the healthy skin. It is, therefore, always best to paint a zone of collodion around the affected area. The acid is first liquefied with one or more drops of water, then applied with a glass rod. The cauterization is always very superficial unless the acid is actually rubbed into the tissues. A second application is only rarely necessary, and should not be done until the first scab has fallen off. The cauterized tissue will appear white as snow and the surrounding area will show only a moderate hyperemia. Vesicles never form and the cauterized area will turn brown after several hours. After eight or ten days the scab can generally be loosened. The cosmetic results are excellent and the scars appear like those after carbon dioxid treatment and are much sightlier than those following cauterization. There is hardly any pain during application. Trichloracetic acid is indicated wherever carbon dioxid snow has been used, except that the latter is more convenient to use where large areas are to be cauterized.—Munch. Med. Woch., March 7, 1911.

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Drainage of the seminal vesicles is entitled to the thoughtful consideration of progressive surgeons, and while I do not believe that it is a "cure all" to which patients should be lightly subjected, I do believe that in properly selected cases the operation will offer more and more, in exact proportion to the wisdom exercised in selecting them.—Dr. J. Bentley Squier, Cleveland Medical Journal.

THE JOURNAL
OF THE
Kansas Medical Society.

JAMES W. MAY, - - - - EDITOR.

ASSOCIATE EDITORS—C. W. REYNOLDS, C. C. GODDARD, HUGH B. CAFFEY, W. E. McVEY, W. E. CURRIE, ARCH D. JONES, W. F. SAWHILL, O. D. WALKER, C. S. KENNEY, D. R. STONER, J. A. DILLON, W. F. FEE.

Subscription Rates: $2.00 per year, 20c single copy. Advertising rates furnished promptly on application.

The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1908, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 400-1-2 Portsmouth Bldg., Kansas City, Kas.

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EDITORIAL

Los Angeles County Medical Society subscribes for and sends to six different daily newspapers of Los Angeles City of current copies of the Journal of the American Medical Association. This is of great value and importance for the reason that it gives first hand information on medical and surgical subjects which are too often distorted by lay reporters.

One can hardly pick up a daily paper without reading some sensational item regarding an impossible cure, either medical or surgical.

If the Journal is read by the receiver, he can readily obtain facts in either subject which the ordinary reader would be glad to know. None too much is included in the reading matter of daily papers regarding what is being done in preventive medicine throughout the United States and foreign nations. Our National Journal keeps abreast of the times and the articles appearing therein could be advantageously copied by the lay press, thereby enhancing the value of their editions, as well as distributing accurate knowledge of all these subjects.

All other county societies in every state would be doing a gracious act by simulating the Los Angeles society in this matter.

Do not let it drop here, but push the good work along.

The relationship of typhoid fever as a causative factor of tuberculosis is argued by Dr. Charles E. Woodruff, of New York City, in the January issue of American Medicine.

In the early '90s Dr. Jno. S. Billings, of the New York City Health Department, reported that while he was at Johns Hopkins Hospital, where a most elaborate study of typhoid fever was made under Osler, they were impressed with the fact that typhoid fever did predispose to tuberculosis. This is in opposition to the old-time belief that a person having had typhoid fever was fortified to a great degree from other illnesses and that patients seem to have been immune for years from sickness, and better health obtained by reason thereof. Upon obtaining the previous histories of tubercular patients at Portland, Ore., Drs. Ralph and Roy Maston, well-known specialists, noted the great frequency which typhoid fever entered into these histories, and now heads the list of the predisposing causes.

There is no doubt but that in a latent case of tuberculosis, typhoid fever, by means of the invasion of additional bacilli and toxins, will develop the tubercular diathesis and produce at times a rapidly progressive tuberculosis.

This perhaps is the experience of many practitioners.

There is no doubt also that if the tubercular cause is present in the surroundings of a typhoid patient during the intensity of the disease, that the power of resistance is so lessened that tuberculosis may easily develop within a variable time afterward. The longer the interval, the more obscure the cause.

It is generally agreed among the most prominent phthisiographers that every child is born free of tuberculosis, but soon acquires it, and unless some serious infection takes place, interfering with nature's ability to perpetuate an auto-vaccination the disease will not develop, in other words an effective immunity will have been established.

Le Tulle, of France, asserts that all serums and vaccines will cause incipient cases to get rapidly worse.

In the immunization of typhoid fever by vaccination two cases are authentically reported as having developed tuberculosis in a remarkably short time. This is a disappointing history, following the absence of typhoid fever since vaccination in the United States Army and we shall look forward to statistics of tuberculosis with some apprehension.

However, if, as is the case, typhoid fever is practically anihilated by vaccination, it should be evident that tuberculosis will

have one inciting cause removed, and there should be a decided diminution in the number of tubercular cases in the future. Preventive medicine, both directly and indirectly, is destined to steadily decrease the white scourge.

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Prof. A. L. Kroeber, of the Anthropology Department of the California University, in a recent lecture upon Eugenics, makes the assertion that "eugenics is the greatest snare of modern thought." He characterizes it as a "joke" as the American press and the public treat the subject.

Heredity, according to his idea, is the most misunderstood subject under discussion today. Ninety-nine per cent of what is commonly attributed to heredity has nothing whatsoever to do with it and is merely a matter of individual or national environments. Individual endeavor and high national ideals are the only things that will make better human beings.

He points to the common misunderstanding of the terms heredity and inheritance, the former coming from the inside, the latter, like fortune, coming from the outside. Civilization is an inheritance pure and simple, not caused in any degree by heredity. It is easier to talk of breeding improved human beings than to begin by improving one's self and training one's children.

In the discussion of almost any scientific question it is almost universally the fact that we do so in a narrow-minded manner. In order to exemplify a theory we are very apt to look at the argument in a one-sided way. That too much credit is given to heredity for so many deplorable conditions existing upon this earth of ours, both mental and physical, is evident by the remarkable change of opinion of writers upon these subjects in these days as compared with their convictions a decade ago.

To totally ignore heredity as a factor in degeneracy, would be to assert that the perversion of the five senses in educated scientific minds was so great that the microscopist, the diagnostician and the pathologist were never to be trusted again in their findings. The problem of eugencis is not one-sided. It is influenced by heredity and inheritance. By blood and environments. By blood before birth, by environment before death.

In Prof. Kroeber's closing argument he says that "the future of the human race can be enhanced *only* through character building by individuals and courageous adherence to ideals by nations." Had the Professor omitted the word only in his peroration and added the positive knowledge of the influence of heredity in a large number of cases of known personal and fam-

ily histories, his axioms would have carried much more influence to his hearers and readers.

The teaching of engenics should embrace the knowledge of pure mentality, pure physiques, sound minds and healthy bodies.

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"Am I my brother's keeper?"

Is it my province to concern myself as to the future of my children, of my children's children and their's?

When we stop to consider the immense immigration into this land of ours, its quality and its tendency to progressive increase after coming here; when we study statistics and learn that the better class of our citizens are doing all they can to diminish the number of their offspring; when we are brought face to face with conditions as they are at our seaports, we should certainly be awakened to the concern of our progeny.

One out of every 206 of New Jersey's population is a ward of the state. Incest, adultery, illegitimacy, criminality and pauperism are rampant in this degenerated race. When we remember that on Sept. 30, 1911, the civil state hospitals of the state of New York, exclusive of the hospitals for the criminal insane and those of King's Park and Binghampton, contained 25,643 insane alone; when we add to this the thousands of epileptics, feeble-minded, paupers and criminals which are wards of that state, and when we further remember that it is estimated on good authority that one out of every three hundred of the population of the United States falls into one or the other of the above classes we must admit that it is high time to sit up and take notice of the dangers which threaten our society.

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The annual meeting of the State Society will be held at Wichita, May 6-7. Now is the time to make preparations to attend. Waiting until the last minute is usually too late. The meeting promises many things of interest, the scientific program being especially good. The physicians of Sedgwick county extend a most cordial welcome. As guests we know just what to expect in the way of entertainment; one word speaks it—**elaborate.** We have been there before. The attendance at Wichita in the past has always been large and this year will be no exception. Your presence is expected and counted upon. Be there. The program will appear in full in the April issue.

SOCIETY NOTES.

The annual meeting of the Clay County Medical Society was held at Clay Center February 11th. The following program was given: Paper, "Some Uses of Vital Statistics," W. J. V. Deacon, State Registrar, Topeka, Kan.; paper, "Some Diseases of the Optic Nerve," Dr. J. R. Scott, Newton, Kan.; paper, "X-ray and Electro Therapeutics," Dr. Z. G. Jones, Kansas City, Mo.

The twenty-sixth semi-annual meeting of the Medical Society of the Missouri Valley will be held at Lincoln, Neb., March 26-27, 1914. The secretary promises an attractive program.

At the annual meeting of the Harper County Medical Society, held at Anthony, January 28th, Dr. George S. Wilcox, of Freeport, was elected president and Dr. H. L. Gallaway, of Anthony, secretary.

The annual meeting of the Southeast Kansas Medical Society will be held at Iola, April 8th. There has been an unusually attractive program arranged, the feature being a paper on a surgical subject with lantern demonstration by Dr. John Young Brown, of St. Louis.

The following program was given at the February 19th meeting of the Butler County Medical Society:

The Society discussed the subject of Pneumonia at this session.

Diagnosis of Broncho Pneumonia—Dr. Anna Perkins, El Dorado, and Dr. N. E. Wilson, Douglass.

Treatment of Broncho Pneumonia—Dr. D. C. Stahlman, Potwin, and Dr. H. A. Hill, Augusta.

Diagnosis of Lobar Pneumonia—Dr. F. L. Preston, El Dorado, and Dr. F. D. Stinson, Douglass.

Treatment of Lobar Pneumonia—Dr. R. J. Cabeen, Leon, and Dr. Wm. McKinney, Latham.

Review of the Discussion—Dr. M. L. Fullenwider, El Dorado; Dr. G. A. Spray, Towanda, and Dr. W. W. Weber, Leon.

J. R. McCLUGGAGE, Secretary.

THE NORTHEAST KANSAS MEDICAL SOCIETY.

The society met in the Mercantile Club rooms, Sixth street

and Minnesota avenue, February 19th. The society was called to order by the president, L. V. Sams, at 2:30 p. m.

After the reading of the minutes and report of the treasurer, the president appointed the following nominating committee: Chairman, Dr. George M. Gray of Kansas City, Kan.; Drs. Jeffrys of Shawnee, Shaw of Holton, McGee of Leavenworth, Shelly of Atchison.

The chairman presented the following list of officers and moved its adoption:

E. T. Shelley, for president.

H. L. Alkire, for vice-president.

J. L. Everhardy, for secretary-treasurer.

The motion was seconded, question put and secretary directed to cast the vote of the society for their election.

The society was invited to meet with Atchison County Society for the fall meeting. Invitation was accepted.

The society then listened to some very estimable papers by Drs. Matz, Shelley, Gray, Shaw, Mr. Deacon and two beautiful and instructive talks by Drs. Milne and Nesselrode.

After a vote of thanks to Wyandotte County Society for their hospitality and entertainment the society adjourned.

C. C. GODDARD, Secretary.

MARION COUNTY MEDICAL SOCIETY.

The Marion County Medical Society met at Marion, Kan., on January 27, 1914, at 6 p. m.

Dinner was served at the above stated hour to the fifteen members present and eight guests.

At 7:30 p. m. the meeting was called to order by President H. Brunig.

Program.

Address, "The Newspapers and the Medical Profession," Homer Hoch.

Paper, "Operative Treatment of Pterygium," Dr. J. J. Entz.

Paper, "Bacterins," Dr. R. C. Smith.

Paper, "Conservation of Energy," Dr. G. P. Marner.

The discourse and papers were well received and thoroughly discussed by all present.

Business Meeting—H. Brunig was elected to be delegate to the State Society and C. L. Appleby alternate.

Officers for 1914—President, H. Brunig; vice-president, E. H. Johnson; secretary-treasurer, C. L. Appleby.

Board of Censors—G. P. Marner, G. J. Goodsheller, H. M. Mayer.

C. L. APPLEBY, Secretary.

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CLOUD COUNTY MEDICAL SOCIETY.

The Cloud County Medical Society met at the Barons House in Concordia on the evening of February 10, 1914, with two-thirds of the membership present. From 6:45 till 8 p. m. a banquet was served in the dinning room with the following menu:

Consomme a la Beuvilliers
Queen Olives — Fresh Radishes
Baked Turkey — Waldorf Dressing
Boiled Fillet of Beef — Creole Sauce
Fruit Salad a la Newburg
Snowflake Potatoes — Asparagus on Toast
Cauliflower in Cream
Scotch Tea Biscuits — Wheat Bread
Lemon Cream Pie — Hot Mince Pie
Roquefort Cheese
Vanilla Sherbet — Delicate Cake
Salted Almonds — After Dinner Mints
Coffee — Cigars

After the dinner the physicians went to the hotel parlors where the program of the evening was carried out. This consisted of papers by Dr. Chas. Stein of Glasco on "The Uses of Hexamethylenamin," and Dr. Frank Kinnamon of Aurora on "Some Recent Experiences with Pneumonia." Dr. A. J. Weaver of Concordia also reported his favorable experience with typhoid vaccine in a series of nine cases. The various phases of the subjects were thoroughly discussed by all physicians present, making the meeting both interesting and profitable to all.

The officers for the ensuing year elected at this meeting are: President, Dr. Chas. Stein, Glasco; vice-president, Dr. Frank Kinnamon, Aurora; secretary, Dr. E. N. Robertson, Concordia; treasurer, Dr. W. F. Sawhill, Concordia; delegate to the State Medical Society, Dr. S. C. Pigman.

E. N. ROBERTSON, Secretary.

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RICE COUNTY MEDICAL SOCIETY.

The annual election of officers of the Rice County Medical Society was held at Lyons, Friday, December 26, 1913, at 2 o'clock p. m., and resulted as follows: President, Dr. C. E. Fisher; vice-president, Dr. L. E. Vermillion; secretary-treasurer,

Dr. J. M. Little; censor for three years, Dr. M. Trueheart; delegate for two years, Dr. J. M. Little; Drs. M. Trueheart and C. E. Fisher were elected to give papers at the State Society meeting to be held at Wichita in May, 1914.

The application of Dr. Martin of Frederick was received and referred to the Board of Censors.

A communication from the secretary of the State Society calling attention to the raise in dues from $2 to $3 was read and placed on file.

J. M. LITTLE, Secretary.

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NEWS NOTES.

Dr. Merrell K. Lindsay of Topeka was married January 25th to Mrs. William Drecksel of Leavenworth.

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The annual meeting of the Clinical Congress of Surgeons will be held the week of July 27, 1914, in London. Preparations are already under way and a large attendance is expected.

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Dr. James Welsh has moved from Junction City to Herington.

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Dr. B. R. O'Connor has moved from Grenola to Stockton, Calif.

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Dr. W. W. Weber has moved from Leon to Iowa City, Ia.

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Dr. T. H. McLaughlin, for the last fourteen years a medical missionary in Africa, has returned to the United States to resume practice in Topeka.

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Dr. Uriah I. Ward, Hutchinson, fell on the sidewalk at the Masonic Home, Wichita, January 25, suffering a compound fracture of the hip.

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Dr. Roscoe T. Nichols, Liberal, has been appointed student physician to the State Agricultural College, Manhattan.

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Dr. J. L. Fryer, for ten years chief surgeon of the Soldiers' Home Hospital at Leavenworth, has located in Leavenworth, where he will engage in the practice of diseases of the eye, ear, nose and throat. Dr. Fryer will be remembered by many as the

son of the late Dr. B. E. Fryer, a prominent oculist of Kansas City.

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Dr. C. J. Hahn, who has practiced in La Harpe for the past twelve years, is now located in the New Ohio building, Tulsa, Okla. Before locating in La Harpe he lived in Uniontown, Kan., Bourbon County, and practiced medicine there for twenty-five years. He was associated as a partner in Uniontown with the late Dr. A. L. Fulton of Kansas City, Mo. He is a member of the Allen County Medical Society and served as president in 1911.

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FAILED TO RECORD CASE OF DIPHTHERIA.

Warrant Issued for Local Osteopath Practitioner—Dr. Sippy of State Board of Health Signs Complaint Against Dr. Emma Hook Price.

A complaint charging her with failure to notify proper authorities of a case of diphtheria and of failing to report the death of the patient, was sworn to by Dr. John Sippy of the State Board of Health against Dr. Emma Hook Price, an osteopath practitioner, yesterday morning.

The complaint states that Dr. Price attended Ruth Yoder of Haven township during her illness, which resulted in death November 24th last, and that she failed even to report the death, so that the place might be fumigated. She had attended the girl throughout her illness, without reporting the case so that quarantine might be established on the Yoder home.

The warrant is in the hands of Sheriff K. C. Beck and will be served today.—Hutchinson Gazette.

The warrant was served and trial set for next term of court.

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OBITUARY.

James O. R. Carley, M. D., Hahnemann Medical College, Chicago, 1885; a member of the Kansas Medical Society; died at his home in Winchester, January 12.

William F. Osborn, M. D., Rush Medical College, 1860; for one term a member of the Kansas Legislature from Douglas County; died at his home in Baldwin, January 21, aged 83.

Lewis Y. Grubbs, M. D., Medical College of Ohio, Cincinnati, 1871; a Fellow of the American Medical Association and a pioneer practitioner of Kansas; a veteran of the Civil War; one

of the organizers and president of the medical staff of the Jane C. Stormont Hospital, Topeka; died at his home in that city, January 25, from cerebral hemorrhage, aged 72.

Curtis William Otwell, M. D., Columbus (Ohio) Medical College, 1876; a veteran of the Civil War, in which he served as an assistant surgeon; died at his home in Independence, Kan., January 8, from senile debility, aged 76.

Charles Orendorff, M. D., University of Pennsylvania, Philadelphia, 1862; for fifteen years a resident of Colony, Kan.; died at his home in Yates City, Kan., Dec. 26, 1913; aged 81.

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REVIEWS.

Treatment of Gonorrheal Epididymitis.—In applying passive congestion to a testicle for the treatment of gonorrheal epididymitis. Wilson (British Medical Journal) uses a strip of lint 1½ inches wide, a fine piece of rubber tubing and a pair of Spencer Wells forceps. The cord on the affected side is encircled just above the testicle by the strip of lint, which is continued round between the two testicles along the median raphe of the scrotum. Over the lint is applied the rubber tubing, which is tightened to the required extent and secured by artery forceps. (The required extent being such that no pain results after the application; instead, the patients describe a comfortable warming sensation with immediate relief of pain.) Pain after application implies that the tubing is too tightly applied, and suggests that it should be loosened. A few moments after adjustment the enclosed tissues assume a purple color resembling a ripe plum. The treatment is applied for an hour the first day, where possible, increasing daily up to eight hours. But in some very acute cases half an hour will be all that the patient can stand at first. Where practicable, however, Wilson says it will be found that the duration of disease is in inverse ratio to the length of daily application of treatment.—Journal A. M. A.

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Neosalvarsan.—B. B. Beeson, Chicago (Journal A. M. A., February 14), gives a summary of his observations of the use of salvarsan in the Paris hospitals, where the method has been considerably developed. He has had opportunity to observe and follow a number of cases in Ravaut's service in the Hopital St. Louis, and in that of Levy Bing, at Maison St. Lazare in Paris, where it had been employed in a concentrated solution in distilled water. Ravaut gives neosalvarsan up to 0.9 gm. doses in

10 c.c. of fresh water and says that this amount of water may be still further reduced. The intravenous route is preferred but the intramuscular method is sometimes employed. The injection is sometimes followed by elevation of temperature beginning six or eight hours afterward, as does also the more frequently occurring headache. If this occurs repeatedly after the first injection, the patient's nervous system should be looked after. Other sequelae sometimes observed are nausea and vomiting (sometimes appearing immediately), a mild serous diarrhea and various cutaneous manifestations which are not so frequent and are not mentioned as of special importance. There is a tendency among the French to reduce the number of contra-indications to the use of salvarsan. The following are the chief ones: nephritis, myocarditis, chronic alcoholism, acute respiratory disturbances and gastric or duoenal ulcer. Some advise the use of neosalvarsan in leutic nephritis. The general opinion is that tabes and paresis should be treated with neosalvarsan and in the incipient stages large doses can be used. The paper is summarized as follows: "1. The initial dose of neosalvarsan in most cases should not exceed 0.45 gm. 2. At least seven days should elapse before a second injection is given. 3. If following several injections signs of intolerance are noted, the dose should be kept at the same figure, and reduced if the symptoms do not disappear following further treatment. 4. Distilled water is the best solvent. 5. Administration in concentrated solution seems to be the superior method. 6. Distillation should be performed in an apparatus composed wholly of glass. 7. The intravenous method is the one of choice. 8. Continued headache should be regarded as indicating possible involvement of the nervous system. 9. Neosalvarsan has a most efficient ally in mercury."

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Gynecological Operations in Psychoses.—Drs. Friedel and Busse (Munch. med. Wochensch., No. 51, 1913) have made gynecological examinations in 200 cases in an asylum for the insane. Busse was surprised to note the frequency of genital affections in mental defectives; in only nine were no lesions found. Uterine displacements were most common (45 per cent), most of them following childbirth (retroflexions, descensus, prolapse). Inflammations of the external and internal genitals were also often observed as well as neoplasms (myomata, etc.). In several instances the internal genitals were entirely absent. Most striking was the frequent existence of developmental errors of the uterus and ovaries (hypoplasia, aplasia, infantilism). Opera-

tions were performed in 10 per cent of the cases. Most of them were done for displacements, and in quite a number of cases in which lapartomy was undertaken for this purpose the ovaries were also removed in order to exert an influence on the psychosis. Myomata were removed in a few instances. Imbecile patients who often were sent to the asylum to guard them against the risk of illegitimate pregnancy were subjected to extirpation of the tubes and discharged. In dementia precox castration was performed where increase of mental disorders followed repeated childbirths and in patients suffering from periodical conditions of excitement.

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MISCELLANEOUS.

BICHLORIDE AS A GERMICIDE.

The recent agitation against the use of bichloride of mercury tablets by laymen has raised the question as to the necessity for the use of this chemical in surgery. The claim seems fairly well sustained that when it is precipitated from the germs they resume their vital functions. Bichloride is irritating, even causing necrosis in some cases where the tissues are devitalized. It does not require much absorption of bichloride to cause most alarming symptoms. It is quite inert as an antiseptic in the presence of albumen, with which it combines. It is inert in the presence of fat or soap, or of strong alcohol. Aqueous solutions are very unstable, the bichloride being reduced to calomel. It corrodes instruments and roughens the hands. It is a serious question whether surgeons should continue the routine use of this highly toxic and often disappointing agent.—Medical Council.

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TO PREVENT TETANUS INFECTION.

The first and most important lesson which both physician and layman must learn is to open widely all wounds of the kind which could have carried dirt from the surface into the deeper parts. We should not content ourselves with cleansing or disinfecting the surface around the point of entrance of the blank cartridge, nail, etc. This will do no good whatsoever. The germ of tetanus grows best in closed cavities and we must open the door widely and remove all of the foreign material and sloughs. —Daniel Eisendrath in The Chicago Medical Recorder.

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AN EDITOR'S VIEW OF THE TRAVELING "DOCTOR."

The childlike credulity of the average person with regard to

the superlative qualities of the itinerant quack who loudly proclaims his abilities in flamboyant advertisements, appears strange to the editor of the Canon City (Colo.) Daily Record. In the issue of Sept. 6, 1913, concerning traveling doctors in general, he says (no doubt having in mind some specific instances of grievous disappointment, or worse, in some of his too trustful neighbors and friends):

"It's a strange thing to us why Canon City men or women would trust their eyes or their health in the hands of some unknown traveling doctor of any kind. It's a strange thing to us why any Canon City man would buy a suit of clothes or a bunch of teas or groceries from a strange agent whose word and business methods are wholly unknown to the buyer, and whose goods must be taken on faith in a stranger. But it is infinitely more incomprehensible why a man would trust his eyes, or the eyes of his wife or child, to the care of an unknown man whose ability, skill and professional reputation is wholly unknown. The eye is about the most sensitive and delicate organ about the body, and the one a person can least afford to take any chance with. You might afford to take a chance with a stranger on fixing up your corns or ingrown toe nails, but when it comes to the eye or some delicate question of health you should be pretty well satisfied that the man you go to is all right. And if the man lives in Canon City and you can go back to see him any time, he is pretty apt to give your case a good deal more thoughtful care than the man who is here today, gets your money, and is off tomorrow, perhaps never to return again. Think it over."—Journal A. M. A.

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MANSLAUGHTER IN DEATH FROM ATTEMPTED ABORTION.

(State vs. Harris (Kan.), 136 Pac. R. 264.)

The Supreme Court of Kansas holds that an information, alleging the use of a certain instrument to procure the abortion or miscarriage of a woman pregnant with a vitalized embryo, not necessary or medically advised to be necessary to preserve her life, resulting in her death, charges a crime which would be murder at the common law and which is manslaughter in the first degree under Section 12 of the crimes act of Kansas. Although such instrument was used with the assent of the woman for the sole purpose of procuring an abortion or miscarriage, still such

use and purpose being immoral, violative of the law of nature, deliberate in character, reckless of life, and necessarily attended with danger to the mother and likely seriously to injure her, if her death result, the common law will imply malice and hold the person so using such instrument guilty of her murder, regardless of whether she was pregnant with a quick child or with a vitalized embryo.

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DIAGNOSIS OF A MONSTROSITY.

Dr. W. T. Bertrand tells the story of a young man who started to practice medicine in a village of Indiana in the days when medical practice acts were not as stringent as they are at the present time. It could not be ascertained that any institution had conferred upon him the degree of M. D. He was soon called in to attend an obstetrical case. He made his examination, called the husband to one side and said: "I hate to convey this information to you, but your wife is giving birth to a monstrosity. There are no bones in the head; it has but one eye, and its nose is where the other eye should be." It is needless to state that a genuine practitioner, who was then summoned, found a breech presentation and soon delivered a healthy baby boy.—"Stories of Doctors, etc."

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He was a mournful looking wreck, with yellow face and scrawny neck, and weary eyes that looked as though they had monopoly of woe. Too tired to get his labors done, all day he loitered in the sun, and filled the air with yawns and moans, while people called him Lazybones. One day the doctor came, and said: "Brace up, my friend! Hold up your head! The hookworm, deadly as an asp, has got you in its loathsome grasp! But I will break the hookworm loose, and cook its everlasting goose! Swing wide your mouth, and do not cringe—" and then he took his big syringe, and shot about a quart of dope, that tasted like a bar of soap, adown the patient's throat. "I guess I got that hookworm's goat!" One gasping breath the patient drew, and bit a lightning rod in two, and vaulted o'er his cottage roof; and then, on nimble, joyous hoof, he sped across the windswept plain, and burned a school, and robbed a train. The doctor watched his patient streak across the landscape, sere and bleak, and said: "It makes my bosom warm! What wonders science can perform!"—Exchange.

CLINICAL NOTES

SURGICAL HINTS.

The mildness and freedom from much pain in fracture of the neck of the femur in old people should not deceive the surgeon. There is often a history of tripping or falling upon the floor. The patient is unable to rise from the ground; the pain in the hip increases upon motion; he is unable to raise the feet from the floor; the foot is everted; the leg rotated outward; the whole leg lies helpless.

In young people, fracture of the femoral neck is very common (Whitman), although few physicians are aware of this.

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In suspected fractures of a leg or arm, if an X-ray apparatus is not accessible and the edema is so great that we are unable to satisfactorily palpate, the swelling may be reduced by applying a Martin rubber bandage from the toes or fingers up the limb.

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In cases of green-stick fracture from indirect violence with little or no deformity, bone tenderness may be the only symptom present, and it is important to always look for it.

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The tip of the olecranon process of the ulna and the external and internal condyles of the humerus should be in the same line when the forearm is fully extended. Any deviation from this points to fracture or dislocation.—International Journal of Surgery.

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One of the primary essentials in the technic of the operation for the cure of fistula-in-ano is the opening up of the entire tract. This is a rule that has stood the test of time, and is a surgical classic. However thoroughly and skilfully the rest of the operation may be performed, there will be a recurrence if this fundamental procedure is performed incompletely. In many of the cases there is no difficulty in exposing the entire fistulous tract with one sweep of the knife, but in a very considerable proportion of cases there is failure.—Dr. J. A. MacMillan—The Proctologist.

Very few people consider the fact that an X-ray photograph is the picture of a shadow, and that this shadow may give as distorted and incorrect picture of the actual conditions of the fragments in a case of fracture as one's own shadow may be distorted by placing oneself in various positions as regards the sun. It follows that unless they are taken by a skilful operator and an accomplished anatomist, X-ray pictures of fractures are absolutely untrue and most misleading.—Dr. W. L. Estes.—Medical Times.

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BITES OF INSECTS.

Neal writes that he has found the following procedure very useful:

Take 1 ounce of Epsom salts and dissolve it in 1 pint of water, wet a bath cloth so that it will not drip and rub the body well all over, and not wipe afterward but dress, and flies, gnats, fleas, bedbugs, mosquitoes, etc., will never touch you. If one is exposed more than usual, being near water, or in a forest, then make a somewhat stronger solution, wet a cloth and rub the face, neck, ears and hands well—do not wipe, but allow it to dry; it will leave a fine powder over the surface that the most bloodthirsty insect will not attack. Besides, the solution is healing and cleansing; it will heal the bites, subdue the consequent inflammation, and cure many diseases of the skin.—Exchange.

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EASY MEANS TO DETECT DEFECTS IN THE PLACENTA.

Scherbak accidentally discovered that the different tissues of the placenta are discolored differently when boiling water is poured over the placenta. All the blood clinging to it turns dark brown, the placenta tissue gray or pink, the decidua yellowish, bluish or greenish. By the difference in tint it is thus easy to recognize any gap or defect in the surface. The heat of the water also causes the placenta to arch, much as in the uterus, which helps in the detection of even minute defects.—Journal A. M. A.

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SIMPLE TREATMENT OF CHANCROIDS.

R. M. Toll advises (N. Y. Med. Jour.) the following: Wash

the ulcer with mercuric chloride solution 1:1000, and dry thoroughly with a cotton swab. Apply a drop of 4 per cent cocaine solution. After a minute touch up the raw surface with pure phenol and follow in ten seconds with alcohol. No dressings are required. Instruct the patient to return in three days. The ulcer will be greatly improved; repeat the treatment to the remaining raw surface every third day until the ulcer is entirely healed. This will occur after five or six treatments.

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POTASSIUM NITRATE IN BRIGHT'S.

A recent writer, Vassalli (Med. Record) recommends potassium nitrate in Bright's disease, claiming that under this plan of treatment casts disappear and albumin is reduced to a trace. He gives potassium nitrate in doses of from 0.5 to 1.0 grm., dissolved in 15 c.c. of water, every two hours until the casts disappear and albumin is reduced to a minimum, continuing the dose three times daily for several weeks after the urine has become normal. It is best taken in milk.

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APOMORPHIN HYDROCHLORID IN THE VOMITING OF PREGNANCY AND IN NAUSEA GENERALLY.

Having under my care at one time a patient with a severe case of vomiting of prenancy in which various treatments had been tried without result, I tried apomorphin, giving 1/36 grain in a teaspoon of water. The vomiting ceased and was thereafter controlled entirely by 1/36 grain in water. This was about two years ago. Since then I have used it frequently, not only in the vomiting of pregnancy but in other cases of vomiting or nausea in which an antiemetic was indicated, and always with decided results. In the minute quantities used it quiets the inflamed gastric mucous membrane with no ill effects and in so doing we have a better chance to apply other remedies needed to remove the cause.—Merton Field, M. S., M. D., Canby, Minn., in Journal A. M. A.

THE JOURNAL
OF THE
Kansas Medical Society.

Vol. XIV. KANSAS CITY, KANSAS, APR. 1914. No. 4

ARTERIOSCLEROSIS.

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Read before the Northeast Kansas Medical Society October 30, 1913.

With the advent of the practical and portable sphygmomanometer, the study of hyper-arterial-tension, especially arteriosclerosis, has been renewed, and, as Dieulafoy says, has become the order of the day. Numerous valuable articles have appeared in all of the medical journals the last few years and my excuse for selecting this subject at this time is due chiefly to a statement made by Dr. R. C. Cabot last July to his summer class at Harvard that arteriosclerosis is the most common of all diseases, is the meanest and most unsatisfactory to treat and kills more people than any other disease. At first I doubted the statement, but the more I study the subject the more I believe him to be right.

Etiology—With all of the valuable contributions that have been presented on this subject, its study has just begun and the last word is far from being said, for no two authors agree on its etiology nor do they on its treatment. For instance, most writers claim that alcohol is a great etiological factor, but Cabot, after studying a long series of cases, stated before the American Medical Association that the disease is less common among hard drinkers than it is among the successful professional and business men and that alcohol does not raise the blood pressure. Osler came back at him by inviting those present to partake at the nearest bar. He gets around the statement by saying that those who are hard drinkers as a rule are not hard workers, and that they do not take life as seriously as do abstainers.

Bishop of New York says that arteriosclerosis is the reaction of the individual to the proteins which produces amino-acids, and for that reason in 90 per cent of all cases no cause is found, while

in the other 10 per cent of the cases the cause is alcohol, syphilis, lead, etc.

Fisher of New York says it is due to alcohol, over-eating, gout, over-work and heredity; while Poltinger of Los Angeles lays stress upon typhoid fever being a great factor.

Ferreira of Brazil says that tachyphagia and polyphagia, eating too fast and too much, are responsible for arteriosclerosis and the gouty diathesis and shortens our days materially.

Jacobi of New York says the only preventive is to die in time and that none of us can escape it after we reach middle life and that if one does not feel it or realize it the reason is that it is less disseminated and more localized in certain parts.

Manoulian, a Frenchman, has produced arteriosclerosis in rabbits and monkeys in 84 per cent of all cases by repeated injections of staphylococci. He also found that injury to a nerve produced an arteriosclerosis in the vessels which those nerve fibres supplied. This he considers shows that the nervous system plays a great part in the cause.

Osler, in his Modern Medicine, divides the causes into four classes, viz.: (a) The wear and tear of modern life; (b) the acute infections; (c) the intoxications; (d) those combinations of circumstances which keep the blood tension high.

Of the first he calls attention to the fact that the blood vessels are the only organs in the entire economy that get no rest. He says: "Not only does a ceaseless rush of fluid pass through them at a speed of ten inches a second, but the walls of the main pipe are subjected to a distending force of 2 1/5 pounds to the square inch sixty to eighty times a minute, 80,000 to 100,000 times in the twenty-four hours." If this is the condition under normal circumstances, what is it under the strain and stress of high tension to which the modern business man is subjecting himself?

"Of the acute infections," he says that "syphilis is the one with a special predilection for the arteries." Other acute infections are typhoid fever, scarlet fever, diphtheria, smallpox and influenza.

The intoxications he divides into the exogenous and the endogenous. The exogenous are the mineral poisons, alcohol and tobacco. The endogenous "are all of the conditions of perverted metabolism," which would include diabetes, obesity and chronic Bright's disease.

Of conditions which keep up high blood pressure he speaks especially of over-eating and also mentions that the Japanese and

the people of India, who are chiefly vegetarians, are said to be much less affected by arteriosclerosis than other people.

After studying the conclusions of all of these authorities, all of whom are more or less correct, we will have to say then that there is no one cause of arteriosclerosis, but that it is a result of a combination of circumstances, chief of which are age and the high nervous tension under which we are living.

Symptomatology—The result of arteriosclerosis is to diminish the blood supply to the part supplied, which causes atrophy and less activity. If the sclerosis goes on to the stage of obliteration necrosis will follow. Arteriosclerosis also renders the vessels more prone to spasm and angio-spasm is its chief symptom. The attacks of angio-spasm are usually brought about by something that raises the blood pressure, such as worry, exertion, hearty eating, etc. While arteriosclerosis is more or less of a general disease, yet it is not uniformly so, and the vessels of certain organs or parts may show a marked sclerosis while in other organs they are not affected, as, for instance, we may have a marked hardening of the aorta and the peripheral vessels be soft and smooth.

The symptoms vary according to the parts affected most and are referable to the brain, heart, kidneys and extremities.

Symptoms Referable to the Brain—In the beginning the patient may simply become irritable and manifest symptoms of neurasthenia. Later he may have vertigo and attacks simulating apoplexy; as, for instance, transient and sudden aphasia, monoplegia and even paraplegia. In these cases of arteriosclerosis the distinguishing feature is that the paraylsis is transient and completely disappears in a short time. These attacks are most likely to come on after sudden exertion. They come on suddenly and in rare cases may simulate an injury, and if an accident policy is held the question of accidental injury may arise, as in a case I had a year ago. A locomotive engineer, past middle life, exact age unable to ascertain, when shifting the levers on his engine fell backward, striking his head against the cab and became unconscious. Prior to this he had had attacks of vertigo, which he said a physician had told him were due to his liver. He remained unconscious a short time, but when he regained consciousness his head ached severely and he was unable to see. When I saw him about three days later his headache was still severe; he could not tell the number of fingers held three feet from his eyes and he was extremely restless. Physical examination revealed no scalp wound, a large heart

with the apex beat displaced outward and downward, the aortic second sound greatly accentuated and a blood pressure of 240. His urine showed a low specific gravity, some albumen and casts. He was sweated, given magnesium sulphate, nitroglycerine and potassium iodide. His eyesight gradually improved, but the restlessness and pain in his head did not. His blood pressure reduced to about 200. Three days later I drew off about two pints of blood and at once his headache was relieved and he went to sleep while the blood was still flowing and that night he had a very good night's rest. He gradually improved and began to plan upon going back to work, but the improvement was not permanent, for, like most of these cases, he has since developed a progressive dementia. Convulsions of an epileptiform character may occur in these cases. Osler says: "In the absence of syphilis and lead poisoning, convulsions occurring in middle-aged individuals should always excite suspicion of arteriosclerosis."

Symptoms Referable to the Heart—Arteriosclerosis produces many changes in the circulatory centers, viz., cardiac hypertrophy, aortic aneurysm, aortic regurgitation, fibrous myocarditis from scars in the heart wall as a result of necrotic areas, coronary diseases and aneurysm of the heart wall. Of these I shall only speak of hypertrophy and coronary disease.

Hypertrophy is the most common of all of the changes and occurs in all cases with but few exceptions. On account of the increased work thrown upon the heart because of the diminished elasticity and narrowing of the arteries and the high blood pressure, the left ventricle hypertrophies, which is shown by the displacement of the apex beat downward to the 6th and 7th interspace and slightly outward and by the accentuation of the second aortic sound.

The symptom of coronary disease is angina pectoris or pain. The pain, which is usually in the precordial region, is frequently described by the patient as feeling as if the heart is held in a vise and is going to be forced to stop beating. This pain shoots up the left shoulder and down the left arm. But the pain is not nearly always of this classical type, for it may be anywhere in the chest, in the back, or even in the epigastrium, but it is always a sudden pain and is usually brought on by some form of exertion. It is frequently accompanied by a sense of fullness of the epigastrium and eructations of gas. I recall one case whom I saw die, in which the pain was a shooting pain, as he expressed it, a catching pain in the right upper anterior

portion of the chest. The man, apparently in perfect health, had been running the lawn mower and became uneasy on account of these pains, fearing that they were the beginning of a pneumonia. When I arrived he was free from pain and feeling well. I made an examination of the heart and lungs and was unable to elicit anything abnormal. This, however, was before the day when I possessed a sphygmomanometer and I do not recall if there was an accentuation of the second aortic sound. While I was still sitting on the edge of the bed, rather visiting with him, and he was lying there comfortably with two pillows under his head, he suddenly gave a gasp and was dead. Autopsy showed a sclerosis of both coronary arteries.

Any pain in the chest or epigastrium which is produced by exertion, either physical or mental, and relieved by rest is apt to be angina. Eating large meals, which raises the blood pressure, may bring on an attack of angina in a person suffering from coronary sclerosis. Cabot says that a pain that is brought on by exertion and relieved by rest and by the nitrites is diagnostic of arteriosclerosis.

Aneurysm of the heart wall I shall not dwell upon, except to say that seven years ago I read a paper before this same society on "Angina Pectoris" and showed a heart in which the wall had ruptured and a pint and a half of blood was found in the pericardium.

Neither shall I attempt to differentiate chronic interstitial nephritis from arteriosclerosis of the kidney, for the symptoms and treatment are practically the same. In a study of 3,000 autopsies of all kinds at the Massachusetts General Hospital, a correct diagnosis of only 50 per cent of the cases of chronic interstitial nephritis was made, and the chief difficulty was in differentiating it and arteriosclerosis of the kidney. In both conditions we have albumen and casts in the urine, high blood pressure and hypertrophy of the heart. Cabot lays special stress on the presence of headaches and blood in the urine in nephritis and their general absence in arteriosclerosis.

Arteriosclerosis of the periphery is not of much importance except that we should remember that it is a cause of gangrene and of cramps in the limbs. In the cramps, the patient upon exerting himself, generally walking, is suddenly seized with drawing cramping pains and weakness in the limbs and his legs give way under him. Upon rest the symptoms disappear.

Aside from arteriosclerosis of the brain, heart, kidneys and periphery, there may be the same condition of any of the other

organs. Dal Lago, an Italian, reported a case of arteriosclerosis of the stomach. He says there have been sixteen other cases reported and that the symptoms are very similar to those of ulcer of the stomach, but that the attacks in the arteriosclerosis are relieved by theobromin and strophanthus, while they are not affected in ulcer.

Aside from the subjective symptoms due to angio-spasm in the various organs stated above, we have the physical findings, which are more or less constant. In the beginning the arterial tension is higher than normal. This may be the only abnormal thing we are able to find and the patient may feel perfectly well and think he is in the best of health. The condition may be found accidentally, as in making a life insurance examination. I had this occur twice last year. A high blood pressure is found in four conditions—viz., arteriosclerosis, kidney disease, aortic regurgitation and brain tumor. The peripheral arteries are firm, hard to compress, beaded and tortuous, best shown usually in the radial and temporal arteries. Hypertrophy of the heart, especially of the left ventricle, is usually found. This is shown by a displacement of the apex slightly outward and downward to the 6th or 7th interspace and by the loud ringing thud of the second aortic sound.

Treatment—As stated before, treatment is both difficult and unsatisfactory and is chiefly prophylactic, because when the elastic tissue has been destroyed it is absolutely impossible to restore it. The results of this disease are that the elastic tissue of the arteries is replaced by fibrous or fibro-calcareous tissue. Prophylaxis is especially difficult on account of there being so many and such variously different etiological factors, and especially since this is the inevitable end of all mankind if they live long enough and are not carried away by some other disease. In spite of this gloomy outlook, there is much to be done, and most cases can be made more comfortable and the progress of the disease retarded. If we can find a predisposing cause, we should remove it and then avoid those things which are most prone to bring on the disease—do not allow them to live at such a high tension and not "live to eat, but eat to live."

The treatment may be divided into hygienic and medicinal, of which the first is the most important. Cabot says the treatment is chiefly making the man behave as he should at his age. He says an old man needs a different diet than a growing man. They need less meat and less of all kinds of food. Osler says they should reduce the quantity of food gradually until they find

the minimum amount they can live on and yet retain their physical and mental vigor. Metchnikoff thinks that sour milk is a valuable food and that the lactic acid in it is very valuable in preventing abnormal intestinal fermentation. The patient's work and exercise needs supervision. No work is as bad as too much work, but a man at sixty should not try to do the work of a man at thirty. The bad effect of stopping work suddenly has been noted at the Massachusetts General Hospital. There the staff is retired at the age of sixty and they say that it has been very pitiful to see how fast many of their men have failed after being taken away from their work. The work should be such as to entail as little worry as possible, for worry, too, will raise the arterial tension. Exercise is also needed, but it must be taken in moderation. The exercise should be pleasant and not require either mental or physical strain, and for that reason golf is advocated by many. Cabot thinks that professional and business men should have some hobby, so that when they reach the age that they should retire from their active work they will have something to fall back upon to do. They should have something left to build up and be interested in. A good diversion for many is farm life, where they may retire and yet see things progressing; but they must not go into this to such an extent as to make it as hard and as worrisome as the work they have just left. There are many other things which they can take up and continue to feel an interest in life, so that they will not have to sit down and think about their ills and rapidly grow old.

Excesses of all kinds should be avoided, also those things which raise the blood pressure, as tobacco and alcohol.

As to the use of drugs there is some question as to the benefits derived, but there is no question that of the two hygiene is more beneficial than drugs. The drug that stands first is potassium iodide, given in doses of fifteen to twenty grains, three times daily, over a long period of time. In cases of syphilitic origin it is undoubtedly of value, also in cases of plumbism, and it probably does some good in most other cases. It is certain that it does no harm, and in my opinion, until we find something of more value, it should always be used. For the excessive high blood pressure, the vaso-dilators will reduce it temporarily but will not hold it down. Nitroglycerin is very effective, but transient, and may be given in doses of 1/100 to 1/50 grain every three or four hours. Osler prefers the 1 per cent solution, freshly made, and gives one, two, three, four, or even five, drops of this three or four times daily. Amyl nitrite pearls act more

quickly but are more evanescent. The effect of sodium nitrite lasts longer than glonoin and may be given in one to three grain doses three or four times daily. When the blood pressure is extremely high and we have dizziness, vomiting, etc., bleeding is the first indication. Sweating also reduces the arterial tension and is second in value to bleeding. Purgation also reduces the tension some, but should never be used to the extent of weakening the patient. Electricity has been used, too, but its value is very questionable.

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UPPER ABDOMINAL DISEASES.

DR. R. C. LOWMAN, Kansas City, Kansas.

Read before the Northeast Kansas Medical Society October 30, 1913.

It is well known the diagnosis of the various diseases of the upper abdomen frequently offers many difficulties, and this paper was prepared as a sort of a review of more or less well known facts in order that some help might be given us in these ofttimes perplexing cases.

First, I would like to emphasize the fact that not all cases of dyspepsia mean a disease of the stomach or duodenum. Indeed, the contrary is the rule, the group being quite small when the stomach is actually involved.

Take, for instance, tuberculosis. How often is the stomach disturbance the chief complaint, and how frequently in making insurance examination we are told a relative died of catarrh of the stomach, where a few questions show conclusively the trouble to be tuberculosis. Then again think of the gastric manifestations of arteriosclerosis, chronic nephritis, cirrhosis of the liver, gastric crises of locomotor ataxia. Abdomens have been opened for each of the above conditions more than once.

Another group of cases producing gastric disturbances are atonic dilatation, gastric neurosis and prolapse of stomach, intestines and other organs.

Many of these cases have been operated upon with a diagnosis of probable ulcer or malignant conditions, sometimes benefited when a neurosis exists, but generally not improved and frequently made worse by ill-advised interference.

Then we have reflex disturbances of digestion due to gallstones, appendicitis, tuberculosis of intestines, intussusception, intestinal tumor, etc. In these cases a mistaken diagnosis is not so bad, providing the operator, often finding no lesion in the

stomach or duodenum, prolongs his search sufficiently to ascertain and treat the real source of trouble.

Thus we see how important it is in treating cases coming to us with gastric manifestations to make a thorough examination and rule out these non-surgical conditions, examine them carefully and methodically.

The history is one of the most important facts of the examination, especially the early history, before the symptoms of the primary disease have been clouded by symptoms and signs produced by complications. Then we should carefully inspect the patient, palpate carefully and locate and mark painful and tender areas.

Examinations of stomach contents should then be made, noticing the gross macroscopical appearance before making the chemical and microscopical tests.

In ulcers we often have a sour, pungent fluid, very much unlike the coffee ground liquids of cancer. In cases of obstruction food remnants are visible long after they should be disintegrated and gone. Careful distention of the stomach will often bring a tumor into place where it can be palpated, when before it could not.

High acids with hypersecretion often points to a benign condition, but low acids frequently do not mean malignancy.

Ulcers of stomach and duodenum furnish the most typical dyspepsia symptoms and will be considered first.

First, let me state that operation has shown more duodenal than gastric ulcers and more ulcers in men than in women, both facts contrary to former opinions.

Most of these patients have suffered for years and are liable to have periods of good health alternating with periods of dyspepsia. These attacks seem to be most likely to come in spring and fall seasons, though they may appear at any time. These patients during an attack complain of pain, distress and burning, generally in the pit of the stomach, often with gas, pyrosis and vomiting. The characteristic peculiarity is the time these symptoms appear and the means which ordinarily give relief. From two to four hours after meals these symptoms appear regularly and they may be quite severe. Food, alkalies and anything that engages the hypersecretion of acid relieves the symptoms. This regular return of symptoms two to four hours after meals and their control as mentioned is peculiar to peptic ulcer only. Many of these patients have their pain, etc., recurring regularly every night at a certain hour and get into the habit of taking a little

food to bed with them. They generally have an ulcer of the duodenum. In ulcers of the body of the stomach the pain and other symptoms often come on earlier following the meal and occasionally in place of being relieved by food are aggravated and intensified by it. It is interesting to note that some of the best text books pay very little attention to this recurrence of symptoms two to four hours after meals and give as diagnostic points, pain, pyrosis and vomiting immediately after eating.

This early history is important, as later, when complications have arisen, the symptomatology is changed and becomes common to several diseases.

The X-ray picture and fluoroscope have been very greatly developed lately and are recognized as a valuable aid in the diagnosis of various stomach and other abdominal conditions.

In cancer of the stomach the disease may begin suddenly with the patient apparently in the best of health, but many will give a history of so-called stomach trouble dating back some years, while others have had well marked attacks of gastric ulcer for years.

The course of cancer is steadily downward, as a rule, without the remission of the other diseases with gastric symptoms. Pain is common, but is not so acute as in ulcer, is epigastric without tender areas, is more constant, a dull depressing ache and made worse by food. Regurgitation of the stomach contents increases but loses its acidity. Vomiting is common, but may be delayed for twelve to twenty-four hours; is copious, often contains blood and gives great relief. Bloating is present and often extreme, especially after taking food. The patient rapidly emaciates; they become very languid and indisposed to exert themselves; they lose their color and become anemic. Food is often loathed on account of the pain and nausea it occasions. The facial expression is frequently characteristic, a sort of a consciousness of some evil which cannot be shaken off. The finding of a tumor in the region of the stomach ordinarily makes the diagnosis, for 90 per cent of tumors in this locality are malignant, though one should keep in mind ulcer with inflammatory infiltration, syphilis and other rare conditions. The test meal shows large amount of food remnants, lessened acidity or anacidity and frequently blood and often various sorts of bacteria arises while the Boas-Oppler bacillus is considered characteristic.

In gall bladder disease the symptoms vary considerably and different types are described by various authors. Many cases

cause only slight disturbances, nearly always considered gastric by the patient. These patients have slight attacks of distress coming sometimes soon after belching of gas and vomiting and likely stopping suddenly. The suddenness and regularity are quite characteristic of these mild cases. Other cases have more prolonged pain in the epigastrium, over gall bladder or liver area, and referred to right side of back. Deep breathing may cause pain and the suffering may be intensified by food and exertion.

These last cases may have quite prolonged attacks, which are followed by periods of comparative comfort and health.

Another set of cases comprises the large number where a correct diagnosis is made and surgery oftener invoked to relieve the suffering of the patient. I refer to those with typical gallstone attacks, sudden, severe, often agonizing epigastric pain, radiation nearly always to the right and through to the back or scapula, nausea, vomiting, upward pressure and often a longer or shorter time to return to good health again.

Another class are those cases of chronic gall bladder trouble with complications, such as adhesions, obstruction of the duct, duct infections, pancreatitis. Here chronic gastric disturbances are the principal symptoms and resemble very closely chronic ulcer with complications. A differential diagnosis is often impossible unless the early history is carefully worked out.

Chronic appendicitis often presents a picture composed wholly or largely of gastric symptoms. Pain is often complained of and is frequently only a sort of distress. It is not generally so severe as in gallstones, but is more prolonged.

Then the pain is more continuous, is rather indefinitely abdominal, but is often located in the epigastrium by the patients. More patients complain of flatulence, a distended feeling, nausea and distress only than in chronic ulcer or gallstones.

Where attacks of dyspepsia occur with epigastric pain, radiating to the umbilicus or lower abdomen, the patient is most likely to have appendicitis, though we should remember ulcer and gall bladder trouble with perforation or other complications. Pressure may bring out a tender area at McBurney's point that the patient was not previously aware of, careful history taking may show that these patients have had in their childhood attacks of so-called stomach ache which are often nothing but mild attacks of appendicitis and followed later by the dyspepsia complained of. The appendix at operation may show kinks, adhesions, fecal concretions and the pa-

tient be entirely relieved of his dyspeptic symptoms by removal of the offending organ.

WHAT IS THE SOLUTION OF THE CANCER PROBLEM?

FRANCES A. HARPER, M. D., Pittsburg, Kan.

Read before the Kansas Medical Society, May 7, 1913.

An excellent article by Samuel Hopkins Adams appeared in a recent issue of "Collier's Weekly," under the caption, "The Saving Hope in Cancer."

" 'Cancer can be successfully treated by the knife. It can be eradicated permanently, and the patient absolutely cured in the majority of cases where the operation is undertaken in the earliest stages of the disease. There is no chance of recovery except in surgery. The cancer is surely progressive so long as it, or any part of it, remains in the body.'—Statement by the Cancer Campaign Committee of the Clinical Congress of Surgeons of North America.

" 'That the knife has been a failure in the treatment of cancer no one will deny, in the light of statistics, which show that nearly ninety-seven out of every hundred persons who have the cancerous growth removed by the knife, sooner or later die of cancer. * * * I will give one thousand dollars if I fail. * * * Nine thousand cured without knife or pain.'—From the lying advertisement of S. R. Chamlee, Cancer Quack.

"Which will you believe in—Science or Quackery?"

To quote further from the article: "In cancer this much is definitely established: That practically no malignant tumor on the surface of the body develops except from a previous lump or sore which is not in itself malignant. By analogy experts reason that internal cancer develops mainly from sores, lesions or persistent irritations in the various organs; cancer of the stomach from gastric ulcer; cancer of the breast from small benign tumors or irritation set up by derangements of the glandular structure; cancer of the gall bladder from gallstone abrasions; cancer of the uterus from persistent inflammation—and so on. The leading American authority on external cancers writes: 'I have studied over 1,000 cases of cancer of the skin, of the face, of the neck, of the extremities, lips and tongue, and in every instance there has been a previous defect in the skin or mucous membrane, which defect had been recognized by the individual and allowed to remain for weeks, months or years;

even when it showed changes and increased in size, the patients have continued to put off treatment. In my investigation of cancer of the lips and tongue, burns from smoking and white patches on the lips and tongue which develop with some excessive smokers are found to be the most frequent pre-cancerous lesions. I am quite convinced that no man should die of cancer of the lip or tongue if he stops smoking when these white patches appear. * * * Treated in the early pre-cancerous period, 100 per cent of the external cases get well. Treated in the very beginning of cancer, 80 per cent should get well. Treated when the lymphatic glands are involved, only 20 per cent, or less, are cured.'

"'Make people, particularly women, comprehend the supreme importance of early treatment, and the fight is half won,' says Dr. Thomas S. Cullen, chairman of and spokesman for the Cancer Campaign Committee. 'Thousands of lives are wasted every year because cancer patients either deceive themselves by false hopes that the growth is not cancer, and so delay beyond the period of possible successful operation, or give up at once to the disease under the influence of the old error that nothing can help them. **We must teach the American public,** and especially the American woman, the lesson that if she guards herself properly she can, in the large majority of cases, be saved.'"

Cancer of the uterus being one of the commonest and most fatal of the internal cancers, let us go back for a brief space and take a casual survey of a few of the many causes leading up to this most deplorable condition.

As excessive or perverted physiological conditions may lead up to permanent pathologic lesions, let us start from this viewpoint, and consider congestions as being either physiologic or pathologic, depending upon their exciting causes.

Physiologic congestions are those arising from natural causes, as from an excess of blood to an actively functionating organ, and are not accompanied by any inflammatory processes. Pathologic congestions are those unduly prolonged, and in which the factors of infection, inflammation, etc., with their various end results, enter as complications.

It is truly remarkable to what an advanced stage pathological conditions of the uterus may progress, and yet the woman remains about her household and attends to her social duties, apparently in fairly good health; and one doing a special practice in treating the pelvic troubles of women cannot but be startlingly impressed with the very grave aspects of many cases

brought to notice perhaps for the first time—cases never before examined or diagnosed.

This simple, though easily isolated, circulation of the uterus is conducive of congestion, stasis, a gradual cutting off of the circulation, and **slow death of the tissues.** The toxins produced as the result of these degenerative changes, plus mixed infections of various kinds, complete the process of disintegration—and CANCER results.

The processes which may end in cancer do not arise in a day, a month, nor even a year, but may have had their inception many years before the fatal issue.

Any state of the uterus tending to an impairment of the circulation, nutrition, or proper drainage of the organ, may lead up to cervical erosion—a chronic, inflammatory process just short of an active ulceration. The various steps leading up to an erosion might be stated as follows: Irritation, congestion, stasis, infection, inflammation, erosion. It may thus be readily understood why erosions so often occur as complications of malpositions and distortions of the pelvic organs, although they may exist without any apparent displacement or deformity.

No matter at what period of life it presents itself, an erosion should always be looked upon as **a red signal flag of danger!** Especially should this be true in all cases approaching or having passed the menopause. In treating cases demonstrating this complication, no matter at what age, it has a significance all its own, and one should never be satisfied to relax in vigilance and effort until the healing process is complete.

A deeply eroded, congested and ecchymotic cervix, oozing blood at the slightest touch, difficult and slow in healing, indicates long-standing congestion, sluggish circulation, imperfect drainage, with a probable deeper involvment of the endometrium—the blazing brand of some more or less chronic infectious process.

While the specific organism of cancer has never yet been satisfactorily demonstrated, it is known to attack tissues in which there occurs a lowered vitality—non-resistant tissues; it appears, usually, in the declining years of life when the resistive powers are on the wane, when the system may be easily overwhelmed by some pre-existing disease or lesion whose earlier warnings have passed unheeded.

The causes and conditions leading up to cancer in women are so numerous and varied, and arise from so many really preventable errors, that it would be impossible to more than touch

upon them here at this time. Old neglected conditions incident to the child-bearing period form the starting point for a great majority of the cases of cancer in women. Many of these are accidental, and only require the proper repair and attention at the time of injury to insure their correction. Many others, however, are induced by repeated abuses against one of Nature's highest and most sacred functions. The surest mark of degeneracy—both mental and physical—in the human race is the abortion evil—and **statistics go to show that cancer is appallingly on the increase!**

Small wonder, then, that the uterus, with its many and varied physiologic congestions, as well as pathologic irritations, forms a most favorable soil and favorite site for this disease.

As there is yet no **known cure** for cancer, our greatest hope, for the present, as well as the future, **lies in prevention.** Waiting for disease to develop and then attacking it is getting hold of things at the wrong end, and involves an enormous economic waste from every point of view. The ultimate cure of any disease **lies in its prevention,** and we can never hope to stop the ravages of cancer **until we cease creating a favorable soil for its propagation.** It has been said that both cancer and tuberculosis could be wiped off the face of the earth in one generation, if we could eradicate those causes which, by weakening the system, create a favorable soil for their growth.

If every case of erosion and its complications could be **properly treated and cured** in their incipiency, we would have **few** cases of uterine cancer. Most of the hemorrhages and so-called cancers occurring at the menopause are but end results of old, neglected erosions.

If every case of marked laceration and other injuries and abnormalities incident to childbirth **were properly treated at the time of their occurrence,** we would have **fewer** cases of uterine cancer.

If all cases of beginning fibrosis and suspicious hemorrhage at or near the menopause **were recognized and prompt and proper treatment instituted,** uterine cancer would soon come to be an almost unknown quantity.

If, in addition to the above, all abnormal growths **could be discovered and treated surgically** before their malignant stage were reached, **we would have no cancer problem**—would need no cure.

Look out for all those causes which tend to lower the vital-

ity of an organ (and remove those causes), which make it an open gateway for infection, a fertile soil for disease, and, as a rule, the CANCER PROBLEM will soon solve itself.

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ABDOMINAL DIAGNOSIS AND THE ROENTGEN RAY.

E. H. SKINNER, M.D., Kansas City, Mo.

Read before the Montgomery County Medical Society February 24, 1914

There are three general headings in a discussion upon abdominal diagnosis:

1. Gastro-intestinal tract;
2. Genito-urinary tract;
3. Glandular disturbances, including the liver, spleen, pancreas, suprarenals.

Let us briefly review the less interesting first. We may eliminate at once the suprarenals as offering anything of interest under our title, except to report the roentgen therapy directed toward the suprarenals in Addison's disease. The pancreas begins to present roentgen features, to-wit, lying as the pancreas does, with the head encircled by the duodenum, we may find the enlargement of the pancreal head producing distorted duodenal outlines with a loss of the characteristic valvulae conniventis and the spread of the duodenal circle about the fixed and enlarged pancreal head; tumors of the body of the pancreas produce an enlarged curve of the lesser curvature of the stomach, with the bismuth filled stomach displaced downward and to the left; palpation under fluoroscopic control determines the presence of the tumor within the crescent of the lesser curvature, the latter having lost its incisura angularis, which is a functional division between the middle and pyloric portions of the stomach.

The liver and gall bladder present many startling features in radiology. Subphrenic abscess is a condition which baffles so many clinicians because of its insidious onset and its failure to present characteristic physical signs until it either ruptures, with good fortune to the patient, into a bronchial vessel, or, unfortunately, into the peritoneum. The fluoroscope at a very early time in the course of such a condition (subphrenic abscess) shows characteristic shadows: (1) The right diaphragm is abnormally high and fixed or limited in motion in respiration without any chest finding to account for such a diaphragm; (2) the lower border of the liver is low; (3) the diaphragm fails to present the usual acute costo-diaphragmatic angle, but the cardio-

diaphragmatic angle is more acute than normal. These roentgen shadows of subphrenic abscess are as characteristic as the identity of certain bacteria under the microscopic lens.

Gall stones may be identified upon the roentgen plate to just the extent that lime salts are present in their composition. Earlier investigators believed that only about 10 per cent of gall stones contained calcium salts, but it now becomes apparent that a much larger percentage is available for roentgen delineation, and fortunately it is usually the larger calcareous stone which occludes the common duct to give symptoms which demand to be analyzed in the roentgen laboratory. When cholesterin stones put on a calcareous jacket they will give roentgen shadows as surely as the kidney stone. Even though the pure cholesterin stone fails to give shadows, they produce certain definite data in the course of the roentgen examination, i. e., the pylorus is displaced upward and to the right and fixed when there are adhesions about the gall bladder and duodenum. This is frequent and definite, and again pyloric spasm is so frequently a symptom of vagus nerve irritation by the cholecystitis and gall stones; then there is the unusually high and hypertonic condition of the stomach; the frequent exhibition of continuous spasm by the stomach itself; the alternate rapid emptying of parts of a bismuth meal by the stomach and the stasis during spasm of the pylorus. So it does not remain for the actual shadow demonstration of gall stones as the roentgen symptoms just related become quite important in the study of the case.

The genito-urinary tract is an old story to the roentgenologist. With modern apparatus it is not only possible to determine the presence or absence of stone but to actually obtain kidney outline upon the roentgen plate. Such roentgen shadows become extremely valuable in tumors of the kidney which may present classical symptoms of calculus. Ironside Bruce made a collection of cases over a long period and found that the roentgen man had made a mistake in the interpretation of the negative or positive roentgen evidence of kidney calculus in three per cent of cases, while the surgeons who had operated upon kidney cases presenting clinical signs of stone had erred over thirty per cent. From my own experience in nearly five hundred kidney examinations I know that I return a negative diagnosis in a majority, although the clinical symptoms had prompted the physician to demand the roentgen examination. The presence or absence of stone is a primitive roentgen finding, for recent years have noted the advent of the opaque ureteral catheter; the in-

jection of opaque silver salts into the pelvis of the kidney, etc. These additions have greatly enhanced the value of roentgen examinations of the genito-urinary tract. In conducting such an examination we first make roentgen exposures of the kidneys, ureters and bladder; then the cystoscope is introduced and the bladder examined; the ureters are catheterized and the segregated urine from each kidney obtained; then an injection of phenosulphothalen is made in an arm vein and the time of its reaction in each kidney noted; then the kidneys' pelvis are filled with collargol or silver iodide from a burette, the amounts in each kidney noted and another set of roentgen negatives taken. If there has been any suspicious shadow in the ureteral tract we take stereoscopic negatives so as to exclude shadows of phleboleths or vein stones. This whole procedure takes less than thirty minutes, and you can readily see the wealth of valuable data obtained without untoward effect or loss of time to the patient. By such a regime we are able to return the patient to the attending physician with an accurate record of the pathology or normality of the genito-urinary system.

We now come to the gastro-intestinal tract, a field which has much charm for the roentgenologist, and many worries for the practitioners. It is a field which roentgenology has invaded only to be welcomed as a deliverer. The roentgen ray has taught many lessons in fracture work and its achievements in gastrocolestinel diagnosis bid fair to outstrip the most sanguine adherents.

The ground work for gastric radiology was established by an American, Cannon of Harvard, who examined cats after opaque meals were administered. Rieder in 1904 established the human tolerance of large amounts of bismuth salts capable of roentgen interpretation. Both methods of roentgen application, fluoroscopy or direct inspection, are necessary to the satisfactory elaboration of such examinations.

Fluoroscopy permits the inspection of the moving viscera directly and the influence of (1) vertical and horizontal position of the patient, (2) voluntary muscular activity, (3) palpation upon the motility and mobility of the viscera in the course of functional or organic alterations from the normal. The radiograph gives the detailed shadows of the viscera as they are at the instant of the exposure and are valuable for the study of such details, especially in the duodenum and appendix, besides producing an indelible record of the case for discussion between the roentgenologist and clinician. Neither method can stand

alone for they complement and elaborate each other. There is no doubt but that the instantaneous radiography as fostered by Americans has greatly enhanced the fluoroscopic technique of the European radiologist.

We hear more especially of the roentgen examination in gastric cancer and ulcer, duodenal ulcer, visceroptosis, constipation, kinks, etc. But I do not believe that there is a single gastro-intestinal case but that the roentgen examination would not benefit, not only to corroborate the clinical estimations but to disclose unknown facts of inestimable value in diagnosis, prognosis and treatment. The roentgen inspection of the stomach will become as common as the test meal just as it has enhanced the value of the urinalysis in genito-urinary diagnosis. Who would cut a kidney for stone these days without the roentgen exploration previously? Today they are just beginning to use the roentgen ray shadows to determine the site of choice for the gastroenterostomy so as to promote the best function.

Briefly: the roentgen ray determines the size, position, motility and mobility of the abdominal hollow viscera.

(1) The roentgen investigation of the alimentary tract has engaged the attention of practicing radiologists since Rieder, in 1904, had the temerity to use large amounts of bismuth salts in the human being. Cannon, of Harvard, as early as 1896 has studied the alimentary tract in cats. His studies were applied in the development of similar efforts in human beings. The early workers in this field were: Rieder, Holznecht, Jolasse, among the Germans; Williams, of Boston; Levin, Barret, Roux, Balthazav, and Beclere among the French. These early workers developed their technique with the fluoroscope and continue their allegiance to fluoroscopy. Since the introduction by Snook of the interrupterless rapid radiographic machine there has developed in America a method known as serial radiography. Cole, of New York, describes this method as consisting of an indefinite number of radiographs of the stomach and intestines, and by a comparison of these plates, estimating the size, shape, filling, motility, etc., of the stomach and intestines. This serial radiography is an approximation or imitation of the biorentgenography as projected by Rosenthal, Paestle and Rieder, of Munich, in 1909. The latter method consisted of taking thirteen pictures in twenty-two seconds, which is the normal interval of gastric peristalsis in the adult man. But biorentgenography is impractical because of—first, the enormous expense, and, second, technical manipulations beyond practical usefulness. It is a

method valuable for the study of gastric motility and its relation to physiology and pathology before medical students.

It is necessary to use the fluoroscope to secure the approximate position of the stomach before applying serial radiography. The one great fault with those pursuing serial radiography is their failure to study fluoroscopy. Its development has been in the hands of those possessing a wrong conception of the principles of fluoroscopy or an unwarranted fear. It has been my pleasure to receive two letters in the past week from radiologists who pursued serial radiography and who have recently taken up fluoroscopy only to be completely converted. I am sure that anyone who will take the time and trouble to study abdominal fluoroscopy under Holznecht will become an ardent fluoroscopist.

Prolonged fluoroscopic inspection is not necessary. It prolongs exposure. The short, quick inspection with the accommodated eye is quite enough. The foot-switch shortens the exposure and saves the tube. Many radiographic exponents claim you cannot see as much with the fluoroscope as in the radiograph. I am inclined to believe that such arguments arise from lack of use of proper fluoroscopic apparatus or insufficient training in fluoroscopic interpretation.

The roentgen investigation of any case should never be pursued with the idea of displacing other clinical and laboratory methods, but rather to corroborate, amplify and elaborate the complete and exhaustive diagnosis of the given clinical case. Furthermore, the roentgen ray cannot produce evidence of a contradictory nature if the clinical history of the case has been assembled correctly. We know that many times the case history has been elicited upon a preconceived diagnosis, and thereby the clinician has been foiled in obtaining complete evidence from which to deduce the diagnosis; likewise the radiologist may rashly or falsely interrupt his findings. But the correct clinical picture and the correct estimation of roentgen shadows should always substantiate each other. If they do not, then one or the other is at fault and it remains for the clinician and the radiologist to go over their findings carefully.

In fluoroscopic work the personal equation of the radiologist and his interpretation becomes even more noticeable. Fluoroscopy demands ability to judge shadow values truly during their transient exhibition. No radiograph results to permit leisurely study. Fluoroscopy's advantage is just this ability to observe motion, and its correct estimation becomes of the utmost importance. One must be able to observe and judge

any moving phenomena of thoracic or abdominal contents as to its physiologic significance, and, furthermore, observations must be in accordance with the clinical picture, provided the latter be correct, and if any decided variation is exhibited, one must be able to prove this compatible with a corrected clinical history. Roentgen shadows are not altered by the mental attitude of the patient toward his illness or injury, nor are they influenced by the attending physician. They are actual records, of tissue densities based upon certain physical laws. There is a reason for every shadow, and a correct interpretation awaits the application of the trained observer. The roentgen ray never lies, but the interpreter frequently errs.

It is not my purpose to make this presentation as if the roentgen ray should be called upon merely when we are suspicious of gastric cancer, or cardiospasm or of Lane's kink. Rather would I ask that we consider the roentgen ray as an adjunct and diagnostic assistance in any gastro-intestinal case, which did not give a clear-cut clinical picture and in the clear-cut case, while the roentgen ray may not add one bit to the elucidation of the case, it will serve as substantiation and proof of visible significance.

It seems to me that the value of any diagnostic procedure may be of two degrees: (1) the value of any procedure in establishing the presence of late pathology; and (2) the value in estimating the early symptomatology and evolving therefrom the diagnosis and prognosis. For instance, the roentgen ray gives such conclusive proof of the presence of deforming carcinoma of the stomach that one can closely diagram the area of involvment which is found at autopsy or exploratory laparotomy. But this does not do the patient much good. The case is too late for valuable service. To my notion the real value of the roentgen ray comes in the case which has a rather innocent history pointing to nothing more definite than hyperchlorhydria with no blood in stool and no vomiting but with a definite ulcer finding upon the lesser curvature at such a distance from the pylorus as to fail to produce stenosis. Such diagnostic and prognostic facts are of real prognostic value, for good authorities claim 71 per cent of the gastric carcinomas develop upon the previous gastric ulcer. To just such an extent does the early recognition of gastric ulcer determine the decrease and prevention of gastric cancer. We know that the recognition of gastric cancer by methods other than the roentgen ray resolves itself into negative findings of other conditions, and a careful estimation of the subjective

history. I mean the recognition of this condition early enough to cut it out before the mesenteric glands are involved or the gastric muscosa becomes extensively infiltrated. Another example would be the constipated individual who submits to the fluoroscopic examination only to reveal an appendix which constantly exhibits retention after the bismuth has left the coecum. We can reasonably assume that such an appendix will in the presence of unusual stasis-constipation develop an inflammation calling for surgical relief.

I have recently instituted a regime for the administration of bismuth meals at definite intervals, which I term the triple bismuth meal, and which is especially applicable in cases coming to my laboratory from out of town, where the patient wishes to return as soon as possible to her home and attending physician. The usual bismuth meal consists of two ounces of bismuth oxychloride, thoroughly mixed into about ten ounces of well-cooked thin cream of wheat porridge, eaten with cream and sugar or fruit juices. No cathartics or enemas precede this system, as we are anxious to have the usual condition of the bowel and not a condition influenced by treatment. The first meal is administered twenty-four hours before the time set for the examination. Thus we have a twenty-four hour meal in the intestine, a six-hour meal in the small intestine and caecum and the immediate meal in the stomach, giving us the topography of the entire gastro-intestinal canal at one examination. This amount of bismuth oxychloride has been used repeatedly without any untoward effects. Bismuth oxychloride is an absolutely insoluble salt that is not changed in the least by the intestinal secretions, and is eliminated in its same white consistency.

The roentgen ray has made for itself a picture of the normal action of the gastro-intestinal tract with bismuth meals or emulsions. Abnormal conditions are judged by the use of the same substances. Therefore, it does not matter if some argue that the observations are altered by the use of bismuth, which they are not, as all observations of the normal and abnormal are pursued under like chemical conditions.

Let us consider what the roentgen ray is able to determine in the gastro-intestinal tract: (1) the position and the shape, i. e., the topography of the stomach and gut; (2) the peristalsis as regards the forward movement of food, and mobility as regards the freedom of the stomach and intestines from adhesions or obstructions of any kind; (3) filling defects from organic growths

without or within the gastro-intestinal canal; (4) the results of operations or applied mechanical supports.

The preparation of the patient for the fluoroscopic examination is simple. The writer advises against the use of cathartics or enemas preceding or following the bismuth meal. The roentgen ray inspection should be made with the patients in their usual alimentary condition. Cathartics or enemas can easily distort the pathological findings by presenting an unusual alimentary function. It is necessary to see the patients in the same condition as when they complain the most, and not when conditions are cleared up by catharsis. The above directions for patients are usually sufficient for any chronic lesion of the alimentary tract. There are two conditions in which it is essential to see the patient with a stomach which has fasted for twelve hours—namely, superficial non-cicatricial ulcer of the stomach or of the duodenum. One is able to suspect these two conditions from the routine bismuth meals, but the patient should remain another day or so to see the fasting stomach. In the fasting stomach a ring of spastic contraction occurs at the site of ulcer when a small amount of bismuth and water is swallowed. This phenomenon occurs only once, and for a very short time in the fasting stomach, and can only be observed with the fluoroscope. Experience is necessary to observe this. When a full bismuth meal has filled such a stomach musculature and the stomach appears normal in outline. This observation, which was reported by the writer at the American Roentgen Ray Society in September, 1910, and published by him in the Journal American Medical Sciences in June, 1911, has been verified by Stierlin in recent studies.

Duodenal ulcer of the acute non-deforming type, as a rule, presents an abnormally rapid emptying of the stomach. The writer's first article upon this was presented before the American Roentgen Ray Society at Richmond in November, 1911. These observations have recently ben verified by Kreuzfuchs of Vienna. These duodenal phenomena have been observed in enough cases now to lead one to place reliance upon them. They check up with a searching clinical case history, and have been verified by operation in the few that have gone to operation or have been relieved by appropriate treatment.

It may be interesting to know that Hauked and Clairmont reported 100 consecutive cases of gastric pathology which came to operation and verified the diagramed roentgen ray findings. Also Von Schmieden reported forty-nine cases in Bier's Clinic,

in which fluoroscopic findings were verified by operation. Von Schmieden reported forty-nine cases in Gier's Clinic, in which the fluoroscopic findings were verified by operation. Von Schmieden says: "The modern scientifically working stomach diagnostician should never diagnosticate a stomach lesion by the roentgen ray alone; he should never make a difficult stomach diagnosis without the roentgen ray."

When you see your surgeons putting all their strength against a strand of catgut in an attempt to tie it tightly, and then hear them quarrel at the hospital because the gut breaks, just remind them that the best surgical advice is that more sloughs and more stitch abscesses are made by cutting off the blood supply in the tight tying of sutures than in any other way. They know, or should know, that the best surgical experience teaches deftness in the gentle approximation of the lips of the wound, rather than tight tying and "puckering" of the line of suture. Catgut was never intended to test the strength of the surgeon, and the test of the virtue of catgut is not one of mere tensile strength.

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Table-Salt in Constipation.—A solution of salt should be taken on an empty stomach, preferably before breakfast; in some cases it is desirable that the patient should also have omitted supper, says L. S. Hine, American Medical Association Journal, October 5, 1912. A pint of sterilized water, hot as hot coffee, with the addition of a couple of teaspoonfuls of salt, constitutes the morning dose. Instruct the patient to sit down by the steaming bowl and sip the solution by the tablespoonful, to take time for it, not to be in a hurry, and to breathe deeply. This last is a stimulus to peristalsis. This dose is followed by an evacuation within a short time—from one-half to one hour. The passages are watery, but differ from those produced by saline cathartics in that the common salt carries off scybalous matter and plugs of debris which the colon is so prone to retain. This method is effective not only with young people, but also with those of advanced years. It is also useful as an occasional laxative.

THE JOURNAL
OF THE
Kansas Medical Society.

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Subscription Rates: $2.00 per year, 20c single copy. Advertising rates furnished promptly on application.

The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft, Scott. In March, 1908, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas. and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 400-1-2 Portsmouth Bldg., Kansas City, Kas.

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EDITORIAL

With this issue your editor bids adieu to the Journal, as hereafter it will be published by Dr. W. E. McVey at Topeka. This leave-taking comes after six years of service, some of which was good, some bad, and some indifferent. The intentions withal have been for the best, and it is to be hoped that you have found at least some improvement in its columns. Certain it is there is great room for improvement, and your editor asks no praise, for indeed none could be justly given for this service which has no crowning achievement to outshine the defects.

Your editor has perhaps been too content to pursue the even tenor of his way without suggesting or attempting radical departures from the ordinary.

We all perhaps have, to a degree, this self-same trait of letting well enough alone, which is not commendable to any great degree.

In looking back over these six years of endeavor and application many things can now suggest themselves that might be of benefit to the Journal.

However, if the same conditions could exist for the next six years as in the past it is still a question whether or not they would be taken advantage of for the betterment of the Journal.

This being editor of a medical journal with its many duties is a work in itself, and to do the greatest good and reap the greatest benefits for the journal, one's time should be given over entirely to it. However, conditions are not such as would warrant the society in employing one for this duty alone. In fact, it is a question outside of the monetary expense whether or not we would profit to the fullest extent at this time by such procedure.

However, with new blood, new energy and new ambitions at the helm, there is no question but that great improvement will surely follow.

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Now to you, as members of the society, whose confidence has reposed in me for the past six years, I wish to express my warmest thanks. Also the hope that the Journal's many faults will be forgotten and its virtues, if there are any, remembered for all time. I extend to the new editor, Dr. McVey, the warm hand of fellowship and a God-speed for the Journal.

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SAVE MONEY.

"If you want to know whether you are destined to be a success or a failure in life, you can easily find out. The test is simple, and it is infallible. Are you able to save money? If not, drop out. You will lose. You may think not, but you will lose, as sure as you live. The seed of success is not in you."—James J. Hill.

This commercial thought, originated by one of the world's builders, contains an everlasting truth—absolutely so, as far as the commercial world is concerned, and becoming more and more so in the professional sphere. It seems at this day and age the success of a physician is measured largely, not by his professional attainments, but by the number of six-cylinder automobiles he drives, and the crowded condition of his reception room. This fact has always been recognized by the laity, but now doctors themselves are gradually bowing to the goddess, Gold. True, the leaders of the profession will always be remembered and revered, but the average doctors, the ones who constitute the vast majority, will ever be judged by the above standard. It is not right nor just. If we should all put the commercial spirit above the scientific spirit the practice of medicine would soon sink to the lowest level and medical progress would be a thing of the past.

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The reward for service to mankind is but poorly paid for

in the practice of medicine. The standard of success, professional attainments, will not get us very far at the bank. If we need the loan of a few thousand the question is, "What have you bankable?" and not, "Have you devised any life-saving or health-giving operation or treatment?"

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So, scientific research is not paid for on a monetary basis. How this can be corrected it would be almost impossible to hazard a guess. Scientific research certainly must not stop in the slightest degree from the present standard, but should be increased and increased until, of course, there is nothing more to discover. This would mean the complete eradication of disease. This condition, however, will hardly ensue in the next few thousand years.

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So, we and our heirs and their heirs, and so on until eternity, will probably be fighting the same battles to a more or less degree, but here's hoping that before Gabriel blows his long blast that conditions will to a great extent be improved.

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The casual or careless habit of prescribing for people while in public places or on the street, or even in homes where one has been called to treat some other member of the household, for instance, a servant asks advice, is attended with a great degree of risk, as is portrayed in the following decision by the Supreme Court of Minnesota and is quoted in full:

Malpractice Liability in Incidental Treatment of Felon for Domestic.
(Peterson vs. Phelps, (Minn.) 143 N. W. R. 793.)

The Supreme Court of Minnesota affirms an order denying the defendant a new trial after the plaintiff had recovered a verdict against him for malpractice. The court says that the close question of fact was the defendant's employment. There was no direct request to treat the plaintiff's finger, no promise of payment for services, and apparently no expectation thereof on the part of the defendant. He had been called to attend the wife of a farmer in whose home the plaintiff was employed as a domestic. As the defendant was leaving the house, having attended to his patient, he found the plaintiff near the door where she and her employer had been discussing her aching finger, and one of them asked the defendant if he thought the trouble was a felon. After looking at it, he gave his opinion that it was not, and suggested salt pork as an application. The next time he visited the house he examined the finger, opened it with a needle, and gave directions to continue the use of salt pork. The last time, after attending to the patient on whose account he made these three visits, he again inquired about the finger, was informed that it felt worse, examined it, and advised that someone open it with a needle. This was vir-

tually the plaintiff's whole claim as to the defendant's acceptance of her as a patient. He denied that he ever used a needle, examined or prescribed for the finger, except that he gave it a look on the first visit; but the jury, having adopted the plaintiff's version, and their finding having been approved by the trial court, the Supreme Court must also accept her testimony as the truth.

The verdict, so far as it embodied a conclusion that the defendant was guilty of malpractice and that the loss of the plaintiff's finger resulted therefrom, was amply supported by the evidence, and it must also be held that the evidence sufficiently established that the plaintiff became a patient of the defendant and was entitled to receive such treatment as the physician possessed of the ordinary care and skill would give.

If the defendant undertook to diagnose, treat, or prescribe for the ailment, his responsibility for failure to possess and use the skill and care of the ordinary physician was not dependent on an express agreement of employment or promise to pay for the services. If he undertook to render services, the law implied an agreement to pay therefor. It has also been held that even as to charity patients and those whose treatment is undertaken without the expectation of pay, the physician must possess the skill and use the care of the ordinary practitioner. The defendant was on a professional visit in the home where the plaintiff was one of the household. She was suffering; the pain interfered with her employment. The head of the house directly or impliedly asked the defendant to examine the finger. Under these conditions his acts in attending to the plaintiff's suffering became quite persuasive of the relation of physician and patient between the two. The jury might well conclude that the plaintiff understood, and had a right so to do, that she was in the hands of a physician who would properly treat the ailment.

In an action for malpractice, in which it is alleged that the defendant did not use skill and care in diagnosing and treating a felon on the plaintiff's finger, and that he did not make the necessary and proper incision in the finger, it is not error to admit testimony of the actual treatment given, including the pricking of the finger with a needle.—Journal A. M. A.

One is often accosted, when not in his office, when not making a professional visit, in his club, in a hotel lobby, in a cafe, or on the street, for medical or surgical advice when the means of careful diagnosis is not possible, and in the vast majority of cases the advice and opinion and a prescription given which may induce the above result.

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In our anxiety to prevent communicable, contagious and infectious diseases we are apt to neglect wholesome advice to people who are approaching critical periods in their lives, pointing out to them certain dangers ahead, which, if properly prevented, will add greatly to their comfort and increase their chances for living to a good old age.

It has been said that a man who has reached the age of forty in good health has practically attained safe ground so far as tuberculosis is concerned. That he has safely weathered the storm of life and by a process of gradual immunization has become able to resist many diseases that threatened him in earlier life. He has, however, reached the turning point and serious danger is ahead. Arterio-sclerosis, heart lesions and kidney disturbances should not be overlooked at this period, especially if any family history points to apoplexy, Bright's diseases or syphilis, and any personal history of over-indulgence in alcoholic beverages, late hours and gormandizing. If he has been a very active business man, which is accompanied with excessive worry, although not having shown its effects until now, will be a subject for advice to such a one for his future welfare. Capable as he may consider himself, the transition from activity to invalidism is often very pronounced and rapid. Recent statistics show that in the two leading active nations of the world, America and Japan, there is a progressive increase of Bright's diseases and heart failures.

That the physician should insist upon physical examinations of their patrons, both as to blood pressure and urinalysis, at least twice yearly, with the proper advice given when necessary, would be a decided step forward in the prevention of those diseases which depend on the wear and tear of the economy. This, of course, applies to both sexes.

Incipient troubles are thereby discovered, life prolonged and made more comfortable during their most useful years.

Invalidism breeds discontent, melancholy and uselessness, all of which might have been avoided had the person asked and heeded proficient advice at a critical period of their lives.

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READ! READ! READ!

The annual meeting of the State Society will be held at Wichita. The physicians of this city are making great preparations for the meeting and they expect you to be present. You cannot afford to miss it. The entertainment committee has specially provided for the ladies and an urgent invitation is extended them. The scientific program has unusual merit and is varied enough to suit all tastes. Wake up, get out the boiled shirt, pack your telescope bag and be at **Wichita May 6-7.**

The program follows:

Program of the Annual Meeting of the Kansas Medical Society, To Be Held at Wichita, Kansas, May 6-7, 1914.

The meeting will be held at the Scottish Rite Temple.

The committee on arrangements has provided a dinner on the evening of May 6th, beginning promptly at 6 o'clock with a cabaret entertainment. The dinner will terminate at 8 o'clock, when the scientific program will be continued, at which time Dr. C. C. Nesselrode and Dr. S. J. Crumbine will have a lantern slide presentation on the subject of cancer, to be followed by an address by some physician outside of the state.

The ladies will be entertained at a matinee on the afternoon of May 6th. On May 7th they will be given an automobile ride, with a tea in the afternoon.

The following papers will be presented as the scientific part of the program:

Address by the president, Dr. M. F. Jarrett, Ft. Scott.

"Are Simple Cataracts Caused by Pyogenic Infections," Dr. Thos. L. Higginbotham, Liberal.

"Some Practical Considerations in Surgery," Dr. L. O. Nordstrom, Salina.

"Splenectomy, with Report of a Case," Dr. Paul Christman, Parsons.

Paper, Dr. G. I. Thatcher, Waterville.

"Intestinal Stasis," Dr. J. T. Axtell, Newton.

"Business Methods," Dr. Max Miller, Newton.

"Medical Legislation and Other Things Needed by Citizens of Kansas," Drs. E. C. Duncan, Fredonia, and J. W. McGuire, Neodesha.

"Would the Medical Profession Suicide," Dr. T. A. Stevens, Caney.

"The Microscope as an Essential to Diagnosis, Prognosis and Treatment of Gonorrhoea," Dr. P. S. Mitchell, Iola.

"The Treatment of Visceral Ptosis," Dr. Geo. M. Gray, Kansas City.

"Salpingitis," Dr. R. C. Lowman, Kansas City.

"The Therapeutic Uses of Pituitary Extract," Dr. E. A. Reeves, Kansas City.

"Systematic Automonic Nervous System," Prof. John Sundwall, University of Kansas.

"Epilepsy," Dr. H. L. Chambers, Lawrence.

"Care of the Babies' Eyes," Dr. John H. Johnson, Coffeyville.

"Hookworm Disease," Dr. L. E. Mock, St. John.

"Sodium Cacodylate in Anemia," Dr. G. J. Goodsheller, Marion.

Paper, Dr. E. T. Shelley, Atchison.

"Duodenal Ulcer," Dr. M. Trueheart, Sterling.

"Deviations of the Nasal Septum," Dr. C. E. Fisher, Lyons.

"Surgery of the Gall Bladder," Dr. Geo. McCullough, Lincoln.

"Report of an Unusual Result Following an Elliott Trephine Operation for Glaucoma," Dr. H. C. Markham, Parsons.

"Stomach Trouble or Indigestion," Dr. E. E. Hubbard, Shawnee.

"Acute Otis Media in Children," Dr. J. F. Gsell, Wichita.

"Gastro-Enterostomy and Its Indications," Dr. F. S. Williams, Wichita.

"Selected" (Surgical Paper), Dr. H. W. Horn, Wichita.

"Appendicitis in Children a Surgical Problem," Dr. E. D. Ebright, Wichita.

EDITORIAL CLIPPINGS.

OLD-TIME MEDICAL HUMOR.

It has been said that there are altogether only twenty-nine jokes in the world, and that most of these can be found in the specimens of Roman humor which have been preserved for us by the satirists and wits of the classical and post-classical periods. How far this may be true is a question, but an excellent illustration of it is afforded by Dr. Raymond Crawfurd's recent article in the London Lancet on "Martial and Medicine." Martial was the acutely observant satirist and critic of a city that in the course of a little more than a century had risen in population from less than a hundred thousand to nearly two million. Into that city the wealth of the world was being poured, and to it came men of all nations seeking to get into the center of things. Some of the oldest jokes known to medicine and dentistry are found in these epigrams. Conditions usually thought of as recent were humorously and satirically touched on by Martial nearly two thousand years ago.

The old saying, "The surgeon buries his mistakes," has its exemplification in Martial's epigram on the surgeon turned undertaker.

Diaulus undertook of late
The operator's art,
But now prefers to operate
The undertaker's part.

The fact that there was clinical teaching and that patients

complained of abuses in it is shown by one of Martial's epigrams.

I lay ill; but soon Symmachus sought me
With a class of a hundred young men
Whose hundred cold paws have brought me
The fever I lacked till then.

Martial ridicules the false adornments worn by the women of his time. He originated the quip that "they lie who say that Phoebe dyes her hair black—she buys it black."

While the poet pokes fun at the oculists and indeed seems to have a little grudge against specialists, he pictures one of them as warning his patient that if he continues to indulge in liberal potations he will surely lose his sight, as dimness of vision has already begun. The craving is too strong for the patient and his sight is lost.

Aulus, there's Phryx, that fine old winebibber,
Blind of one eye and of the other blear
His doctor, Heras, said, "Drop alcohol,
For if you take it, you'll not see at all."
Laughing, Phryx wished his eyes a last goodby
And ordered cups to be mixed frequently.
D'you want to know the consequences? Why,
'Twas wine to Phryx, but poison to his eye.

Diseases due to luxurious habits had multiplied greatly in Rome. What was called gout, that is, pains and aches in joints and muscles, and the vague conditions that we now call rheumatism had also greatly increased. Pliny, who was an older contemporary of Martial, says: "Gout used to be an extremely rare disease, not in the times of our fathers and grandfathers only, but even within my own memory." Although the gouty were usually rich and of luxurious habits, some of them evidently were not good pay.

Diodorus, while he sues in court,
On gouty feet can stand;
But when the lawyer's bill is brought
The gout sets fast his hand.

Evidently, says The Journal of the American Medical Association, many counterparts of the men and manners of Martial's time could be found today.

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SOCIETY NOTES.

The regular meeting of the Montgomery County Medical Society was held at Coffeyville March 20. The following program was given:

Prevention of Infectious Disease..............Dr. W. H. Wells

Local Surgical Anesthesia........................Dr. F. L. Flack
Alcoholism.....................................Dr. E. G. Coyle
Eye, Ear, Nose and Throat Symptoms in Exophthalmic
Goiter..Dr. J. H. Johnson

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A meeting of the Miami Medical Society was held at the Osawatomie State Hospital March 13, 1914.

The regular order of business was carried out under which Dr. Carmichael, Superintendent of the Osawatomie State Hospital, gave a very interesting and instructive talk on bacterins. A general discussion followed in which much argument was brought forth both for and against the general use of bacterins.

The following officers were elected for the present year: Dr. J. D. Walthall, Paola, President; Dr. S. L. Brooking, State Hospital, Vice-President; Dr. Clifford Van Pelt, Paola, Secretary; Dr. J. F. Koogler, Paola, Treasurer. Drs. C. R. Hepler, State Hospital; N. C. Speer, Osawatomie, and J. W. Kelly, Louisburg, Censors. Dr. F. A. Carmichael, Delegate.

CLIFFORD VAN PELT, Secretary.

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Don't forget place and date of annual meeting—Wichita, May 6-7.

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The Tri-County Medical Society met at Hoxie, Kansas, at Dr. Beckner's office February 17, 1914, for the purpose of reorganization for 1914.

The following officers were elected: President, Dr. W. H. Pope, Selden; Vice-President, Dr. G. E. Webber, Moreland; Secretary-Treasurer, Dr. D. R. Stoner, Quinter; Credit Secretary, Dr. E. J. Beckner, Grainfield; Censor, three years, Dr. J. H. McNaughton, Gove City.

Next meeting to be held at Grainfield April 3, 1914.

Members present: Drs. Pope, Beckner, Stoner, Wilmott, Webber, Beckner.

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Parsons, March 26, 1914.

The Labette County Medical Society met at the Matthewson House last evening. Nineteen doctors were in attendance. Besides the program by the members Dr. Sippy of the State Board of Health read a paper on the "Ethics of Quarantine." In the discussion the inadequacy of the present system of the city and county health officers was brought out.

The Society placed itself on record with the following resolution:

"We, the members of the Labette County Medical Society, recognizing the inefficiency of the present system, place ourselves on record as favoring the appointment of a competent, whole time health officer, free from political influences, who shall receive an adequate compensation and who shall devote his whole time to the work of that office."

O. S. HUBBARD, Secy.

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NEWS NOTES

Remember—Wichita, May 6-7—annual meeting.

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Dr. E. V. Coldren has moved from Topeka to Kansas City, Missouri.

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Dr. Fred Burnett has moved from Fowler to Garfield, Kansas.

Dr. James Welsh has moved from Junction City to Herington.

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Dr. Richard Speck has returned to Edith, Colorado, after spending the winter in Kansas City, Kansas.

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Dr. J. A. Settle has moved from Newton to Reading.

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Dr. R. Cecil Smith of Beloit, has gone abroad, for post graduate work.

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Dr. W. R. Priest of Concordia, was recently appointed a member of the State Board of Health. He succeeds Dr. W. O. Thompson of Dodge City.

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Drs. O. S. Rich of Wichita and J. H. Winterbotham of Salina, have also been appointed members of the State Board of Health.

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Dr. Roscoe T. Nichols of Liberal has been appointed Student Physician of the State Agricultural College at Manhattan.

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OBITUARY.

Edward P. Chase, M.D. University Medical College, Kansas City, Mo., 1894; of Shawnee, Kan.; a member of the Kansas Medical Society; died in St. Joseph's Hospital, Kansas City, Mo., February 5, from pneumonia, aged 43.

Charles S. Rannells, M.D. Washington University, Baltimore, 1876; a member of the Kansas Medical Society, and for thirty-six years a practitioner of Allen County; died at his home in Savonburg about February 26.

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Eldridge D. Flagg, M.D. Eclectic Medical Institute, Cincinnati, 1880; a member of the Kansas Legislature in 1908; three times mayor of Perry, Kan., and four times a member of the local board of education; died at his home February 12 from heart disease, aged 61.

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William Karbach, M.D. Eclectic Medical University, Kansas City, 1906; professor of general pathology in the Western Eclectic College of Medicine and Surgery, Kansas City, Kan.; died at his home January 22, aged 51.

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J. C. F. Maloney, (license, Kansas, 1901) died at his home in Shawnee, February 17, aged 83.

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John Gephart, M.D. Rush Medical College, 1907; a member of the Kansas Medical Society; died at his home in McLouth, February 9, from typhoid fever, aged 33.

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Belle Page Pilcher, M.D. Eclectic Medical University, Kansas City, Mo., 1904; for several years superintendent of the Helen Lucelle Hospital, Winfield, Kan.; died at the home of her parents in that city, January 29.

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Dr. Edward Beadle Cummings, a native Kansan, died at his home in Bronson, February 13, 1914, at the age of 41 years and 6 months. He graduated from the Topeka Medical College in 1904, locating in Bronson, Kansas. Was married in 1905, his wife and two sons surviving him. He was a genial friend, an excellent physician and a Christian gentleman.

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Cyrus G. Fletcher, M.D. Pulte Medical College, Cincinnati, 1881; formerly of Erie, Kan.; but for twenty years a practitioner of North Yakima, Wash.; died in Erie, Kan., March 5th

from the effects of hydrocyanic acid, believed to have been self-administered with suicidal intent; aged 63.

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REVIEWS.

In a recent article in Merck's Archives (March, 1913), Wolverton reaches the following conclusions regarding sparteine: 1. When administered in sufficient dosage, it is our most reliable heart stimulant. 2. It has none of the evil by-effects of digitalis and may be used where the latter is contraindicated as in excessive high tension. 3. Sparteine is a quickly-acting, non-irritating diuretic increasing the output of both solids and water. It is the remedy *par excellence* in oliguria and anuria and is of special value in post-operative suppression. 4. Its cost is low. 5. In order to obtain the best results it should be given to adults in doses of one to two grains, repeated at intervals of from two to six hours, p. r. n. In urgent cases it is best to give 2 grains, hypodermically, and repeat in two hours and as often thereafter as occasion demands.

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MENTAL HEALING.

J. V. Haberman, New York (Journal A. M. A., March 14), protests against the neglect by the medical profession and medical instructors in regard to the influence of the mind on the body. It has taken the physician too long to recognize the facts that the public mind is very open to anything bearing on this subject, hence the religious cults and the vast amount of literature in the public press and otherwise. Those who are attracted to these ideas run in number up to vast thousands and are active proselyters of others. The physician has kept his eyes too closely on the disease, its physical and laboratory study, but it does not always respond to treatment and there are hosts of conditions which become protracted as attention is called to them. We have too much forgotten that we are dealing with individuals and have considered the mind so impalpable that it could be left to the metaphysician and the quack.

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Spirochetes in the Brain in General Paralysis.—Dr. H. Noguchi has announced (Jour. Experimental Med., Feb.) that he has succeeded in demonstrating the spirocheta pallida in the brain of 12 out of 70 cases of general paralysis. The inquiry will be continued in order to ascertain whether by an improved technique the spirocheta may not be demonstrated in a higher percentage of

cases. The relatively short duration of life in the cases in which the organism was found leads to the suggestion that it may be easier to find it in cases which run a fairly rapid course. The clinical symptoms and post-mortem appearances show that the cases were not ones of cerebral syphilis in the narrower sense. The spirochetes were found in all layers of the cortex except the outer, a few subcortically, none in the pia. In all instances they seemed to have wandered into the nerve tissue; they were not found in the sheaths of the vessels, and seldom in close proximity to the larger vessels.

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MISCELLANEOUS.

Antichiropractor Act Upheld by Law.—The validity of the antichiropractor act, as passed by the General Assembly of Virginia in 1912, has been sustained by the Supreme Court of Appeals, by its refusal, the last of January, of a writ of error in the case of the chiropractor who was found guilty of violating the act and fined $50 in Roanoke last November. The act prohibited chiropractors in this state from employing their art of healing, in which massage plays a prominent part, without a certificate from the State Board of Medical Examiners.—Medical Fortnightly.

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Two Thousand One Hundred and Ninety-six Physicians Died in America in 1913.—According to records compiled by the Journal of the American Medical Association, 2,196 physicians died in the United States and Canada in 1913. This mortality rate was lower than for 1912, however.

The percentage is 14.64 per thousand, as against 15.82 figured for the years from 1912 to the beginning of last year. Most of the physicians died from heart disease, pneumonia and senility. Nineteen were murdered. All but two of those who were killed were the victims of firearms, and the others clubbed and beaten to death. Forty-three were suicides, and eighty-two met their death from unknown causes. Poison took nine lives and automobiles claimed thirty-four. One hundred and one died from injuries resulting from accidents, not including those killed in automobiles. An explosion and shock from electricity each took one physician; two died from strangulation and drowning was responsible for the death of eight. Affections of the respiratory system were among the leading causes that brought the percentage age up to 14.64, 166 dying from pneumonia and kindred ills. The average

age of those who died last year was fifty-nine years and seven months. One man had been practicing for seventy-three years and several had had their shingles out for only a few months.—Medical Fortnightly.

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English hospitals use stout brown paper instead of rubber sheeting for the dressing of very bad pus cases, the paper being burned immediately afterward. This same kind of paper is used in slum work to place between the too scanty bed coverings to hold the heat of the body. It is very probable that this method will eventually be adopted in this country for the reason that a well-known company manufacturing paper specialties has perfected a specially prepared paper which is now being introduced to the hospitals. This paper is made up in two grades, one as a bandage and one as a sheeting. The paper is waterproof and will cost about 50 per cent less than the usual bandage.

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The iceberg of delusion, on which is wrecked the ship of happiness of many a woman, especially when she is steered by a physician who is too busy to investigate, is ovarian pain. A pain in the ovary is not always indicative of ovarian disease. It is frequently reflex and has its origin in some place remote from the disturbed point or from the place where the pain is felt. In looking for the cause our field of vision should not be limited to the generative organs, as a fair percentage of the causative factors in such cases will be found in the rectum.—Dr. L. A. Suggs (Texas State Journal of Medicine, December, 1913).

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CLINICAL NOTES

SURGICAL SUGGESTIONS FROM AMERICAN JOURNAL OF SURGERY.

The employment of narcosis in a case of "stiff and painful shoulder" may reveal a cause not otherwise ascertainable, *e. g.*, subluxation.

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Vein-to-vein transfusion possesses over the artery-to-vein operation at least the advantage of sparing the donor a conspicuous scar and the loss of a large artery. With a tourniquet lightly applied to his arm the venous pressure may be made abundant, and the blood flow correspondingly rapid.

The long-used term "congenital hernia," for that variety in which the testicle lies in the sac, is misleading insofar as it suggests that all the other varieties are not congenital. Many types of inguinal hernia are congenital; perhaps all are.

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In lumbar kidney operations take pains to protect the ilio-hypogastric nerve. Its division causes paralysis of a considerable area of the abdominal wall and produces a distressing pseudo-hernia. If the nerve is divided in the operation suture it.

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To encourage the drainage of pus from the pelvis through an abdominal wound it is helpful to have the patient lie face downward at intervals, preferably with the foot of the bed elevated—but not until two or three days after the operation.

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Small epigastric herniae, easily overlooked, are often the cause of pains in this region simulating those of stomach ulcer, gall-stones, etc. Some of these, however, consist only of properitoneal fat without any sac. The treatment of these latter by operation will not always relieve the pains for which a deeper source must, indeed, be sought.

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The kidney and upper portion of the ureter may be easily reached by the lumbar route without dividing any muscle fibers. Beginning just below the twelfth rib two or two and a half inches from the spine an incision is made downward and more or less outward to or towards the iliac crest, exposing the lumbar aponeurosis. Divide this in the same line, proximal to the origin of the latissimus dorsi. This will expose the border of the erector spinae, which may be drawn inward, the lumbar fascia and the ilio-hypogastric nerve coursing obliquely on the latter. Divide this fascia just above and external to the nerve, *i. e.,* downward and outward, the incision being easily made to split the sheath of the quadratus lumborum. (It is desirable to bare this muscle in nephropexy.) The perirenal fat is now seen beneath, and the reflection of the peritoneum anteriorly. The appendix can be removed or the gall-bladder palpated through an opening in the peritoneum here.

Through this exposure the upper ureter can be reached, or a kidney of fairly normal size delivered. It is not to be recommended for the removal of a large kidney. In closing the wound only two fibrous layers are to be sutured—the lumbar fascia (which is the posterior aponeurosis of the transversalis) and the lumbar aponeurosis.

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NOTICE.

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Subscribers, advertisers and exchangers: Hereafter address all communications to Dr. W. E. McVey, Topeka, Kansas, where the Journal will now be published.

THE JOURNAL
OF THE
Kansas Medical Society.

Vol. XIV TOPEKA, KANSAS, MAY, 1914 No. 5

PRESIDENT'S ADDRESS.

M. F. JARRETT, M. D., Fort Scott.

Mr. Chairman, and Members of the Kansas Medical Society:

The Constitution of this organization specifically says that its president shall deliver an annual address, at such time as may be arranged. It does not state what sort of an address it shall be, nor does it make any limitation upon its length, leaving those matters, presumably, to the judgment of the speaker, and the patient forbearance of the audience.

Ever since we have had a state medical society, each president in his turn, has duly and unfailingly exercised his right to make an address. So far as I know, practically all of these addresses have been upon scientific subjects—each man selecting a theme in which he was most interested—for a man always writes or talks best, upon the subject which is of most interest to himself.

Now, with your kind permission, I am going to depart from this long-established custom. I need not remind you that in this year of grace, many time-honored precedents have been discarded, and American citizens do not feel that they are in duty bound to follow in the footsteps of those who have preceded them. If the president of the United States, in these days, does not wish to keep open house on New Years day, as all the presidents have done before him, or if he is not in sympathy with the time-honored custom of having a grand inaugural ball, as his predecessors have always done, if he feels that these occasions demand too much of his time and energy, needlessly, the average American citizen is willing to grant him the privilege of doing as he pleases about it. If a member of the president's cabinet desires to make a change in his

daily occupation, and yearns for another opportunity of talking directly to his fellow citizens, giving them the glad hand, and incidentally, thereby adding somewhat to his meager expense fund, the citizens of these United States, as a whole, are willing that he shall do as he pleases about it. When William Allen White entertained his friend Theodore Roosevelt, in Emporia, and showed him the town by driving around with his old family horse and surrey, instead of chartering an automobile, as would have been more in accordance with modern methods of entertaining, his honored guest was delighted, and said that he greatly enjoyed his visit with his friend, "Old Bill White"—and the people of Kansas were willing that they should do as they pleased about it.

Last year at the meeting of the American Medical Association the president, Dr. Jacobi, instead of making a long, scientific address, as had been done by his predecessors for years, said that in his judgment, the presiding officer's address should not be upon a scientific, or technical subject. His idea was that the president should not compete with those who discussed or wrote papers for the various sections of the meetings; but that his address should rather be of an advisory nature for the general welfare, pointing out such defects as he had observed in the organization, and making suggestions for their improvement.

I mention these instances to show that men in these times are less inclined to follow established precedents, than ever before; and also to illustrate the spirit of tolerance, and respect for the rights and opinions of others, which is inherent in American citizens. I believe that it is better, that the president of the Kansas Medical Society should not read a scientific, or technical paper as his annual address. Personally I feel that I have had honors enough when you have elected me to the highest office in our Society, and have given me the privilege of presiding at your meetings. I know that some exceedingly interesting papers have been read by the presidents who have preceded me, but according to the rule of establishe dprecedent, the president's address is never open for discussion. In my judgment, that rule detracts from the value of the address, for it sometimes happens that the most valuable points in an address are brought out by the discussions.

Therefore, I shall not follow the established rule. I shall make only a few suggestions, and if any of you wish to dis-

cuss them, I shall be glad to have you do so.

It is hardly necessary to mention the fact that our Society is getting to be a large and powerful organization. In numbers, intellect, ability, energy, and influence, our membership compares very favorably with any similar organization in the United States. But simple strength may sometimes give a false idea of security. We are proud of the fact that we have in our organization the most scientific, most philanthropic, best educated and broadest-minded men and women in the state, but if we are content to simply congratulate ourselves upon what we have accomplished and do nothing to further our future progress, our enemies will soon be upon us. The policy of the medical profession has always been to maintain a dignified silence, when attacked by quacks, charlatans and imposters of various sorts. But is it not time for the light of investigation to be turned upon them, and their methods, letting the people see them in their true light, as we know them? If this were done, they would no longer flourish in our midst. They would "fold their tents, like the Arabs, and as silently steal away." If we make an organized fight against medical frauds, quackery, ignorance, and superstition, by means of public lectures, printers' ink and personal talks to the laity, it would be easier to put them out of business—than it will be to quiet Mexico. I also believe that we should exercise more care in the selection of the men whom we send to represent us in the state legislature. We should know these men better. We should interview the prospective candidates, and find where they stand, before the primary election is held. We need more intelligent doctors in the legislature. We have a few, but we need many more. We should see to it that the candidates selected are wise enough to know what is right, and honest enough to stand for it after they are elected.

Another matter to which I desire to call your attention is the importance of having each year an examination of the physical condition of each child of school age in Kansas. This is not a new subject, but it is one of the leading questions of the day among educators, and is growing more important each year. A few years ago, when Dr. Davis, of Topeka, was president of this society his most excellent annual address was upon this subject. But the last word has not been said, it should not, and will not be, until it shall be known by competent examination, that each child in Kansas, of school age, is not physically defective; or, in the event that it has some de-

fect, its parents, or those having charge of the child, shall be notified that these defects may be remedied or cured if possible. Doctors should be leaders in this movement, as they have always been in matters pertaining to public health and education. I do not desire at this time to discuss the plans of doing these things, as they are simple and easily put into operation. When the doctors become really in earnest on this subject and begin to talk for it, putting it into operation will be an easy matter. Hundreds of children each year begin school with defective eyes, ears, nose, throat, teeth, skin or other parts of their bodies, which could be easily corrected. These matters are vastly important to the welfare of the child. Most parents are anxious to do what is best for their children. I believe it is our duty, as medical advisors, to help them to know what is wrong with the child, and let the responsibility for its cure rest with the parents.

One more brief suggestion is all I have to offer, and that is with reference to the respect we should have for the memory of our departed brethren. It is customary now when a member of our society is called from the scene of his earthly labors, that a brief obituary notice is usually published in our Journal, but the Society has nothing to say about him. After a man is dead, his name never gets on our programs any more. That may be well enough for those who do not attend our meetings, and rarely go to their local county society. But when a real, live member dies, it seems to me that some one who knew him well should be appointed by the president of our state society to make a brief announcement at the annual meeting regarding the deceased, his character and general worth as a man, as a physician, and as a citizen. The time thus occupied need only be a few minutes, and it would be a fitting way to pay little tributes to the memory of those who are gone.

Having made the suggestion, I now desire to speak of the death of Dr. J. B. Carver, of Fort Scott, which occurred on September 1st, 1913. For many years he never missed a meeting of this society. He was a member of the State Board of Health for several year. He was an energetic worker, and very devoted to the welfare of his patients. He practiced in Fort Scott nearly a quarter of a century, and at his funeral were many real mourners, from all walks of life. Men, women and children, rich and poor, felt that in the death of Dr. Carver they had lost a personal friend, and many eyes were filled

with tears. He was a friend to humanity. "He had not lived in vain."

Brethren of the Kansas Medical Society,
"When I am dead, if men can say:
'He helped the world upon its way,
With all his faults, of word and deed,
Mankind did have some little need,
Of what he gave,' then in my grave,
No greater honor I shall crave."

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EYE, EAR, NOSE AND THROAT IN EXOPHTHALMIC GOITER.

By JOHN H. JOHNSON, M. D., Coffeyville, Kansas.

Read Before the Montgomery County Medical Society at Independence, April 17, 1914.

The internist, surgeon, neurologist, ophthalmologist, laryngologist, otologist, and rhinologist are all called on to examine or treat exophthalmic goiter. They are not all called necessarily in the same case, but each at some time meet with the exophthalmic syndrome in their practice.

In 1825, Parry discovered eight cases of enlargment of the thyroid gland. Previous to this, in 1786 he described a case in which the eyes were protruded from their sockets and countenance expressed an appearance of agitation and distress, especially in any muscular movement. The Italians give Flajani credit for the discovery of the disease, claiming that he described it in 1800. Mochius states that Flajani's original account is meager and inaccurate and bears no comparison with that of Parry. The disease was described in 1835 by Graves, and also by Basedow in 1840. Basedow was the first to connect this disease with exophthalmos.

Five principal theories as to the etiology of goiter have been advanced:

1. Toxic, from disturbances of the digestive tract.
2. Heredity, family predisposition.
3. Aqueous, due to water from certain wells or springs.
4. Thyroid hypersecretion.
5. Neurotic, disturbance in the relation of the sympathetic nervous system, the pituitary gland and the thymus.

When Waller was a student he was taught that goiter was probably due to some germ flourishing in some chalky dis-

tricts. McCarrison has isolated a spore-bearing bacillus in pure cultures from the feces of a goitrous horse, and was constantly present in the cultures from the feces of goitrous individuals. Shurly believes that such septic processes as tonsillitis, quinsy, scarlet fever, measles, typhoid fever and influenza are etiological factors in the development of Graves' disease even though they primarily attack the lymphoid tissue.

Heredity seems to play a part, at least, predisposition is hereditary insofar as a neurosis is an etiological factor. Dr. Grober reports three cases in the same family—a brother and sister in the fifties, and a niece at twenty-five. He considers that hereditary transmission of a general constitutional weakness with a predisposition to develop certain allied affections, diabetes, epilepsy, etc. Pinard reports an instance where exophthalmic goiter was observed in one family for three generations, the affection becoming attenuated or disappearing with regular menses.

Professor Von Iselsbery, of Vienna, has conducted experiments with well water with which he would produce exophthalmic goiter, but he found if the water was boiled it lost its goiter-producing quality. In certain parts of the Tyrolean and Italian Alps, recruits wishing to escape military service drink from certain springs, and thus produce enlargement of the thyroid, which disappears when they drink ordinary water. In the West Indies, military recruits escape duty by acquiring goiter by drinking from the so-called goiter wells in which the water has a small content of iodine. Kocher thinks that excessive iodid treatment is responsible for the development of exophthalmic goiter in more cases than is generally recognized. He says that this iodin-Basedow, as he calls it, is a frequent and important form of exophthalmic goiter. Such authorities as Oswald, Hunt, Seidell and others have shown that iodids and iodoforms increase the amount of iodid in the thyroid colloid with a corresponding increase in its physiological activities.

Graves' disease may be considered as a form of chronic iodine poisoning. Walter would suggest that a certain amount of iodine is stored in the thyroid glands as an inert compound, a gradual disintegration taking place according to the dictates of the animal economy. This has a physiological parallel in fibrogen, mucinogen, glycogen, and all other substances, by means of which the material is stored inert until required. The iodine acting as a lime carrier being liberated

from the thyroid store house performs its function and returns to the thyroid where it again enters into suitable combination, and is again stored until required. In Graves' disease it seems probable that the result is due to an excessive discharge of the reserve iodine into the system. Kocher thinks it is a matter of the system not eliminating the surplus iodine at once as in health. Water containing calcium has been given as an etiological factor in the production of exophthalmic goiter. Waller thinks that the calcium acts as a stimulant on the thyroid activity in some manner, it being largely a question of antagonism, a dose of calcium calling for thyroid secretion in much the same way as a dose of carbonate of soda calls forth the acid secretions of the stomach. Small doses of calcium use up the available secretions, and the natural result is that the thyroid sets to work to make more.

Many eminent authorities attribute the cause of exophthalmic goiter to hypersecretion of the thyroid gland, that is, there is an excess of the internal secretion of the gland which is called thyroid secretion for the want of a better name. Graves' disease can be produced artificially by giving thyroid to normal individuals, or the symptoms of a mild case are intensified by small doses of thyroid extract. Experimentally, Dr. Baruch has been injecting ground human goiter material into the peritoneal cavity in dogs, rabbits and rats. This induced a syndrome in many instances, closely resembling exophthalmic goiter in man. In none of the cases was the goiter material obtained from persons with the exophthalmic type. McDonald concludes that the symptoms of exophthalmic goiter are due to the excessive activity of the thyroid gland. He asks, "Why should the process of hypertrophic compensation, elsewhere a benefit and reparative function, here so far overstep its authority as to produce a symptom complex which is certainly pathologic?"

The hypotheses which receive the strongest support at present are the thyroid origin and nervous origin. Whatever the exciting cause of exophthalmic goiter, unusual worry, disappointment in love, a tragedy, a fright, a strong fear, the illness of a loved one, or over-exertion, the symptoms are alike. "The following phenomena of worry, nerve strain and fear are nearly identical with the phenomena of Graves' disease, namely increased heart beating, the increased and altered respiration, rising temperature, sweating, muscular tremors, protruding eyes, loss in weight. If the symptoms of acute fear

could be continued for hours or months, who could differentiate between Graves' disease and fear, as even in minor details there is a striking resemblance between the phenomena of Graves' disease and those of emotion? What is the origin of emotion? It may be that the two have a common basis of origin."

Whatever the cause undoubtedly the same influence produces hypertrophy of the thymus, spleen, tonsils, adenoids, lymphoid glands as well as the thyroid. The hyperthrophy of the other gland is not as constant an accompaniment of Graves' syndrome as the enlarged thyroid and thymus. Carre even goes so far as to say that persistent thymus may be responsible for exophthalmic goiter. Lemormant does not think that experiments that have been carried on are as yet sufficient to confirm the thymiogenic theory of exophthalmic goiter. The lymphocytosis is not under the control of the thyroid, as removal of the same does not lessen the lymphocytosis in the blood, whereas X-ray treatment to the thymus does. Coenen shows that some patients long clinically and subjectively cured still show a distinct lymphocytosis, even seventeen years after the removal of the thyroid. Complete return to the normal on the part of blood is rare.

The four cardinal symptoms of this disease are tachycardia, goiter, tremor and exophthalmos. One or two, perhaps three or all cardinal symptoms may be absent and yet the condition be present. An acute toxic case presents high temperature, extreme restlessness, tumultuous heart action, sometimes up to 200 and nausea and vomiting, which may become frequent and distressing, and there may be epigastric and abdominal pain. It looks and is like a violent septic intoxication.

Not infrequently the neurologist is the first to see these patients at a time when they present merely a quick fatigue, nervousness, sweating, a feeling of anxiety and apprehension, together with marked sleeplessness.

The different symptoms that may be found in exophthalmic goiter besides the cardinal ones are varied and numerous but owing to the limitation of this paper only those symptoms manifesting themselves in the eyes, ears, nose and throat will be discussed.

In the majority of cases of exophthalmic goiter, at some peroid, the eye symptoms dominate the clinical picture. Although this is the case, most of the oculists have kindly shoved the problem off into the far country labeled "Ductless Glands."

Exophthalmic goiter is not essentially a disease of the eye, but on account of its important ocular symptoms and complications, it is very often brought to the attention of the ophthalmologist. The symptoms on the part of the eye are usually bilateral, but may be unilateral. Exophthalmos is absent in about one-tenth of the cases. In exophthalmos the eyes are pushed straight forward. It may be little or great, up to the extent that the eyelids can no longer cover the eyeballs. If the exophthalmos be great, there is little or no mobility of the eye. A slight exophthalmos becomes noticeable because of the fact that the upper lids will be uncomfortably high. For this reason the eye often appears protruding more than it really is. This can be shown on a normal eye when there is no goiter present by laying the eye out on the cheek by simply opening the lids with eye speculum. The protrusion of the eyeball is more apparent than real, especially in mild cases.

Exophthalmos is rare in infancy and childhood, though of sufficient occurrence to warrant mention. The ocular symptoms in infancy and childhood are seldom pronounced. Dr. Bircher gives an illustration of one of the five dogs in which he had induced exophthalmos with other typical and pronounced symptoms of exophthalmic goiter by implanting in the abdomen portions of thymus gland removed from patients, none of which had exophthalmic goiter.

The exophthalmos per se requires treatment only when it leads to imperfect closure of the lids, and thus endangers the cornea. The eyeball remains normal unless ulcers develop on account of the imperfect closure of the lids. The exposed portion of the cornea becomes vascular, or may ulcerate or slough, destroying the eye in this manner. The ulcers interfere with the visual power and even produce permanent blindness or impaired vision. A degree of corneal insensibility is of frequent occurrence, a condition which Knies thinks accounts for the infrequency of the winking movements.

Hyperemia of the eyeball or conjunctiva is frequent in exophthalmic goiter, and may redden the lids in the disease. There is no evidence to show that the disease is directly responsible for the development of cataract, myopia, restriction of the visual cell, glaucomatous conditions or atrophy of the optic nerves. The pupils respond to direct light and contract on convergence, although moderate dilation and irregularity are sometimes observed. Iritis is not uncommon in severe

cases. Dr. Pooley reports a typical case of exophthalmic goiter where there was absence of any distinct enlargement of the thyroid, a very unusual swelling or protrusion of the conjunctiva, and several nervous and mental symptoms.

The following special eye symptoms are important and interesting. Epiphora may be the initial symptom of this disease and may become well established, or it may accompany each exacerbation of the other symptoms. The "watery eyes" is sometimes the first symptom to cause a patient to consult a physician. Absence of wrinkling of the forehead when the head is held down and the eyes raised has been observed by Jessup. Falling out of the eye-lashes and of the eyebrows, occasionally palsies and nystagmus, are among the exceptional findings. The brownish discoloration of the skin of the lids being so frequently observed, excludes the possibility of its being an accidental accompaniment. The abnormal widening of the palpebral angle is frequently present in this disease. The involuntary or physiological wink of the eyelids is much less frequent than normal. The absence of normal and voluntary winking is an early symptom, the patient not winking for minutes at a time and then in a rudimentary manner.

The eyelids may be sluggish in their movements especially in regard to following the movement of the eyeball downward. When the eyes are depressed the upper lids do not descend in proportion with the eyeball, but remain elevated so that a broad portion of the sclera is visible above the cornea (Von Graefe's symptom). Von Graefe's symptom is sometimes present even when exophthalmos is absent, but this symptom is not constant either, as it is sometimes wanting. That this is not a constant symptom in exophthalmic goiter is readily shown by the following table:

Von Graefe's Sign in 55.5 per cent (Lewin)
Von Graefe's Sign in 13.2 per cent (Hill, Griffith)
Von Graefe's Sign in 17.2 per cent (Passler)
Von Graefe's Sign in 14 per cent (West).

Von Graefe believed that his sign was due to a stimulation of the sympathetic nerves whereby the fibres of Muller's palpebral muscle were contracted, thus holding the lid back.

Suker's new lid sign is as follows: While on downward rotation of the globe, the lower lid is gently fixed; the patient is then requested to rotate the ball rapidly upward, while general retraction is made on the lower lid. The globe now ascends in an unsteady manner, much the same as the upper

lid does in the Von Graefe's sign. This new sign is markedly accentuated in the presence of exophthalmos, but it is just as variable in its appearance as any of the other symptoms, and no more value is to be attached to it than to any of the preceeding ones. It has been found more often in the absence of exophthalmos than with it; however, most often in conjunction with a Von Graefe or Gifford sign. A tremor of the upper lid when an effort is made gently to close the eye (Rosenbach's phenomenon) is sometimes present, although it is not characteristic of exophthalmic goiter. Dalrymple's sign: retraction of the upper lid from tonic spasm of Muller's fibres. It may occur without proptosis and it adds to the effect of the latter when present.

Rarely diplopia or even marked paralysis of one or more of the ext. ocular muscles has been observed. Dr. Kappis has compiled from the literature 40 cases of paralysis of the ocular muscles and 9 cases of actual bulbar paralysis, with or without ophthalmoplegia. He also reports two cases of exophthalmic goiter with paralysis of the ocular muscles. Insufficiency of convergence from disability of the internal recti is often present (Moebius). Even marked paralysis of one or more of the external ocular muscles has been observed and sometimes there is severe pain in the eyes, with profuse scalding lacrymation. Nystagmus is sometimes observed. The movements of the eyeball are not impaired with exophthalmic goiter as much as with other forms of exophthalmos.

Nothing is more certain than that the eye-strain of ametropia often causes tachycardia, often causes tremor, often both combined. Cases of tachycardia have been reported cured at once by the correction of ametropia. To these might be added the cases of tremor. When we first find intense and long continued eye-strain preceeding the appearance of either of the three chief symptoms we at once get a glimpse into their possible origin. This more particularly holds good if the exophthalmos is monocular. How tachycardia may be caused by eye-strain, and how tremor may result from eye-strain or scoliosis, is easily seen, but how exophthalmos is produced by eye-strain is not so readily understood. In the later stages of exophthalmic goiter the patient may complain of strain of the eyes due to reduced lacrymal secretion. Some of the so-called exophthalmic goiter cases are eye-strain. If an error of refraction exists, it should be corrected whether the case be pseudo-exophthalmic goiter or exophthalmic goiter.

One of the surprises of the disease is the absence of any characteristic changes in the fundus. The retinal vessals seem not to partake in the dilation which the orbital vessels suffer. Retinal arterial pulse synchronous with the radial is exceptional. When ophthalmoscopic findings are present, and this is rare, they consist of a pulsation of the retinal veins and more rarely of the arteries. In extreme cases atrophy of the optic nerve has been observed. The visual fields, in exophthalmic goiter, are at times concentrically contracted, while the central vision and color sense may not be impaired. Where the fundus of the eye has failed to show the result of the increased heart action, by means of auscultation over the orbit, a distinct vascular murmur similar to the placental bruit can sometimes be elicited. According to Von Neusser's experience and opinion, jaundice might belong to Basedow's disease. When present it would be noticed, especially in the whites of the eyes.

Tinnitus aurium is in all probability not a symptom of Graves' disease. Yet, when present, the noise is greatly aggravated by the exophthalmic goiter. For this reason the aurist is sometimes the first to be consulted in commencing exophthalmic goiter. Shurly has reported two cases of exophthalmic goiter in which the patients had a distressing tinnitus aurium, the aural finding being completely negative and relief was only obtained by general treatment. Whether this is due to hyperemia and swelling of the auditory nerve, trophic changes, or some direct vaso-motor change, is difficult to explain.

Hack looked upon Basedow's Disease as a nasal reflex neurosis from the sympathetic nerves of the nose. Sendziak observed not long ago two cases of Graves' disease in which an increase in the exophthalmos occurred after an acute attack of catarrh in the nose. Dr. Hoffman reports cases in which the disease was favorably influenced by cauterization of the nose. He attributed the good results to the sudden shock as a factor, it producing hypnosis and autosuggestion.

Some patients have a continuous sharp appetite, others are without appetite, and may even be nauseated by food. Dr. L. Dlugasch reports a case of exophthalmic goiter in the Medical Record of October 29, 1910, which simulated typhoid fever in its symptomatology; general malaise, headache, nausea, a tongue that looked like typhoid, sordes on the tongue, enlarged spleen, temperature running from 102° to 103.5° F., Widal

test negative and rise of temperature. A foul breath and the decay of the teeth have been attributed to exophthalmic goiter.

In a few instances a troublesome cough may be the only subjective symptom of Graves' disease. During the course of the disease the voice at intervals may become husky or thick, and the mucous membrane of the larynx, tongue, mouth and lips become swollen and dry through deficient lubrication. Pressure on the recurrent laryngeal nerve causes changes in the vocal cords, producing any degree of malphonation, varying from a slight huskiness to a complete loss of voice.

Dyspnea and air hunger is a frequent symptom. Besides the difficulty in breathing and the choking sensation with a feeling of constriction of the throat, there may be difficulty in swallowing. Dr. Kappis reported two other cases in whom the paralysis does not develop until the exophthalmic goiter has existed for some time, and if the Syndrome had been cured, the paralysis would not have manifested itself. Dr. Murray advocates operation in all cases in which there is a distinct stridor from compression of the trachea or persistent pain in the goiter. In cases of mild type he does not consider operations necessary. Among the rare symptoms are unilateral sweating of the face and head or unequal dilation of the pupils from pressure on the sympathetic nerves.

Accompanying exophthalmic goiter, there is, very frequently, an enlargement of the lymphatic glands, as the thymus, tonsils, adenoids, etc. Heymann of Berlin, reported a case of Graves' disease (with exophthalmos, goiter and tachycardia) in which the symptoms diminished after an operation for adenoids. It has been my observation with that of Shurley of Detroit and others that reduction of the thyroid hypertrophy and exophthalmic symptoms, often follows the enucleation of the diseased tonsils. So frequent has this relation been noted that it has become a well recognized fact that the faucial tonsils are in definite interrelation physiologically and pathologically with the thyroid gland. It is fair presumptive evidence that a tonsillar internal secretion exists which affects the governing actio nwhen we find that a series of enlarged thyroids will subside after complete enucleation of the tonsil.

Tonsillectomy has a place in the prophylactic treatment if not in the cure of exophthalmic goiter and should be performed if the tonsils are diseased. The embryonic origin of the faucial tonsils and the thyroid show that it is possible for a close interrelation of the two to exist. Both originate from

pouches from the epithelium of the bronchial furrows, the tonsil from the second and the thyroid from the fourth.

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REPORT OF A CASE OF DIABETES.

CHARLES R. TOWNSEND, M. D.

The patient, E. W. H., male, age 59; single, farmer; physically well preserved; no t. b., no syphilis; never had any sickness except asthma and inflammatory rheumatism and diabetes. On Aug. 29th, 1910, this man came to my office with a small tender spot on the plantar surface of one foot, saying it was a corn and had been giving him some trouble in walking, and wanted some of the callous tissue removed so it would not be so tender. In removing this tissue I came to a small cavity or space filled with fluid like mucilage with very offensive odor. Thinking the condition was gangrene I made an examination of his urine; no acidosis; S. G. 1035; no albumen; sugar in large quantities. Microscopical examination negative. On my informing him that he had diabetes and in all probability the foot was affected with diabetic gangrene I was told that he had had a very severe attack of diabetes about eight years before, passing very great quantities of urine in 24 hours, filling an ordinary vessel 3½ times in 24 hours, but had not been troubled any that way for eight years.

His foot was dressed daily for weeks without any change in its appearance. He came to my office, until Nov. 26, 1910, when I was called to his home to see him. The foot was very painful and red, some swelling, temperature 103, severe headache; his tongue had the appearance of a typhoid tongue at

the beginning of the third week or end of the second week. Giving him a large dose of calomel, to be followed by salts in the morning and leaving quinine, to be taken every four hours. The second night after my visit another physician was called. The foot was swollen more and was more painful. An antiphlogistic poultice was applied and by morning the foot was discharging blood serum and the pain was gone. The evening of this same day, which was Nov. 29, 1910, I was called again. There had been a large blister formed on the upper surface of the foot, covering an area 3½ inches in length of the foot and entirely across the upper surface, from side to side, and the serum was escaping through small openings in the epithelial covering of this blister. Under this layer of epithelium the entire foot was found to be gangrenous, so far as I could detect, and the original spot on the sole of the foot had healed. Then came the subject of amputation.

The gangrene extended very rapidly and on Dec. 2, 1910, had extended half way between the heel and knee. On this day the foot and leg were removed; amputation about the middle of the thigh. The arteries were calcified and had difficulty in securing them safely; the fact is we never did secure them so it was safe. The patient stood the operation well; rallied nicely and began to gain some strength and cheerful, but the wound would heal only at the edges. After four or five weeks the patient was able to get up out of bed and walk about the house on crutches without help. The nurse was dispensed with; leg still not healed; urine heavily loaded with sugar; S. G. as high as 1045; no pus, albumen or blood; on strict diabetic diet and taking arsenaro.

During the night of Jan. 11, 1911, wound bled enough to soil dressings through. On Jan. 12 enough blood to saturate dressings and soil sheet. On Jan. 14, 1911, there was a terrific hemmorrhage, lasting only a few seconds, but an enormous quantity of blood escaped. The hemmorrhage was stopped by using a constrictor which I left at the bed side after the first small hemmorrhage. This hemmorrhage left the patient pulseless and blind from loss of blood, but by stimulants, heat externally, and strychnine hyperdermically, we got him to rally, but after this event we were satisfied that he would die; as it seemed only a question of hours, we gave him everything he desired in the way of nourishment. Medical treatment only symptomatic and diabetic forgotten. It was then he began to improve and the leg to heal. At the time of

the hemmorrhage the skin had brown blotches about the size of a half dollar; these soon disappeared and the patient recovered apparently. During the month previous to the hemmorrhage, a gangrenous spot about the size of a dime made its appearance on the heel of the other foot. This soon sloughed and healed. There was no further trouble until Jan. 18, 1913, when the great toe on the remaining foot became partially gangrenous. This soon sloughed out and the scar healed. During all this time the urine was heavily laden with sugar.

Durin gthe summer of 1913 this man became sick; during the previous trouble he never felt sick, but this time he became sick. There was suppression of urine, toxic symptoms, a buzzing in the head, headache, etc.; temperature 100 to 101 and what urine passed contained albumen, blood and pus and also sugar. After a time he recovered from this attack. (Diuretics given were Urotropin & Elix, Buchu, Juniper and Potassium acetate.)

Then about Oct. 1, 1913, gangrene appeared on the great toe again; S. G. 1040. He was put on oatmeal diet and Bulgarian bacillus treatment. The gangrene was almost dry; no turning black and hard. The urine became lighter, down to 1010 and sugar less. Gangrene stopped extending on toe. Oct. 8th, removed part of the toe; Oct. 13, gangrene appeared on the sole of the foot in the hollow of the arch; pain more or less constant in the foot and limb and sometimes other parts of the body. During the next few days the patient became very nervous; had to take morphine to secure any rest or sleep. Oct. 21, had severe vomiting spell and has since been more quiet. All along through this attack he had to take cathartics; calomel, following by salines. He passes above the normal quantity of urine daily, about 5 pints. The pulse is rapid, 100 to 110; skips one beat in 15 or 20, but full.

Oct. 22 patient rested; no pain; bowels moved freely without cathartics; pulse 110; skip one in 20; temperature 99; gangrene seems to be drying up constantly. The odor is not so bad as formally. Night of Oct. 21, gave hyoscyamus for sedative instead of morphine and it acted very well. Patient slept nearly all night; effects seem to be lasting yet today, although he had only one dose of 1-5 gr. hyoscyamus and 2 gr. of asperin. The S. G. is 1025; sugar. Oct. 23, patient seems to be gradually growing weaker and is simply wearing out.

From this time on until Nov. 2d, patient was nervous and

restless; S. G. 1025; sugar about as had been for last month and on this date there were gangrenous spots on both sides of ankle and the entire heal and nearly the entire foot was gangrenous. The skin of the foot dried up and the soft tissues broke down and discharged through various places. The pulse stood about 120, intermitting once in 20 pulsations. Occasionally the mind would become clouded for a few hours and to use the patient's expression, "I lost my identity." He was passing between 6 and 7 pints of urine in 24 hours.

About Nov. 16, patient seemed to be gaining ground generally. The gangrene ceased extending; he slept well at night with the exception of an occasional night following a day when there had been too much company. On Dec. 6th the urine was as follows: reaction neutral; S. G. 1016; no albumen; no sugar; no indican; excess of earthy phosphates. This was the first time in 3 years that I ever found no sugar in his urine. He is still gaining at this time, Jan. 14, 1914. The pulse rate now is 80 to 85 and regular. Of course the gangrenous parts are separating from the healthy ones, and as he refuses any operation all we can do is to dress foot and keep it as clean as possible and wait. The final outcome of this case will be carefully watched and record kept.

On Nov. 10, 1913, all so-called diabetic treatments were stopped. We tried almost all the treatments that were reported in the journals to have cured so many cases, but they all failed and on this date the treatment was changed to probably what would have been the proper treatment 35 years ago and the result has been very gratifying, both to the patient and the attending physician.

The report of this case is made for information for anyone who has not had much experience with diabetic gangrene; also it is rare that a diabetic lives after having a leg removed when he has gangrene. They seldom heal after amputation. This man has lived almost 3 years since the amputation and we can certainly say that his life has been prolonged almost that time.

If you want to keep posted on pharmaceuticals and new instruments read the advertising pages of your journals. If you want to buy anything look over the advertising pages and you will find where to buy it. The people who advertise with us are reliable people, the kind of people it pays to do business with.

SHOULD A PAMPHLET FOR GRATUITOUS DISTRIBUTION ON THE VENEREAL PERIL BE ISSUED BY THIS SOCIETY?

E. T. SHELLY, M.D., Atchison, Kan.

Read before the Kansas Medical Society, May 6, 1914.

The object of this paper is to bring to the attention of the Kansas Medical Sosiety the question of the advisability of its issuing, for gratuitous distribution, a pamphlet in which would be recited, in a sane and concise but adequate way, the perils of venereal infection.

The woeful popular ignorance of the dangers which are involved in venereal infection and the fact that correct knowledge on this important subject, although sought by many persons, is too often sought in vain, must afford the excuse for offering this suggestion.

Unfortunately moral considerations alone are often not quite sufficient to deter some persons from yielding, illicitly, under strong temptation, to the powerful "cosmic urge," and real knowledge of the risk incurred by such moral lapses would, it is believed, very often render the necessary help to resist such temptation.

In such a pamphlet the very mistaken but widely disseminated notion that continence, especially in the male, is unnatural, and, therefore, unhealthful, should be thoroughly combatted.

A paragraph should also be devoted, not only to reciting the legal penalties incurred in ruining a girl, but to depicting, as forcibly as possible, the unspeakable meanness and wickedness involved in such an act. A brief description of the symptoms, the complications and the sequellae of the three venereal dis-

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eases should, of course, be the chief content of the proposed pamphlet.

The belief, more or less prevalent, that gonorrhea is a comparatively harmless and rather easily curable disorder should be earnestly disputed by noting the long list of painful, serious and, not infrequently, fatal troubles that may ensue in both sexes, but especially in women, from this widely disseminated disease. The difficulty of detecting the disease when in a subacute or latent stage and the absolute necessity for mak-

ing careful laboratory tests before declaring a case under suspicion free from the disorder, should be explained.

The painful and troublesome conditions accompanying and following chancroidal infection would also require description.

Syphilis, in its protean manifestations, with its long and terrible list of agonies and anguish—whether the disease be acquired or inherited—would need to be handled in a chaste but candid and adequate manner. Here, too, the difficulty in detecting the disease in cases where it has become more or less latent, and the importance of submitting suspected cases to rigid laboratory diagnosis, should be properly emphasized.

Because of this difficulty in detecting these disorders when they are not in an acute form, it would be worth while to impress on readers of this proposed pamphlet the fact that neither party to an illicit relation can be at all sure that the other member is not carrying venereal infection, because in either sex any one of these maladies may be in a condition in which, even after ordinary medical inspection, the trouble may not be suspected, and yet transmission of severe infection ensue.

The distribution of such a pamphlet could be effected by placing copies into the hands of public school officials, college and academy authorities, clergymen, physicians, juvenile court officers, social workers, secretaries of Young Men's Christian Associations and of Young Women's Christian Associations, officers of athletic organization, etc.

The issuing of such a pamphlet in an impersonal, and yet authoritative way, could certainly not be ascribed to ulterior motives on the part of the medical profession, and the frightful pitfalls from which it would protect many thoughtless men and myriads of innocent women should afford ample incentive for this society to undertake the task; unless, perchance, the state health authorities could be persuaded to do this needful work.

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WANTED—Place as locum tenens by a man of three years experience, temporarily out of practice. Could stay two to four months. Can furnish good references. Address M., Care of Journal of the Kansas Medical Society.—Adv.

GLOBUS HYSTERICUS.

A spherical coccus about the size of a small croquet-ball found in the upper air passages of females suffering from unrequited affections may oftentimes be cured by the hired man holding the stiffening, trembling form very tightly. Not to be confused with the similar but larger lump which comes in the neck the young doctor on the case who makes a diagnosis of Cerebro Spinal Meningitis.

Of the ills that flesh is heir to,
Of the ailments that oft strike us,
Is there aught that can compare to,
The old "Globus Hystericus"?

Knowing all our imperfections,
Wondering that the people like us,
We go forth in fear and trembling
To combat the "Hystericus".

Anxious friends await our coming
Hired man and brother Ike is
Watching "Doc" to see him conquer
Sallie's "Globus Hystericus".

Sallie; meaning, clutching, choking,
Pain above the umbilicus,
By exclusion must, of course, be
Diagnosed pure "Hystericus".

If the hired man would tell us
When our first suspicions strike us,
We would know the "Casus Belli"
Of the "Globus Hystericus".

As afetidae and bromides,
Ipecac and liquor picis
Must stand back for apomorphia,
When it comes to "Hystericus".

—INCO GNITO, M. D.

Blessings on Thee Little Tab.
When My hypo up I grab,
For to soothe a stricken soul
That has lost its self-control,
And with groans and cries of pain
Trusts her soul-mate to regain.
Then I load my trusty gun,
Shoot, and for a bucket run;
Take my station near at hand,
There I wait at thy command.

—INCO GNITO, M. D.

THE JOURNAL
OF THE
Kansas Medical Society.

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INTRODUCTION.

At the present moment I can imagine nothing that would give me greater satisfaction than to be able to say: Your new editor needs no introduction to you. I have met and conversed with a few of you, many years ago, in the Kansas Medical Journal. A few others I have known in other ways. With the majority of you I hope to become acquainted through the columns of The Journal. I hope the acquaintance will be agreeable and durable and I shall do all in my power to make it so. I realize that the number of you with whom I become acquainted through these columns will depend upon my ability to make The Journal attractive and interesting.

There are many topics of interest to the physicians of Kansas besides those of a purely scientific nature. It is the province of a state journal to discuss these topics. It is not enough that the editor should express his individual opinions on such subjects. The Journal should be the forum in which the opinions of all may be made known.

Please remember that The Journal belongs to you and, when you find anything in its columns that does not please you, do not hesitate to write out your criticism and send it to the editor. The columns of The Journal are open to you at all

times for the full expression of your views upon any subject of interest to the profession.

I trust you may find your editor neither too critical nor too sensitive to criticism. One who stands on the middle ground between youth and old age is likely to be neither an optimist nor a pessimist, but one becomes more tolerant of conditions as they exist. He becomes more cognizant of human frailties and more ready to forgive and thankful to be forgiven.

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One of the fundamental principles of all medical organizations demands that all discoveries of value to the profession shall be freely shared by its members. It is also implied that those who have had larger experience shall share the knowledge gained by this experience freely with others of the profession. It is this principle, more than anything else, which distinguishes all scientific organizations from the various kinds of fraternities and unions.

It is the duty of every general practitioner of large experience, of every surgeon and every specialist in any department of medicine, to share his knowledge with his professional brothers. It is not only a duty imposed upon him by the principles of his medical society but it is a debt which he owes the profession. In practically all of these cases it is through and by the influence of his professional friends that he has been able to gain his experience. Every surgeon and every specialist depends upon the other men in the profession for at least a large pare of his business and the results of the experience which he gains in this way certainly do not belong to him alone. It belongs as much to the men upon whom he has depended for his business as it does to himself.

Attending any one of our county societies one is impressed by the absence of the men who should be most active in its affairs. No time and no place offers so excellent an opportunity to meet the obligation referred to as does the county medical society. It is here that the surgeon, the specialist, and the consultant, will meet those to whom he owes the most and it is in the discussion of the papers presented here that the best opportunity is afforded these men to be of the greatest benefit to the profession. It is undoubtedly because they do not appreciate this obligation rather than that they repudiate it, that these men are so apparently indifferent. If asked why they do not take more interest in the society work they will, with the greatest magnanimity relinquish all claims

to the honors the society has to offer and tell you they are willing that the young fellows should get all the honor and take all the credit. If asked to read a paper they will condescendingly do so, but in too many instances without the careful thought and preparation they would have given to it in their earlier medical career. They apparently look upon their occasional participation in the society meetings as a favor rather than as a duty.

There are men who are purely selfish in the matter and do not attend society meetings because they deprive no personal benefits therefrom. They consider it a waste of valuable time to listen to papers and discussion by young and inexperienced men. They have a wrong conception of their real position. If they have reached a period when they can no longer derive a personal benefit from the meetings they are all the more needed in the societies for the help they can give to others.

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In Sec. 2 of Art. VI, of the Principles of Medical Ethics, under the heading Contract Practice, will be found the following: "It is unprofessional for a physician to dispose of his services under conditions that make it impossible to render adequate service to his patient or which interfere with reasonable competition among the physicians of a community. To do this is detrimental to the public and to the individual physician, and lowers the dignity of the profession."

This is certainly not very specific and may apply to the medical department of the United States Army, to railroad hospital associations, and to the medical service of other large corporations, as well as to the lodge practice which bears the brunt of our professional antagonism.

While in the army, and perhaps in railroad and other corporation medical service, it is not "impossible to render adequate service," there can be no question as to the elimination of competition. If one may judge by observation rather than personal experience, it is doubtful if a really adequate medical service is commonly furnished by corporation dispensaries. The men who are employed to do the work in these places are too poorly paid and poorly paid service is not likely to be good service. There can be no reasonable objection on the part of the profession to the army medical service. Only very competent men are appointed, the salary is fairly good and promotions with regular increases in salary are incentives to careful study and thorough work. There is no justice, how-

ever, in allowing medical officers of the army to enter into competition with local practitioners in communities neighboring army posts.

There can be no reasonable objection on the part of the profession to such corporation medical service as is necessitated by their liability for injuries to their employees. It is economy for corporations to employ a staff of surgeons to care for those injured in the line of duty. The more efficient such service the more economical to the corporation and the more directly beneficial to the men. To such practice there can be no objection. It is entirely within the rights of the corporation and does not present either of the objectionable conditions mentioned in the principles of ethics. But corporations, operating railroads, coal mines or factories, sometimes establish dispensary service for their employees, charging them a small stipulated sum per month for medical service whether needed or not. One or more physicians are employed on a salary or per capita basis, and, in most instances, the amount of service expected of the employed physicians is out of proportion to the compensation. Such service is as objectionable as the condemned lodge practice, for it destroys competition in a field justly open to all practitioners in the neighborhood and in too many instances the service rendered is inadequate.

In some of the corporation hospital and dispensary associations the service extended includes the medical care of those who are ill and the surgical care of those who are injured in the line of duty. Thus a means is provided by which the employees may care for their ordinary ills at a merely nominal cost and by which at the same time and the same cost they may relieve the corporation of the no inconsiderable burden of caring for those injured in the line of duty.

The same ethical principles are violated in these associations, even though a large number of medical men are employed with a high salaried chief of staff, as in the small local lodges of the Eagles or Moose. The Principles of Ethics as promulgated by the American Medical Association, are very broad, broad enough to cover most every fault of commission or omission, and indefinite enough to permit a most generous application. If, however, any benefit is to be derived by the medical profession from the application of all or a part of these principles of ethics, they should be made the basis for determining the qualifications for membership in all county societies. A few county societies in Kansas have already ex-

cluded those who are engaged in lodge practice but no attempt has been made to apply the rule to other forms of contract practice.

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LOOSE CRITICISM.

The Topeka Daily Capital is having *petit-mal* over the fact that some resolutions, restricting the practice of fee-splitting to non-members of the Society, failed to receive due recognition by the House of Delegates.

The Editor of the Capital, May 8, says:

> "Everywhere the medical profession is recognizing the necessity of ridding itself of this shadow upon its honor, integrity and good faith. It would have been more creditable to the convention at Wichita if Dr. Stewart's resolution had been directly acted upon, instead of being pigeonholed, but the Kansas Medical Society, now that this sore has been brought to public notice, will not refuse to put itself on record. The convention at Wichita, controlled by the adverse element, does not represent the great body of Kansas physicians."

It is not true, as the Capital implies, that this resolution was tabled because the convention was "controlled by the adverse element". The resolution was not discussed and the motion to table was passed with no dissenting votes. It was neither the time nor the place for the introduction of such a resolution. If the purpose of the resolution was to obtain an expression of the sentiment of the Society, it should have been presented in the general session. If it was really intended that the penalty of expulsion should be inflicted upon those who practice fee-splitting, it should have been presented in the form of an amendment to the by-laws.

Familiarity with the plan of organization would have suggested to the author of the resolution that the proper place for such a movement as this was in the county societies. They are the units of the organization. It is through them that physicians are admitted to membership and by them that members are expelled. "Each county society shall judge of the qualifications of its own members."

One might imagine, from the resolution itself and from the statements of the editor of the Capital, that the Kansas Medical Society had not already declared itself upon this question of fee-splitting. Resolutions of a similar nature have been

introduced and adopted at previous meetings of the Society, but these were not necessary to put it upon record in this matter for both the by-laws of the state society and those of the county societies contain the following: "The principles of Medical Ethics of the American Medical Association shall govern this society". Section 4 of Article VI of the Principles of Ethics is sufficiently definite to any but a most technical mind. It reads as follows: "It is derogatory to Professional character for physicians to pay or offer to pay commissions to any person whatever who may recommend to them patients requiring general or special treatment or surgical operations. It is equally derogatory to professional character for physicians to solicit or to receive such commissions."

Although the Capital has the wrong pig by the tail this time we commend its maiden effort in the great reform movement. There is need for reform in all the professions, in all the trades and all the business affairs of this modern world. How much reform is needed in the medical profession the members of that profession are well aware. As the Capital suggests, this fight on fee-splitting is not a local affair, inaugurated by a local physician. It is a wide spread movement inaugurated many year ago, and, strange as it may seem, among its strongest supporters are the men who are accustomed to split the fees. The Capital is mistaken in supposing that when fee-splitting is prohibited the fees will be smaller. The only difference will be that the surgeon and the specialist will get all of the fee.

Now that the Capital has really been infected with the reform idea we trust that it will continue the good work. We trust that when it is through with the doctors it will consider the lawyers who also split fees, the preachers who get no fees to speak of, and the politicians who pull theirs from the public purse. We trust that it will give even a little notice to the movies and the newspapers and that ultimately even the Capper publications may come under its reforming influence.

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A LITTLE POLITICS.

Every reader of The Journal has probably received a letter signed by Dr. J. J. Sippy explaining and commending certain actions of Governor Hodges. The Journal is not a political organ, but inasmuch as the Kansas Medical Society has been

made to appear as endorsing Governor Hodges, we feel justified in giving this letter some consideration.

Dr. Sippy says: "I am not an appointee of Governor Hodges, nor of his administration. No one therefore can consistently accuse me of partisanship in defending him." This is a disinterested friendship of which the Governor should be proud. Perhaps Dr. Sippy is not an appointee of Governor Hodges, but he holds a pretty good job under the administration of the Board of Health, part of which at least was appointed by the Governor. No one will take very seriously such a statement of non-partisanship. A circular letter, such as this, mailed to all the physicians in Kansas, would in itself ordinarily cast suspicion on any avowal of non-partisanship.

We quote the following from his letter: "It was somehow confidently believed by the medical profession that Governor Hodges should have vetoed the bill." "It is *somehow* confidently believed" is good. We wonder how the profession should have so mistaken the intentions of the Governor except for his pre-election assurances that he would prevent objectionable medical legislation.

"It is not fully clear just why the Governor should have virtually slapped the Legislature in the face by vetoing a bill which had passed by such majorities." If it is not clear why he should veto the bill is it any clearer why he should refuse to fulfill the provisions of the bill which he permitted to become a law? The Doctor implies that the large majority favoring the bill at the time of its passage was sufficient to outweigh the Governor's conviction of its pernicious character. This makes it hard to understand that, in spite of this and in spite of the fact that the bill had become a law, the Governor should refuse to enforce the law because he was not in sympathy with it. If he did not appoint the board because there were no chiropractors qualified under the law to become members of the board, how does his action show that he was not in sympathy with the bill?

Dr. Sippy says: "An executive is never justified in the use of the veto power except in an instance where the passage of a bill may prove a public calamity." The veto power stands as a buffer between the legislature and the people. In the hands of a broad gauged governor it is the only safeguard the people have against a legislature too greatly influenced by the various interests upon which the election of its members depends. There were those in the last Legislature who sup-

ported the chiropractic bill, but would have welcomed the Governor's veto. The Governor is not only justified, but by his honor as a man and by his dignity and integrity as an officer of the State, he is obligated to veto any legislation which he knows to be inimical to the welfare of the people.

It is unfortunate that the Governor has been "accused of favoritism to the profession," but it is certainly not the medical men who supported him on the strength of his pre-election assurances, that are so accusing him.

We admit that the Governor's attitude toward the Board of Health has been particularly favorable, and, so far as we know, he has been in close sympathy with every plan and every wish of that body. He failed, however, to show the courage of his convictions, if he had any, at a time when he might have saved the medical profession its greatest humiliation, when he might have prevented the greatest blow to the high standard of medicine in this state. The doctor says it was not lack of sympathy, so we will say, by his lack of courage he allowed to be defeated the very purpose of the Medical Practice Act for which the physicians of Kansas worked so long and so faithfully.

The most objectionable feature of Dr. Sippy's letter lies in the postscript. It is humiliating to some, at least, that these resolutions, which were passed by the Council, by request of, and out of respect to, one of its members, should be thus used as campaign material.

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SOME OBSERVATIONS ON THE WICHITA MEETING

After a long or short journey, by no matter what route, you at length arrive at Wichita through a magnificent Union Station, which would do credit to a city many times larger. We are led to wonder at this marvel of architecture and enterprise until we come out on Douglas avenue and see stretched across the street in letters of light the alliterative invitation to "Watch Wichita Win". The town must have held an extra good hand. Of course we know that this is not an injunction to others than visitors. The natives are expected to do the winning and to spend the winnings. The sojourner is encouraged to become an interested onlooker and finally to take a hand. And in justice to Wichita let it be said that she wins by fair means, and doesn't lose anything by comparison with other Kansas cities. It hasn't been many years since Wichita had

no more pretentious a station than has Topeka, or even Wyandotte.

The hotel in which the clans gathered this year bears the very suggestive name "The Eaton". It used to be called "The Carey" we believe, when we met here before, and we remember the revel that occurred within its walls as one of the entertainment features of that meeting, and how shocked a few of our members were that such carryings on were allowed in Kansas. It certainly was a red-letter night. Nothing like that there now! No, no, Clarence! Just quiet eating and story telling at the "Eaton".

The meeting place this year was the splendid Scottish Rite's Temple, and its luxurious fittings and appointments made it quite ideal for our purposes. Commodious lobbies and side rooms furnished accommodations for the many who preferred to pass the time in social intercourse. And the soft carpets reduced to a minimum the confusion incident to the constant passing in and out. Perhaps the only fault to be found was with the illumination of the assembly room. Here artificial light was necessary all the time, and the somber atmosphere might possibly be calculated to subdue or inhibit the joviality that ought to abound at these meetings. But the nocturnal movements of free masonry and the open faced movements of our Society are not perfectly adapted to the same kind of housing. When the Society met at Wichita some nine years ago, we remember we met up stairs over some kind of a store, a carriage repository we think. There were no carpets on the floor and the softest footed doctors among us made a noise like a motorcycle whenever they stirred themselves. The disturbance was aggravated by the light, movable chairs with which the hall was seated. This combination of noises is an abiding reminiscence of that occasion. Yet in spite of that, it was one of the best meetings the Society ever had, and the present one was another.

The President, Dr. Jarrett, did himself proud, not only by his address, which was unique and well received, but also by his pleasing manner of handling the program. He has a happy habit of paying a little compliment, in an easy-going way, to the person who is about to be called to the block to read a paper or who has just passed through the ordeal. Dr. Jarrett is a

most likeable man, and he made a highly efficient officer. Dr. Sawhill, the new President, is also a veteran in Society work, and will prove a worthy successor to the office.

The exhibits this year were not numerous. They had to be displayed down town in a vacant store room at some distance from the meeting place, the rules of the masonic temple not permitting such commercial enterprises. We have always liked to see numerous and well patronized exhibits at these state meetings and we believe all our members feel the same way. The display of the latest medical and surgical appliances and of books, furnishes a very pleasing setting or back ground for the little social groups who love to frequent these places and who miss this important and customary ingredient of a meeting when it is lacking.

The Wichita brethren sized us visitors up sometime Wednesday and came to the conclusion we were hungry. Accordingly they laid themselves out to fill us up, once, for true. They did not give a banquet or a supper or a luncheon but they gave a Dinner with a big D. When you were thinking you were about ready for the finger bowl you began to notice that the rations were still coming along in a surprising succession of courses. The battery kept diverting you from your sense of approaching repletion, not by toasts, for they know that toasts are only used where the appetite is to be restrained or inhibited. But they brought on tuneful artists from the theaters who incited you on to renewed gustatory feats by the most fascinating music. The Wichita committee knew better than to turn loose on us the usual spellbinders. They had a train load of vituals to get off their hands, so they put us under a *real* spell, and pulled off the job. It surely cost a good portion of Wichita's winnings to set out such a feast for body and soul as this. The open hearted hosts will long have our grateful remembrances. They showed a capacity to take care of large congregations of medical wayfarers, not strange to those of us who have been their guests on other occasions. They gave us a welcome in every turn that we could read in their eyes as well as feel in the grasp of their hands.

There were many, very many, of the old familiar faces at the meeting and many fresher ones. How would a meeting look without Sawtell, Goddard, May, Huffman, Sawhill, Jar-

rett, McVey, Gray and a score of others we might name who were there? They are always on hand and are part of the works, so to speak. Many who have been moving parts of the mechanism were not there. Some of these were detained by good cause, but we know their hearts were with the Society in all its proper doings. Others are away on a long journey. We pause and uncover a moment in their memory.

On the whole this, the 48th annual meeting, was one of the best ever held, and quite well attended. Over 300 members were enrolled. It speaks well for them that so many were willing to lay aside their engrossing professional cares and to submit themselves to gentle contact and attrition with their fellows. They belong to an ever increasing number of medical men who have discerned the evils and penalties of the dreary isolation to which our occupation tends, and who have realized that the best corrective of the premature senility consequent upon this life of professional solitude is to take advantage of these recurring opportunities to be refreshed, re-energized and rejuvinated. We cannot but have felt, all of us, the tendency to become self-centered, self-taught, self-opinionated; absorbed in the multitudinous experiences that crowd upon us. The rolling years bring ever increasing demands on our time, so exacting as to wear out the body and blunt the zest for diversion and instruction in the company of our fellows. But we must not get into this deepest of all ruts. We above all other men of all other vocations in life need the comfort and sympathy that as brothers we ought to afford one another. We ought to look forward with impatience to these annual gatherings where we may renew old associations and memories, relax mind and body and submit our habit stricken souls to the gentle influences which make life worth living.

The program was as good perhaps as any of the annual programs before it. Much was expounded that will doubtless be found of high scientific and practical worth. But without disparaging any of these features of the meeting we venture to assert that all that sort of thing was of far less value and less appreciated than the good fellowship and camaraderie that were there enjoyed. These latter things are after all the things that endure. The theories expounded at Wichita may dissolve with the mists of succeeding days. Methods, plans and procedures now in most popular vogue may soon be super-

seded by others of later fashion. What we today cherish as facts in our stock of knowledge may next year be derided as sheerest follies.

"Our little systems have their day,
They have their day and cease to be."

But friendship and fraternity are qualities not of the head but of the heart, which take deepest root there because of these recurring occasions gaining a firmer and stronger hold as the years go by.

O. P. DAVIS.

Section 6 of Chapter IX of the By-laws provides that: "Any physician who may feel aggrieved by the action of the society of his county, in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Council, and its decision shall be final." This provision in our by-laws has led to many long and tiresome discussions in the Council which always result in the same way—the matter is referred back to the county society from which the appeal was made.

This by-law is a violation of the most vital principle in the county unit plan of organization. Every county society must have the right to determine the qualifications for membership. It is the only system by which harmony can be preserved and the dignity of the local organization maintained.

An applicant for membership is required to be of good moral and professional standing. Can it be presumed that the council can better determine the moral and professional standing of a physician than the other physicians in the county where he resides?

It is some satisfaction to be able to say that our Council has so far refused to exercise this right which seems to be imposed upon it by our by-laws. There are other points to be considered in this connection. The county society is recognized as the basis of the whole organization and uniform by-laws have been provided for county societies. These by-laws provide that an applicant must be elected to membership by ballot and must receive two-thirds of the vote cast. There are no exceptions. It is the only manner in which anyone may become a member of the society. The by-laws of our state society, however, provide that if a physician is refused membership in his county society he may appeal to the Council and its decision shall be final. There is no provision that the Council may elect an applicant to membership and there is

no penalty attached to the refusal of the county society to recognize the "final decision" of the Council. If the Council can neither admit the appellant to membership nor compel the county society to admit him, we can see no good purpose in taking up valuable time with controversies that avail nothing.

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The meeting of the Kansas Medical Society at Wichita which has just closed certainly demonstrated the fact that the physicians of that city and of the Sixth District are enthusiastic society men. There was a registration of over 300 and except for a couple of short periods when the House of Delegates was in session, the hall was well filled. The papers received unusually close attention. This was probably due, not so much to the fact that the papers were more than usually interesting as to the fact that they could be easily heard. The Masonic Temple, in which the sessions were held, is an ideal meeting place and was free from the noise and general disturbances that have characterized the meetings heretofore.

The president had the society well in hand and the general meetings as well as the meetings of the House of Delegates were conducted with the least possible waste of time. There was no drag in the discussion of the papers and most of those who had anything to say spoke promptly and to the point.

The entertainment offered by the Committee of Arrangements was ample and satisfactory and did not in any way interfere with the regular work of the society. A very elaborate dinner was served at 6 o'clock on Wednesday, during which a very pleasing musical program was rendered.

The following officers were elected by the House of Delegates: W. F. Sawhill, Concordia, President; J. F. Hassig, Kansas City, 1st Vice President; J. F. Gsell, Wichita, 2nd Vice President; J. L. Everhardy, Leavenworth, 3rd Vice President; Chas. S. Huffman, Columbus, Secretary; L. H. Munn, Topeka, Treasurer; O. P. Davis, Topeka, Councillor for the Fourth District; W. E. Currie, Sterling, Councillor for the Fifth District; K. P. Mason, Cawker City, Councillor for the Seventh District, to fill out the unexpired term of W. F. Sawhill, President elect. M. F. Jarrett, the retiring President, was elected delegate to the American Medical Association. The House of Delegates, by unanimous vote, recommended to the Council that Kansas City be named as the next place of meeting.

SOCIETY REPORTS.

BARTON COUNTY SOCIETY

The Barton County Medical Society met at the president's office on February 27th. The following program was taken up for the evening:

1. Functional testing of the kidney, demonstrating the colorimeter—E. C. Button.
2. My most common complication in obstetrics and how I treat it—Addison Kendall.
3. Pituitrin, uses and contra indication—B. L. Stinson.
4. Trachoma, report of two cases—Ethel Westwood.

M. F. RUSSEL, Sec'y.

WILSON COUNTY SOCIETY

The Wilson County Medical Society held its spring meeting at Neodesha Tuesday evening, April 21st, at the High School building, the following members being present: Drs. Gray and Addington, Altoona; Drs. Flack, Wiley, Thomas and Duncan, Fredonia; Drs. Allen, Moorehead, Sharpe, Williams, Randall and McGuire, Neodesha.

Dr. Williams read a paper on Pluerisy, Dr. Addington one on empyema, and Dr. Sharpe one on broncho-pneumonia. These are all time honored subjects, but the writers went into their respective subjects with unusual thoroughness, and the evening was well spent.

Every physician in Wilson county, except two, belong to our County Society, 90 per cent. If the other County Societies in Kansas could show as large a per cent we think the profession would be better off.

We meet again at Altoona in June.

E. C. DUNCAN, Sec'y.

MARION COUNTY SOCIETY.

The Marion County Medical Society met in regular session at Peabody, Kan., Wednesday, April 15, 1914.

Drs. L. S. Wagar and W. E. Currie, who were on the program being absent, the time after supper at the Palisade Hotel was given to the reading and discussion of a very interesting paper on "Acute Inflammation of the Middle Ear," by Dr. H. M. Mayer and the members present.

Members present: H. Brunig, President; E. H. Johnson, Vice-President; R. C. Smith, G. J. Goodsheller, G. P. Marner,

E. S. McIntosh, J. J. Entz, S. P. Loomis, L. T. Morrill, H. M. Mayer, D. W. Smith, B. T. Prather, C. L. Appleby, Secretary.

NINTH ANNUAL MEETING

OF THE MEDICAL ASSOCIATION OF THE SOUTHWEST.

The following notice has been received in regard to the meeting at Galveston:

Dear Doctor:

This is to convey to you a personal invitation to attend the Ninth Annual Meeting of the Medical Association of the Southwest, which will be held at Galveston, Texas, Nov. 10-11, 1914.

The Committee of Arrangements have been very fortunate in securing permission to hold all the sessions in the Hotel Galvez, which is famous for its location on the beach, close to the great Sea Wall. It will furnish ample accommodations for all the members and their wives, and all are urged to take their wives with them and be prepared to spend a few days at this most delightful resort.

The Chairmen of the different Sections promise the best program ever presented to those attending, and all who have been attending these meetings know what that means. The local Committee of Arrangements are planning for such entertainments as we have never enjoyed before, in the way of "beach parties," "clam and oyster bakes," etc.

The date of the meeting has been placed one month later than usual, so as to visit Galveston at the most delightful season of the year.

There is still room for a number of papers on each of the Section Programs and you are cordially invited to prepare a paper to present at that time.

If you wish to do so, send your name and the title of your paper to the Secretary at once.

Don't forget the date, November 10-11, 1914, and be sure to plan to attend.

Yours truly,

FRED H. CLARK,
Sec'y-Treas.

El Reno, Okla.

SOUTHEAST KANSAS MEDICAL SOCIETY.

The Southeast Kansas Medical Society was in session at Iola on Wednesday, April 8th. The program was as follows:

Corneal Ulcers, Dr. T. D. Blasdell, Parsons, Kan.

Biological Engineering, Hugh B. Caffey, Pittsburg, Kan.

The Roentgen Ray in Abdominal Diagnosis, Dr. E. H. Skinner, Kansas City, Mo.

Paresis, Dr. L. L. Uhls, Overland Park, Kan.

Intestinal Obstruction, Dr. E. L. Parmenter, Kansas City, Mo.

Morbidity Reports, Dr. John J. Sippy, Topeka, Kan.

Treatment of Pneumonia, Dr. J. G. Walker, Iola, Kan.

Health Supervision in Schools, Prof. C. C. Brown, Iola, Kan.

The Aberhalden Test for Pregnancy, Dr. Wm. Trimble, Kansas City, Mo.

Laboratory Aid for the General Practitioner, Dr. J. G. Missildine, Parsons, Kan.

The officers of this society are: Dr. O. S. Hubbard, Parsons, President; Dr. R. Claude Lowdermilk, Galena, Secretary; Dr. M. F. Jarrett, Fort Scott, Treasurer.

SHAWNEE COUNTY MEDICAL SOCIETY.

The regular monthly meeting of the Shawnee County Society was held in the Commercial Club Rooms in Topeka, Monday evening, May 4. There were twenty-three members present.

Dr. Robert Stewart presented a review of the current literature on the use of urea and quinine hydrochloride in surgery. The data presented were discussed by several other members present. It was the general experience of those who spoke that this drug was disappointing. The anaesthesia was incomplete and there was usually extensive edema of the tissues which sometimes persisted for a considerable time. In many cases healing was delayed.

Dr. C. L. Williams presented a paper on "Diseases of the Middle Ear," confining his remarks to the acute infections. He found that a 10% to 12% solution of phenol in glycerine was the most satisfactory application to use in the early stages. It relieves the pain and may control the inflammatory process. After the membrana tympani has perforated or has been incised the ear should be wiped out carefully and then mopped with a weak solution of bichloride of mercury in alcohol. After the drainage has practically stopped the canal should be kept filled with some powder such as boric acid or aristol.

Dr. R. S. Magee discussed the subject of "Injuries to the Eye," particularly minor injuries of the eye. The most important point for consideration being cleanness of the eye and

of the operator. The eye should always be protected by some dressing which the patient cannot easily remove. He prefers a gauze pad covered with a layer of cotton which is fixed with collodion.

Dr. D. E. Esterly gave a very interesting discussion on the subject of Glaucoma. Special care should be observed in differentiating between iritis and glaucoma. He described the Elliott operation of trephining the eye in glaucoma which seemed to promise much for the relief of these cases.

C. C. LULL, M. D., Sec'y.

MEDICAL SOCIETY OF THE SEVENTH DISTRICT.

The April meeting of the Medical Society of the Seventh District was held in Hutchinson, Friday, April 24, at the Commercial Club Rooms. The program was as follows:

1:30 P. M.

1. Infected Wounds of Hand and Foot, Drs. Thompson and Pine, Dodge City, Kansas.

Discussion, Dr. J. E. Foltz, Hutchinson, Kansas.

II. Rheumatism, Dr. G. H. Grieves, Langdon, Kansas.

Discussion, Dr. Chas. Evans, Abbyville, Kansas.

III. Cirrhosis of the Liver, Dr. Reed, Larned, Kansas.

Discussion, Dr. Fred A. Forney, Hutchinson, Kansas.

IV. Surgery of the Gall Bladder, Drs. Buttler and Buttler, Stafford, Kansas.

Discussion, Dr. H. G. Welsh, Hutchinson, Kansas.

V. Capillary Bronchitis in Children, Dr. F. W. Koons, Nickerson, Kansas.

Discussion, Dr. C. L. McKittrick, Hutchinson, Kansas.

VI. Diseases of the Pleura in Relation to Quick Consumption, Dr. W. S. Harvey, Salina, Kansas.

Discussion, Dr. W. H. Bauer, Sylvia, Kansas.

VII. Fractures, Dr. W. H. Kirkpatrick, Haven, Kansas.

Discussion, Dr. H. J. Duvall, Hutchinson, Kansas.

VIII. Headaches, Dr. B. F. Mallory, Arlington, Kansas.

Discussion, Dr. Haynes, Lewis, Kansas.

BUTLER COUNTY SOCIETY

The Butler County Medical Society met in Eldorado, Kansas, April 16th. The following program was submitted:

DISEASES OF CHILDREN.

Stomatitis—Dr. N. E. Wilson, Douglass; Dr. T. E. Dillenbeck, El Dorado.

Acute Gastritis—Dr. R. G. House, Andover; Dr. J. B. Carlile, El Dorado.

Acute Gastro Enteritis—Dr. D. C. Stahlman, Potwin; Dr. Wm. McKinney, Latham.

Acute Entero Collitis—Dr. Anna Perkins, El Dorado; Dr. R. J. Cabeen, Leon.

General discussion of the above subjects by all physicians present led by Dr. G. A. Spray, Towanda.

Secretary's annual report.

Next meeting will be held in Augusta, June 18.

J. R. McCLUGGAGE, Secretary.

DOUGLAS COUNTY MEDICAL SOCIETY

The regular monthly meeting of the Douglas County Medical Society was held in the Y. M. C. A. building at Lawrence on Tuesday evening, April 14th. Papers were presented on Pseudoleukemia and Arthritis Deformans and two cases were presented by Dr. Uhl. General discussion followed.

H. L. CHAMBERS, M. D., Pres.
E. J. BLAIR, M. D., Sec'y.

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DEADLY TUBERCLE TOXIN

Announcement has been made that Dr. Morino, a bacteriologist in the Pasteur Institute, has established by his experiments the fact that cultures of tubercle bacilli, after 10 or 15 days, give off a poison that is fatal to all other germs. A few drops of a 40-to 50-day culture added to any culture medium prevents the propagation of other germs. This toxin is not destroyed by heat nor is it neutralized by anti-tuberculous serums nor by ordinary blood serums.

This discovery would be of very grave import were it not for the fact that a large per cent. of the people are immune to tuberculous infection or recover before the infection has made any extensive progress. Autopsies upon people who have died from other diseases so frequently show small healed tuberculous lesions that one naturally concludes that the human body possesses some element antagonistic to tubercle bacilli and their toxins. Von Ruck and Achard (Pediatrics) believe the human race possesses a specific resistance, either

transmitted or acquired. Hirschberg (Medical Council) suggests that there is some internal agent which antagonizes the advance of the tuberculous processes and that this agent must be present in the fleshy parts of the body, the muscles, the bone marrow and the blood.

A good many years ago a variety of theories were advanced to explain the apparent immunity of the inhabitants of certain districts and especially of those people who lived entirely on a meat diet. A theory that this immunity was due to an excess of urea or uric acid was based upon the fact that rheumatic gout and tuberculosis were rarely, if ever, associated. It was further suggested that this theory might explain the apparent immunity found in those who lived mostly upon meat.

If Dr. Morino's experiments are not at fault there is no probability that the cure for tuberculosis will be found in anti-tuberculous serums.

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There are two classes of physicians who are likely to be sued for malpractice; those who are financially able to pay a judgment and those who carry liability insurance, even though they may be execution proof. In only two or three of the cases defended by the Society has there been even an appearance of ground for the complaint. Nearly all of the cases have been brought by people in very poor circumstances, certainly unable to pay a lawyer's fee. The inference is that these cases are taken by the lawyers on a contingent fee. No lawyer will undertake to prosecute a case of this kind, on a contingent fee, against a man he knows to be execution proof. When a physician in these circumstances takes out liability insurance he becomes a favorable subject for attack, because the insurance company guarantees the payment of the judgment. One may readily conclude then, that having no property subject to execution, a member of the Kansas Medical Society is better protected against damage suits if he does not carry liability insurance. On the other hand, if he is not execution proof, the additional protection of a policy in some good liability insurance company is advisable. Even in these cases the moral effect of the backing given by the Society in the defense of these cases is worth many times its cost.

In a modest announcement which appears upon another page of this journal, Messrs. Parke, Davis & Co. make pertinent allusion to the research and analytical work carried on in their finely equipped scientific laboratory in Detroit and to their work of standardization. We say "pertinent" because today is pre-eminently the day of scientific therapy. Manifestly the practice of medicine is now upon a higher plane than it has occupied in any previous period of its history. The trend is undoubtedly toward an earnest, conscientious effort for greater accuracy in therapeutics. Parke, Davis & Co. have kept well in advance of the movement for a truer and surer therapy, as must be evident to any student of the history of the house. Indeed, the position which they occupy in this respect gives assurance that any new product offered by them is not an experiment; that it has been amply tested and found worthy of confidence; that claims as to its therapeutic efficacy are not visionary, but based upon the observations of reputable clinical investigators.

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Dr. O. P. Davis of Topeka was elected by the Council to succeed W. E. McVey on the Defence Board.

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The official report of the meeting will appear in the June number of The Journal.

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CHOLESTERINIZED ANTIGENS.

Noticing the recent article of Thomas and Ivy decrying the use of cholesterinized antigens in the Wassermann test, Lloyd Thompson, Little Rock, Ark., (Journal A. M. A., May 9, 1914) says that he has been using such an antigen in his Wassermann work and that he unqualifyingly recommends it in spite of such authority. He says, "After using cholesterinized antigen in 356 tests, fifty of which were controlled by an alcoholic extract of syphilitic liver, and one hundred of which were known negative cases, while of the remainder the positives were in cases which were clinically syphilitic, it is concluded that: 1. Owing to the ease of preparation of this antigen it is to be recommended. 2. It is slightly more delicate than other antigens, and is especially valuable in determining when a cure has been effected, as a positive with it persists after treatment for a longer time than with other antigens. 3. If the reagents are titrated properly, non-syphilitics will not give positive results."

THE JOURNAL
OF THE
Kansas Medical Society.

Vol. XIV TOPEKA, KANSAS, JUNE, 1914 No. 6

NOTES OF THE USE OF PARALDEHYDE AND ETHER INTRAVENOUSLY AS A GENERAL ANAESTHETIC.

By GEORGE W. CALE, JR., M. D., F. A. C. S., St. Louis Mo.

Read before the Kansas Medical Society at Wichita, May 6, 1914.

There is no question of livlier interest to the surgeon today than that of anaesthetics. To emphasize its importance one only needs to mention the necessity for the existence of the Anaesthetic Commission of the American Medical Association which is composed of the best men in the profession. The work and recommendations of this commission from years to year are of great value.

At the present time either is undoubtedly the anaestehtic of choice of a large majority of surgeons. Nitrous oxide in various combinations is, no doubt, the safest and is becoming more and more popular; however, it requires more science and skill to properly administer nitrous oxide than any other general anaesthetic given by inhalation.

During the past few years considerable attention has been paid to the use of various drugs administered intravenously for the purpose of producing both local and general anaesthesia, these notes are considered only with the latter.

In 1909 Burckhardt, of Germany, introduced to the profession his method of producing narcosis by the administration of ether in normal salt solution intravenously.

At the meeting of the German Surgical Congress, in 1911, Kuemmel of Hamburg (Annals of Surgery November, 1911) reported ninety cases of intravenous ether anaesthesia. His cases were all selected with great care, the nervous and circulatory systems as well as the blood being thoroughly examined. He considers this methods of anaesthesia in certain cases invaluable; the most important locations for operations

being about the head, face, mouth, trachea, base of the skull, neck, etc., and in debilitated patients.

At the same Congress Dr. S. P. Federoff, of St. Petersburg (Annals of Surgery November, 1911) submitted the statistics of three Russian Clinics, viz. those of Prof. Opel, Dr. Poljenow and himself, of five hundred and eighty cases of hedonal intravenous narcosis. Of this series, eight cases evidenced some respiratory failure with cyanosis where artificial respiration was necessary. The author now employs a regular flow of the infusion at the rate of 50 to 60 c. c. per minute with satisfactory results. He recommends the use of this anaesthetic in nerve, gall stone operations, operations about the head and neck and in cachectic and anaemic conditions. In Annals of Surgery, January, 1913, appears an article by Noel and Soutter, of London, giving their experience in "The Anaesthetic Effects of Intravenous Injection of Paraldehyde and Ether." Paraldehyde is one of the best hypnotics we possess; it is a colorless, volatile liquid with a characteristic unpleasant taste and smell, specific gravity .998, soluble in ten volumes of water at 15° Cent., soluble in hot water and boils at 124° Cent. It mixes in all proportions with alcohol and ether. Its disagreeable smell and taste make it an undesirable drug to be administered by the mouth; intravenously, the hypnosis is prompt and effective. Shortly after the infusion is begun, the patient will appear to gradually fall into a normal sleep, without any stage of excitement or other disagreeable symptoms; the respiration deepens and the pulse becomes slower and fuller; the color of the skin is unchanged. Almost immediately after the infusion is given, the patient will taste the paraldehyde and within one minute the odor can be detected on his breath. Noel and Soutter found paraldehyde intravenously to act momentarily as a depressant, but this was transient and easily overcome by combining it with an equal amount of ether. They first used a mixture of five to fifteen c. c. of paraldehyde with an equal amount of ether and dissolved this in 150 c. c. of a cold one-per cent solution of sodium chloride in distilled water. Plain sterile water, however, will answer as well as the salt solution. The mixture should be made by first thoroughly shaking the paraldehyde and ether in a tightly corked receptacal and afterwards adding this to the cold salt solution or sterile water and again thoroughly agitating in a large, tightly corked bottle. The solution should be perfectly clear after shaking. Unless the water is cold the ingredients will not

mix and in a short time the paraldehyde and ether will be seen floating on top of the water. At first we experienced some difficulty in gaining a clear and perfect mixture, but in a personal communication from Mr. Soutter he calls attention to the necessity of the mixture being made with very cold water. After properly mixing the ingredients and allowing them to stand in a tightly corked bottle, the mixture may be warmed to 40° Cent. without causing the ingredients to separate. While at first from 5 to 15 c. c. of paraldehyde and ether in 150 c. c. of water were used, the originators of this method now recommend 10 c. c. of paraldehyde and 5 c. c. of ether in the same quantity of water. They also say that the addition of an equal quantity of alcohol makes it easier to obtain a clear solution.

They report their patients anaesthetized and ready for operation in sixty seconds after beginning the infusion. They have found it particularly desirable in cases of alcoholics, who are known to be bad subjects for the administration of anaesthetics by inhalation.

Collier (New York State Journal of Medicine, March XIV No. 3) has used paraldehyde intravenously in such cases as become mentally confused following seizures, status epilepticus and epileptic furore and for minor surgical operations. His method is the same as that used by myself, by a needle puncture of the vein instead of by the introduction and tying of a canula therein.

Paraldehyde is excreted rapidly by the lungs and the moment the infusion ceases the effect of the drug begins to pass off, consequently it is practically impossible to administer an overdose. In debilitated cases where a general anaesthesia would be contra-indicated, the method is particularly advantageous because such patients not only become anaesthetized by a very small quantity of the drugs, but at the same time receive the benefit of the infusion of normal salt solution which tends to better their general condition. Kuemmel (Annals of Surgery, Nov. 1911) has reported a number of cases of this kind where the patients left the operating room in better condition than when they entered it. The anaesthesia of longest duration reported by Kuemmel was in an emaciated individual on whom a resection of 10 cm. of oesophagus and part of the stomach was done for carcinoma of the cardia. During a period of 145 minutes he received 1,700 gm. of ether mixture containing 85 gm. of ether. He believed the survival of this

patient was due to the method of narcosis. In another case where a primary operation on the skull was done for a tumor of the base, 900 c. c. of ether mixture was administered with 45 gm. of ether over a period of 105 minutes. On account of the very small amount of the drugs necessary to produce narcosis and the rapidity with which they are eliminated, the effects are not lasting and the absence of the usual disagreeable symptoms of nausea and vomiting are noteworthy.

Method of Administration: 1-6 grain of morphine and 1-150 grain of atropine are given three-quarters of an hour before the operation begins. The arm to be used is bared, placed in a comfortable position on a rest and painted with iodine. If the veins are not prominent it may be necessary to make use of a small rubber constrictor above the elbow until a satisfactory puncture is made, when the constrictor is removed. We use the Boehm Salvarsan apparatus, which is very simple and most conveniently arranged. It consists of two long graduated glass tubes about 2½" in diameter with a capacity of 250 c. c. each; these are suspended from a horizontal arm supported on an iron rack. The bottom of the receptacles are drawn into narrow nozzles to which are attached rubber tubes connected to a single tube by means of a "Y" cock. To the other end of this single tubing is attached an ordinary Salvarsan needle of large calibre. With this apparatus the fluid from either receptacle can be used without interrupting the flow, which is very important; this continuous flow is thought to prevent a formation of thrombus. Great care should be exercised in the aseptic technique, as in any other operation, especially upon the veins.

The desirability of having access to an anaesthetic of this kind was first brought to our attention in the case of a very large, heavy patient who had fallen and dislocated his shoulder. The man was a subject of organic heart disease, both the mitral and aortic valves being affected; his cardiac dyspnoea was so marked that he could not lie down even during his waking moments and was obliged to sleep in a sitting posture. An attempt by two accomplished surgeons had been made to administer ether, in order to reduce his dislocation, but without success. We, therefore, decided to give him an intravenous infusion of paraldehyde and ether. After the use of 150 c. c. of the solution the patient was thoroughly unconscious and relaxed, he was breathing quietly and normally and the reduction of his dislocation was accomplished without difficulty.

He slept quietly for about fifteen minutes, awakened without nausea or headache, did not complain of pain from the manipulation of his arm and returned to his home in a distant town the same day.

Our second case was in an operation for hemorrhoids, 250 c. c. of solution were used. In this case the production of complete narcosis was somewhat delayed on account of the imperfect mixture, but with this exception the narcosis was entirely satisfactory. The patient awakened promptly after the injection ceased, there was no nausea or vomiting and he did not complain of pain following the operation.

The third case was a double hydrocele in which 370 c. c. of the paraldehyde and ether mixture were used in the performance of the "Andrew bottle neck operation."

Case four was for internal hemorrhoids and for the removal of a number of skin tabs about the anus. In this case thorough dilatation of the sphincter was made and the Laplas method of suture followed. It is worthy of note that this patient did not complain of post operative pain as is usual after operations of this kind. 200 c. c. of the mixture were sufficient. Time consumed during administration of anaesthesia and performance of operation 25 minutes.

Case five was one of right inguinal hernia. The production of narcosis in this case was very slow, probably on account of the use of a small needle. During the period of 45 minutes consumed in production of narcosis and completing the operation 600 c. c. of the mixture were used.

Case six was one of resection of the supra-orbital branch of the fifth nerve and 200 c. c. of the mixture were used. The time consumed for narcosis and performance of the operation was thirty-four minutes.

In all of the cases except the first, blood pressure readings were taken every five minutes from the time the patient was put on the table until the completion of the operation. There were no appreciable changes in the blood pressure in any of the cases except case Six, and in this one the pressure dropped from 124 to 112.

There was no stage of excitement or struggling of any kind in any of the cases, all falling into what appeared to be a quiet, normal sleep. We believe the slowness in the production of narcosis was due to the small calibre of the needle used, although our solution was put into the vein at the rate of from 6 to 20 c. c. per minute. The quickest narcosis was produced

in case two, where the infusion was put into the vein at the rate of 20 c. c. per minute, and the slowest narcosis was in case six where the infusion was put into the vein at the rate of about 6 c. c. per minute.

Case three, after being put to bed, had a severe chill with cyanosis which came on about 45 minutes after completion of the operation. This was relieved by a hypodermic injection of morphine.

Case five complained of a little chilliness and appeared somewhat cyanotic after the operation, but a hypodermic of 1-50 gr. of atropine, 1-8 gr. morphine and 1-30 gr. of strychnine completely and promptly relieved the symptoms.

In none of our cases was there any post operative nausea or vomiting. None of the patients complained of post operative pain, which leads us to believe there is something of an element of nerve blocking in the intravenous use of these drugs.

While we do not think this method will ever be considered or recommended as a substitute for other methods of anaesthesia, we believe it advantageous in the following classes of cases:

First—In chronic alcoholics, who are usually bad subjects for inhalation anaesthetics.

Second—In cases of arterio-sclerosis and in other cases where the blood pressure is unusually high.

Third—In cases of organic heart, kidney or lung diseases.

Fourth—In debilitated cases.

Fifth—In cases suffering from shock.

Sixth—In cases of operation about the head, face and neck.

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The United States Civil Service Commission announces an open competitive examination for bacteriologist, for men only, on July 8, 1914. From the register of eligibles resulting from this examination certification will be made to fill vacancies in this position at salaries ranging from $1,200 to $2,000 a year, in the Bureau of Chemistry Department of Agriculture, for duty both in Washington, D. C., and in the field, and vacancies as they may occur in position requiring similar qualifications, unless it is found to be in the interest of the service to fill any vacancy by reinstatement, transfer or promotion.

The duties of this position will be to examine bacteriologically food products which are subject to the food and drugs act in order to determine their sanitary condition.

PROCEEDINGS OF THE FORTY-EIGHTH ANNUAL MEETING OF THE KANSAS MEDICAL SOCIETY.

MEETING OF THE COUNCIL.

Wichita, Kansas, May 5, 1914.

The Council of the Kansas Medical Society convened on the above date, at the Eaton Hotel, with President M. F. Jarrett in the chair. Those present were: Chas. S. Huffman, Secretary; Councillors, C. C. Goddard, W. F. Fee, W. F. Sawhill and Arch D. Jones.

No business was transacted except a sub-auditing committee was appointed, composed of Drs. A. D. Jones and W. F. Sawhill. Council adjourned.

MEETING OF THE HOUSE OF DELEGATES.

Wichita, Kansas, May 6, 1914.

Meeting was called to order by the President Dr. M. F. Jarrett. On roll call of delegates, quorum was found to be present.

The first order of business was the reports of the officers.

SECRETARY'S REPORT.

To the House of Delegates of the Kansas Medical Society:

Your Secretary in making his report for the year ending May 1, 1914, finds much to commend in the work done during that period, and there is also room for suggestions where much improvement could be made.

At the last Annual Meeting we adopted an amendment to the Constitution, which provided that the dues to the State Society should be $3.00 instead of $2.00, per year. This was done to provide sufficient funds to take care of the Medical Defense, as provided for in our Constitution.

It was thought by some, that there would be a falling off in membership, by reason of the increase of dues, but it has proven to be otherwise. On our last report a year ago, we had 1,050 paid up members. This year we have 1,200 paid up members, being an increase over last year of about 150. There are many in the State who do not understand the provisions of the Medical Defense Amendment, even with all the literature sent out and the published statements in the Journal. I have received almost daily inquiries about the Medical Defense, and have tried to make it clear to all. Have also received many inquiries from other States, asking for informa-

tion as to the working of the Medical Defense Act. Many States have under consideration at this time, the adoption of this plan. I feel that the Medical Defense feature has accomplished all that was expected of it up to the present time. You will observe that the financial report will show that we now have sufficient revenue to meet the expenses, provided there is no increase in the cost of carrying on the Medical Defense feature of the work, or a falling off in membership.

One other thing this Society should not lose sight of, and that is, next winter the Legislature will convene, and the members of the lower house are to be elected this fall. Every member of this Society should be a Committee of one to interview the candidates who will be voted on at the primary, and as soon as the primary is over, interview the successful candidates, and get promises from them before the election. Much legislation will come up this winter affecting the medical profession, and we should be prepared to look after our interests. We have been sleeping on our rights too long now.

I would recommend that we adopt a resolution at this session, providing that we consolidate all the Medical Boards of the State, having one Board to carry on all the work now done by several, with headquarters at Topeka, instead of being scattered over the State. I submit this for your consideration.

We ought to start a campaign, at once, for new members, and work along the lines suggested by the Fraternal Orders, either pay the Councillors more for their time, when away from home, or let them have part of the first dues paid by the new members. We should have at least 500 new members added during the next year. Now, while I have made the above suggestion regarding an increase of membership, I also wish to state that I have been in close touch with the workings of the different societies and associations of other States, and find we stand along side of other States as to membership, in proportion to population.

Wyandotte County leads in this State, among the component County Societies, with the largest membership, while many of the western counties boast of a membership of only two or three, but some of our most active and able workers come from the sparsely settled counties in the western part of the State.

I want to especially mention the affiliation of the Franklin County Medical Society with the State Society, and in behalf of the State Society, extend the hand of fellowship.

We have much to do this coming year to maintain our pres-

ent standing, and increase our efficiency by getting new blood and members.

The following is the financial statement:

Total balance on hand May 6, 1913, divided as follows:

Medical Defense	$2,454.20	
General Fund	1,978.71	
Total		$4,432.91
Total amount received from all sources for year ending May 6, 1914:		
Dr. J. W. May, Journal acc't	$ 92.12	
Int. on Harper loan	110.00	
Dues from members	3,308.00	
Total amount received		$3,510.12
Total		$7,943.03
Amount paid out for year ending May 6, 1914.		
Medical Defense	$1,571.10	
General Fund	1,960.75	
Total		$3,531.85
Balance on hand May 6, 1914		$4,411.18
Twenty-five cents added to Med. Def. Fund for members amounts to	$ 300.00	
The two funds now stand as follows for the ensueing year:		
Medical Defense	$1,183.10	
General Fund	3,228.08	

You will observe by the Treasurer's report that of the $3,510.12 receive this year, I have turned over to Dr. L. H. Munn, Treasurer, $2,800.00 and have a certified check for the balance of $710.12, which I have placed on exhibit with the auditing committee.

Respectfully Submitted,

CHAS. S. HUFFMAN, Secretary.

TREASURER'S REPORT.

Mr. President and Fellows of the Kansas Medical Society:

I have the honor of submitting to you the following report:

Cash on hand May 8, 1913	$4,433.91
Cash on hand May 1, 1914	2,800.00
Total	$7,233.91

Expenditures:

Cash paid out of general fund to May 1, 1914	$1,960.75
Cash paid out of Medical Defense Fund	1,471.10
Total Expenditures	$3,431.85
Cash on hand May 1, 1914, subject to check	$1,802.06
Harper Loan	2,000.00
Total Amt. to credit of Society	$3,802.06

Respectfully,

L. H. MUNN, Treasurer.

EDITOR'S REPORT.

To the Kansas Medical Society.

Gentlemen:

Your editor begs leave to submit the following report for the year ending May 1, 1914. First as to the financial condition: The receipts from advertising are as follows:

Total	$1,607.66
Amount received from State Society	1,000.00
Total	$2,607.66

Amount paid out, as follows:

Twelve issues of Journal at $105.00	$1,260.00
Postage	72.48
Envelope wrappers for Journal	54.00
Cuts and inserts	18.60
Re-copying articles, mailing, and miscellaneous	82.00
Editor's salary	1,000.00
Total	$2,487.08
Subtracting expenses	$2,487.08
From receipts	$2,607.66
Leaves a balance to be returned to the State Society of	120.58
There is now on the books to be collected	271.00

Now, as this is my final report, I wish to convey to you my heartiest thanks for the confidence you have reposed in me during the past six years. To say that I appreciate the honor, expresses the sentiment all too mildly.

The duties of the office have always been pleasant and you have made the task as light as it could possibly be made.

My efforts have all been toward the best interests of the Journal and I hope you will find some improvement therein.

In the future I will always have the interest of the Journal at heart and will do my best to help the editor-elect, Dr. W. E. McVey, make the Journal the success to which it is entitled.

I thank you.

JAMES W. MAY, Editor.

On motion the reports of the Secretary, Treasurer and Editor were received and referred to the Auditing Committee for their consideration.

Kansas Medical Society, May 6, 1914.

We, the Auditing Committee, have audited the books of the Secretary, Treasurer and Editor, and find them correct.

W. F. SAWHILL,
A. D. JONES,
Committee.

REPORTS OF COUNCILLORS.

To the Members of the Kansas Medical Society:

I beg leave to submit the following report of the First Councillor District.

All of the counties have organized County Societies. Atchison County holds monthly meetings; Doniphan County holds their meetings quarterly, and are showing considerable enthusiasm. Brown County, which deserves special mention for maintaining the best and most regularly active County Society in the First District, since the re-organization plan was instituted, hold their meetings quarterly. Nemaha, Marshall, Washington and Jackson Counties have well organized and quite active Societies, holding meetings quarterly. Jefferson County maintains their County Society, but have not held any meetings during the last year, it being difficult to arouse sufficient interest to get the members together.

Yours Respectfully,
C. W. REYNOLDS, Councillor.

To the House of Delegates:

All counties are in affiliation with the State Society. Franklin County being the last to apply for membership. Personal visitation has been as follows: Met several times with Leavenworth and Wyandotte Counties, once with Franklin County and once with Douglas County.

Respectfully Submitted,
C. C. GODDARD, Councillor.

To the Council and House of Delegates:

I am pleased to report the Third District in a flourishing condition. Every County in the District is well organized and holding regular meetings.

The most noteworthy public service performed by any County Society as a whole, in the District, is that of the Allen County Society, which, by the co-operation of the Superintendent of the City Schools of Iola, has conducted a systematic health examination of all the school children in the city of Iola, resulting in much good to the community. Several cities in the District, with the support of the local physicians, have adopted the visiting nurse idea, and this I believe promises to be a very useful measure in the interest of public health and more especially for the benefit of small children.

The meeting of the District Society, in Iola, April 8th, was attended by more than fifty members who were honored by the presence of the President of the Medical Association of the Southwest and the President of our State Society.

Very Respectfully Submitted,

HUGH B. CAFFEY, Councillor.

In making up the report of the Seventh Councillor District, I have to take a great deal for granted, that is, I have tried to get full reports from every county, but some of the County Secretaries did not answer, although I enclosed stamps for reply. The western counties are of somewhat scattered population, and in Rooks County, the Society seems to be out of existence. I did not visit the counties, as it would make considerable expense and results couldn't be much. I intended going to some of their meetings, but failed to get the notices in time. Republic County has twelve members, eligible nineteen. Some of its members wouldn't pay the increased fee and dropped out. This Society held two joint meetings in the year. The spring meeting was in April 1913 and was public. Dr. Grant, of Denver, a director of the A. M. A., who had addressed the Society meeting the fall before, made an address on matters pertaining to public health. This meeting made a good impression on the laity. The Osborne County Society held five meetings during the year. Nearly all the physicians in this County belong to the Society, and harmony prevails. Mitchell County held several meetings, and has a strong Society and harmony. Jewell County held no meetings that I could hear of. Cloud County has seventeen members, out of twenty-three in the County, some of which are not eligible,

and are just as well out perhaps. This Society has some active members and its meetings have been good. The physicians in the cities and larger towns can hardly realize the work required by a few, to keep the County Society going. Many of them will let any trivial thing keep them away, so that I want to sound the praises of the members of a successfuly County Medical Society.

W. F. SAWHILL, Councillor.

The House of Delegates instructed Councillors to appoint Deputy Councillors to assist them in their work whenever it was deemed necessary, and that while they were in attendance as Deputy Councillors they should receive the same pay as the Councillors.

REPORTS OF STANDING COMMITTEES.

Committee on Arrangements.—Dr. J. W. Chaney, Chairman of this Committee not being present, Dr. Arch D. Jones, reported for the Committee, as to place of meeting, entertainment, etc.

Medical Defense Committee.—Under date of March 15, 1914, a pamphlet was printed and mailed to each member of the Society, in which was embodied all of the matter which has now been presented and in addition thereto a list of the cases accepted for defense up to that time and a statement of the finances of the Board.

Up to the present day, May 5th, 1914, nineteen cases have been accepted for defense by the Board. Two of these suits are brought against one member, and one of them is a revival of a suit that was once dismissed on motion of our attorneys at that time. A judgment was rendered against the defendant in one suit, and is now in the Supreme Court. Nine cases are now pending.

Amount of Defense Fund to date	$3,600.00
Amount expended to date	2,616.90
Balance in Defense Fund	$ 983.10

W. E. MCVEY, Chairman Com. on Med. Defense.

Committee on Public Health and Education.—Dr. C. C. Nesselrode, Chairman of the Committee on Public Health and Education, gave an outline of the work done by his committee during the past year, and paid special attention to the work being done to educate the people in reference to cancer, tak-

ing the position that an early diagnosis in cancer, was the only way that it could be treated successfully. He also gave a lantern slide demonstration, showing the different stages of cancer, and presented this dull subject in a very instructive and interesting manner. The State Society especially wishes to commend the work done by Dr. Nesselrode and his committee.

A resolution was introduced, and carried, that the Board of Trustees of the A. M. A. be requested to appropriate funds to pay the expenses of the Delegates and Secretaries to the meeting of the A. M. A.

MEETING OF THE COUNCIL.

Wichita, Kan., May 6, 1914.

Minutes of the last meeting read and approved.

Dr. P. S. Mitchell, of Iola, representing the Allen County Medical Society, presented the appeal of Dr. Sutcliff, to the Council. This appeal was made after Dr. Sutcliff's application for membership in the Allen County Medical Society had been rejected. After the matter had been thoroughly discussed by the different members of the Council, Dr. Bolton, of Iola, appeared before the Council, and presented part of the evidence that he had, to the Council.

Dr. Sutcliff was also called, and was permitted to make a statement. After considering all phases of the matter, the following resolution was adopted:

"If, after thorough investigation, the Allen County Medical Society find Dr. Sutcliff to be worthy in his professional life, the Council recommend that he be admitted into the Society."

Council adjourned.

MEETING OF THE HOUSE OF DELEGATES.

Wichita, Kansas, May 7, 1914.

Meeting called to order by the President, Dr. M. F. Jarrett. Resolution was presented by the State Dental Association, providing for a law, enforcing medical inspection of the public school children. A copy of the proposed bill was presented, and after careful consideration, it was decided not to take action in this matter at this time. As the House of Delegates had taken no action regarding the additional committees which the Constitution provides could be created, a committee was appointed, consisting of Dr. J. E. Sawtell and Dr. Geo. M.

Gray, to present this matter to the House of Delegates and also report on recommendations made by the President in his address. This committee presented the following resolution, which was adopted:

Be it resolved by the House of Delegates, that the following committees be constituted under authority of Chapter IX Section 1 of the by-laws of the Kansas Medical Society:

Committee on Public Health and Education, and Committee on Necrology. The Committee on Public Health and Education shall be appointed by the President, and shall consist of seven members, and work in conjunction with like committee of the A. M. A. It shall have charge of all publicity work of the Society, and work with the affiliated County Societies in promulgating and carrying on this educational work. The Council shall provide means for the reasonable necessary expenses incident to the work of this committee.

The Committee on Necrology shall consist of the President and Secretary. It shall be the duty of this committee to provide for a report of all deceased members, at the Annual Meeting, at an hour designated on the regular program, and at which time the Society shall resolve itself into a committee of the whole, to hear eulogies delivered by some member, selected by the Component Society of which the deceased was a member. And that we recommend that the part of the President's address referring to the examination of school children of school age, be referred to the Committee on Public Policy and Legislation, for such action as they deem best.

J. E. SAWTELL,
GEO. M. GRAY,
Committee.

The following resolution was presented and read, and referred to the Committee on Public Policy and Legislation:

"Be it resolved that the Kansas State Medical Society, now in session, adopt the following resolutions:

"Be it resolved, that this Society extend to Miss Helen Keller, the commendation of the Society for her able and fearless article, recently published, setting forth as it does, in plain language, the sad results, including blindness, that so often follow in the wake of venereal diseases, and pray that her suggestions might be enacted into suitable laws for the prevention of blindness in the new born, by the next Kansas Legislature."

"Be it also resolved that this Society extend to the Kansas City Star its most hearty and sincere commendation for its

progressive attitude toward the spread of knowledge for the prevention of blindness in babies, and to thank them for publishing Miss Keller's article.

"Be it further resolved that a copy of these resolutions be sent to the Kansas City Star, Miss Helen Keller, and the Kansas State Medical Journal, and that the same be spread on the minutes of this Society."

We, the Committee, recommend that the above resolutions introduced by Dr. Johnson, be passed.

W. R. HEYLMUN,
GEO. M. GRAY,
JOHN H. JOHNSON,
Committee.

The following resolution was presented and adopted:

"We, the members of the Kansas Medical Society, assembled in the City of Wichita, May 7, 1914, present our compliments to His Excellency, Governor Geo. H. Hodges, and beg leave to offer the following statement of facts:

The experience of the past few years must have demonstrated to your Excellency the present inadequacy, confusion and contradiction in the Kansas laws, which are now present on our statute books, intended to regulate the art of healing, and to supervise those individuals who would pursue as a business, the practice of the art of treating and healing human ills and diseases.

We believe that only one standard for all such should prevail, and that this standard should insist that any individual who would take human life and public health under his care and supervision should be properly qualified in those fundamentals of present day recognized science, and regardless of the method he may use in treating or healing, should be able to recognize and distinguish health and disease.

We believe a simplification and uniformity of our present laws may be secured. Therefore, we commend for your consideration, the appointment by you of a Commission, of such membership and numbers, as you mak think advisable, which Commission shall by your direction make a thorough study and investigation of our present laws in this respect, together with the laws of other states, and shall recommend to the next session of the Kansas Legislature, a measure which shall clearly define what shall constitute a standard for the practice of the art of treatment of disease, and how those who would fol-

low this art as a profession may attain to it, and be legally authorized to do so.

In so doing we have no wish to urge upon you any step which would be construed as a wish to infringe upon those rights, guaranteed by the Constitution of this State and of the United States to every citizen to follow his religious, political or personal beliefs which have to do with his own well being.

A resolution was introduced and read in relation to the splitting of fees. On motion this was tabled without debate.

The following officers were elected:

President, Dr. W. F. Sawhill, Concordia.

Vice President, Dr. J. F. Hassig, Kansas City.

Vice President, Dr. J. F. Gsell, Wichita.

Vice President, Dr. J. L. Everhardy, Leavenworth.

Secretary, Dr. Chas. S. Huffman, Columbus.

Treasurer, Dr. L. H. Munn, Topeka.

Councillor, 4th District, Dr. O. P. Davis, Topeka, term expires 1917.

Councillor, 5th District, Dr. W. E. Currie, Sterling, term expires 1917.

Councillor, 7th District, Dr. K. P. Mason, Cawker City, term expires 1915.

Delegate to Meeting of the A. M. A., Dr. M. F. Jarrett, Ft. Scott.

The following Councillors hold over:

First District, Dr. C. W. Reynolds, Holton, term expires 1915

Second District, Dr. C. C. Goddard, Leavenworth, term expires 1915.

Third District, Dr. H. B. Caffey, Pittsburg, term expires '16.

Sixth District, Dr. A. D. Jones, Wichita, term expires 1916.

Eighth District, Dr. O. D. Walker, Salina, term expires 1915.

Ninth District, D. C. S. Kenney, Norton, term expires 1915.

Tenth District, Dr. D. R. Stoner, Quinter, term expires 1916.

Eleventh District, Dr. J. A. Dillon, Larned, term expires '16.

Twelfth District, Dr. W. F. Fee, Meade, term expires 1916.

The House of Delegates recommend to the Council that Kansas City be selected as the next place of meeting of the Society.

House of Delegates adjourned.

MEETING OF THE COUNCIL.

Wichita, Kan., May 7, 1914.

Dr. O. P. Davis, of Topeka, was elected member of the Medical Defense Board. The Board organized, is as follows:

Dr. O. P. Davis, President, term expires 1917.

Dr. W. E. Currie, Sterling, term expires 1916.

Dr. O. D. Walker, Salina, term expires 1915.

Resolution: All applications for membership in the State Society, from physicians residing in unorganized Counties, shall be referred to the Councillor of the District in which the applicant resides, for his decision. The above resolution was adopted.

The Secretary of the State Society was instructed to prepare blanks for the Councillors, on which to make their reports, during the ensuing year.

The following Committees were appointed:

Committee on Public Policy and Legislation:

Dr. J. E. Sawtell, Kansas City; Dr. W. E. McVey, Topeka; Dr. J. F. Gsell, Wichita; the President and Secretary are exofficio members of this committee.

Committee on Public Health and Education:

Dr. C. C. Nesselrode, Kansas City.

Dr. M. Trueheart, Sterling.

Dr. T. A. Jones, Liberal.

Dr. M. T. Sudler, Lawrence.

Dr. O. D. Walker, Salina.

Dr. S. J. Crumbine, Topeka.

Dr. Emma L. Hill, Oswego.

Committee on Necrology:

Dr. W. F. Sawhill, Concordia.

Dr. Chas. S. Huffman, Columbus.

Council Adjourned.

CHAS. S. HUFFMAN, Secretary.

The United States Civil Service Commission announces an open competitive examination for assistant epidemiologist, for men only. From the register of eligibles resulting from this examination certification will be made to fill vacancies in this position in the Public Health Service, at salaries ranging from $2,000 to $2,500 a year, and vacancies as they may occur in positions requiring similar qualifications, unless it is found to be in the interest of the service to fill any vacancy by reinstatement, transfer or promotion.

The duties of this position will be to conduct laboratory studies of disease, to make epidemiological surveys to determine the prevalance and causation of epidemics, and to recommend measures to prevent and control outbreaks of disease.

THE JOURNAL
OF THE
Kansas Medical Society.

W. E. McVEY, M.D., - - - - Editor.

ASSOCIATE EDITORS—C. W. REYNOLDS, C. C. GODDARD, HUGH B. CAFFEY, O. P. DAVIS, W. E. CURRIE, ARCH D. JONES, K. P. MASON, O. D. WALKER, C. S. KENNEY, D. R. STONER, J. A. DILLON, W. F. FEE.

Subscription Rates: $2.00 per year, 20c single copy. Advertising rates furnished promptly on application.

LIST OF OFFICERS—President, W. F. Sawhill, Concordia; 1st Vice-President, J. F. Hassig, Kansas City; 2nd Vice-President, J. F. Gsell, Wichita; 3rd Vice-President, J. L. Everhardy, Leavenworth; Treasurer, L. H. Munn, Topeka; Secretary, Chas. S. Huffman, Columbus.

COUNCILLORS—1st District, C. W. Reynolds, Holton; 2nd District, C. C. Goddard, Leavenworth; 3rd District, Hugh B. Caffey, Pittsburg; 4th District, O. P. Davis, Topeka; 5th District, W. E. Currie, Sterling; 6th District, Arch D. Jones, Wichita; 7th District, K. P. Mason, Cawker City; 8th District, O. D. Walker, Salina; 9th District, C. S. Kenney, Norton; 10th District, D. R. Stoner, Quinter; 11th District, J. A. Dillon, Larned; 12th District, W. F. Fee, Meade.

ADVERTISING REFORM IN MEDICAL JOURNALS.

The reform movement in medical journal advertising began a number of years ago and has now reached a point where the benefits are being observed, not only by the journals and the profession but by the advertisers. Under the old regime, when medical journals accepted advertisements of every description and of any character, little attention was given them by the readers of the journals, even the journals of the highest class assumed no responsibility for the reliability of the firms advertising in their pages. Knowing this fact readers of the journals came to question, then to doubt and finally to ignore these advertisements and even the legitimate advertisers failed to get the results they deserved. When the better class of medical journals, including the official organs of the state societies, began to censor their advertisements and to reject those of firms whose advertising methods or business methods were questionable, and those whose products failed to meet the claims made for them, there was a great reduction in the amount of advertising in all of the journals. The advertisers had not been getting results and they were not sorry to quit. They thought they could reach the doctors just as well by cir-

culars, but the doctors soon learned that a great many of these circulars came from firms whose advertisements were excluded from the best journals and the waste baskets began to accumulate the information intended for the doctors. In the meantime the readers of the medical journals began to realize the benefits of the new policy and to take notice of the advertising pages. It is some satisfaction to know that every advertisement in ones journal has been carefully investigated and every drug advertised has been passed by the Council on Pharmacy of the A. M. A. The advertising pages of the journals have become of more value to the reader and of vastly more benefit to the advertiser. Clean advertising has proven its own merits as a business policy.

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CLEANER ADVERTISING.

An editorial under the head of "Cleaner Advertising" appeared in the Capital a few days ago, from which we quote the following:

"Kansas editors, in conference at Lawrence and again at Manhattan, went on record in favor of cleaner advertising columns and a higher standard of publicity. The proposed board of censorship is a step in advance of that taken by any other editorial association, and on its face the idea seems entirely practical and commendable.

"The Daily Capital and The Capper Publications are in hearty accord with this salutary movement. For years they have turned away advertising amounting to thirty or forty thousands of dollars annually, not to take into account the whisky and beer advertising and other objectionable copy which advertising agencies no longer offer the Capper papers because of their well-known policy. While the idea has not yet been attained, every week the lines are drawn a little tighter and the standard raised a little higher."

Having been a close observer of the advertising matter in the Capital during the past two years, we are willing to accept this statement in regard to this one of the Capper Publications. A comparison of the pages of the Capital of today with those of several years ago will convince anyone of the truth of the statement we have quoted. During the past six weeks the pages of the Capital have been exceptionally clean in regard to medical advertisements.

We are convinced that it is Mr. Capeer's purpose to bring his papers up to the high standard of advertising ethics, which

he outlined in the Capital some time ago. We took occasion, soon after the appearance of the pronouncement of his advertising policy, to call his attention to some of the advertisements then running in the paper. We suggested that he investigate the merits of the claims made in these advertisements, with a view to determining if they came under the restrictions he had laid down. We do not presume that our suggestions had any influence in determining the policy of the owner of the Capital in regard to these advertisements other than in the indication of certain facts which he had overlooked. It is a matter of much satisfaction to us that these advertisements as well as a number of others have disappeared from the Capital's pages.

There was nothing in Mr. Capper's actions during his previous campaign, nor since his defeat, that would justify any fair minded man in believing that his advertising policy has been in any way influenced by his political ambitions. On the other hand, we are convinced that this change in his policy has resulted from a careful consideration of the business principles involved. The general popular demand for the elimination of fraud from the business world is being anticipated and appreciated by the newspapers.

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DOCTORS AS A FACTOR IN POLITICS.

For thirty years, at least, the medical profession has been considered a negligible factor in Kansas politics. As a class doctors have been ignored in the calculations of the political bosses. Two years ago the medical profession took a hand and demonstrated the fact that in any campaign, that is not too lop-sided, their votes must be considered.

It is not necessary to mention this fact for, judging from the amount of special campaign literature being mailed to the doctors, the candidates have already recognized it.

It used to be said by the "gold-brick" peddlers that of all easy marks the doctors were the easiest. It certainly does seem that we are a little too ready to accept for truth whatever statements we hear and to rely too complacently upon whatever promises are made to us.

As our secretary suggested in his report, it is a good time to interview the candidates for the next Legislature, but it would also be a good idea to convince them that we are not to be satisfied with promises. We depended upon promises in the last campaign. It would be just as well to pick our man

on his general standing as a man of judgment, a man of honor and integrity, who will listen to reason and determine his action upon any question of vital importance to the people upon its merits, rather than according to the pointing of the political weather-vane.

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THIS GOVERNOR DID IT.

The following clipping from one of the daily papers shows how the right man in the right place may handle questions of public healt hand public welfare:

"The bill which would have permited Christian Science and other practitioners, who do not use drugs to practice without submitting to medical examination, has been vetoed by Gov. Glynn."

———— ℞ ————

TEXAS STARTS A DEFENSE FUND.

At the annual meeting of the State Medical Association of Texas, held at Houston, May 13th, a resolution was adopted establishing a defense fund for the defense of members sued for mal-practice. Members of the association will be assessed one dollar each year for the defense fund.

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MEETING OF THE AMERICAN MEDICAL EDITORS' ASSOCIATION.

On June 22nd, 9 a. m., the above mentioned association will meet at the Marlborough-Blenheim Hotel, Atlantic City, N. J., under the presidency of Dr. E. A. VanderVeer of Albany, N. Y. An unusually attractive program is being prepared. Among the papers are the following:

Prèsident's Address, E. A. VanderVeer, M. D., Albany, N. Y.

"Relation of the Medical Press to the Cancer Problem," by Mr. Fred'k L. Hoffman, statistician of the Prudential Ins. Co., Newark, N. J. (By invitation.)

"The Things That Count in Medical Practice," by H. Edwin Lewis, M. D. New York.

"Ideal National Medical Journal: What It Should be and Whit It Should Not Be," by W. J. Robinson, M. D. New York.

"Two Problems of the Organization Journal: The Mediocre Paper and Editorial Department," by Sarah M. Hobson, M. D., Chicago, Ill.

"Medical Journalism as a Local and as a National Proposition,' by Thomas S. Blair, M. D. Harrisburg, Pa.

"Medical Books and Journals," by T. D. Crothers, M. D. Hartford, Conn.

"The Medical Periodical and the Scientific Society," by F. H. Garrison, M. D. Washington, D. C.

"Editorial Experiences," by A. L. Benedict, M. D. Buffalo, N. Y.

"The Special Medical Journal," by A. Bassler, M. D. New York.

"The Medical Profession and Its Influence From a Buying Standpoint," by Joseph MacDonald, Jr., M. D. New York.

"The Preparation of the Original Article and the Editors' Latitude" by E. Franklin Smith, M. D. New York.

"He Among You Who Is Without Sin Shall Cast the First Stone," by Erwin Reissmann, M. D. Newark.

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BOOK REVIEWS.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE.

(Eleventh Edition Thoroughly Revised.)

A Text-Book of the Practice of Medicine. By James M. Anders, M. D., Ph. D., LL. D., Professor of Medicine and Clinical Medicine, Medico-Chirurgical College, Philadelphia. Eleventh Edition thoroughly revised. Octavo of 1,335 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $5.50 net; half Morocco, $7.00 net.

Anders' Practice of Medicine, to the majority of practitioners, needs no comment. There are men who never studied Gray's Anatomy so there are those who are not familiar with Anders, but a great many of the men of today got their first knowledge of the practice of medicine from the pages of this book.

The eleventh edition has been revised and among the more important additions are: McPhedran's sign of peritonitis in typhoid fever, Burke's reflex sign in typhoid fever, Prendergast's test in typhoid fever, phlebotomy and transfusion in hemorrhage of typhoid fever, hot-air inhalations in diphtheria, Lee's sign in acute articular rheumatism, Iron's method of diagnosis of gonorrheal arthritis, Pastia's sign of scarlet fever, copper aresenite and copper sulphate in amebic dysentery, Erb's syphilitic spinal paralysis, Weil's test in syhpilis, vegetable days in diabetes, sugar solution in diabetic acidosis, effect of atophan in gouty subjects, radium emanations in gout, salvarsan and sodium cacodylate in progressive pernicious anemia, benzol in leukemia, Vaccine treatment of goiter, hexamethylenamine in acute bronchitis, artificial pneumothorax in hemoptysis, Schepelmann's sign in acute plastic

pleurisy, oxygen in sero-fibrinous pleurisy, Stern's sign in tricuspid incompetency, Graham Steell murmur in pulmonary incompetency, Karell milk-cure in valvular heart disease, electricity in arterial sclerosis, diastolic expiration aneurism, Boas' method of testing motor function of stomach, McCasky's method of treating gastroptosis, Meiostagmin reaction in gastric cancer, Falk and Salomon's reaction in gastric cancer, larval superacidity, Boas' phenolphthalein test for diagnosis of intestinal disease, Bastedo's test in appendicitis, chloride reaction theory of renal dropsy, circumscribed serous spinal meningitis, progressive lenticular degeneration, dysbasia lordotica progressiva, myotonia atrophica, and the Towns-Lambert method of treating morphinism.

Several new subjects have also beed added among which are: Diseases of the parathyroid gland, auricular fibrillation, auricular flutter, extra systole, streptococcus tonsillitis, stenosis of the duodenum, Lane's kink of the ileum, status thymicolymphaticus.

THE PRACTICE OF PEDIATRICS.

By Charles Gilmore Kerley, M. D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital. Octavo of 878 pages, 139 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $6.00 net; half Morocco, $7.50 net.

The reader of this book is forcibly impressed with the fact that its author is thoroughly familiar with diseases of children; that most of his information has been tested out in a thorough, practical way; that his extensive personal experience in the treatment of children has been a school of research, from which he has evolved a systematic, complete and exceptionally practical guide for other practitioners.

The first chapter on "Nutrition and Growth" is an exhaustive treatise on the care of the new-born child and is one of the most excellent articles on the subject the writer has read. One of the very interesting articles in the section on Diseases of Children is that on Whoopingcough. Here we have some very definite reports of the author's own experience in the treatment of this very intractible disease. Like all other practitioners he found the majority of the remedies usually prescribed to be useless. His best results were obtained with the administration of Antipyrin and bromid of soda in combination.

Dr. Kerley, in this new work, has not disappointed the admirers of his previous work along this line. It should meet a most cordial reception by the profession.

CLINICAL HEMATOLOGY.

Clinical Hematology: an Introduction to the Clinical Study of the So-Called Blood Diseases and of Allied Disorders. By Gordon R. Ward, M. D., Fellow of the Royal Society of Medicine, Medical Society of London, etc. Octavo of 394 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $3.50 net.

It will be gratifying to those of the profession who are not technical pathologists to find a work on diseases of the blood, written from a clinician's point of view. Dr. Ward presents a clinical picture of these diseases that will appeal to the general practitioner. Of course the pathology is not omitted but the book is not pathologically topheavy. The descriptive matter is definite and clear and comprehensive. The reader is not presumed to know all about the subject but he is told in a very pleasing way what he should know. It is a book one can sit down and read with satisfaction.

MEDICAL GYNECOLOGY.

The New (3rd) Edition.

By S. Wyllis Bandler, M. D., Adjunct Professor of Diseases of Women, New York, Post-Graduate Medical School and Hospital. Third thoroughly revised edition. Octavo of 790 pages, with 150 original illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $5.00 net; half Morocco, $6.50 net.

The principal feature of this new edition of Bandler's Medical Gynecology is in the addition of a section on "Internal Secretions." The author says: "In recent works, especially in Germany and in the admirable works by Cushing on the Pituitary Body, we have the very highest proofs of the close interrelation existing between the genital tract of woman and the various internal glands."

Something over fifty pages are devoted to the internal secretions. While the relations set fourth are sometimes vague some interesting facts are shown. Thymectomy on guinea pigs, before puberty, results in rapid development of the ovaries. The author's conclusion is that the thymus probably exercises an inhibitory influence upon the development of the ovaries, and involution of the thymus is consequent upon the maturity of the sexual glands. He presents considerable evidence to show the relationship between the thyroids and parathyroids and the female sexual sphere. The part played by the hypophysis in the human economy is also shown.

The author has recognized a field for medical gynecology and confines his discussion to that field. In the treatment of the various ailments of the sexual organs in women much attention is given to massage and appropriate exercises.

SOCIETY REPORTS.

TRI-COUNTY MEDICAL SOCIETY.

The regular meeting of the Tri-County Medical Society was held at Grainfield, April 3rd, 1914. Dr. A. C. Wilmot was elected delegate to the State meeting at Wichita.

In the forenoon a joint meeting with the Gove County Teachers' Association was held, at which Dr. J. J. Sippey presented a lecture on "The Detection of Eruptive Diseases in the Public Schools."

The following program was presented at the meeting in the afternoon:

"The Relation of the Newspaper and the Medical Fraternity."—Mr. Syle McIlhinney.

"The Treatment of Potts Fractures."—Dr. C. D. Blake.

"Abdominal Tuberculosis."—Dr. A. C. Bowles.

"The Treatment of Tuberculosis."—Dr. E. J. Beckner.

In the evening a public meeting was held at the opera house and the program was as follows:

Address of Welcome—Hon. W. J. Henry.

Music.

Address—Rev. J. Freeman.

"General Sanitary Conditions of the Schools of Gove County."—County Supt. C. D. Wilson.

"Medical Inspection of the Public Schools."—Dr. J. J. Sippey.

Music.

The following physicians were in attendance: Drs. Sippey, Blake, Bowles, Beckner, McNaughton, Stoner, Herrick, Wilmot, Webber, Beckner.

D. R. Stoner, M. D., Secretary.

NEMAHA COUNTY MEDICAL SOCIETY.

The Nemaha County Medical Society met in Sabetha on April 23rd, 1914. After transacting the regular business, Dr. Murdock gave the following clinic at the Sabetha Hospital.

First Case—Large fibroid tumor—hysterectomy. Second Cholelithotomy—Gall stones removed and gall bladder drained. Third—Appendectomy. Fourth—Duodenal ulcer.

Following this Dr. J. R. Mathews operated on a case—Tonsillectomy.

At the evening meeting Dr. Noah Hayes and Dr. Shelton

discussed the cases in full. The meeting was adjourned to meet in Centralia on June 25th.

J. R. MATHEWS, Secretary.

SHAWNEE COUNTY SOCIETY.

The Shawnee County Society met in regular session Monday evening, June 1, with eighteen members present.

Dr. W. C. McDonough gave a talk on the subject of Chlorosis in which he discussed the question of etiology. It was his opinion that the cause is not definitely known. While commonly associated with menstrual disorders it is not certain that these are causative factors. Tuberculosis is perhaps as frequently associated and there are reasons to give it credit for the cause of chlorosis in many cases. The points in diagnosis were reviewed. Few of those present had seen many cases of the disease.

Dr. E. S. Pettyjohn read a paper on "The Treatment of Acute Mania" and made particular reference to the hydrotherapeutic methods now in vogue. "A systematic, scientific course of hydro-therapeutic treatment brings the best results in these cases. Prolonged baths in tepid water for many hours and days, as recommended first by de Boisimont, have been used with excellent effect. The continued tub bath, hot pack and hot bath, determine the blood to the surface by the temporary inhibition of the vaso-motor system, dilating the capillaries, drawing the blood from the central tissues, aiding the elimination direct, and at the same time producing exercise and increase of the the nutrition of the skin."

It was decided to hold a special meeting in July to discuss medicolegal questions and several members of the legal profession are to be invited to attend.

Dr. Albert Smith of Parsons, Kansas, will leave for Europe June 6th, where he will study surgery during the entire summer.

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Drs. O. C. Baird and L. D. Johnson of Chanute and P. S. Mitchell of Iola will sail for Eupore June 13th. They will attend the Clinical Congress of Surgeons in London. Dr. Baird will return after the meeting but Drs. Johnson and Mitchell will tour southern Europe, Asia Minor and Egypt, returning in the late fall.

KANSAS MEDICAL SOCIETY.

List of Members.

Allen County.

W. R. Heylmun, Iola
H. A. Brown, Iola
P. S. Mitchell, Iola
G. W. Longenecker, Ellsmore
O. L. Garlinghouse, Iola
J. W. Bolton, Iola
O. C. Payne, Humboldt
F. L. B. Leavell, Iola
R. N. McMillan, Iola
O. L. Cox, Iola
J. F. Reid, Iola
H. M. Webb, Humboldt
R. O. Christian, Iola
R. R. Nevitt, Mildred
J. G. Walker, Iola
A. J. Fulton, Iola

Anderson County.

T. A. Hood, Garnett
G. A. Blasdel, Garnett
J. A .Settle, Reading
T. E. Smith, Colony
Thos. Kirkpatrick, Garnett
J. A. Milligan, Garnett
J. R. Smithhusler, Westphalia
W. O. Coleman, Harris
M. Forsyth, Lone Elm

Atchison County.

M. T. Dingess, Atchison
E. P. Pitts, Atchison
C. A. Lilly, Atchison
G. W. Allamon, Atchison
T. E. Harner, Atchison
Minda A. McClintock, Atchison
W. F. Smith, Atchison
E. T. Shelley, Atchison
E. J. Briback, Atchison
H. L. Charles, Atchison
C. W. Robinson, Atchison
P. R. Moore, Effingham
Lydia Stockwell, Atchison
D. W. Campbell, Atchison
M. S. Myers, Potter

Brown County.

J. J. Comer, Willis
S. J. Herrick, Everett
G. C. McKnight, Hiawatha
A. McGaughey, Robinson
L. Reynolds, Horton
L. W. Shannon, Hiawatha
J. O. Ward, Atchison
H. J. Deaver, Fairview
W. W. Nye, Hiawatha
W. C. Palmer, Hiawatha
A. J. Alexander, Hiawatha.
H. J. Harker, Horton
W. G. Atwood, Fairview
Wm. Steinhauser, Hamlin
H. L. Goss, Horton
Dr. Poutre, Horton
J. M. Robinson, Hiawatha

Barber County.

J. S. Fulton, Kiowa
G. R. Waite, Kiowa
Hardin Gilbert, Medicine Lodge
W. L. Welsh, Hazelton
J. A. Clinger, Sun City
F. L. Stallard, Hazelton
R. N. Coffey, Hardtner

Butler County.

J. R. McCluggage, Augusta
Anna Perkins, Eldorado
R. J. Cobean, Leon
D. C. Stahlman, Potwin
F. E. Dillenbeck, Eldorado
H. A. Hill Augusta
F. L. Preston, Eldorado

Barton County.

E. E. Morrison, Great Bend
G. O. Speirs, Ellinwood
A. H. Connett, Great Bend
E. C. Button, Great Bend
Ethel P. Westwood, Great Bend
M. F. Russell, Great Bend
W. A. Nixon, Great Bend
A. E. Focht, Great Bend
B. L. Stinson, Great Bend
G. L. Koch, Hoisington
G. E. Muir, Pawnee Rock
F. L. McCauley, Hoisington
H. C. Embrey, Claflin
H. W. Jury, Claflin
N. W. Robinson, Bison
D. M. Gafford, Ellinwood
L. A. Latimer, Alexander
H. R. Bryan, Galatia
T. S. Venard, Ness City
H. B. Mullins, Dighton
Scott Myers, Scott City
S. N. Dutton, McCracken
D. H. Northdurft, Otis

Bourbon County.

R. Aikman, Ft. Scott
W. L. Griffin, Ft. Scott
M. F. Jarrett, Ft. Scott
E. B. Payne, Ft. Scott
J. S. Cummings, Bronson
D. W. Sheeler, Devon
E. E. Anderson, Garland
J. T. Holeman, Garland
J. R. Newman, Ft. Scott
W. L. Hopper, Ft. Scott
C. A. Van Velzer, Ft. Scott
W. S. McDonald, Ft. Scott
W. S. Gooch, Mapleton
W. S. Miller, Ft. Scott
J. D. Hunter, Ft. Scott
R. J. Whitfield, Ft. Scott

J. J. Cavanaugh, Ft. Scott
C. F. Harrar, Ft. Scott
J. W. Smoot, Fulton
J. C. Lardner, Ft. Scott
A. Adamson, Hepler

Cherokee County.

Chas. S. Huffman, Columbus
H. H. Brookhart, Columbus
G. B. McClellan, Weir
J. L. Griswold, Columbus
W. N. Johnson, Columbus
A. A. Shelley, Columbus
L. W. Baxter, Columbus
C. T. Reid, Columbus
W. H. Iliff, Crestline
C. H. Jones, Galena
R. B. McKinney, Columbus
F. L. McKinney, Galena
R. M. Markham, Scammon

Clarke-Commanche County.

W. G. Ramey, Protection
Thos. W. Myers, Protection

Cloud County.

W. B. Newton, Glasco
F. A. McDonald, Aurora
W. R. Priest, Concordia
S. C. Pigman, Concordia
W. F. Sawhill, Concordia
E. N. Robinson, Concordia
Chas. Stine, Glasco
A. J. Weaver, Concordia
M. L. Belot, Clyde
H. E. Doty, Concordia
F. J. Moffat, Clyde
Frank Kinnamon, Aurora
T. C. Kimball, Miltonvale
Amy Belot, Hollis
Robert Laing, Concordia

Clay County.

B. F. Morgan, Clay Center
R. J. Morton, Green
N. Olsen, Clay Center
G. W. Bale, Clay Center
E. C. Morgan, Clay Center
H. R. Shumard, Clay Center
M. W. Horner, Clay Center
H. E. Potter, Clifton
S. E. Reynolds, Clay Center
W. L. Speer, Clay Center
R. H. Graham, Clay Center

Crawford County.

H. H. Bogle, Pittsburg
H. B. Caffey, Pittsburg
D. A. Iliff, Cherokee
A. O. Blair, Pittsburg
W. H. Graves, Pittsburg
C. M. Montee, Pittsburg
A. D. Hayes, Cherokee
William Williams, Pittsburg
G. I. Pohek, Pittsburg
U. A. D. Collelmo, Pittsburg
H. M. Bacon, Pittsburg
C. R. Tinder, Arcadia
C. F. Montee, Pittsburg
H. W. Updegrove, Pittsburg
W. V. Hartman, Pittsburg
C. A. Dudley, Pittsburg

Cowley County.

L. A. Jaconus, Winfield
Wm. T. McKay, Arkansas City
H. L. Snyder, Winfield
E. F. Day, Arkansas City
B. C. Geeslin, Arkansas City
W. H. Monser, Burden
Chas. Dunning, Arkansas City
O. B. Wyant, Winfield
F. M. Wilmer, Winfield
R. C. Young, Winfield
R. W. James, Winfield
C. R. Spain, Arkansas City
E. H. Clayton, Arkansas City
M. M. Hill, Winfield
W. P. Guy, Winfield
F. A. Kelly, Winfield
F. R. Smith, Winfield
J. E. Brock, Arkansas City
Geo. Emerson, Winfield
J. H. Powers, Winfield
I. D. Nelson, Maple City
J. G. Gage, Arkansas City
C. T. Ralls, Winfield
A. D. Farnsworth, Arkansas City

Dickinson County.

W. A. Klingburg, Elmo
J. N. Ketchersid, Hope

Doniphan County.

A. Herring, Sparks
W. B. Campbell, Troy
J. H. McGaughey, White Cloud
W. M. Boone, Highland
J. W. Graham, Highland
C. E. Walker, Troy
A. E. Cardonier, Troy
W. W. Carter, Wathena
C. R. Deaver, Wathena
J. E. Stepps, Wathena

Douglas County.

E. J. Blair, Lawrence
H. L. Chambers, Lawrence
H. T. Jones, Lawrence
G. W. Jones, Lawrence
E. Smith, Lawrence
F. D. G. Harvey, Lawrence
Jas. Nainsmith, Lawrence
C. J. Simmons, Lawrence
Carl Phillips, Lawrence
M. T. Sudler, Lawrence
G. M. Liston, Baldwin
H. Reading, Lawrence
W. A. Uhl, Baldwin
S. T. Gillespie, Lawrence
W. C. McConnell, Lawrence
G. A. Hammon, Lawrence

C. C. Kerr, Lecompton
E. L. Uhl, Baldwin
J. G. Lee, Eudora
Mary L. Johnson, Lawrence

Elk County.

J. L. Hays, Howard
J. F. Costello, Howard
F. L. Depew, Howard
Clinton Beasley, Moline
A. J. Long, Elk Falls
B. B. Mason, Grenola
R. C. Harner, Howard

Franklin County.

Jas. Ball, Ottawa
J. P. Blunk, Ottawa
J. Davis, Ottawa
J. B. Davis, Ottawa
H. W. Gilley, Ottawa
A. Haggart, Ottawa
W. T. Jacobus, Ottawa
J. Reed Lytle, Richmond
S. D. E. Wood, Princeton
C. W. Hardy, Ottawa
F. C. Herr, Ottawa
H. L. Kennedy, Ottawa
H. B. Johnson, Ramona
V. E. Lawrence, Ottawa
Geo. W .Davis. Ottawa
Josephyne E. Davis, Ottawa
C. D. Vermillion, Tescott

Geary County.

L. S. Steadman, Junction City
W. S. Yates. Junction City
W. A. Carr, Junction City
W. A. Smiley. Junction City
F. W. O'Donnell. Junction City
L. R. King. Junction City
D. J. Moyer, Junction City
F. E. McCord, Milford

Greenwood County.

W. T. Grove, Eureka

Harvey County.

J. T. Axtel. Newton
Max Miller, Newton
G. D. Bennett, Newton
A. E. Smolt, Newton
F. L. Abbey, Newton
R. C. McClymonds. Walton
G. A. McElree. Newton
J. L. Grove. Newton
R. S. Haury. Newton
R. H. Hertzler. Newton
D. G. Buley. Sedgwick
J. R. Scott, Newton
J. H. Cooper. Newton
Sophia L. Cochran, Newton
Ida M. Scott. Newton
A. J. Wedel. Hesston
L. C. Axtell, Newton
C. E. Boudreau, Newton
W. E. Regier. Whitewater

Harper County.

C. W. Windbigler, Harper
G. M. Wooden, Anthony
A. D. Updegraff, Anthony
A. H. Barber, Bluff City
G. S. Wilcox. Freeport
R. A. J. Shelley, Waldron
H. E. Hays, Attica
H. L. Galloway, Anthony
J. R. Burnett, Bluff City

Jewell County.

Dorothy D. Allen, Mankato
J. Wesselowski, Jewell
A. B. Peters, Mankato

Jackson County.

H. F. Carver, Circleville
E. T. Myers, Netawaka
E. W. Reed, Holton
C. W. Reynolds, Holton
R. Robson, Mayetta
J. R. Mainz. Whiting
J. C. Shaw. Holton
J. J. Stephen, Soldier
C. M. Seiver, Holton
J. E. McManus, Havensville
J. R. Adams, Soldier
C. J. Bliss, Mayetta
W. R. Frisby, Delia
Wm. L. Wilmoth, Denison
W. P. Wilson, Onaga
V. V. Adamson, Holton

Jefferson County.

A. D. Lowry, Valley Falls
D. D. Wilson, Nortonville
W. D. Groff, Nortonville
F. P. Mann, Valley Falls
M. S. McCreight, Oskaloosa

Johnson County.

T. S. Greer, Edgerton
R. M. Moore, Olathe
F. F. Greene, Olathe
Jessie T. Orr, Olathe
O. C. Thomas, Spring Hill
R. E. Eagan, Spring Hill
C. Warner Jones, Olathe
J. R. Sloan, Stanley
W. C. Harkey, Lenexa

Kiowa County.

E. M. Carter, Greensburg
H. J. Willey, Greensburg

Kingman County.

A. C. Johnson, Kingman
H. E. Haskins, Kingman
C. W. Longenecker, Kingman
J. M. McKamey, Kingman
M. C. Davis. Kingman
J. W. Light, Kingman
W. P. Callahan, Kingman
A. M. Dick, Spivey

Labette County.

E. E. Liggett, Oswego
L. B. Ackley, Parsons
R. M. Bennett, Mound Valley
H. C. Markham, Parsons
M. L. Perry, Parsons
O. S. Hubbard, Parsons
R. L. Von Trebra, Chetopa
E. W. Boardman, Parsons
Jas. Hacock, Parsons
P. W. Barbe, Oswego
A. D. Smith, Parsons
O. H. Ball, Dennis
H. P. Mahan, Parsons
J. H. Henson, Mound Valley
J. A. Vaughn Mound Valley
Emma Hill, Oswego
C. A. Thomas, Edna
Ernestine Von Trebra, Chetopa
C. E. Hamel, Parsons
Paul Christman, Parsons
T. D. Blasdel, Parsons
O. E. Stephenson, Labette
G. A. Landes, Parsons
J. C. Cornell, Parsons
A. R. Nasa, Parsons
C. F. Brady, Parsons
Ralph Pardue, Edna
V. McMullen, Burlington

Lincoln County.

G. W. Anderson, Beverley
Otto F. Dierker, Sylvan Grove
A. Hultner, Lincoln
A. M. Townsdin, Barnard
O. R. Wolfe, Beverley
L. A. Kerr, Lincoln

Lyon County.

J. B. Brickell, Americus
O. J. Corbett, Emporia
F. A. Eckdall, Emporia
F. F. Foncannon, Emporia
C. D. Hatcher, Admire
Jacob Hindon, Strong
D. F. Longenecker, Emporia
J. M. Parrington, Emporia
T. E. Welch, Emporia
D. L. Morgan, Emporia
G. M. Gafford, Emporia
J. H. Jaquith, Emporia
C. L. Stocks, Bushong
C. A. Neighbors, Emporia
C. W. Lawrence, Emporia
C. L. Patton, Olpe
W. D. Hunt, Emporia
C. C. Harvey, Dunlap
J. T. Worley, Emporia
B. E. Garrison, Emporia
T. O. Brown, Reading
Alonzo Golightly, Allen
C. F. Hoover, Staffordsville
H. G. Graham, Emporia
Fred Lose, Madison
Frank White, Emporia
D. S. Fisher, Reading
J. A. Woodmansee, Dunlap
B. E. Miller, Council Grove
H. W. Maning, Eureka
W. F. Neinstedt, Hartford
J. M. Moore, Madison
J. F. Shelly, Elmdale
A. E. T tus, Cottonwood Falls
M. W. Woodhull, Cottonwood Falls

Linn County.

H. M. Barnes, Blue Mound
H. L. Clark, LaCygne
D. E. Green, Pleasanton
J. T. Kennedy, Blue Mound
F. A. Mills, Mound City
J. G. Wortman, Mound City
S. D. Morrison, LaCygne
G. A. Paige, Pleasanton
J. A. Naylor, Pleasanton

Leavenworth County.

C. C. Goddard, Leavenworth
S. McKee, Leavenworth
H. J. Stacy, Leavenworth
E. S. Wood, Jarbalo
C. E. Brown, Leavenworth
C. K. Vaughn, Leavenworth
J. W. Risdon, Leavenworth
C. M. Moates, Leavenworth
A. J. Smith, Leavenworth
J. D. Miller, Leavenworth
S. B. Langworthy
C. J. McGee, Leavenworth
J. L. Everhardy, Leavenworth
W. B. Coe, Tonganoxie
J. L. Fryer, Leavenworth
F. M. Morrow, Leavenworth
F. J. Haas, Leavenworth
W. A. Adams, Easton
A. L. Suwalsky, Leavenworth
A. R. Adams, Easton
A. F. Yohe, Leavenworth
J. H. Langworthy, Leavenworth
H. E. Van Noy, Linwood
G. R. Combs, Leavenworth
S. L. Axford, Lansing
C. H. Case, Baschor
L. J. Swann, Lansing
P. B. Matz, Leavenworth
J. W. Warring, Linwood
D. R. Phillips, Leavenworth
W. R. Gladman, Tonganoxie
I. J. McCalman, Lansing
F. B. Taylor, Leavenworth
C. D. Loyd, Leavenworth
S. N. Jackson, Leavenworth
J. T. Faulkmer, Lansing
C. L. Katz, Lonemont
C. M. Brown, Baschor
A. L. Brown, Leavenworth

Mitchell County.

E. N. Daniels, Beloit
D. S. O'Brien, Beloit

E. E. Brewer, Beloit
M. J. Lobdell, Beloit
A. J. Seager, Beloit
M. R. Spessard, Glen Elder
E. G. Mason, Cawker City
S. T. Blodes, Scottville
W. H. Cook, Beloit
H. B. Vallette, Jewell
K. P. Mason, Cawker City
H. A. Hope, Victor
Joseph Shaffer, Simpson
Karl A. Bieber, Tipton
Carl Brown, Cawker City
Dr. Norrish, Glen Elder
Dr. Postelwait, Glen Elder

Montgomery County.

W. E. Youngs, Independence
I. B. Chadwick, Tyro
M. A. Finley, Cherryvale
C. W. DeMott, Independence
E. C. Wickersham, Independence
W. C. Chaney, Independence
J. H. Johnson, Coffeyville
C. C. Surber, Independence
W. C. Hall, Coffeyville
Mamie J. Tanquary, Independence
J. A. Pinkston, Independence
J. N. Strawn, Elk City
G. W. Seacat, Cherryvale
C. H. Fortner, Coffeyville
J. A. Rader, Caney
E .A. Miner. Independence
W. S. Hudiburg, Independence
F. B. Targgart, Independence
J. T. Davis, Independence
A. W. Evans, Independence
W. G. Norman, Cherryvale
F. B. McBride, Liberty
J. C. Klepinger, Independence
Chas. L. Smith, Independence
W. F. Coon, Caney
W. B. Kelley, Independence
W. H. Wells, Coffeyville
A. A. Krugg, Coffeyville
F. W. Duncan, Coffeyville
Chas. Campbell, Coffeyville
C. N. Starry, Coffeyville
C. P. Johnson, Coffeyville
T. A. Stevens, Caney
J. H. Morrison, LeHunt
E. G. Coyle, Coffeyville
W. R. Fisher, Coffeyville
H. L. Aldrich, Caney
T. C. Long, Independence
J. S. Alford, Independence
S. Flatt, Independence
F. L. Flack, Coffeyville
G. S. McDonald, Coffeyville

Marion County.

L. T. Morrill. Peabody
Jas. Welsh, Harrison
R. C. Smith, Marion
G. P. Marner, marion
S. E. McIntosh, Burn
J. H. Saylor, Ramona
H. M. Mayer, Peabody
E. H. Johnson, Peabody
Geo. E. Eye, Marion
J. F. Coffman, Marion
J. A. Haake. Denver, Colo.
Henry Brunig, Hillsboro
S. P. Loomis, Lost Springs
B. F. Prather, Peabody
G. L. Appleby, Peabody
G. J. Goodsheller, Marion
H. W. Davis, Durham
J. J. Entz, Hillsboro
D. W. Smith, Lincolnville

Marshall County.

R. S. Fillmore, Blue Rapids
J. J. Brady, Frankfort
M. A. Brawley, Frankfort
Geo. I. Thacher, Waterville
W. W. Reed, Blue Rapids
C. R. McFarland, Blue Rapids

Miami County.

J. D. Van Nuys, Osawatomie
S. L. Brooking, Osawatomie
J. D. Walthall, Paola
J. W. Kelly, Louisburg
J. H. Sellers, Osawatomie
J. N. Hill, Independence, Mo.
J. F. Koogler, Paola
L. A. Van Pelt, Paola
Clifford Van Pelt, Paoa
C. R. Hepler, Osawatomie
F. A. Carmichael, Osawatomie

Nemaha County.

N. Hayes, Seneca
J. C. Maxson, Corning
C. R. Townsend, Centralia
W. A. Haynes, Sabetha
W. B. Bouse, Centralia
F. F. Carter, Seneca
S. Murdock, Sabetha
Clemens Rucker, Sabetha
J. R. Mathews, Sabetha
G. W. Shelton, Sabetha
Grant Myer, Bern

Neosho County.

W. K. Mathis, Chanute
L. D. Johnson, Chanute
J. D. Edwards, Chanute
R. A. Light, Chanute
J. E. Barker, Chanute
W. E. Barker, Chanute
A. M. Davis, Chanute
E. A. Davis, Chanute
M. E. Lake, Erie
R. C. Henderson, Chanute
T. R. Edwards, Chanute
W. E. Royster, Chanute
G. G. Ashley, Earlton
P. Follette, Chanute
Samuel Steele, Chanute

F. R. Hickey, Chanute
J. H. McNamara, St. Paul
I. C. Somers, Chanute
L. D. Haynes, Erie
A. M. Garton, Chanute

Norton and Decatur Counties.

W. E. Knox, Norcatur
F. H. Smith, Goodland
C. W. Winslow, Oakley
V. C. Chrone, Logan
W. E. Knox, Norcatur
F. H. Smith, Goodland
C. W. Winslow, Oakley
V. C. Chrone, Logan
H. O. Hardesty, Jennings
O. M. Cassell, Long Island
L. C. Tilden, Oberlin
C. W. Cole, Norton
W. C. Lathrop, Norton
C. S. Kenney, Norton

Osborne County.

T. B. Felix, Downs
E. O. Henshall, Osborne
T. O. Felix, Downs
B. F .Chilcott, Osborne
C. A. Dillon, Osborne
S. J. Schwaup, Osborne
B. E. McShane, Alton
W. W. Miller, Osborne
H. W. Nye, Osborne
P. D. Brown, Alton
J. W. Lindley, Natoma
C. E. Burtch, Portis
J. E. Hodgson, Downs

Ottawa County.

R. C. Trueblood, Delphos

Pawnee County.

A. E. Reed, Larned
A. W. H. Seiple, Larned
C. C. Koons, Larned
J. A. Dillon, Larned
J. H. Tapscott, Rozel
W. V. Elting, Burdett
C. H. Ewing, Larned
A. B. Ingals, Larned
W. F. Pine, Dodge City
T. L. McCarty, Dodge City
C. E. McCarty, Dodge City
Otis Thompson, Dodge City
X. F. Alexander, Dodge City
A. B. Scott, Bucklin

Pratt County.

C. F. Bucklin, Sawyer
Frank Peak, Pratt
Athol Cockran, Iuka
H. M. Walker, Pratt
P. K. Gustin, Pratt
G. E. Martin, Cullison
Herbert Atkins, Pratt
D. W. Melton, Preston
R. E. Padfield, Coats
Dr. Boren, Iuka

Reno County.

J. E. Foltz, Hutchinson
G. R. Gage, Hutchinson
W. F. Schoor, Hutchinson
C. Klipple, Hutchinson
H. G. Welch, Hutchinson
C. A. Mann, Hutchinson
Claude Mayfield, Hutchinson
C. S. Evans, Hutchinson
H. L. Scoles, Hutchinson
W. Monroe Jones, Hutchinson
W. H. Williamson, Hutchinson
M. S. Thatcher, Turon
C. L. McKittrick, Hutchinson
J. J. Brownlee, Hutchinson
E. C. Taylor, Pretty Prairie
Loyd A. Clary, Hutchinson
H. H. Heylmun, Hutchinson
J. H. Schrant, Hutchinson
N. A. Seehorn, Hutchinson
O. J. Casto, Hutchinson
E. C. Carhart, Hutchinson

Riley County.

C. F. Little, Manhattan
E. J. Moffitt, Manhattan
T. R. Cave, Manhattan
G. H. Litsinger, Riley
A. G. Henderson, Leonardville
J. C. Montgomery, Manhattan
W. H. Clarkson, Manhattan
B. Belle Little, Manhattan
J. C. Wilhoit, St. George
J. W. Wilhoit, St. George
R. A. Leith, St. George
J. D. Colt, Manhattan
W. E. Bentley, Manhattan
A. H. Bressler, Manhattan
M. D. Hills, Wamego
E. L. Simonton, Wamego

Rice County.

H. R. Ross, Sterling
W. E. Currie, Sterling
C. E. Fisher, Lyons
E. C. Fisher, Lyons
J. S. McBride, Lyons
J. H. Staatz, Bushton
F. E. Wallace, Frederick
Marion Trueheart, Sterling
D. T. Muir, Alden
Theo. Kroesch, Frederick
L. S. Fisher, Raymond
J. M. Little, Sterling
P. P. Trueheart, Sterling
L. E. Vermillion, Lyons
I. J. Byer, Little River
L. A. Bradburry, Lyons

Republic County.

J. C. Decker, Belleville
C. V. Haggman, Scandia
Wm. Kamp, Belleville
W. I. McFarland, Belleville
J. B. Henry, Scandia

S. J. Snider, Courtland
D. B. Milliken, Munden
A. E. Smith, Agenda
H. D. Thomas, Belleville
C. M. Fitzpatrick, Republic
J. S. Billingslee, Belleville
L. E. Haughey, Courtland

Sedgwick County.

J. C. Brown, Wichita
D. W. Basham, Wichita
D. I. Maggard. Wichita
F. J. Walker, Wichita
E. M. Palmer. Wichita
J. F. Gsell. Wichita
J. G. Dorsey, Wichita
E. E. Hamilton, Wichita
J. W. Cave, Wichita
H. S. Hickok, Wichita
C. E. Bowers, Wichita
F. B. Lyons. Wichita
C. E. Scott, Wichita
Levi Horner, Wichita
C. E. Caswell, Wichita
J. D. Clark. Wichita
J. E. Oldham. Wichita
W. T. Logsdon, Wichita
J. Z. Hoffman, Wichita
W. P. Greening, Valley Center
L. P. Warren, Wichita
F. S. Williams, Wichita
J. L. Evans, Wichita
C. D. Forney, Wichita
O. G. Hutchinson. Wichita
A. D. Jones, Wichita
H Michener, Wichita
W. A. Phares. Wichita
W. H. Graves, Wichita
F. H. Slayton, Wichita
E. A. Bodenhammer, Wichita
W. S. Mitchell, Wichita
Geo. R. Little, Wichita
H. W. Horn. Wichita
W. H. Carter. Wichita
S. K. Schenck. Wichita
E. M. Seydell, Wichita
E. F. Hoover. Wichita
W. J .Hatfield, Mt. Hope
W. T. Doherty, Wichita
G C. McCormick, Wichita
C. E. Dixon, Wichita
A. E. Gardner, Wichita
J. W. Cheney. Wichita
L. B. Miller, Wichita
Thos. Jagar, Wichita
E. D. Ebright, Wichita
F. S. Whitman, Wichita
T. W. Weaver, Wichita
Leon Matassarin, Wichita
E. S. Edgerton. Wichita
W. C. Loomis, Wichita
H. T. Davidson. Wichita
L. A. Sutler, Wichita
H. G. Norton. Wichita
W. D. McVicker, Wichita
H. H. Taggart, Wichita
T. W. Myers, Wichita

Saline County.

J. H. Winterbotham Salina
W. S. Harvey, Salina
J. R. Crawford, Salina
J. W. Neptune. Salina
H. N. Moses, Salina
A. G. Anderson Salina
O. R. Brittain, Salina
L. O. Nordstrom, Asaria
W. E. Fowler, Brookville
E. J. Lutz, Salina
O. D. Walker, Salina
J. A. Simpson, Salina
J. K. Harvey, Salina
W. E. Mowry, Salina
E. O. Smith, Winfield
E. R. Cheney, Gypsum
E. W. Hawthorn, Gypsum
J. E. Graf, Assaria
P. W. Beckman, Salina
W. H. Winterbotham, Salina
Perry Loyd, Culver
A. L. Cludas, Minneapolis
Geo. Seitz, Salina
Jessie Wheeler, Salina
Alfred Hultner, Lincoln
B. K. Kilbourn, Minneapolis
J. D. Riddell, Salina
E. G. Ganoung, Minneapolis
Winifred Viers. Minneapolis
J. F. Brewer. Minneapolis
Samuel Adams, Niles

Sumner County.

S. T. Shelley, Mulvane
H. A. Vincent, Perth
Melvin Collins, Oxford
R. A. McIlhenney, Conway Springs
F. G. Emerson, Wellington
J. L. Halliday. Wellington
H. L. Cobean, Wellington
T. H. Jamieson, Wellington
F. B. May. Hunnewell
W. H. Neel, Jr., Anson
E. A. Evans, Conway Springs
W. H. Rea, Oxford
L. S. Coplan, Wellington
H. G. Shelley, Mulvane
A. R. Hatcher, Welington
L. H. Sarchett, Wellington
S. W. Spitler, Wellington
W. E. Bartlett, Wellington
Wright Robertson, Caldwell
W. M. Martin, Wellington
H. F. Hyndman, Wellington
John Caldwell, Wellington
Geo. E. Knappenberger, Milan
Geo. Egloff, Corbin
E. F. Clark, Mayfield
J. F. Rudolph. Belle Plains
H. W. Golitz. Mulvane
Emery Trekell, Arkonia
M. L. Beatson, Ashton

Smith County.

D. W. Relihan, Smith Center.
J. A. McCammon, Reamsville
H. Morrison, Smith Center
F. H. Relihan, Smith Center
V. E. Watts, Smith Center
C. C. Funk, Smith Center
L. E. Stephenson, Lebanon
W. H. Pearson, Kensington
J. B. Dykes, Lebanon
D. A. Dykes, Lebanon
W. T. Mays, Lebanon
L. A. Golden, Kensington
W. H. Bostwick, Cedar

Staford County.

J. N. Rose, Stafford
J. P. H. Dykes, Stafford
Cyrus Wesley, Stafford
M. M. Hart, Macksville
C. S. Adams, St. John
F. W. Trethbar, Hudson
W. S. Crouch, Stafford
J. J. Tretbar, Stafford
J. F. Scott, St. John
E. E. Haynes, Lewis
J. A. H. Webb, Stafford
W. L. Butler, Stafford
I. M. Shrader, Kinsley
Chas. A. Boyd, Stafford
J. C. Butler, Stafford
E. E. Mock, St. John

Shawnee County.

O. P. Davis, Topeka
D. E. Esterley, Topeka
F. J. Ernest, Topeka
J. D. Freeman, Topeka
Sara E. Greenfield, Topeka
H. H. Hazlett, Topeka
S. A. Johnson, Topeka
J. P. Kaster, Topeka
W. E. McVey, Topeka
R. S. Magee, Topeka
G. J. Mulvane, Topeka
W. D. Storrs, Topeka
O. A. Taylor, Topeka
N. J. Taylor, Berrytown
W. A. Wehe, Topeka
T. R. Hyatt, Topeka
W. W. Yates, Topeka
S. A. Hammel, Topeka
A. B. Jeffrey, Topeka
S. J. Crumbine, Topeka
T. C. Biddle, Topeka
C. F. Meninger, Topeka
J. N. Beasley, Topeka
M. C. Porter, Topeka
L. V. Sams, Topeka
M. H. Connors, Topeka
E. S. Pettyjohn, Topeka
C. L. Williams, Topeka
R. B. Stewart, Topeka
A. E. Billings, Topeka
A. M. Dawson, Topeka
D. C. Jones, Danville, Ill.
C. E. Joss, Topeka
C. W. Schwartz, Topeka
W. C. McDonough, Topeka
H. L. Clark, Topeka
A. W. Carson, Richland
H. L. Alkire, Topeka
S. G. Stewart, Topeka
J. G. Stewart, Topeka
L. B. Bushong, Topeka
M. A. Floersch, Topeka
S. T. Millard, Topeka
J. L. Work, Topeka
C. A. McGuire, Topeka
L. M. Powell, Topeka
J. C. McClintock, Topeka
W. F. Bowen, Topeka
L. H. Munn, Topeka
F. H. Scholle, Topeka
W. M. Mills, Topeka
R. S. Plummer, Topeka
J. A. Crabb, Topeka
C. M. Hensley, Topeka
W. H. Greider, Topeka
Otto Kiene, Topeka
Elnora Whitmore, Topeka
F. L. Loveland, Topeka
Maude S. DeLand, Topeka
W. O. Clark, Topeka
J. J. Sippey, Topeka
G. H. Allen, Topeka
W. B. Burr, Topeka
H. P. Charles, Topeka
A. F. Harrison, Topeka
Claude C. Lull, Topeka
L. M. Tomlinson, Harveyville
C. A. Wyatt, Harveyville
M. B. Miller, Topeka
E. K. Parker, Kansas City
J. H. O'Connell, Topeka
R. A. Taylor, Meriden
John B. Watson, Deerfield

Washington County.

E. Armstrong, Greenleaf
R. Algie, Linn
J. H. Hoover, Haddam
H. D. Smith, Washington
M. H. Horn, Morrowville
J. O. Chambers, Hanover
W. M. Earnest, Washington
M. N. Gardner, Greenleaf
R. W. Maintz, Linn
R. M. Ochiltree, Haddam
E. M. Miers, Hanover
Glenn S. MilFee, Washington
Z. H. Snyder, Greenleaf
G. F. Porter, Hanover
R. H. Munford, Hanover

Wilson County.

B. R. Riley, Benedict
E. C. Duncan, Fredonia
F. M. Wiley, Fredonia
A. C. Flack, Fredonia

A. P. Williams, Neodesha
O. D. Sharp, Neodesha
J. C. Preston, Buffalo
J. W. McGuire, Neodesha
F. T. Allen Neodesha
J. L. Moorehead, Neodesha
W. H. Addington, Altoona
W. H. McConnell, LaFontaine
M. H. Young, Fredonia
C. A. Thomas, Fredonia
C. L. Randall, Neodesha
M. L. Somers, Altoona
M. T. Billingslee, Altoona
A. N. Gray, Altoona

Woodson County.

D. W. Maxson, Toronto
H. W. West, Yates Center
E. K. Kellenberger, Yates Center
G. W. Lee, Toronto
A. J. Lieurance, Neosho Falls
A. C. Dingus, Yates Center
E. D. Jones, Neosho Falls
M. C. Newman, Toronto
C. C. Morrison, Yates Center

Wyandotte County.

Geo. M. Gray, Kansas City
R. A. Roberts, Kansas City
C. M. Stemen, Kansas City
R. C. Lawman, Kansas City
S. S. Glasscock, Kansas City
F. M. Tracy, Kansas City
A. S. Pavlish, Kansas City
J. G. Poole, Kansas City
J. E. Sawtell, Kansas City
A. K. M. Roberts, Kansas City
B. M. Bennett, Rosedale
A. J. Lind, Kansas City
O. M. Longenecker, Rosedale
C. A. Foulks, Kansas City
Jas. W. May, Kansas City
C. J. Lidikay, Kansas City
E. J. Lutz, Kansas City
Hugh Wilkinson, Kansas City
Preston Starritt, Kansas City
Thos. Richmond, Kansas City
J. O. Milner, Kansas City
J. A. Fulton, Kansas City
D. E. Williams, Kansas City
L. F. Barney, Kansas City
F. P. Clark, Kansas City
F. Campbell, Kansas City
G. W. Richards, Kansas City
C. L. Zugg, Argentine
L. D. Mabie, Kansas City
J. A. Jones, Kansas City
W. H. Walker, Kansas City
Leslie Leverick, Kansas City
H. A. Nave, Argentine
Marie A. Green, Kansas City
W. S. Sutton, Kansas City
C. R. Crooks, Kansas City
W. T. McDougall, Kansas City
Charlotte Kaulback, Kansas City
W. F. Wood, White Church
R. T. Heath, Bonnor Springs
W. F. Fairbanks, Kansas City
S. H. Thompson, Kansas City
W. T. Culbertson, Kansas City
J. A. McGregor, Kansas City
Z. Nason, Kansas City
I. H. Anthony, Kansas City
E. L. Asbell, Kansas City
R. E. Barker, Kansas City
T. S. Bourke, Kansas City
Fred Candler, Kansas City
D. E. Clopper, Kansas City
J. A. Davis, Kansas City
J. J. Grawney, Kansas City
J. F. Hassig, Kansas City
G. H. Hobson, Kansas City
A. Huber, Kansas City
J. S. Kline, Kansas City
A. V. Lodge, Kansas City
J. L. Myers, Ketchikan, Alaska
C. C. Nesselrode, Kansas City
Jessie S. Newkirk, Kansas City
W. J. Pearson, Kansas City
E. A. Reeves, Kansas City
H. L. Regier, Kansas City
J. H. Rose, Kansas City
G. J. Russell, Kansas City
C. E. Sanders, Kansas City
D. E. Smith, Kansas City
D. M. Smith, Kansas City
G. A. Smith, Kansas City
E. R. Tenney, Kansas City
Chas. T. Border, Kansas City
J. W. Faust, Kansas City
J. W. Haines, Kansas City
Katherine S. Hughes, Kansas City.
H. S. McKenzie, Kansas City
C. M. Medearis, Kansas City
W. L. Rhoades, Kansas City
J. G. N. Soones, Kansas City
R. T. Speck, Kansas City
R. S. Adams, Kansas City
J. H. Buckles, Kansas City
J. L. B. Eager, Kansas City
Edw. Howe, Kansas City
H. B. Lemmon, Kansas City
L. C. Lewis, Kansas City
L. S. Milne, Kansas City
F. H. Morley, Kansas City, Mo.
P. J. O'Connell, Rosedale
Thos. Richmond, Kansas City
H. E. Smith, Kansas City
F. S. Carey, Kansas City
E. K. Gibson, Kansas City
H. W. King, Kansas City
G. L. McKnight, Kansas City
W. O. Quering, Kansas City
Pasaquale Romeo, Kansas City
C. O. Shepard, Kansas City
Jay L. Smith, Kansas City
D. L. Smith, Kansas City
L. B. Spake, Kansas City
L. S. Lyser, Kansas City
A. Engburg, McPherson
W. L. Small, Kansas City

Tri-County.

A. C. Willmott, Morland
E. D. Beckner, Hoxie
D. R. Stoner, Quinter
I. B. Parker, Hill City
G. E. Webber, Morland
J. M. Eisenbise, Quinter
J. H. McNaughton, Gove
W. W. Carter, Sharon Springs
W. H. Pope, Soldier
E. J. Beckner, Grainfield
J. A. Bundy, Hill City
W. J. Scott, Sharon Springs

Central Kansas.

H. Hissem, Ellsworth
H. C. Mayer, Ellsworth
Alfred O'Donnel, Ellsworth
J. M. Downs, Ellsworth
Carl J. Cramm, Russell
E. A. Bowles, Ellsworth
B. H. Mayer, Ellsworth
Howard Marsh, Russell
W. M. Reitzel, Kanopolis
F. S. Hawes, Russell
R. W. Hissem, Ellsworth
E. O. Miller, Bunker Hill
W. Y. Herrick, Wakeeney

Southwest Society.

C. B. Leslie, Meade
G. A. Nicholson, Plains
R. T. Nichols, Liberal
A. L. Knisely, Liberal
T. L. Higginbotham, Liberal
Geo. S. Smith, Liberal
C. E. Bandy, Kingsdown
Fred Burnett, Fowler
J. A. Robb, Fowler
Wm. F. Fee, Meade

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LIQUID PARAFFIN AS DRESSING FOR WOUNDS.

Chrysospathes (Zentralblatt fur Chirurgie, November 8, 1913) found paraffin oil an effectual dressing for sores of all kinds, and reports here that he applied it in treatment of wounds in the Balkan War in 920 cases and the wounds healed over in a remarkably short time with a few rare exceptions. Even gaping wounds with exposed bones began to heal at once. The results were even better when he added about 2 per cent iodoform with particularly severe suppuration. If the gauze sticks, it can be detached by pouring a little more of the oil on it or hydrogen dioxid. He expatiates on the advantages of this simple method of treatment, which does away with all salve and time stealing procedures. In some of his cases the temperature dropped to normal each time after application of the paraffin, but rose again when the oil was suspended. He has been using this method for some years, having found it also effectual for sterling catheters and healing bed sores.—The American Practitioner, January, 1914.

CINNAMON OIL FOR WARTS.

Rosenberg (Ellingwood's Therapeutist) states that he has obtained the best results from cinnamon oil. Applied to the head of the wart as an escharotic it causes a little heat, no burning, no scab, and no scar. The excrescence disappears without soreness or any inconvenience.—Medical Council, October, 1913.

A NOVEL EDUCATIONAL EXHIBIT AT ATLANTIC CITY

Motion Pictures to be Used as a means of Demonstrating to the Profession the Methods Used for Producing Antitoxins, Bacterins, Vaccines and Curative Serum.

At the meeting of the American Medical Association, to be held in Atlantic City, June 22nd to 26th, the H. K. Mulford Company will exhibit motion picture films, made by them at great expense showing the different processes employed in the porduction of biological products.

This will be the first time to our knowledge that motion picture films have been used for showing the processes used in the production of biological products.

Not only do the films show the laboratory methods used but also the actual application of these preparations from the clinician's standpoint.

A short description is thrown on the screen before each process is shown, describing the pictures, so that they bear their own explanations.

Because of the fact that no suitable space could be secured in the exhibit hall, the H. K. Mulford Company have arranged, through the courtesy of the Chalfonte, to show these pictures in the Auditorium on the main floor of this hotel. These films will be exhibited several times each day and arrangements are being made so they will not conflict with the general or special sessions of the meeting.

Next to visiting the Mulford laboratories at Glenolden, which is a trip that every physician should avail himself of, an inspection of these films will convey a clear idea of what it means to provide adequate equipment for the production of the various biological products, particularly Diphtheria and Tetanus Antitoxin, Typho-Bacterin and preparations for the prophylaxis and treatment of infectious and contagious diseases.

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NEW ANTIDOTE FOR ALCOHOL.

Use ammonium chloride in doses of two to four grams in aqueous solution, followed by copious draughts of water. Not only does it offset the effects of the alcohol and quickly sober the patient, but it has also a preventive effect against delirium tremens.—Therapeutic Digest.

THE JOURNAL
OF THE
Kansas Medical Society.

Vol. XIV TOPEKA, KANSAS, JULY, 1914 No. 7

HISTORY OF OBSTETRICS.

L. V. SAMS, M. D., Topeka.

Read Before Kansas Medical Society, May 6-7, Wichita, Kansas.

There is a phase of the practice of medicine which receives very little or no attention in our modern teaching, and around which is centered much interest.

I refer to the history of medicine in its largest sense, and my remarks will be confined to that particular branch of medicine and surgery known as Obstetrics.

From the foundation of the world, man has been born of woman; and not withstanding his creative and inventive genius has progressed to almost seeming perfection in every sphere throughout the ages since that time, yet we cannot hope that any change can be effected in this particular. Its status and progress are intimately blended with the condition of the people and the progress of their civilization. However remote the period, however crude and primitive the people, in ancient times or modern, aid was given to childbearing women. That function which it is the aim of midwifery to facilitate, may have been effected in the greater number of cases without the intervention of foreign aid, and the women may at an early period have been confined alone; but childbirth has never, probably, in the most favorable climate or at any time or under any circumstances, always been easy and prompt. Some women, and probably the greater percentage of them, have undergone great pain and peril. Compassion for suffering, a natural pity and a common lot, brought around the sufferers those who had passed through the same trials to assist and counsel. Thus, probably, the midwife was created, and a distinct profession arose, devoted to this calling.

The first mention that we have of it is, that the ancient Hebrews employed midwives to assist in the delivery of their children, and the first two whose names have decended to posterity, are Shiprah and Puah, who were practicing their profession at the time the Hebrews were first in captivity in Egypt, about the period of the birth of Moses. But long preceding that era, however, we have an account of the confinement of Rebecca and the birth of Esau and Jacob. "And the first came out red, all over like an hairy garment, and they called his name Esau, and after that came his brother out, and his hand took hold of Esau's heel." Thus we have the first recorded presentations; the head in Esau's case and the head and hand in the case of Jacob.

Though I have mentioned that the first midwives whose names are given, were at the time of the first captivity in Egypt, it is evident that a distinct class of persons were set apart for this office prior to that period. For we read that "Rachel travailled and had hard labor; and it came to pass that when she was in hard labor, that the midwife said unto her, 'Fear not, thou shalt have this son also,' " and again it is recorded of Tamar, the daughter-in-law of Judah, of whom it is related "That behold, twins were in her womb. And it came to pass when she travailled, that the one put out his hand, and the midwife took and bound upon his hand a scarlet thread, saying, this came out first. And it came to pass, as he drew back his hand, that behold, his brother came out. . . . " And afterwards came out the brother that had the scarlet thread upon his hand." May not this be most probably the first recorded case of spontaneous evolution in arm presentation? Rachel is the first case mentioned that died in labor, although from the above quoted remark of the midwife, it would seem to be not an infrequent occurrence, or at least that death in labor did sometimes occur.

There is much in the Old Testament upon kindred topics, and many laws are laid down in the Pentateuch respecting menstruation and its disabilities, purification therefrom, etc. The period of gestation is stated at nine months yet we find the following remark relative to the term of pregnancy, "And in my mother's womb was fashioned to be flesh in the time of ten months." These ten months must of necessity be moons or forty weeks or 280 days. The words "untimely birth" are to be found in several places in Job and the Psalms. Labor pains are spoken of in many places. The management of

new born children is alluded to. Lactation was much prolonged, for in the Apochrypha a woman says to her son, "I who gave thee suck for three years."

From this period to the birth of Hippocrates, 458 years before the birth of Christ, we have no record of any advances of the art, if any there were. The writings of Hippocrates treat at some length of difficult labors and notice various presentations of the child and give many general directions. At this time the physician and surgeon was called upon by the midwife only when the woman was in extremis, for the purpose of delivering by forcible means the foetus which threatened the life of the mother. If the labor advanced but slowly, Hippocrates advised that the woman be attached to the bed, which should be considerably inclined and then forcibly shaken; snuff to be given and the nostrils to be closed when sneezing was excited; fumigation and unctions to the genitals, and excitants of all kinds. He advised breaking up the foetal cranium and extraction by the hook. He also counsels turning or version when practicable.

Siebold, in his History of Obstetrics, written in 1839, says that but little is known of primitive practices, yet admits that some few manipulations must have existed; the cord must have been severed, the afterbirth removed, and the baby dressed. These simple people, with their primitive resources, were by no means as helpless as it might appear at first sight; labor was more natural, and the patient was exposed to fewer dangers, as the difficulties of childbirth increase with the progress and civilization of a people. The rational causes for this condition may be mentioned as (1) the danger of infection in crowded localities, (2) the increasing disproportion between passage and passenger, (3) changes in the relationship between head and pelvis being brought about by mixture of races, (4) the deformities of the pelvis by poor and unhealthy living, (5) and the so-called social requirements of the times. From dangers of infection primitive people are guarded by natural instinct, the impulse to undergo their suffering in secluded places, and the plunge into lake or stream which usually followed delivery. Deformities of the pelvis were practically unknown; disproportion of the head and pelvis rare, as the intermingling of races, and even of tribes was almost unknown. Labor was supposed to be a voluntary act upon the part of the child, due to its desire to escape from its confined quarters. This belief is still alive with some of

the primitive tribes. The character of the labor was due to the disposition of the child and all difficulties were referable to its evil disposition. Even in France the time is not long past when the voluntary actions of the child were spoken of, and efforts at expression, and later by embryotomy, as a child so preverse as to refuse absolutely to appear, merited death, as did the mother who carried such a child. The main aid rendered was by the varying postures in different stages of labor—by kneading, stimulating the uterine muscles, and actual pressure to force out the uterine contents. Nauseating drugs were given to further expulsion. A tardy placenta was expelled by massage, by an assistant, by the patient herself, or by compression of the abdomen by a belt or the end of a pole. The os was dilated manually, and traction upon the cord was occasionally observed, but the latter was seldom alone relied upon for removal of the placenta. This practice exists now among many midwives. In some instances the cord was tied to the toe of the mother, and gradual traction made by extension of the leg. Postpartum contractions were accomplished by kneading, by spraying the abdomen with water skilfully thrown through the teeth or from a jug, and the cleansing by a plunge into a neighboring stream always possible, as the border of a lake or the bank of a stream was a favorite place for women in search of solitary confinement, and the early habitations were all near water. Even the binder was used here and there among primitive people, known as the squaw belt among the Sioux tribes, applied after the expulsion of the placenta and worn until the next day. The Kiowas and Commanches wear a broad bandage of buckskin, applied after the second stage of labor and worn a month. In old Calabar a handkerchief is tied around the abdomen, the knot being placed over the hard contracting womb.

Various practices existed as to the period of rest during the puerperium, some returned to their ordinary occupations immediately after their plunge into the water, but among many people there was a certain time of rest and isolation, which was defined by religious laws, an intuitive belief in the uncleanliness of the menstruating and puerperal women existing. The Kalmuck woman was regarded as unclean for three weeks after delivery, but never permitted to remain in bed longer than seven days. The northern tribes of Russia considered the Puerpera unclean for several months after confinement, and after two months she herself and the tent in

which confinement took place were thoroughly smoked and from that time considered clean. This is in advance of our practices today.

The practice of midwifery continued unchanged from the time of Hippocrates to the period of learning in the middle of the sixteenth century, and the teachings of that great master characterized the status of the art throughout that entire time. This art developed by Hippocrates in Greece followed the course of civilization to Alexandria Persia and thus reached the Arab conquerers. In the west the rising power of Rome attracted the learned men of Greece. With the Greek physician the obstetric practice of Hippocrates reached Rome in the first decade of the Christian era, and attained its greatest perfection with Soranus and Galen. After them, with the fall of the Roman empire came a period of darkness until the sixteenth century, and art was lost, yet the teachings were preserved in the monasteries of Christian Europe and buried there. The writings of most importance were the Zendavesta of Zoroaster and the Ayur Veda of Susruta. In the thirteenth century anatomical research began; one body in five years was allowed and ordered for dissection at the University of Salerno; in the fourteenth century at the Universities of Prague, of Vienna and at Tubingen. In the middle of the thirteenth century Bishop Paulus of Meirada, Spain performed Caesarian section upon a living woman.

In 1550 Ambrose Pare fully described the operation of podalic version. In 1569 Dr. Wm. Chamberlain left France with other Huguenots during a period of persecution and with his sons entered upon the practice of his profession in England. To them is accredited the discovery of the obstetrical forceps, sometime prior to 1647. These instruments were flat, broad, metallic blades of unequal width covered with leather and without a pelvic curve. Numerous improvements were made in the shape of the blades, length, etc., and in 1700 they became generally used. Previous to this time, physicians as I have before said, were only called to women in labor to correct the blunders committed by the ignorant women in attendance, and as this was generally after hope itself had fled, he was usually considered as the messenger of death. But the pretensions of the possessors of this new instrument to greatly abridge the duration of labor when it was natural and to save life when difficult, changed the habits of the people and almost every woman was so delivered. Soon vigorous and edu-

cated minds began to classify labors, and instruments were used in only those cases especially requiring them.

It is supposed that Caesarian section is of very ancient date, as it was mentioned in ancient Grecian writings. In 1851 the first independent treatise upon the subject was published by Francis Roussett in Paris, although individual cases had been previously reported and one positively recorded in Italy in 1540 by Christopher Bain. Rousett describes ten cases performed by barbers, and one woman who was operated upon six times and died the seventh because she could find no one willing to operate. This woman was named Godard, of Milly in Gatany. One of the other women, named Ouinville, was also similarly delivered by a barber, who it is reported, perhaps as an excuse for the rashness of the act, to have been drunk at the time.

The opposition of Pare to this operation checked its further development in France, and it disappears for a time from obstetric history. However we must give to Pare the credit of being the foremost teacher of obstetric surgery of the time, and his teachings were followed for a period of one hundred years. He established a school for midwives in the Hotel Dieu of Paris and from this school the famous Louise Bourgeios, who afterward attended Marie de Medici in confinement, was one of the first graduates.

During the period from 1745 to 1800 notable advances were made. The results of anatomical and physiological study were beginning to appear and obstetric practice was modified by the fuller knowledge of the pelvic canal, observed by Smellie, and of the functions of the uterine muscles by Hunter; a very thorough description of the normal and abnormal pelvis was given by Andre Levret, whose most important treatises were upon the pelvic axis and placenta, previa. As a result of his observations, he improved the forceps by adding a pelvic curve, admitting it to the higher straits of the pelvis. He also improved the lock, and the instrument devised by him still holds supremacy in France, yielding only in extreme cases to the Tarnier axis traction forceps.

In America preference is given to the Hodge, Elliott and Simpson.

Baudelocque in 1791, methodically arranged the positions and presentations of the child, making 22 presentations and 74 positions. This classification, modified as it has been by

subsequent writers, is at the bottom of the present system of teaching and application.

During the dark ages, and probably from the beginning of the world as I have previously stated, the care of women in childbirth appertained exclusively to their own sex. Even Paul of Aegineta, who is styled the first male practitioner of midwifery, in the seventh century, probably had little if any practice. As late as 1552 Dr. Veit of Hamburg was publicly branded as having attended a woman as a midwife, in female garb. Dr. Atwood was the first physician in New York who dared to advertise himself as a man midwife before the revolution in 1762. It was during this period, however, that the last of the great midwives appeared. Marie Lachapelle and Marie Boivin. The student of the history of midwifery will in vain seek to find a single instance recorded of any useful practical discovery made by the midwife. They only perpetuated the errors of the time, and they have not in a single instance, up to the present day, with the possible exceptions of Lachapelle and Boivin, been the authors of a solitary improvements of the art.

In 1807 John Stearns of N. Y. discovered the oxytoxic properties of ergot and after years of experimentation practitioners have finally placed it in its own field.

Hugh L. Hodge (1788 to 1873) devised the forceps which has been most generally adopted in this country.

Dr. Jackson of Boston first used sulfuric ether in 1841. The discovery of anesthesia artificially produced is credited to two American dentists, Jackson and Morton and chloroform was introduced into obstetric practice by Sir Jas. Y. Simpson, in 1847, when he reported to the Edinburgh Medical Society the results of his observations in 50 cases. A most exhaustive work upon the use of ether in childbirth was published by Dr. Channing in 1848. It is worthy of note that the wife of Longfellow, our distinguished poet, was the first in America to essay its wonderful virtues under the direction of Dr. Bigelow of Boston.

The most important discovery of the century, however, and the one to which the preservation of more lives is due than to any one surgical procedure, was that of the infectious nature of childbed fever by Semmelweiss in 1847. He at first claimed that puerperal fever was due to infection by cadaveric poison, but he gradually changed his views until our present knowledge may be based upon his final deductions. It is of

interest to note, however, that Oliver Wendell Holmes in 1845 called attention to the true nature of this malady, but to no purpose, notwithstanding the fact that epidemics had been observed at various times. Semmelweiss was the first in the old country who possibly pointed out the infectious nature of the disease and the most important precautions to be observed for the sake of prophylaxis. As assistant physician in one of the Vienna maternities, in charge of two clinics, one devoted to the instruction of midwives, the other to medical students, he was struck with the prevalence of puerperal fever in the latter and its comparative absence in the former, and attributed it to the fact that the medical students were engaged in dissections and postmortem examinations and thence conveyed the poison, from which the disease developed, to women in labor or recently delivered. At that early day he took the very precautions which we now employ; that of disinfection before entering the obstetric wards or lying-in room. At once the mortality of puerperal women, which prior to that time had been 15 per cent, was reduced, and became even less than in those devoted to the instruction of midwives. In the period immediately preceeding the advent of Semmelweiss the mortality was as high as 9.92 per cent. After the precautions introduced by him it suddenly dropped to 1.2 per cent, while with our present system of antiseptic methods in some of our best lying-in hospitals, it is less than ½ of 1 per cent.

In 1854 Dr. M. B. Bright of Cincinnati perfected the methods of version by the introduction of the combined method of bimanual podalic version, which he published in a paper on "Difficult Labors and Their Treatment," for which he received the gold medal of the A. M. A. Yet coming from the American wilds, it was ignored, as were the teachings of Oliver Wendell Holmes, and little heed was given this proceeding, which bears the name of a later discoverer, Braxton Hicks. Though taught by Wigand of Hamburg in 1807, it was completely overlooked and not even the French translation of Wigand's work, 30 years later direction attention to this important procedure. The history of combined version is like that of almost all the earlier methods before the present era of international science, discovered and again forgotten, only to be rediscovered and lost until brought forward at the right moment. So it was left to Braxton Hicks to introduce the combined external and internal version into general obstetric practice,

by his paper published in the Lancet in 1860 and read before the London Obstetrical Society in 1863.

The kneading of the abdomen with manual massage of the fundus was a common practice in the primitive epoch and friction and pressure on the fundus, either by the hands, or by the tightening of a belt or towel or even by the hands of the patient herself, are the methods resorted to by primitive people at the present day, as they were thousands of years ago, and yet English obstetricians claim the discovery of manual expression for the Dublin school, while the Germans accord it to Crede who gave it to the profession in 1860, and as a method will forever bear his name.

The year 1870 might be termed the carbolized age. Prof. Stadtfeldt in the Copenhagen maternity introduced the use of 2 per cent carbolized vaginal injection; thorough disinfection of the medical personnel; washing of the hands in 2 and ½ per cent solution, 10 per cent carbolized oil as a lubricant; injection every two hours during labor; during puerperium bathing genitalia two or three times a day with carbolized water intra uterine irrigation of a three-sixth per cent solution being reserved for operative cases and retention of debris.

In 1871 Goodell advocated the present method of protecting the perineum during the expulsive stage.

In 1876 Prof. Porro of Pavia first performed the operation bearing his name, although he had suggested it in 1874.

In the same year Emmett recommended intra uterine injection of hot water, 122°—129° as a hemostatic in post partum hemorrhage.

Viburum Prunifolium also came into its own at this time as an antiabortive, observed by Dr. Jenks of Detroit.

In 1877 Prof. Tarnier presented his first model of the axis traction forceps to the Paris Academy.

In 1880 Hoffmeier and Runge of Berlin clearly demonstrated the uselessness and danger of prophylactic postpartum injections and their labors in this behalf served to check the progress of officious and overactive antisepsis.

In the same year, 1880, Crede applied the antiseptic method for the prevention of ophthalmia neonatorum by the ocular instillation of one drop of a 1-50 silver nitrate solution.

At this time Dohrn introduced a dry antiseptic dressing over the umbilical stump to prevent the transport of bacteria, and to hasten dessication. A dressing of carbolized wadding

was applied to the umbilical region after a thorough washing with a two and one-half per cent carbolized solution.

During the intuitive epoch, many years before Hippocrates, the Loango tribes of Middle Africa severed the cord at double the length of the first joint of the thumb, after which the child was taken to the fire and the remnant of the funis steadily pressed by the warm fingers of the attendant so as to hasten its drying which was completed in 24 hours after which the withered mass was forced off with the thumb nail and burnt. The practice of Dohrn, centuries afterward was not more complete and the practice of today incorporates this procedure.

Tarnier introduced bichloride in 1881, in a solution of 1-2000 and 1-4000 and this was rapidly adopted in all countries. Carbolic acid with its dangers, its odors and the greater quantity necessary, gave way to the new antiseptic and bichloride still holds sway.

From this date to the present time, there has been little added to the history of midwifery. True there has been numerous theories advanced along special lines of obstetrical work, but the fundamentals have remained almost unchanged in the light of present knowledge.

The causation of eclampsia for example, is yet in doubt as it has ever been. Men engaged in this line of research have found upon post mortem examination, a number of eclamptics who had normally functionating kidneys, who prior to and during their seizures had no albumen in the urine. More recently, some have proven at least to their satisfaction, that eclampsia is wholly an expression of anaphylaxis, and as yet it remains a disease of theories.

Again, we yet have puerperal sepis, both in hospital and private practice, for as yet no system has been devised and perfected wherein absolute asepsis can be carried out during labor and the puerperium in every case.

Among the more recent therapeutic agents advocated in the management of obstetric cases is Pituitrin. Whether or not this agent will gain a place in the history of obstetrics is problematical, because of its recent appearance. Not enough time has elapsed since its advent into this field, to rightfully place it within or out. Reports vary and one naturally takes into consideration his own personal results, and labels the agent accordingly.

The student of obstetrical history will find that throughout the ages, fundamentals of the obstetric art have been dis-

covered, practiced, abused, lost; after centuries, maybe, rediscovered, perfected and practiced, until today the practice of obstetrics ranks high among the life saving and life giving accessories of the surgeon. Nowhere are promptitude and decision more required; in no situation is the man of science more distinguishable from the mere pretender; in no situation is the conduct of the physician more the object of present attention or of subsequent criticism. In the delivery room no opportunity is afforded for qualification or deliberation. Firmness and decision, founded on accurate and precise knowledge, will alone secure to him present confidence and future approbation.

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REPORT OF AN UNUSUAL RESULT FOLLOWING ELLIOTT TREPHINE OPERATION FOR GLAUCOMA.

By H. C. MARKHAM, A. B. M. D., Parsons, Kansas.

Read before the Kansas Medical Society at Wichita, May 6, 1914.

The purpose of this short paper is to report the result of an Elliott Trephine Operation for the relief of a case of acute inflammatory glaucoma, the result obtained being more than was anticipated, also that it may be of value to some one, in that one may be able to give more assurance to glaucomatous sufferers and impress upon them the importance of immediate and proper care.

Mr. W. S. Maupin, seventy-three years of age, came to my office January 22nd, 1914, stating that he had gone suddenly blind, eight days previously, after thirty-six hours of terrific pain in the eyeball. Patient claimed to have been able to read the newspapers very readily just a few hours before the pain set in, the pain being the first symptom complained of. However, after questioning, he admitted that the lights had had a slight rainbow appearance for a week before. Patient had led a very active life and always enjoyed good health up to about five weeks prior to attack. During this five week period he was restless and unable to sleep but two or three hours during the night and was much worried about business affairs, due to crop failures and people cheating him. There had been poor appetite for several days with very obstinate constipation. Breath was very foul, the state of autointoxication being very pronounced. Blood pressure 210 M. m., with some arteriosclerosis. Right eye had been blind from injury for sixty

years. The left eye showed cornea very cloudy, cloudiness being the result of edema; pupil widely dilated. What view I could obtain of the lense showed it displaced forward and cloudy, with a very shallow anterior chamber. Tension was plus three, with conjunctiva very highly inflamed. A combination of esserin and cocaine in oil was tried for about thirty hours in an effort to reduce tension, if possible, and lessen the friability of the conjunctiva and cornea, but proved to be of no avail. A quart of pluto water was the only thing that gave any results. Patient was still unable to sleep, but free from pain.

On the 24th, I did an Elliott Trenphine. Iris welled up but was clipped, giving a very neat iridectomy and permitting aqueous to escape. Flap was replaced without suturing and eye closed. Patient slept all night until 9 a. m.

25th: Examination showed tension slightly sub-normal redness of conjunctiva fading, pupil still somewhat dilated, cornea beginning to clear, lense still appeared very cloudy.

26th: Patient slept all night and part of afternoon. Examination showed pupil about the same as day previous, redness fading very markedly. Tension still sub-normal, patient in good spirits but no light perception, cornea had almost cleared, lense fully outlined but still very cloudy.

27th: The general condition of the eye continued to improve and patient was exhibited before the Labette County Medical Society. However, I was still unable to demonstrate any light perception.

28th: Patient was placed in front of a 250 watt Mazda light which was turned on and off quickly. He was able to tell when light was on and when off. Cornea had cleared up completely. Lense was still a little cloudy. Some retinal vessels could be dimly outlined, the edema of the retina being very pronounced. Tension still sub-normal, redness of conjunctiva disappearing very fast and sclera beginning to show. Sight of operation showed filtration active by bulging of conjunctiva at point of trephining.

29th: Tension same, lense cloudiness diminished until disc could be outlined fairly well, retina very ischemic and edematous, cupping of disc not very apparent. Blindness was undoubtedly due to the ischemia of the retina and pressure on nervehead. Patient's general physical condition had not shown much improvement, except that he slept fine. He was

permitted to return to his home with a promise to return in a few days.

On February 7th, patient had recovered enough vision to recognize people and things and continued to steadily improve. On February 14th, he was put on one per cent pilocarpine hydrochlorate solution, which reduced the pupil to normal size with sight improving. Pilocarpine was used, two drops, four times daily, until pupil approached normal, then only once or twice daily.

After Feb. 28th, there was no further improvement in vision. Patient had obtained sufficient vision to readily recognize people and things without any difficulty.

In doing this operation on this man all I hoped in the beginning was to reduce tension and save the removal of the eyeball. Every oculist is aware of the fact that "the limits of the therapeusis of glaucoma is painfully apparent." The futility of iridectomy is known to you in many cases, tension being lowered for a few days, weeks and perhaps years, but finally resulting in complete loss of sight, or loss of sight and enucleation for relief of the pain. Enucleation is the last thing I desire to do for a glaucomatous patient.

Had this patient been operated at once, what would have been the visual results? At that time the results of high tension would not have been so marked, as the edema of the lense and cornea took place after vision was lost.

Priestly Smith states that the aqueous humor is formed at the rate of about five cubic millimeters per minute and the contents of the acqueous chamber is changed in less than one hour, blood pressure being less in the anterior than the posterior chamber. The lymph is gradually displacing forward towards the filtration angle, consequently anything that alters the blood pressure within the eye, or tends to choke the filtration angle, gives an edema of the eye, or glaucoma. Therefore, the result required is one that will be permanent, a mechanical interference that will regulate tension absolutely and the quicker it is done after the case is diagnosed the better, no doubt, will be your end result. Temporizing only leads to unsatisfactory results and disappointment.

Fox states that it would appear that almost all ophthalmic surgeons are unanimous as to placing their reliance upon iridectomy as the curative operation for acute glaucoma (Jan. 19th Ophthalamogy). He further states that he trephined his last four cases of acute glaucoma with brilliant results, and

that none of the newer operations for glaucoma has given him greater satisfaction than the Elliott.

I sincerely doubt if this case would have yielded any results should an iridectomy been tried; if any results, probably only temporary, as it was, the day of promise for the restoration of any degree of vision to this man appeared to be passed. As time elapsed we were both very agreeably disappointed.

In conclusion, I hope this case, detail and comments, will be of some value to the profession and save some hapless individual from blindness. There is entirely too much temporizing with glaucoma, opportunity quickly passes and leaves only regret.

April 22, 1914.

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WHAT IS WRONG WITH THE MEDICAL PROFESSION OF KANSAS.

By DR. CHVS. S. HUFFMAN, Columbus.

Read Before the Southeast Kansas Medical Society at Chanute.

I was led to select the above subject after a careful study of the trend of the feeling of the public or laity toward the medical profession, since the enactment of the Medical Practice Act in this State. Our present law has been in operation about twelve years, a sufficient time for all who are interested in it, to familiarize themselves with the work of this law. Before this measure was enacted, anybody could practice medicine in Kansas, and could style himself a follower of any kind of school he saw fit; Regular, Homeopathic, Osteopathic or Chiropractor; he could attend any case of illness and do all kinds of surgery and mid-wifery, and could compete with the educated physician and would not be violating the law, because there was no law to violate. No fight was made, up to this time, on the members of the profession who had fitted and qualified themselves for their life work, who had attended an accredited school and received a diploma by honest and faithful work. The reputable physician could not infringe on the work done by the chalatan or quack, for lack of any legislation regulating the practice of medicine. They were all on the same level. As soon as we had a law defining the practice of medicine and effecting the standard as to the qualifications of the medical man, this necessarily interferred with the unlicensed practitioner and charlatan. Then there was organized from

all of these unlawful elements a fight on the regular profession, because the reputable men were back of the Medical Practice Act, and were ansious that the standard of the profession should be raised. The opposition had the ear of the politician, who as you know, always has his ear to the ground, and made them believe that they were treated unfairly, and that the law was unjust, and it should be so amended as to take in and cover all of the different "isms", such as the Osteopath and Chiropractor, and many others that I need not mention. The opposition did not stop with getting the ear of the politician, but began to appeal to the public through various channels, one of which is the Bureau of Medical Freedom, which is sending out literature all over the country, denouncing the medical profession as a medical trust. They not only have the charlatan and quack arrayed on their side, but have enlisted the Christian Scientists, many of whom are most excellent people, to help them in their fight. You will also note the manufacturers of patent medicine contribute to this cause. Every one who is the adulterer of food products, you will find in the fight against the medical profession, and arrayed against the Pure Food law. These combinations were made and perfected during the past eight years, and they are stronger today than they ever were before, and are putting up a formidable fight against everything that interferes or infringes on their illicit work. What has been the attitude of the public, relative to this contest? You will find the majority on the side of the charlatan working against the medical profession. The question I wish to ask is this: Why have we not been able to get the people on our side? Does the fault lie with us? After an experience of about eight years as a member of the Kansas Legislature, the essayist is led to believe that the average legislator is opposed to almost everything that the regular medical profession wants, in the matter of legislation pertaining to the practice of medicine, enforcement of the Pure Food law, and work being done by the State Board of Health. While much has been accomplished along the lines named, it usually has been due to the untiring efforts of a few members of either branch of the Legislature. While we find a great many in both the Senate and the House friendly to us, at the same time we find a large majority ready and willing to support any measure that vitally affects or strikes at the regular medical profession. During the last session of the Legislature, there was a bill introduced creating

an Osteopathic board, which the Osteopaths had been working for for a number of years. This bill received favorable consideration in both houses, and became a law. Another bill was introduced, creating a separate board for the Chiropractics, which also received favorable consideration, and became a law, although the Governor up to the present time has not appointed the members of the board, and I understand he will not do so. This last bill certainly is a travesty on our profession, the board being composed of three Chiropractors, one preacher and one teacher. These two measures have let down the bars so that anybody can practice medicine in this state.

The correspondence schools are turning out Chiropractics, after giving them three months instruction for which they receive twenty-five dollars. Anyone who doubts this statement will only have to read in Colliers' Weekly, an editorial in the January issue, to confirm it. Nothing will prevent them from performing any kind of surgery, attending all kind of illness, contagious or non-contagious diseases and practice mid-wifery. What more can the charlatan and Chiropractor want than a law of this kind? There was also a bill introduced, which if it had become a law would have materially crippled the work of the State Board of Health. This provided that a majority of the members of the board be laymen and a minority physicians. Another question I would like to ask, whither are we drifting? Where will all of this lead? Again I wish to propound a question, who is to blame for this condition of affairs? We had a committee from the Kansas Medical Society, whom we had in the Legislature to work and lobby against these measures. They were men representative of the profession, and men who command the highest respect, and who exert a great deal of influence in theiw own community, but they were unable to accomplish anything as lobbyists after the Legislature convened. One reason far their failure is that after the Legislature convenes, the average member is very busy with a multitude of duties, and he is not in a situation to approach, so that they could get his full time and attention, and make him understand just what is wanted. Many of them do not want to be annoyed and resent any appeal that may be made to them. Your essayist is the only one that made a fight on the floor of the Senate against these measures. While there were many that voted as he voted, and sympathized with him, a large majority were favorable to the above named measures, and the same

condition prevailed in the House. While there were three physicians who were members of the House, strong men, who stood well with their fellow legislators, and who stand well at home, but they were up against the same stone wall that your essayist had to go up against in the Senate. One more question I wish to ask is, why is this? Every member of the Society here today, is perhaps acquainted with his Senator and Representative. He perhaps has known them for years. He knew them before they were identified with the Legislature. He knew them when they were candidates at the primary, before the nomination. He knew them when they were candidates for election and knew them after they were elected. He was familiar with the necessity of defeating such Legislation as was enacted last winter. He knew of the fight that was being made on the Medical Practice Act, but how many went to the various candidates for the Legislature before the election, explained to them what the medical profession stood for, and what it wanted in the matter of legislation. Were you doing your full duty? Did you not leave the matter of such vast importance as this to two or three physicians who happened to be members of the Legislature? Is it not your duty to take more interest in political affairs, not for the sake of being elected to office, but to see that men are elected to the Legislature, who are friendly to the interests of the profession. Make them understand what we stand for and what is needed. Then we should go back further. We must educate the laity to understand the aims and purposes of our profession and what medical science is teaching today. There is perhaps not one man in a thousand that can explain to you how the yellow fever has been stamped out of this country, and what has been done ine Cuba and the Canal Zone in the matter of sanitation and prevention of disease. Did you ever hear of an Osteopath or Magnetic Healer accomplishing anything along these lines for the sake of humanity? Can they point to any one of their particular schools that has left any impress for the benefit of mankind? Our profession must get down to the grass roots. We must begin our campaign at once. We must use every means obtainable to educate the public to our point of view. Every County Medical Society should have two or three open meetings every year, to which the public is invited, and matters pertaining to the medical profession, relative to sanitation and the work being done by the State Board of Health, should be thoroughly discussed. Prominent ment outside of

the profession should be put on the program. All churches are open to medical profession for meetings of this kind, and if each County Society would have at least two meetings every year, much good could be accomplished toward educating the general public. We should take an interest in knowing where the candidates for the various legislative offices stand, with regard to our profession, and should do our lobbying with them before the election, and obtain pledges from them, if deemed best. These pledges can be asked for in writing. Labor organizations follow out this plan. They send out a number of questions to each of the candidates for legislative offices, and get their views on these matters before the election. We are so taken up with our work that we do not like to diverge and take up things that we think perhaps are of no benefit to the profession.

What will it matter how careful the State Board of Registration and Examination is in examining candidates for certificates to practice medicine in Kansas, or how well qualified the successful candidates are who receive certificates, if the door is wide open so that anyone may go in, in the guise of a Chiropractic or Magnetic Healer, and practice medicine and do all kinds of surgery.

I leave the question with you. What is wrong with the Medical Profession of Kansas?

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BACTERIOLOGICAL STANDARDS FOR MILK.

"During the last few years a large number of cities have been paying particular attention to the sanitary control of market milk. Many of these cities have adopted what are known as bacteriological standards and require that milk offered for sale shall not contain more than a given number of bacteria per cubic centimeter as shown by the ordinary methods for counting bacteria.

To ascertain the extent to which these bacteriological standards have been adopted by American cities and their nature, a circular was sent to the health department of each city in the United States having a population of 10,000 or over (1910 census), asking whether they had adopted a standard, and if so, its nature." (Public Health Report, May 15.)

From the tabular statement of the replies received it would seem that there is a very wide variation in the standards adopted. For instance the bacteriological standard for raw milk varies from 30,000 per c.c. to 1,000,000 per c.c.

THE JOURNAL
OF THE
Kansas Medical Society.

W. E. McVEY, M.D., - - - - Editor.

ASSOCIATE EDITORS—C. W. REYNOLDS, C. C. GODDARD, HUGH B. CAFFEY, O. P. DAVIS, W. E. CURRIE, ARCH D. JONES, K. P. MASON, O. D. WALKER, C. S. KENNEY, D. R. STONER, J. A. DILLON, W. F. FEE.

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WHY BUTTERINE?

Kansas produced during the year 1913, 44,622,671 pounds of butter, which had a value of $12,560,469. The State of Kansas buys annually more than 135,000 pounds of butterine for its penal and charitable institutions. It feeds butterine to its insane, its imbecile, its blind, its deaf and dumb and to the inmate of all its penal institutions. It feeds butter to the inmates of its Old Soldiers' Home and its Home for Soldiers' Widows.

Figuring the average price of butter at twenty-eight cents, which is a little low, and the average price paid for butterine at fifteen cents, which is a little high, the state saves about $16,250 a year by buying butterine. This is more than enough to pay the salaries of the superintendents and physicians at both the Topeka and the Osawatomie State Hospitals, or enough to pay the salaries and expenses of the Board of Control. If the inmates of the Soldier's Home and the Home for Soldiers' Widows were also fed on butterine, there would be an additional saving of $1,350, more than enough to pay the salary of one of the physicians at either of the state hospitals.

Economy is a commendable virtue, even in the administration of the affairs of a state, but it manifests itself in strange and unexpected ways and is not always practiced with the judicious foresight that marks this instance. Butterine is no doubt purer than some butter and is perhaps just as healthful and as nutritious, but it is certainly not as appetizing to the average palate as good butter. That butterine is pure and wholesome is a sufficient recommendation to the friends of the insane and the objections of the insane themselves have no weight. It is commonly supposed that the remaining senses of the blind are more acute than in those who can see but possibly this is not true of the sense of taste. If the deaf and dumb have any faults to find their sign language is unintelligible to most people. The idiotic are no doubt entirely satisfied and it does not matter what the inmates of our penal institutions may think about it. The Old Soldiers, however, are different. They have voices that may be heard, loud and long. They have eyes that may see the direction of the weathervane and read the most sensational campaign literature. Though their joints are stiff and their bodies frail their mental faculties are not clouded, neither are they restrained by iron bars and stone walls.

Behind the economist in all his charitable endeavor lies the sentiment of that old adage: "Beggars shouldn't be choosers." One may justly question how far we are justified in classing our insane hospitals, our blind and deaf and dumb schools, as eleemosynary institutions. The primary reason for placing an insane person in confinement is because he may be a public menace, that he may be cured of his insanity is an incidental reason. Being irresponsible for his acts he is not a criminal and is not under punishment when he is confined, nor does he have any choice in the matter. When the state, by due process of law, deprives an insane person of his liberty it is in duty bound to supply his needs, but it is not charity and our insane hospitals should not be classed as charitable. The state has already classified the school for the blind and the school for deaf mutes as educational institutions, and placed them under the Board of Administration.

The State Home for Feeble Minded should not be classed as charitable for practically the same reasons as those mentioned in the case of the insane. There are but three of our institutions that can properly be classed as charitable and those are

the State Soldier's Home, the Mother Bickerdyke Home and the State Orphans' Home.

Perhaps there is more sentiment than reason in a criticism of the use of butterine in our state institutions, but sentiment constitutes the motive element in many of the great crises that occur in our lives. It is sentiment that has eliminated from the management of the insane the harsh measures in vogue many years ago. It is purely sentiment that justifies the expenditure of hundreds of thousands of dollars in beautifying the buildings and grounds of our state hospitals.

With the advance of civilization our penal institutions are regarded more and more as institutions for reform rather than for punishment. Criminals may be made good citizens by kindness and good care, and good citizens may be made criminals by abuse and deprivation. Every good woman knows that a good appetizing meal will make an irascible man even-tempered, a vicious man kind-hearted and a criminal repentant. The tallow-ized palate of the man who has been fed on boiled beans, boiled beef and bread with butterine will make even kind words sound harsh and pervert the sense of even a religious thought.

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THE CLINICAL SCHOOL AT ROSEDALE.

Some years ago the Chancellor of the State University sent out a circular letter to the physicians of the state, in which he set out the difficulties with which the Clinical School at Rosedale was then confronted.

It was suggested by him that after five years of effort it was deemed impossible to establish a satisfactory school at Rosedale and it was then advised by the Chancellor that the school be relocated at some point where better clinical facilities would be afforded. It was also stated that, "For reasons which it is not necessary for me to go into we seem to have failed to get the good will and support of the state."

It is with considerable satisfaction that we learn from the Chancellor that these difficulties have been removed and that this school is now in a flourishing condition. We quote from a recent letter from the Chancellor: "It was true some years ago that we seemed to have failed to get the good will and support of the state. All these unfortunate conditions have passed away and the medical school is now in far better condition than it was at that time and its work of very much higher grade.

It now has the support of the profession in general throughout the state and the emphatic endorsement of the legislature. The Summer School for Health Officers and Physicians which just closed at Rosedale was a unique and successful affair and as an indication of the regard in which our medical school is held I would say that the entering class for the year just closed numbered fifty, one of the largest in any medical school in the United States."

Early in May our attention was called to an article which appeared in one of the Kansas City papers in regard to the removal of the Clinical school to Kansas City, Kansas, from which we quote the following:

"The consolidation of the state school for the blind at Kansas City, Kansas, with the state school for the deaf and dumb at Olathe, and the removal of the Bell Memorial hospital from Rosedale to the buildings of the blind school, was discussed yesterday afternoon at a conference in Mayor Green's office in Kansas City, Kan. Mrs. Cora G. Lewis and Ed Hackney of the state board of control, Chancellor Frank Strong of the University of Kansas, Dr. Merwin T. Sudler, dean of the medical department of the university, and Dr. C. C. Nesselrode, a Kansas City, Kan., physician, took part in the conference with Mayor Green.

"The last two years of the state university's medical course are taught in Rosedale. The grounds and buildings were donated by the late Dr. Simeon B. Bell, a pioneer Kansas physician. The buildings are far removed from the population centers of the Kansas Citys, and the school has felt keenly the need of added clinical facilities.

"The heads of the medical department of the state university have never been satisfied with the location in Rosedale. The last two years of a medical course are spent mostly in clinical research. It is during this period that students observe all forms of disease, and see their preceptors administer the proper treatment. Clinical subjects, for this kind of study, come from the working classes and the pauperized, but even though the poor man is going to get medical treatment free, he won't go after it and the clinical laboratories must necessarily be located in the densely populated centers, the educators declare."

Evidently the reporter for the Kansas City paper misinterpreted the object of the conference referred to. If the school, which for so many years seemed on the point of failure, is now in such a satisfactory condition, as we are assured by the Chancellor it is, it is hardly probable that so hazardous a move as this would be contemplated.

We have had reports to the effect that some of the Sopho-

more work which has recently been transferred from Lawrence to Rosedale was not being accepted by some of the other university schools. We wrote the Chancellor in regard to the matter and he has assured us that there is no foundation for these rumors and that the standing of the school with other like schools is very high.

The Medical Department of the Kansas University should be so identified with the medical profession of the state that every member of that profession will feel that he has a personal interest in its welfare and a pride in its prosperity. The careless indifference of the profession toward the medical school, which was complained of a few years ago, was not more pronounced than the indifference of the medical school toward the profession.

That a state may build up a strong medical school without the support of its medical men is probable; that a state may develop a strong and capable medical profession without a medical school within its borders, we know; but there are greater possibilities and greater potentialities in a strong medical profession and a high grade medical school working in harmony and co-operating in every effort to advance the science of medicine.

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THE EXPERT WITNESS.

The present status of the medical expert witness is not very satisfactory either to the doctors, the lawyers or the people. An expert witness should be free from prejudice and unhampered in his testimony. The usual procedure in a case in which expert medical testimony is used is extremely farcical. Each of the contestants in the suit employs one or more physicians to testify to the points they wish to prove. They are careful to state the case so as to elicit from the doctor an opinion favorable to them. The lawyers are careful in preventing any expansion of the evidence which might reveal the truth but might also jeopardize the case. A physician who is employed to testify to certain points only, often finds himself in an embarrassing situation when the case is presented as a whole. He may have been honest in the opinion he gave when only one aspect of the case was presented to him and then find, as the case is fully presented, that his opinion was entirely at fault. Men who are in demand for expert testimony are usually men who are extremely careful and painstaking in

their diagnoses and it is hard to understand why they should not be fully as circumspect in engaging themselves to give certain expert testimony. Without having a full and complete knowledge of the case before he goes on the witness stand one will very frequently find himself much humiliated in the cross examination. There is only one remedy for this evil and that is to permit the court to appoint a commission of experts who shall be permitted to investigate the medical questions at issue and render their opinions to the court.

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SOME POINTS IN MILK MODIFICATION.

There has been much in the past to confuse the practitioner who wishes to consult authority for his action along the line of milk modification. For a long time the fats were considered innocent of harm and were liberally added to the milk, while the proteids were looked upon with grave suspicion and their proportion reduced to a minimum. Sugar was given in quite an invariable ratio to the total quantity, if only "milk sugar" were specified; and rarely was any of the blame for faulty feeding attached to this ingredient.

At the present time the weight of authority, both German and American, seems to have reversed this procedure. It is now set forth by competent observers that the so-called "proteid curds," so characteristic of a large class of digestive disturbances, are really fat curds, and we are advised in these cases to diminish the fat and increase the proteids.

Again, we are advised, and with good authority, that in many of our cases of ill-nourished babies with dyspeptic stools the fault is in the milk sugar that has been used persistently and with such confidence. And there is good reason to believe that commercial milk sugar is very different from that of human milk. As long ago as 1901 Jacobi ridiculed the assumption of their identity, and many writers since that time have held the commonly used milk sugar responsible for many of the troubles incident to artificial feeding. The difference that exists is a subtle one defying similarity of chemical formulas and not revealed by laboratory methods.

But milk sugar even if chemically and physiologically correct is objectionable in its commercial form for the reason that it is made from milk often unmarketable as food, and is contaminated with dirt and bacterial toxins with which such milk abounds.

If sugar, then, is to play such an important part in the bottle infant's dietary, capable as the carbohydrates are of assuming for a time the functions of the diminished fats, to what shall we resort if the use of milk sugar is to be discredited? We are left to choose for our purpose between saccharose or cane sugar, and maltose or malt sugar.

As is well known, both these sugars as well as milk sugar, are disaccharides and are not assimilable as such but must, each of them, first be split into its two monosaccharid molecules by its own respective enzyme. The enzymes for lactose and saccharose are elaborated exclusively in the alimentary tract and if by any chance any milk sugor or cane sugar escapes this action and finds its way by the lymphatics into the blood, it will not be utilized, but will be eliminated by the kidneys. Or if these kinds of sugar are ingested in such quantity that their enzymes are unequal to the task of their conversion. they will be left in the intestines to there undergo fermentation, cause diarrhoea, etc.

Maltose, on the other hand, has a more widely distributed enzyme. Not only is it produced in the alimentary canal there to act immediately on the more fragile maltose molecule, but it also exists in the blood itself, there to continue the work of rendering assimilable the maltose which seems to find more ready access there than do the other sugars. Maltose is thus dismembered whether in the intestine or in the blood, wholly into dextrose, the ultimate form in which sugar is most readily utilized. This is readily appropriated by the liver and converted into glycogen, or else it is appropriated directly by the tissues if it finds way into the blood through the lymphatics. When milk sugar is acted on by its ferment, it becomes not wholly dextrose as in the case of maltose, but dextrose and galactose, the latter convertible into glycogen with much greater difficulty than the former.

The fact that pure maltose is expensive and rarely so produced makes its use for that reason alone impracticable. As commonly used in infant feeding it is combined with dextrin and there is a reason for using it in this combination aside from one of economy. The associated dextrin is a polysaccharide and as such is colloidal, non-fermentable and non-dialyzable—exactly contrary properties to those possessed by maltose. The dextrin is thus fitted to protect the mucous membrane and to retard the absorption of the associated sugar when the latter is given in immoderate amount, and it further

gives the enzymes of the intestine a potential sugar reserve which they may gradually transform into maltose and offer for absorption as needed.

This advocacy of maltose in admixture with dextrin is not a fad, nor the result of some proprietary food propaganda. This method of milk modification has been gradually developed and proved clinically first in Germany by Finkelstein and his followers, and then in America by such men as Leopold, Rachford, Holt, Coit, Abt and other prominent clinicians. The marketing of an available American preparation is in accordance with the suggestion of Leopold, perhaps the foremost exponent of the use of malt sugar in infant feeding in this country. —O. P. D.

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NOTES.

We hope the Secretary of each County Society will check up the list of members as published in the last number of The Journal and send us any corrections needed. We have already found a good many errors and expect to find more but we also expect to have an accurate list ultimately. The cooperation of the Secretaries will greatly aid us toward this end.

Whenever a County Society begins to fall behind in membership and its meetings become irregular and are poorly attended, it needs a new secretary. It needs a real live, wide-awake, man to put a little ginger in the pot. A few years ago the Wyandotte County Society was a weakling but now it is the largest and most active society in the state. All because it found a real live secretary.

Dr. O. P. Davis has been elected Chairman of the Defense Board and hereafter all applications for defense and all communications in regard to the medical defense work should be directed to him at 839 N. Kansas Ave., Topeka, Kansas.

Dr. J. C. Shaw of Holton has just sent out notices of his intended departure for Europe the last of the month. Dr. Shaw announces that he will spend several months in post-graduate work.

Dr. H. C. Markham of Parsons will leave soon for Europe where he expects to spend some months in the hospital clinics.

Dr. A. H. Fabrique, of Wichita, is one of the pioneers in the Kansas medical profession. He located in Wichita when it was only a village with no railroads. He hauled the lumber from Topeka to build his home and the house he built then is a part of his home in which he now lives. Dr. Fabrique retired from practice four years ago. He had established an enviable reputation as a physician and for many years has been recognized as one of the leading surgeons of the West. He has been an energetic student and some fifteen or twenty years ago was an active participant in a pathological society which met every night for the study of pathology and diagnosis and was continued for three years. This little society, composed of nine members, did a great deal toward advancing the standard of medicine in Kansas.

The Physicians' Casualty Association of America deserves the patronage of physicians because it is a physicians' mutual association, because it is conducted at minimum expense paying from $3.50 to $4.00 for each, $1.00 of expense and because it pays your claim promptly and without quibbling. It costs you $13 a year and you receive $25 per week when disabled by injury.

The P. C. A. records show that about one-fourth of all the claims for injury, including about two-thirds of the colles fractures and more than one-half the deaths, have been due to the automobile.

Dr. G. E. Haughey of Lovewell has purchased a practice at Burlingame and will soon remove to that city.

Dr. Ira D. Nelson, formerly of Maple City, has formed a partnership with Dr. M. T. Collins at Oxford, where he will hereafter be located.

In this number of THE JOURNAL appears a department in charge of Councillor O. P. Davis. He calls it "The Corral," not so much because he wants to be exclusive as that he wants it to be inclusive, but if you see anything in "The Corral" that is particularly attractive you may go in and rope it, hog-tie it, brand it and ride it away without danger of arrest.

Dr. Maggie L. McCrea has removed from Kansas City, Mo., to Sterling, Kan. Dr. McCrea was for sometime connected with the Topeka State Hospital.

We call attention to the advertisement of the defense feature of the Society which appears in this number. This advertisement is being run for the purpose of furnishing the members with information as to the methods of procedure in case of suit for damage.

The Annals of Surgery has been enlarged and appears in a new dress with the July number. The Annals of Surgery has been long in the field and is deserving of the prosperity which it now enjoys.

Believing that THE JOURNAL should be of the greatest possible benefit to the members of the society, we have decided to publish want advertisements for our members free of charge. If any one has a practice to sell or anything else to sell, or if any one wants to buy a practice or to buy anything else, or if any one knows of a location that is open or for sale, send in a little notice and we will be pleased to insert it where it will do the most good.

A LAXATIVE BREAKFAST FOOD.

A real laxative breakfast food which is both palatable and nutritious ought to appeal to every practitioner. Every one of us has a few patients who need something of this kind. A food of this kind has been on the market for some time but has only very recently been advertised in the best medical journals. This means that investigation has proven that it has the merits claimed for it. The manufacturers prefer, however, that you try it out for yourself and if you find that it is what they claim, they are satisfied that you will find many occasions to recommend it.

The Uncle Sam's Breakfast Food is composed of wheat and flaxseed and it does the work. If you will send to the manufacturers the coupon which you will find in their advertisement in this number, they will send you a full package. Try it on yourself or give it to some of your cases of chronic constipation. In a number of cases of this kind we have found it extremely satisfactory.

THE CORRAL.

By O. P. DAVIS

My friend, the editor, has agreed to fence off a little of the Journal's space every month in which I may freely disport my scribularious exuberance without mussing up the other columns. He gives me license in this enclosure to carry on and splash around just as I please. Out of consideration for a friendship of long standing, however, I shall try to avoid such extreme indiscretions of utterance as might lead to his impeachment as editor-in-chief. It is a terrible responsibility to be the managing editor of an organ like this, exponent as it is of a great and dignified professional body of men. It wouldn't be so hard if he were unincumbered and alone in his official prerogatives, but for some inscrutable reason he has twelve associates to worry along with, of whom I am one.

This is the season when the doctor should take a vacation but rarely does so. The enervating effects of the hot weather are just as painfully felt by him as by anyone else, and yet he cannot get away to mountain or lake without great sacrifice. It is not greed for money that keeps him at home, but it is rather a sense of obligation toward his patrons who may be looking to him to take care of their most vital interests. The family doctor always has dates marked throughout his summer as well as his winter calendar, when he is expected to welcome new arrivals into the homes of his patrons. This part of his practice is of far-reaching importance. Not only is it somewhat lucrative, but such ministrations are of a kind to intrench and fortify the practitioner in the hearts of his people. And moreover, there is scarcely a moment during the summer when he does not have in charge more than one patient anxiously depending upon him to bring them up from a bed of sickness to health again. They may be patients too whose peculiarities of constitution and temperament, and perhaps special idiosyncrasies he has learned through long acquaintance and experience in former illnesses. To leave them in such a crisis, in no matter how skillful hands, would bring him not only the deserved censure of the community, but more important still, his own self-respect.

The lawyer can go away without detriment to his practice. Cases in process of litigation can be studied and pondered at leisure and distance. The piscatorial pastime is said to be

highly conducive to legal meditation. Court and bar invariably suspend their activities during the summer months, greatly to their own advantage and to the relief of the public.

Merchant and clerk usually take at least a month's respite with undisputed advantage and without pecuniary sacrifice. Most establishments acknowledge the value of a vacation by giving one to their employes on full pay. Even the preacher needs a vacation, and his flock takes one for itself at the same time, in a limited way, by sending him off for a month or two, and browsing and nibbling for themselves at such provender, through the summer, as readily comes to hand, or even becoming markedly abstemious. But the doctor has to stay at home and work throughout the summer, every day and some nights, Sundays included. What can he do to offset in some measure this handicap?

The doctor may do something at home by way of vacation if he will only take the matter in hand. A vacation is presumably for recreation, and recreation does not consist solely in sojourning away from home in a locality often lacking many of the comforts and conveniences to which one is accustomed. Recreation may consist in a change of occupation, doing old things in new ways. A physician may so arrange his work as that most of his calls may be made in the very early morning and in the late evening when the air is cool and the labor least fatiguing. The automobile vastly expedites the business of getting about, and by using a morning and evening schedule much pleasure may be combined with the work if the company of wife or congenial friends on the rounds is thereby made available.

Office hours should be cut to the very minimum, and patrons trained to conform to the temporary change. A newspaper notice of the fact that office hours are to be limited to a specified few during the hot months will be a very legitimate form of publicity to facilitate the escape from the monotonous drag in the office throughout the long summer afternoons.

The time won by these methods might be employed at home or in the woods or by neighboring streams, or overlooking the diamond or on the golf course or in the pursuit of some wholesome hobby. If one inclines to botany or entomology he will find much to engage his interest at this time of year along these lines. Field and woods will have a meaning to him that those untutored in these realms will little appreciate. If per-

chance he has a wife or son or daughter of kindred tastes the enjoyment will be intense.

Getting close to nature, wherever one may be; seeing bird and flower and star with knowing and appreciative eye; perpetuating observation and impression by pencil, brush or camera; making the experience of each succeeding day the substance of future happy reminiscence; all this will do much to compensate the doctor for having to stay at home during the summer, and will make a vacation always available at his hands.

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Kansas City, June 11, 1914.

Mr. C. S. Huffman, Secy. Kansas Medical Society,
Columbus, Kan.

My Dear Sir:—

Let us thank the Kansas Medical Society through you for its very kind resolutions regarding the Helen Keller article.

Yours truly,
THE KANSAS CITY STAR,
By H. J. HASKELL.

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SOCIETIES.

MEDICAL SOCIETY OF THE SEVENTH DISTRICT.

At the meeting of the Medical Society of the Seventh District, which met in Hutchinson, April 24th, the following officers were elected: President, W. F. Fee, Meade; vice president, C. C. Klippel, Hutchinson; vice president, E. E. Morrison, Great Bend; secretary-treasurer, W. F. Schoor, Hutchinson; censors, W. E. Currie, Sterling; J. S. McBride, Lyons, C. A. Mann, Hutchinson. A report of this meeting was published in the May number of THE JOURNAL.

SMITH COUNTY MEDICAL SOCIETY.

The Smith County Medical Society met at Smith Center, Wednesday, June 24th. There was an exceptionally good attendance and the visiting physicians were well entertained. In the evening a banquet was given by the local men, after which everyone attended the picture show. During the afternoon a very interesting program was presented. Dr. V. E. Watts read a paper on "Remedies," referring particularly to the various remedies which he had found most reliable and useful. Dr. Potter of St. Joseph, Mo., presented a paper on

"Cervical Ribs" and reported a very interesting case and description of the operation. Dr. C. S. Kenney made a very interesting talk in regard to the purposes of the State Tuberculosis Hospital of which he is superintendent. Dr. W. F. Bowen read a paper, which was contributed by Dr. J. C. McClintock of Topeka, on "The Treatment of X-Ray Burns." In this paper Dr. McClintock reported the results of some original work along this line which was very instructive. The paper will appear in full in the August number of THE JOURNAL. Dr. W. E. McVey presented a paper on the "Treatment of Chronic Valvular Diseases of the Heart" and reported a number of cases which had recently been treated at Christ's Hospital with a modification of the Karrell milk cure and in which the results were very striking.

THE RICE COUNTY MEDICAL SOCIETY.

The Rice County Medical Society met at the office of Dr. Wallace. Those present: Drs. Wallace, Bradbury, McCrea, M. Trueheart, Ross, Vermillion, C. E. Fisher, Currie. Dr. Ross was appointed secretary pro tem.

Following an excellent dinner furnished by Dr. Wallace, the society met in the doctor's office for the program. Dr. Ross gave an excellent paper on, "The Work of the Council of Pharmacy and Chemistry of the A. M. A.," which was followed by a general discussion by those present.

A vote of thanks was extended to Dr. and Mrs. Wallace for their excellent entertainment.

On motion the meeting adjourned.

H. R. ROSS, Secy. pro tem.

THE TREATMENT OF HAY FEVER.

We are approaching the season when the services of the physician will be urgently demanded by the victim of vasomotor rhinitis—a season dreaded not alone by the patient, but, not uncommonly, by his medical adviser as well. Particularly is this true of the latter, if he has not kept abreast of modern ideas on the therapy of hay fever. In any event the disease is one that tries the patience and calls for the application of remedial agents that have been proved beyond peradventure.

In the treatment of hay fever the physician rarely has an opportunity for the application of preventive measures. His

help is not usually sought until after the attack has manifested itself—when the patient is suffering (acutely, in most cases) from the ravages of the disease. Prompt, effective treatment is then demanded. Administration of the suprarenal substance in the form of its isolated active principle, Adrenalin, is undoubtedly the wise procedure at this juncture. One feels safe in saying this in view of the long, efficient service which has been rendered by this agent in critical emergencies.

Hay fever is now recognized as a neurosis in which the morbid cycle is the irritation of a hypersensitive area in the nasal chamber by a foreign particle, the dilatation of the local capillaries, and turgescence of the turbinal tissues—resulting in a catarrhal inflammation of the nasal mucous membrane. While not a specific in the strict meaning of the word, Adrenalin controls the symptoms effectually and secures for the patient a marked degree of comfort. Topically applied, it constricts the capillaries; given internally, it acts directly on the heart and arterioles, restoring the vasomotor equilibrium and ultimately manifesting its effects upon the nasal tissue.

Adrenalin Chloride solution and Adrenalin Inhalant are the forms in which the substance is administered topically. The first mentioned should be diluted with four to five times its volume of physiologic salt solution, the latter with three to four times its volume of olive oil. The preparations are applied in spray form to the nares and pharynx. Any good atomizer adapted to the use of oily or aqueous substances is suitable for the purpose.

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58,816 MANUFACTURERS TO BE NOTIFIED THAT GUARANTIES AND SERIAL NUMBERS ARE AT AND END MAY 1, 1915.

Washington, D. C., June 1.—The Department of Agriculture is sending individual official notices to over 58,000 manufacturers that on May 1, 1915, their guaranties filed under the food and drugs regulations will be stricken from the files and that thereafter the serial numbers assigned to such guaranties must not be used on the label or package of any food or drug. This action is in accordance with the regulations adopted on May 5, 1914, by the Secretaries of the Treasury, Agriculture and Commerce, which abolish the use of the guaranty legend and serial number on foods and drugs. The ground for this action was that the legend "Guaranteed by (name of

guarantor) under the Food and Drugs Act, June 30, 1906" was understood by many consumers to mean that the federal government had passed upon and certified the excellence of the article so labeled, whereas the legend and serial number were merely a guaranty on the part of the manufacturer to his dealer that the manufacturer would assume full legal responsibility for his goods.

In the meantime from the records it appears that 58,816 manufacturers have filed guaranties and obtained serial numbers, the last number issued being 58,816.

The notice advises manufacturers that after May 1, 1915, guaranties should not appear on the label or package but should be incorporated in or attached to the bill of sale, invoice, bill of lading, or other schedule giving the names and quantities of the articles. The guaranty may be printed or stamped on the invoice, and if it is signed in accordance with the new regulations and refers specifically to the goods listed in the invoice or document it covers, it need not contain a detailed description or schedule of the articles.

Manufacturers who are asking permission to file guaranties and obtain serial numbers are being advised that they should attach their guaranty to their invoices and not seek to use the legend or serial number on their labels, as the guaranty and serial number will be withdrawn within a year.

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U. S. WARNS AGAINST ALLEGED HOG CHOLERA CURES.

Government Has Not Approved Any Treatment Except the Protective Serum.

Washington, D. C., June 1.—Evidence of what appears to be a well organized campaign to delude farmers throughout the country into buying an alleged cure for hog cholera, under the impression that this has been investigated and approved by the United States Government, has reached the Department of Agriculture. Articles praising this medicine, Benetol by name, are being sent out widespread to newspapers. These articles are so worded that it appears as if the Department of Agriculture had received reports from the state of Minnesota showing that the medicine had proved most beneficial. As a matter of fact the one report received by the Department was an unofficial and unsolicited statement sent presumably from the promoters themselves. The Department attaches no im-

portance whatsoever to this statement. It has no reason to believe in the efficiency of any proprietary cure for hog cholera and does not recommend any. Under certain conditions it urges farmers to protect their stock with anti-hog-cholera serum but that is all.

In connection with this attempt it may be said that the medicine, which is now put forward as good for hogs, was advertised some time ago as a means of killing tuberculosis, typhoid, and cancer germs, according to an article published in the Journal of the Americal Medical Association. At that time it was asserted that the army was interested in it. As a matter of fact the army was no more interested then than the Department of Agriculture is now.

In view of the evidence that the attempt to create this false impression is persistent and widespread, all hog owners are warned to communicate with the United States authorities before accepting as true any statement that the government recommends any treatment other than the serum already mentioned.

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EXTRACTS

GASTRIC HYPERTONY.

The occasional failures of gastro-enterostomy for gastric ulcer, even when a correct diagnosis is made, are noticed by W. J. Mallory, Washington, D. C. (Journal A. M. A., June 13, 1914), who reports a case in which faulty surgical technic could not be accused. He says that the explanation will be found in an understanding of the physiology of gastric motility and its disturbances, that is the vagotony of Eppinger and Hess. The stomach receives nervous influences from three sources; tonic or motor impulses from the vagus and inhibitory impulses from the sympathetic; and when both of these are cut off, it may functionate by the aid of the local ganglionic plexuses of Auerbach and Meissner. In the condition described by Eppinger and Hess there is a stimulated vagus neurosis and, as might be supposed, an excess in both motor and secretory innervation. The hyperacidity and pyloric spasm with gastric ulcer is well known, but the effect of excessive tonus on the functioning of the stomach is not so generally recognized. If this explanation is correct, what is the remedy? A thorough pre-operative examination for signs of vagotony should be made in all ulcer cases, and if these are found, the case should be considered unsuitable for surgical treatment; if this is im-

perative, as is sometimes the case, suitable medicinal and hygienic remedies should be combined with the post-operative treatment. Besides the symptom of pylorus spasm and increased muscle tone, cardiac disturbances, etc., Eppinger and Hess enumerate as indicating vagotony either a few or all the following: "Bradycardia, disturbances in the respiratory rhythm, a tendency to bronchial asthma, dermography, urticaria, local sweating, demonstrable 'head zones,' low blood-pressure, pigmentation of the skin, eosinophilia, spastic constipation, alternating with nervous diarrhea, and other minor signs of disturbances in the autonomous nervous system." In vagotonic patients with gastric ulcer the surgical treatment is not all that is required, and drugs and other therapeutic measures acting on the vegetative nervous system are indicated after as well as before operation.

LEAD-POISONING.

H. Linenthal, Boston (The Journal A. M. A., June 6, 1914), calls attention to the early diagnosis of occupational diseases, more especially to lead-poisoning. An early diagnosis is essential to protect workers and to gather information as to the prevalence of the conditions. He finds that there is a tendency among physicians to attribute too much diagnostic importance to the blue lead-line on the gums, and the presence of basophilic granules. Lead-poisoning presents itself in a great many ways. Its early manifestations are not always clear, but the physician who fails to recognize them very often loses the chance he has of arresting the disease in season. The technical difficulty of detecting the lead in the urine and stools precludes its use in routine examination in general practice. It is, moreover, not constant in these excretions, and if the lead is not absorbed but is excreted, or excretion corresponds to the absorption, no symptoms manifest themselves. It is when the balance is destroyed and the lead is stored up in the tissues that lead-poisoning occurs. A number of cases are reported in which the diagnosis failed to be made on account of the absence of the lead-line or of stippled red cells, notwithstanding that the other symptoms were characteristic. Among the early symptoms, Linenthal mentions especially the skin pallor entirely out of proportion to the actual anemia, the wasting of the fat in the face, general muscular weakness with rheumatic pains in the joints, nausea and attacks of constipation or constipation alternating with diarrhea. Loss of appetite among

those exposed to lead from whatever cause is a symptom to be taken seriously, as an empty stomach favors the absorption of lead. General nervousness, persistent headache and dull mentality are also among the earlier manifestations, and with the characteristic colic are often the precursors of the more serious nervous lesions. The history of exposure is an all-important aid to the diagnosis; the physician should make careful inquiry as to the details in the occupation of the patient and should not be satisfied with generalities in regard to this matter.

CALOMEL AS A GERMICIDE.

J. F. Schamberg and J. A. Kolmer, Philadelphia (Journal A. M. A., June 20, 1914), while investigating the germicidal activity of chrysarobin, found it necessary to devise a technic for testing substances which were insoluble in water. The technic of this is described. In their experiments they were surprised to find that the germicidal quality of calomel was much greater than had been supposed. Naturally they first thought that this might be due to some included mercuric chlorid, or that the hot agar or some chemical in the culture-medium might have changed the calomel to a soluble salt; but careful and repeated chemical tests and experiments have disproved this. Moreover when calomel suspension had been shaken mechanically for an hour at 42 C. (107.6 F.), and filtered through a Berkefeld filter, the filtrate did not possess germicidal activity. A table is given showing the germicidal power of 0.01 gm. calomel suspended in 100 c. c. of a acacia solution against the staphylococcus aureus. Similar effects were noted with cultures of typhoid and colon bacillus. They say: "We have no explanation to offer of the mechanism of so high a germicidal activity of a substance insoluble in water. On first thought it would be supposed that each particle of germicide must come in actual contact with each bacterium; but this explanation can hardly hold when 0.00005 gm. of calomel spread out in 10 c. c. of agar in a Petri dish or in a bouillon completely inhibits or kills the cocci contained in 0.1 c.c. of a twenty-four-hour bouillon culture" They also give a table showing various other germicidal substances, using calomel as a standard. The one main difficulty in using the calomel suspension in the accia water is the fact that sedimentation begins within from half an hour to an hour. If, however, the suspension is prepared in a bottle it can be easily

shaken just before use and can be injected where needed. As it possesses a germicidal activity equal to that of mercuric chlorid, there seems to be hope of its being useful in the disinfection of various cavities.

ANTISEPTICS AND GERMICIDES.

M. Pitzman, St. Louis, (Journal A. M. A., June 27, 1914), says that the idea that moist or germicidal dressings over an infected wound have any influence on the course of the infection within the wound is being given up and the progressive surgical opinion of the day is that moist or saline dressings would have equally good effects without their disadvantages. One of the most important uses of germicides is their prophylactic use on mucous membranes that have been exposed to infection where, theoretically, the germs are still on the surface and can be reached. For this purpose he favors the use of strong germicides and condemns the weaker antiseptics. This prophylaxis is used in infantile ophthalmia and is gaining in estimation for use after exposure to venereal infections. Still another use is by the ophthalmologist in infections of the cornea, which is comparable to bony tissue in its lack of blood-supply, etc., for which reason the infection tends to remain localized. In cases of abscess the continuous discharge has itself a healing tendency and in chronic inflammation of the mucous membrane the bacteria are likewise removed under ordinary conditions without the use of antiseptics. Some irritation is often necessary, not to kill off infecting organisms, but to aid nature by increased blood-supply, stimulation, etc. When germicides are thus used one must keep in mind their possible bad effects. One must recognize the limitations of germicides.

TYPHOID CARRIER.

M. P. Ravenel, Madison, Wis.,(Journal A. M. A., June 27, 1914). gives an interesting history of a typhoid carrier, to whom twenty-one cases of typhoid infection could be almost indisputably traced. While the exposure was slight in a few cases all had been in contact with the carrier and had undoubtedly had food at his house. Other sources of infection in the neighborhood had been excluded.

THE JOURNAL
OF THE
Kansas Medical Society.

Vol. XIV TOPEKA, KANSAS, AUGUST, 1914 No. 8

TREATMENT OF SOME EFFECTS OF ROENTGEN RAY BURNS.

JOHN C. McCLINTOCK, A. M., M. D.

The pioneer workers in the field of radiography and radiotherapeutics did not understand the dangers to which they were exposed, and later workers, when they realized the risks they were taking, continued the work—knowing that they were sacrificing themselves, as the pioneers had already sacrificed their own health and lives, for the benefits that their patients were deriving.

The present day workers with the Roentgen Ray have ample protection, but there are many doctors suffering from the chronic burns which they received in their earlier work.

It has been my fortune to see some benefits from the treatment of the effects of the exposure to the rays, under the old conditions. The good results of the treatment have been so marked that I feel impelled to give out this short note.

From original observations, I had noted that, in the treatment of skin diseases, senile keratoses have all been benefited on the administration of tonic doses of quinine, alternating with tablets of dessicated thyroids.

Reasoning from this, I concluded that the fibroid growths, which followed the X-Ray burns, might possibly also be, in a like manner, benefited. The trial of the treatment showed this to be a fact, that they were either cured or very materially helped under this treatment.

I had also observed—and this is not an original observation—the marked sclerolytic effect on fibroid new growths, from the subcutaneous admnistration of Fibrolysin, and I added this preparation to the treatment of the fibroses following the injuries of the X-Ray.

All of these fibroid growths are very prone to degenerate; to take on an epitheliomatous condition. Where this has supervened I have not temporized, but have dealt in a radical manner with such a degeneration, either by an excision together with the cauterization of the base, or by preference with the usual caustic paste.

In looking over the literature, many of the writers, I notice, speak of early excision. I have not felt favorably inclined toward surgical procedures. Some speak of cutting the nerves going to the affected parts, just as Hilton did for other chronic ulcers.

Savill reports, or gives the notes of a case of X-Ray ulcers of the shoulder, cured by Hilton's method. (London Lancet, December 18th, 1909, and an abstract of it is in the New York Medical Journal, January 15th, 1910.) The article is valuable from the fact that it might be worth while considering cutting some of the nerves going to the affected part, and also from the fact that it brings up the subject of injections of Fibrolysin, with the object of softening the thick sclerodermatous parts. All of the thickened parts became softer and thinner under these injections.

McCullough, in the January 1st, 1910 Lancet, endorses Savill's article, and endorses the use of Fibrolysin as a sclerolytic agent.

In Hilton's "Rest and Pain," his method for the cure of a painful ulcer—an irritable ulcer—was to cut the nerves going to the ulcer, thereby putting it at rest, permitting the patient to rest, thus allowing the patient to recuperate, and as a consequence the ulcer would heal.

For some of the chronic cases, particularly those commonly involving the backs of the hands in X-Ray workers, Eddowes has found few remedies to equal compound tincture of benzoin.

In The Journal of The American Medical Association, March 21st, 1908, they say editorially, "There is probably a close essential resemblance between the precancerous keratoses of old age, and those of chronic X-Ray dermatitis. It is probable that the senile skin dotted with keratoses is an expression of the irritating effects of actinic light. The notable absence of epithelioma in the negro, confirms this view. Advise protection from further irritation of same nature, frequent greasing of the hands with fresh rose ointment. Keratoses should be

excised or destroyed. It may be destroyed by deep freezing with liquid air or carbon dioxide snow."

Pusey, in The Journal of The American Medical Association, January 23rd, 1909, page 394: "For small tumors, liquid air and carbon dioxide snow are excellent. Keratoses should be destroyed as rapidly as they develop. All these lesions are amenable to treatment. Destroy them when they are destroyable."

Dr. Leonard, on this same page, does not seem to favor operation.

In the New York Medical Journal, January 20th, 1906, page 143 are a couple of prescriptions for applications for X-Ray burns.

In the Medical Record, October 13th, 1906, copied from the British Medical Journal, September 22nd, 1906: "Harris tried all sorts of remedies for his fingers, dispensed with salves, and resorted to very fine sand paper, which he used at first daily, subsequently less often with marked benefit. He had a couple of painful warts and small ulcers which would not heal and caused excruciating pain. These were excised, healing occupied three times the normal period. Eventual results most gratifying."

In the Journal of The American Medical Association, November 3rd, 1906, page 1493, is an article, also one on page 1498, reporting a case where sand paper could not be used on account of sensitivity, and closes by saying: "Hard lumps can be removed with emery paper, but they recur and develop into ulcers."

The nerve section looks like it would be worth thinking about, and I would not dismiss the sand paper treatment without careful consideration, for I have found cuts straight through the skin that would not heal, but rather keep tearing open in fissures, and the thickened edges of the cut prevent healing. In such cases I shave down the thickened edges with a razor and, if the edges are thickened and hardened, multiple incisions have been made, and then they will frequently heal right away.

They still talk of X-Ray keratoses being similar to senile keratoses. Senile keratoses always disappear when I put my patient on a few months treatment of thyroid tablets, giving two to five grains, twice a day. Sometimes I have given as much as thirty-five grains a day. I have usually continued

the administration of thyroids, (unless there was some contra-indication to their use), for a period of about three weeks, then discontinue and, for the same length of time, give small tonic doses of quinine, say a half grain tablet every two or three hours, then dropping it and beginning over again with the thyroids, and again the quinine. When they are not taking thyroid tablets, they take from four to six half grain doses of quinine each day, and those senile keratoses and other senile skin changes are cured, in these old men, but it does not cure the man of being an old man, and he has a recurrence of his trouble, because he IS old, and his thyroid gland has astrophied and has ceased to furnish the thyroid secretion, a certain amount of which he should have, and in a year or two I give him another month's treatment. This treatment has cured X-Ray keratoses and should have a place in the treatment of other cases.

The above has been written primarily for the possible profit one of my patients might derive from it, and secondarily, that it might possibly be of benefit to some of my friends and workers in the X-Ray field, who may have suffered from the effects of the Roentgen Ray. To this I have added some references, quotations and suggestions from other reporters.

As far as my own contribution goes, I could sum up all of my own original work and observation in the following line: *Quinine and Thyroids for the chronic effects of X-Ray Burns.*

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PROSTATIC HYPERTROPHY.

M. TRUEHEART, A. B., M. D., Sterling, Kan.

Read Before the Meeting of the Kansas Medical Society at Wichita.

This is a disease of men past middle life. They usually come to us giving a history of difficulty or slowness of starting the urine, a loss of speed and force in the stream, and inability to throw out the last few drops with any force, and they fall at his feet.

If the patient sits some time, he may be able to start a second flow of urine, there is occasionally some leakage. These symptoms are often disregarded by the patient or taken as a necessary evil of living past middle life, and seldom drive him to seek advice. If such a patient is examined, a moderate sized sound will be a little tight in the prostatic urethra, the urinary distance will be slightly increased and there will be a

small amount of residual urine. Later the calls to urinate become more frequent, the patient is wakened once or more at night to urinate and if unable to do so, may suffer severe pain, and may be able only to urinate drop by drop. At this time, the Prostatic usually seeks our aid. On examination, we find residual urine two ounces or more, diminished bladder capacity, increased urinary distance, enlarged prostate can be felt through rectum, cystoscope will show trebeculated bladder and deformed prostate. The urine is usually still clear.

When he comes to his family physician, he is usually catheterized and this is repeated by the physician for awhile when the patient becomes weary of the trouble and expense of seeking a physician every time he wants to urinate and procures a catheter and draws his own water. What happens to him after he gets his catheter and goes on his way? This can best be answered by quoting rather freely from a paper by J. Bently Squier, M. D., on "Vital Statistics of Prostatectomy." He reports 30 patients suffering from benign Prostate Hypertrophy, and five from Carcinoma Prostate without operation. Seventeen were on catheter life, of these fourteen have died with an average duration of life of two years and ten months after commencing catheter life. The cause of death in twelve cases was directly due to renal lesion. Of the whole series 50 per cent are living and of the 50 per cent who have died, the average length of life after obstructive symptoms has been four years, eight months.

Fifty per cent of non-operative cases will die at the end of five years from onset of obstructive symptoms. Compare this with the statistics from his operative cases. In one hundred operations for benign Hypertrophy since 1909, there were seven post-operative deaths occurring from twelve hours to one week after operation. There have been six deaths after convalescense occuring from six months to three years after operation, giving a total mortality of 13 per cent from all causes.

Young reports 450 cases with seventeen deaths, giving a post-operative mortality of 3.77 per cent; seventy-nine have died after leaving the hospital, with the average time from operation to date of death, of two years, five months, giving over 80 per cent living, time after operation being from seven years to six months. Only twelve of those dying after convalescence died of renal disease.

Compare this with Squier's twelve death from renal disease out of seventeen cases of prostatics on catheter life.

With these statistics before us, I do not see how anyone can conscientiously advice any treatment in Hypertrophied Prostate with obstructive symptoms, except surgical treatment of the prostate.

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CHRONIC INTESTINAL STASIS.

J. T. Axtell, M. D., Newton, Kansas.

Read Before the Meeting of the Kansas Medical Society at Wichita.

Chronic Intestinal Stasis means that condition caused by a delay in the passage of the contents of the intestinal canal long enough to result in the production, especially in the small intestine, of an excess of toxic material and in the absorption into the circulation of a greater quantity of poisonous products than the organs which convert and excrete them are able to deal with. Consequently, we have in the circulation materials which produce degenerative changes in every single tissue of the body and which lower its resisting powers to infection by deleterious organisms. The whole principle is one of drainage. Carrel has shown that growing tissues are practically immortal and grow to the greatest advantage if the drainage of their toxic products is carried out effectually.

From unsuitable diet in infancy and from the habitual assumption of the erect position, delay of fecal material takes place in the large bowel which is the cess-pool of the gastro-intestinal tract. Somebody has described the large intestine as "the general drainage system of the body." The erect position is the cause of very many ills and infirmities. Someone has said, "man has lately assumed and with difficulty maintains the erect position, both physically and morally." In the abdomen new membranes are being formed for resistance to downward displacement of intestines. A membrane forms on the left side of the pelvic brim, fixing the large bowel but at the same time, reducing the freedom of the passage of material through that part of the sigmoid, and it becomes a frequent seat of cancer late in life. Lane has called this the "first and last kink" because it is the first to form and it is the lowest one in the intestinal canal. This membrane frequently attaches to the left ovary and later it may enclose it, rendering it cystic and producing an ovarian tumor. Similar evolutionary mem-

branes are developed on the surfaces of the peritoneum which is reflected outwards from the caecum, ascending and descending colon. These are much exaggerated at the splenic and hepatic flexures. Membranes develop also between the transverse colon when prolapsed, the adjacent ascending and descending portions of the large bowel transmitting through them much of its weight. The acquired membrane which runs outward and upward from the caecum may anchor the appendix at some point in its length, frequently producing a kink or obstruction in its lumen. In such circumstances inflammatory changes ensue, causing appendicitis. Obstruction at any part of the large intestine may result in inflammatory or cancerous conditions.

The accumulation of material in an enlarged, prolapsed caecum may result in great delay in the evacuation of the contents of the ileum and considerable accumulation of material in the small intestine. One of the most definite obstructions of the ileum is caused by the development of a membrane in the under surface of the mesentery attaching the small intestine at varying points on its surface and obstructing its lumen. This is what Lane calls the "Ileal Kink." The end of the ileum may be controled by fixation of the appendix to the under surface of the mesentery of the ileum by acquired adhesions. Lane considers these developments evolutionary and not inflammatory. The accumulation of material in the small intestine drags upon and obstructs the bowel at the duodeno-jejunal junction. In consequence, the duodenum is elongated and dilated, especially in its first portion where it is free and surrounded by peritoneum. Later the pylorus becomes spasmodically contracted to prevent regurgitation of the duodenal contents into the stomach. This results in a dilatation of the stomach by the accumulation of contents. The delay of the contents of the small intestine, in the duodenum and stomach, results in infection by organisms and in the development of chemical changes in the stagnating material. These changes bring about engorgement of the mucous membrane of the duodenum, often ending in ulceration and even perforation. This is supposed to be the cause of ulceration, perforation and later of cancer of the stomach. Infection of the ducts of the pancreas results in degenerative, inflammatory changes, and later in cancer. Infection of the ducts of the liver and gall-bladder, causing gall stones, cholecystitis and

cancer have long been known to be caused by intestinal stasis. Doubtless many other acute and chronic diseases of the liver are caused by the same thing. Dr. Plummer of Rochester has also pointed out that a spasm of the orifice of the oesophagus, causing an accumulation of contents in this tube, may be one of the later results. The symptoms that result directly from the auto-intoxication of chronic intestinal stasis are loss of fat, and wasting of both voluntary and involuntary muscles, also degenerative changes in the skin, causing alteration in its texture and color and the development of pigmentation, especially in certain localities, and an offensive character of the perspiration. Addison's disease with its pigmentation of skin is doubtless caused by the same thing. In cases of uncomplicated stasis the temperature of the body is subnormal, particularly so at the extremities. The extremities may become almost bloodless so that no blood can be obtained by pricking the hand or foot. Common sensation in the part is more or less lost. Carried to its termination in an extreme case we have Reynold's disease. It has been shown by different observers that Reynaud's disease is always accompanied by stasis. Occasionally the hands and even other parts of the body will show a distinct bluish color of the skin. This condition is called "microbic cyanosis." The mental condition in Intestinal Stasis is one of apathy, stupidity, or misery and may become exaggerated to melancholia or even to imbecility. These patients sleep very badly and are liable to commit suicide. Neuralgic symptoms and neuritis occur in many cases. Epileptiform tic is not infrequently the result of intestinal stasis, as evidenced by its disappearance after colectomy. Headache is a very frequent feature. One of the most serious symptoms which results from the damage to the nervous tissues by toxins is the want of control over the temper which makes the sufferer very difficult to live with, and leads to much misery and crime. Rheumatic aches and pains in the muscles and joints are common. The thyroid gland wastes, so much so that in marked cases, no evidence of its presence can be detected by the finger. The breasts show very degenerative changes. These are more marked in the upper and outer zone and especially in the left breast. Cancer readily develops in this condition of the breast. Many organs prolapse and alter in shape, partly because of the wasting of muscle fibre and of fat. This is especially true of the kidneys and uterus. The patient becomes

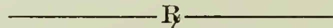
short of breath on exertion, part of which may be caused by the distension of the stomach or intestines interfering with the action of the heart. Most of the degenerative changes that affect the muscle of the heart appear to be due to auto-intoxication.

Dr. Jordan has demonstrated this condition very clearly. Dr. James McKenzie speaks of this effect in his new work on the heart. Atheromatous degeneration of the blood vessels both large and small is one of the constant effects. The kidneys may become affected by the abnormal strain thrown on them, and degenerative and inflammatory changes result which are roughly grouped under the term of "Bright's Disease." The hair is affected early in life and tends to fall out and lose its color. People with red hair are very much less subject to this trouble than people with dark hair. While the hair of the head tends to degenerate, it is likely to grow excessively in places where it is not usually found. The pancreas becomes infected directly by extension from contents of the doudenum. The effect on the liver we have just named. Degenerative changes may occur in the eye.

There are also some indirect changes produced by auto-intoxication, such as infection of the gums causing pyorrhea, tuberculous infection from lowered resistance or otherwise Rheumatoid arthritis and tuberculosis cannot develop except in the presence of defective drainage of the gastro-intestinal tract, according to Sir Lane. In fact the most remarkable results of surgery today are caused by the removal of the large bowel in rheumatoid arthritis. The change in many of these cases is so abrupt as to be remarkable. The whole body is rejuvenated and patients are cured in this way that have resisted all other treatment.

The medical treatment of intestinal stasis consists in the use of paraffin before each meal. This precedes the food in its passage along the canal and facilitates the flow. As it can not be absorbed it renders the motions fluid and insures one or more evacuations daily. Its action as a lubricant is so remarkably efficient that it meets many of the troubles that arise directly or indirectly from chronic intestinal stasis. No other medicine compares with this in efficacy. Spring supports which press upon the abdomen below the umbilicus are made, which help considerably in stimulating the intestines to pass on their contents. It is possible that the modern hip

corset is not a bad thing in this condition. Foods which become poisonous if delayed in the passage, such as the proteids, are best avoided. Those cases, in which the delay in the ileum is due to an interference with its lumen by the pressure exerted by the appendix and its bands are, of course, best treated by the removal of the appendix. The modern X-Ray with bismuth meals shows when this delay is at this or any other point. In case of an extensive band at the appendix, and this band not very tense, Lane advises to short-circuit the patient by dividing the ileum and putting it into the pelvic colon. If, however, the colon is loose and pendulous, it is always removed. Lane never performs gastro-enterostomy for duodenal distension even if there is ulceration. He does perform gastro-enterostomy, however, where the stomach is much dilated and where there is a chronic spasm of the pylorus, and also where the ulceration of the duodenum has resulted in a great reduction of the lumen of the bowel. The operation of colectomy has as low a degree of mortality as hyterectomy, and it is more than possible that it may become one of our most valued operations.



MEDICAL LEGISLATION AND OTHER THINGS NEEDED IN KANSAS.

By DR. E. C. DUNCAN, Fredonia, and DR. J. W. MCGUIRE, Neodesha.

Read Before the Meeting of the Kansas Medical Society at Wichita.

It is beyond doubt that the laws of Kansas regarding physicians in their duty to the state are extremely unsatisfactory. I am not sure that all the County Medical Societies know just what physicians want in the way of legislation, but I do know that the Wilson County Medical Society has a pretty good idea of what we want.

Last winter while the legislature was in session, at Topeka, I sent out ninety-seven letters to secretaries of the County Medical Societies of Kansas, regarding matters of vital interest to the physicians of this state. In this letter I urged them to communicate with their Representatives and Senators, in regard to this needed legislation. I talked with our Representative and Senator after the legislature had adjourned and I found that practically no communications had been had by the members of the Senate and House from the County So-

cieties over the state, and that we were simply regarded as a joke, as far as medical legislation was concerned, with our Senator and Representative as joksters.

It is not necessary for me to point out to you just what legislation is needed. I would say, however, that we have no legal status when we treat the paupers, even when we have an order from the overseer of the poor, or trustee.

The commissioners are not compelled, under the present laws, to pay such a bill when it is presented to them. Again, think of our Chiropractic bill. In Missouri they are, at this time, sending Chiropractors to jail, while over here in Kansas they are legalized to practice their so-called profession.

A large number of the physicians of Kansas dispense more or less of their own medicine, and, if we are not careful, legislation will be enacted at the request of the druggists, prohibiting us from even giving out an Acetanalid tablet without requiring certain things that no reputable physician would or could stand for.

The medical profession must be jarred so that they will appreciate the necessity of standing together to see that such foolish legislation is not enacted, and have bills that affect physicians and the people, enacted as laws. Our druggist friends had far better work hand in hand with the medical profession, rather than try to bulldoze and legislate us into writing prescriptions.

I have before me now an advertisement appearing in the Chanute Tribune, which called the attention of the readers to the fact that they have filled 69,000 prescriptions, and have refilled twice that many. So, each prescription written by physicians in Chanute has been refilled twice, to the advantage of the druggist, and very likely to the detriment of the patients. Have you noticed the druggist crying for legislation which would prevent them from counter prescribing, and from refilling prescriptions? We now have something less than a year to work on this thing before the next legislature, and unless our Representatives and Senators are made aware of the importance of this legislation, we only make laughing stock of ourselves.

The candidates will soon be abroad in the land, and this summer and fall is the time for the medical profession to see to it that candidates have a proper appreciation and understanding of the needs of the people of Kansas. As far as

medical legislation is concerned, for my part, and I believe I can speak for the other physicians of Wilson County, I intend to support the candidates who give me assurance that he is interested in the welfare of the people, at large, not in the welfare of the druggists, Chiropractors, physicians, or any other class of people.

If we elect the right kind of men this fall and give them the data, we will have no trouble in having legislation enacted that will be for the benefit of the whole people. It is simply up to the County Medical Societies of Kansas whether or not this is done. Wilson County will do her share, I firmly believe. How about your county?

This is not a matter of politics. It is a matter that any man, Democratc, Republican or Progressive, should be deeply interested in. If the medical societies want decent legislation they can have it, but they can't have it by ignoring the necessity of working for it.

The following points should be made clear, for under our present laws, nothing seems to be definite.

Pauper Practice.

We think the average pauper should be allowed to select his own physician, and the county or city should be compelled to pay the same fee that would be charged any other patient living in the same locality.

Health Officers

The law should define his duties clearly, and state amount he shall receive for his service. (Why not base the pay on the number of inhabitants he serves?) The law should state what cities and towns shall have health officers, and state whether the town, city or county shall pay them. The word "may" should be eliminated. It has been our experience that when the word "may" is used, that the way is simply paved for misunderstanding, consequently inefficiency.

State Hospital.

We have found that the system of paying for our county pauper cases in the state hospital, is unsatisfactory. The County Commissioner who is elected by the people of a county to look out for the business of the county does not want, as a rule, to send patients away, not knowing how much the bill is going to be. Very often the work could be done at home just as well, and cheaper.

County Hospital.

It is well known that the average hospital is run at a loss. The very great majority of counties in Kansas have no hospital. Why ouldn't a law be passed that counties with, for sake of getting it before the house, say 15,000 population, shall have a hospital? Let the physicians and business men raise a certain per cent of the necessary money. Then let the physicians contract to take care of the worthy poor at a reduced rate while they were inmates of the hospital. In this manner, all concerned would be benefited, taxpayers, the poor, and the physician. I am firmly of the opinion that there would be such obvious advantages under this system, that the taxpayers would not return to the present system. But don't forget to leave the word "may" out of the law.

How about the railroad surgeon? Is he being paid at the same rate we are paid for private practice? Some of my friends have railroad contracts, but from a feeling of delicacy, I have refrained from asking them about it, although I am quite sure the work is done for less than half price. While we are cleaning stables let's have the matter of railroad contracts investigated and righted. I have been told by different people that the average pay the R. R. doctor gets per patient is 15 cents. Pretty rotten; don't you think? If this isn't correct, will some R. R. physician show us his contract?

One thing about the situation is perfectly apparent, and that is this; if we are going to allow the Chiropractors and other irregulars, together with the druggists to write the medical laws of Kansas, we physicians can expect the worst of it. Not only that, but the people will get the worst of it. Did you notice any Chiropractors or any Osteopaths or Christian Scientists volunteering to do the work that Dr. Gorgas did in Panama? Why should we expect these irregulars to work for the benefit of the people of Kansas? The trouble with we doctors is, that we simply expect the other fellow to look out for medical legislation and assume that we, as individuals have no responsibility in the matter. The rank and file of the profession can not wait for the "Leaders" to move in this matter, the common, ordinary, every day physician must do the moving, and no one of us can delegate his move to another.

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Dr. H. R. St. John, formerly of Kansas City, Mo., has become a partner of Dr. W. R. Priest of Concordia.

STRYCHNINE POISONING..

Journal Kansas Medical Society:

We are enclosing the report of a case which we think is of interest and possibly of merit enough to be published in the Journal of the Kansas Medical Society.

The case interests us both because of the ultimate outcome and of the enormous dose of strychnine taken, the recovery of a patient after having taken such a dose (15-20 grs.) is rare so far as the literature we have at hand is concerned. The condition of the gastric mucosa must have been such as to have kept the strychnine from being absorbed.

We remain truly,

S. S. GLASSCOCK, M. D.
R. L. HOFFMAN, A. M.

(Report of Case.)

A. R. male, age 40, a hard drinker, had used morphine while drinking and in one of his depressed spells took strychnine with suicidal intent. The exact amount of strychnine taken could not be determined but was between 15-20 grains, and was in powder form.

Nurse reported, "patient groaning and cramping" at 10:25, the patient admitted having taken strychnine about 10:15. The convulsions were of a clonic type, during the attack the head would be drawn back, the jaw chattering, a complete apnoea, and a fixed facial expression.

The patient was given 1-10 grain of apomorphine hydrochloride hypodermatically repeated in 15 minute intervals, the third dose giving the desired emesis, attempts were made to give the patient chloral hydrate in 20 grain doses, but all attempts to swallow resulted in convulsive seizures, patient only being able to take a part of the dose, but he received approximately 40 grains in the first two hours. He was absolutely unable to swallow any charcoal, although he made several attempts. Stomach tube was found impractible.

The pulse jumped rapidly from 65 to 168 and the convulsions which lasted from 45 to 60 second became more severe for the first 45 minutes, after which they came with a certain regularity of 15 to 20 minute intervals.

The first emesis occurred 55 minutes after the first injection of apomorphine. The patient seemed somewhat relieved except for the terrific pulsation, so was given sparteine 2 grains, hypodermatically.

The patient continued in this condition until 3 a. m. (4½ hours), after which he improved finally, having his last convulsion at 6 a. m., after a rest of 45 minutes. He was given morphine ½ grain and allowed to go to sleep. The pulse was 90 and strong. The patient complained of great muscular soreness, and extreme nervousness, for the next few days, but otherwise he suffered no temporary or permanent ill effects from his large dose of strychnine.

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JUVENILE PARESIS.

A case of congenital or juvenile paresis in a boy aged 8½ years, treated by the Ellis and Swift method of spinal autoserotherapy, is reported by C. Eugene Riggs, St. Paul (Journal A. M. A., June 13, 1914). The symptoms appeared during the fourth year and the deterioration was rapid. There were no other cases in the family but there was a history of syphilis of the parents. A positive Wassermann was obtained in the father and in the patient; otherwise there were no clinical symptoms or congenital syphilis in the family. The clinical symptoms in the patient after the treatment were greatly improved. The patient can now feed himself, his gait and speech are much improved and mental symptoms are very much better. The child has received eight injections, intravenously, each of 0.25 gm. of salvarsan, followed the next day by an intraspinal injection of 30 c.c. of 40 per cent solution of salvarsanized serum. The blood-serum Wassermann is less positive, but that of the spinal fluid is unchanged as well as Lange's colloidal gold test, a fact which Riggs believes has a real corroborative value in the diagnosis. It has given the typical curve of paresis in every case of paresis or taboparesis in which he has employed it. In three cases of paresis treated with salvarsanized serum there have occurred two remissions and in the third no improvement. In the cases remitted there were very decided serobiologic reductions. In the unimproved patient this was very slight. Riggs' experience in that serobiologic reductions and clinical betterment go hand in hand. In only one case has he observed any untoward results from serosalvarsanized treatment, which demonstrates, in his opinion, that an acute suppurative meningitis may possibly occur with the use of this method.

THE JOURNAL
OF THE
Kansas Medical Society.

W. E. McVEY, M.D., - - - - - Editor.

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THE CAMPAIGN AGAINST TUBERCULOSIS.

As physicians and as citizens we are all vitally interested in the progress being made in the campaign against tuberculosis. A vast amount of energy, a great deal of time and a considerable amount of money have been expended in this widespread effort to control this disease. There are some who have never had any confidence in the methods adopted for this campaign, and there are some who do not believe in the contagious or infectious nature of the disease. Dr. Thos. J. Mays of Philadelphia, (New York Medical Journal, July 4) in an article on "The Control of Pulmonary Consumption," says:

"We hear a good deal nowadays about what the editor of the Journal of the American Medical Association calls the "enormous reduction in the tuberculosis mortality throughout the civilized world following the public health methods for the restriction of this disease," and the burden of the story is that all of the decrease which has occurred took place in the last ten or fifteen years or during the time of the prevention crusade. It is strange how few of those who took up this work have evidenced any conception of what the demands of the

problem are. For instance, it has been stated by one of the leading spirits of this movement that the decline of the consumption rate in Philadelphia, Boston, and New York "is largely proportionate to the activity and energy with which the campaign of prevention has been carried out." It is true that the number of deaths decreased in these cities between 1900 and 1911, as is stated by this authority, but it is also true that in a like number of years immediately preceding the period just mentioned, i. e., from 1887 to 1899 the decrease was greater by 5.88 per cent. This does not appear as though the "activity and energy" of the campaign had anything to do with the decrease.

The same is also true of the composite consumption statistics of seventeen of the largest American cities: Philadelphia, New York, Boston, Reading, Worcester, Cleveland, Providence, Pittsburg, Washington, D. C., New Orleans, New Haven, Hartford, Haverhill, St. Louis, Milwaukee, Nashville, Cambridge, and Jersey City, when we compare their death rate between the peroids 1887-1899, and 1900-1911. The total average decrease from 1887 to 1911 is 37.23 per cent, of which 19.13 per cent belongs to the former and only 17.19 to the latter, or a difference of a decrease of 1.16 per cent in favor of the former period.

The statistics of four cities—Chicago, Buffalo, Cincinnati and Richmond—show almost as great an increase in the death rate from 1900-1911 (20.12 per cent), as they give a decrease from 1887-1899 (26.10 per cent). This is a remarkable exhibition of helplessness on the part of the prevention movement, for in Buffalo and Chicago this measure has been in full activity since 1900 and 1902, respectively, while in the case of the others it was introduced later—a pure example in which the object of destruction defied the aim of the grim destroyer."

That the composite consumption statistics of seventeen of the largest American cities shows a decrease in the death rate of 37.23 per cent from 1887 to 1911 is very gratifying to the expectant observer of this movement, whether any of the results can be directly attributed to the anti-tuberculosis campaign or not. That the per cent of decrease from 1887 to 1900 was greater than from 1900 to 1911 is not so important as the fact that the decrease continued. However, the contention of Dr. Mays, that these figures do not prove the efficiency of

the campaign against tuberculosis, must be admitted. In New York state the mortality from tuberculosis decreased from 186 per 100,000, in 1900, to 151 per 100,000, in 1911, which is a fairly good per cent of decrease, but it is hardly possible to say whether this results from the same influences at work prior to the beginning of the campaign or not. From the statistics at hand it would seem that the decrease in tuberculosis in New York is no greater than it was twenty-five years ago and that the decrease that has been noted corresponds very closely with the general decrease in mortality from all causes. Dr. Mays mentions Chicago as one of the cities in which the death rate from tuberculosis has considerably increased during the period from 1900 to 1911, but unless the figures given by Dr. Rosenberg (N. Y. Med. Jour. page 1234) are at fault this is one of the cities in which some results may be attributed to the campaign. According to these figures the mortality in Chicago decreased from 177 per 100,000 in 1909, to 162 per 100,000 in 1912. If this proportion of decrease continues for ten years the per cent will be 19.45, which is greater than the per cent of decrease in the seventeen largest cities for the period between 1887 and 1899.

The effects of such a campaign as this are not to be expected immediately. It would be fair to allow several years to elapse before the beneficial influences of such a campaign might begin to be apparent. If there was a total increase in mortality from tuberculosis in Chicago from 1900 to 1911 but a considerable decrease from 1909 to 1912, it would seem not unfair to attribute this latter decrease to the influence of the campaign. The facts are, however, that all of the reports show a very marked fluctuation, and the figures show that in Chicago there was a decrease in mortality from 177 per 100,000 in 1909 to 160 per 100,000 in 1910, and only a decrease of 3 per 100,000 from 1910 to 1912.

In the New York Medical Journal, June 20, Dr. Julius Rosenberg, in an article on "The Anti-tuberculosis Campaign," presents a considerable amount of tuberculosis statistics, which he has collected from a fairly representative part of the United States. Taken separately some of these reports would show a very encouraging reduction in tuberculosis mortality, while others would show an increase. Taken altogether, however, one must admit that there has been no perceptible improve-

ment in the status of tuberculosis in this country. Dr. Rosenberg's conclusions are fairly expressed in the following:

"Instead of 'a marked decrease everywhere' the death rate continues unchanged, showing perhaps a fractional decline in a few cities which may be the result of shifting from city and state institutions. Reports from New York city show what can be attained by present methods, and the same results will be attained (in time) in other cities and states. The anti-tuberculosis crusade has accomplished much good; it has improved the general tone, physical and moral health, but it can no more eradicate tuberculosis than smallpox and diphtheria could be vanquished by frequent baths and gargling with mouthwashes.

I have tabulated the number of deaths from pulmonary tuberculosis of six cities, with a total population of close to 2,000,000. In 1908, with a population of 1,615,000, there occurred 2,960 deaths; and a year ago, with a population of 1,848,000, the number of fatalities grew to 3,144. Surely there is no cause here for mutual felicitations. The other tabulations give the very same information—*in statu quo ante bellum.*

I do not decry nor criticize what has been and is being done, but the results are surely disappointing. I always doubted the extravagant statements, but I was not aware that man barely held his own against the disease. I am not predicting failure. I believe the great white plague will ultimately be controlled, but not by present means. The education of the public in sanitation is of inestimable value; it saves numerous lives, prevents disease. The recognition by men of all classes that spitting means danger to others and from others, that the abolition of roller towels and common drinking cups is beneficial, is more practical because realization is possible. It proves the people are *en rapport* with the problems of the day; they are recognizing the fact that "it is easier to prevent illness than to cure," a fact known to the Chinese for centuries."

The state-wide campaign against tuberculosis in Kansas has shown no effect upon the mortality statistics as yet. The reports prior to 1911 are very unreliable but since then we may consider them as complete and accurate. These show that in 1911 there were 1,023 deaths from this disease, in 1912 there were 1,085, and in 1913 there were 1,088. The campaign has been of too short duration to have had any marked effect.

It is easy to criticise the methods by which things are being done, but it is not always easy to suggest better methods for doing them. It is very easy, for instance, to find fault with the methods used in conducting the campaign against tuberculosis. One of the most common of the criticisms heard is that the "educational" campaign has created among the people a tuberculo-phobia that is likely to deprive the afflicted subject of the freedom he has previously enjoyed. Hotels, boarding houses and hospitals are no longer open to him. No serious objection should be raised on this account, at least so long as the tuberculous are provided with needed protection and the usual comforts of life. Nor, if such a campaign is productive of any good results, should it be abated on account of the inordinate apprehension which it has created in a few nervous people. There are people who are so afraid of a possible infection that they will not even read letters written by a tuberculous friend. It can hardly be argued that such a state of mind is injurious, though it may be of some inconvenience.

The most serious objection to the methods of conducting the campaign is that it does not get far enough. It does not reach the people who most need the education. During the first series of public lectures on tuberculosis held in Topeka, it was a very noticeable fact that while the meetings were all well attended, the crowds were made up almost entirely of well educated people, lawyers, preachers and school teachers, those who were already fairly well informed on the subjects discussed. The laboring classes, the foreigners and colored people particularly, were not there. They heard about the lectures though, and they received some very much garbled reports of the meetings and some very startling information as to the purposes of the campaign. They were led to believe that whenever the "bugs" were found in a person's sputum, that person was to be quarantined. For several months it was almost impossible to secure a specimen of sputum for examination from those people. They did not derive any of the benefits intended for them.

One of the most efficient and beneficial methods adopted in the recent campaign is in providing visiting nurses for the tuberculous subjects. These nurses visit the homes and, by getting in close touch with the patient and patient's family, are able to impress upon them the necessity for protective measures and to teach them how to carry them out. They can

give the friends many valuable suggestions for the care of the patient and the preparation of his food as well as the disposal of sputum, etc. Some physicians are prone to look upon the visits of the nurse as meddlesome interference, although it is customary to secure the consent of the attending physician before such visits are made. If we as physicians would take more time and little pains to explain these details to the families of our tuberculous patients, there would perhaps be no need for the visiting nurse. As things now are, the visiting nurse is one of the most important and the most efficient part of this campaign, but we need many more of them.

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A WARNING.

Editor, Journal of Kansas Medical Society:

I would like to invite your attention to the prosecutions which it has been necessary for this department to make against physicians for failure to report births and it occurs to me that it might be worthy of editorial comment and save some physicians embarrassment and prosecution.

Within the past month, ten physicians and two registrars have been prosecuted and fined for some violation of the Vital Statistics law, and a number of other cases are pending at this time.

Unfortunately, the amendment, made by the last legislature to the Vital Statistics law, caused some confusion, owing to the fact that it divided up the registration districts, so in many cases physicians do not know to whom reports should be sent. To obviate this, however, the department has made a ruling that in cases of doubt, the physician may send reports direct to this office and we will send them to the proper registrar, and no prosecution has been made on a case of this character. All prosecutions have been made on cases occurring within the physician's own town and where there was absolutely no excuse for failure to make report.

The proper reporting of births is a duty which the physician owes to his patients, as it establishes their legal birth-right and also furnishes a basis for the practical application of infant hygiene.

I would very much appreciate it if you would see fit to make editorial mention of this matter.

Very truly yours,

W. J. V. DEACON, State Registrar.

This is evidently not a bluff on the part of Mr. Deacon. He evidently means business and has already demonstrated that fact. If a very serious, clerical looking gentleman calls upon you and explains the vast importance of securing accurate vital statistics and deplores the indifference or carelessness of the profession in the matter of making reports, do not get too sympathetic and dig up those old reports that you have forgotten to mail and hand them over to him. That is just what one of the guileless, good natured practitioners in one of our neighboring cities did, and the next day he was notified by the county attorney that a complaint had been made against him on the evidence he, himself, had furnished. Of course, this man was not Mr. Deacon, but a man employed to hunt up the delinquents and create a little diversion from the monotony of persistent forgetfulness. It would be better to send your reports in before this gentleman calls.

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The Corral

BY O. P. DAVIS

"If Thoughts Run Wild, Put Them in Bounds"

THE DOCTOR AND HIS HORSE The classic portrayals of the Doctor usually show him on or behind a venerable or unimpeachable horse, plodding his tedious way through wind and weather. Or perhaps the picture shows him leaving the faithful steed at the gate and hurriedly seeking access to the house of suffering. Even in Luke Field's well known picture, "The Doctor," found on so many walls, one can feel very certain that the rugged figure arrived on horseback, and that the faithful beast is patiently waiting for him just outside.

But nowadays the Doctor has no such companion on his rounds. If disposed to soliloquize along the road his monologue now seldom falls on an appreciative equine ear. If he would have an objective to which to address his musings, he must be content with such ears as may be found under the steel bonnet of his motor car. I fear that little sympathy is found there with such converse as Dr. Weelum MacLure was wont to hold with his faithful Jess: "It'll take ye a' yir time,

lass,—but ye never failed me yet, and a wumman's life is hangin' on the crossin'."

I do not pretend that the successor to the Doctor's horse does not elicit or even invite occasional deliverances from him. I have known physicians of my acquaintance to even dismount in order to more intimately address themselves to their motors, which in turn seemed attentively to pause the more appreciatively to listen. But I am sorry to note that the tone of address at such times was scarcely confidential, nor were the terms employed to be considered endearing, but rather ejaculatory and imprecative.

THE DOCTOR OF THE OLD SCHOOL But just as the Doctor's horse has passed from common observation, so with him has passed the Doctor of the Old School. By this designation I mean the doctor who knew the insides and outsides of all human beings in the neighborhood or community which he served, and who was implicitly trusted and relied upon by them. The new generation of doctors are efficient it is true, and perhaps kind, but there is more of the commercial in the practice of medicine than of old, more of the expeditious and imperative in spirit and conduct. And there is lacking, in considerable degree, that enduring confidence and sympathy that formerly existed between the family doctor and his people.

Too few these days are persistently loyal to their doctor and stick to him through thick and thin. It may be that neither doctor nor people have suffered by the change, but I cannot but feel that whatever there was in the old relationship that mutually endeared physician and patient was an asset of more than sentimental value, and that the passing of it has been a loss to both.

I like to look at Luke Field's great picture. Like all masterpieces it grows in value and meaning with deeper observation and study. Here the Doctor stands out in high relief, and the strikingly appealing human attributes shine forth from his face and emanate from his personality. Here are depicted sympathy, patience, determination, self-sacrifice. He is the Doctor of the Old School, and we might call him William MacLure or by other names even more familiar to us as we look back in memory and recall visions of other representatives of the type here so faithfully delineated. The artist who gave us

this picture made it true to life, true to type. But it is a type that has passed, or at least is passing.

ANOTHER PICTURE I have lately seen a copy of a picture which has been much lauded in some quarters as having a peculiar appeal to medical men and as being worthy to hang as a companion to the immortal picture by Field. It is entitled, "The Injured Finger." The central figure in the scene is the Doctor, and the others are three gamins from the streets, one of whom owns the injured finger.

The Doctor in this case is not the grim and grizzled, yet kindly, veteran of the storms, seen in Field's picture, keeping weary vigil over the momentous issue of the night, fighting doggedly for a life, but he is a sleek, well-groomed city chap, of regular hours, perhaps 2 to 4, and his task, however serious it may seem to the tearful urchin and his pals, cannot be taken very seriously by the medical gentleman himself, or considered by him of any surgical importance, for he sits in full afternoon attire before his patient with no display of accoutrement or evidence of preparation other than that the bandage is carelessly spread upon his knee awaiting the finish of the job.

Just what is the matter with the finger in question is conjectural. I can imagine nothing more serious than perhaps a splinter in the skin that would allow such slovenly treatment by a doctor, and if this is all that ailed the finger, why a bandage? Why the tears? Why the Doctor? Why the picture? Why should an absurdly trivial performance as this be immortalized by artist's brush or pencil? This is no picture to become enraptured by, or even to be looked at a second time. And why a great surgical journal should try to get it on our walls is to me a matter of wonderment.

BARBERS AND SURGEONS In the olden days the surgeon and the barber were one and the same person. If you wanted to be bled or shaved you went to your family barber, who cheerfully performed the desired operation. The well known striped pole which stands as insignia at the door of every tonsorial infirmary is said to have been evolved from the red stains that the bloody towel left on the door-post where the barber hung it in the interval between his operations.

Nowadays, if you want to be bled, you must go to the surgeon or the lawyer. It has been a far cry from the primi-

tive barber-surgeon down to the refined and exclusive artist of the scalpel of today. Barbering may have advanced somewhat, but it is doubtful whether any great strides have been made in the art itself which was well-night perfect long ago.

The barber still does some surgery, but it is accidental surgery exclusively. The ancient razor has not changed shape very much, except that it has become lighter and thinner-bladed and perhaps more incisive. Any improvement in the razor has been brought about, not so much by any new requirements of the barber as by those terpsichorean exigencies which call it into use as a side-arm and social arbiter by the African Romeo.

All radical departures from the conventional implement of shaving have been in the interest of the parsimonious individual who begrudges the graduate barber his semi-weekly or daily exactions. The safety razor has been developed with the idea that by its persistent use a man may be able to save money enough in a few years to enable him to buy ground in the suburbs and go into the chicken-raising business.

For a long time it was thought that the safety razor would break the women of the corn-paring habit. Man's favorite excuse for not shaving himself used to be that he couldn't keep his razor in shape. This was because of the universal employment by married women of the family razor for chiropodic purposes. It has recently been discovered that the safety razor will beautifully pare a corn with not only safety but ease, removing successive wafer-like layers, and avoiding the customary spilling of blood.

The barber at one time became quite jealous and imitative of his surgical colleague. He got up a Board of Barber Examiners and required an examination as a prerequisite for the practice of the profession. All barbers were made to put in sterilizing outfits and required to cook all their cutting instruments, hemostats, dressings, etc. The Barber Association held meetings, clinics, etc., and it was rumored that a plan was devised of conferring fellowships and other exclusive features on the big operators with the big pull, and on all the professors in the big barber colleges, but this scheme met with a good deal of opposition in the provinces where the practice didn't seem to justify the outlay required to procure the distinction. I understand the project will be carried out notwithstanding the opposition.

It is said that the big barbers are organizing strongly against the low ideals of education and low standards of admission required by many of the smaller barber colleges. Indeed, so many new colleges are being established that almost every town of any size has one or more. It greatly demoralizes the esprit de corps of the profession, I am told. A great many of the specialists on the college faculties are so eager for clinical material, it is said, that a system of inspection is being advocated and bills drawn up to be presented before the next legislature, requiring all men to be shaved regularly by some Fellow of the American College of Barbers.

To discourage the numerous colleges that are springing up, with their low standards of education and insufficient clinical facilities, it is proposed to get the Carnegie Foundation for the Advancement of Teaching to start a campaign of exposure, and it is believed that when Mr. Abram Flexner gets through investigating the law colleges and the veterinary colleges he will next take up this much needed work, for which he is so eminently fitted.

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EDITORIAL NOTES

Dr. E. N. Robertson, of Concordia, sailed for London, July 18th. The Doctor plans to attend the Clinical Congress of Surgeons there and later take some clinical work on the continent.

Dr. John B. Armstead, formerly practicing in Winchester, recently died in Topeka from a brain tumor. Dr. Armstead had been in poor health for two years or more and came to Topeka after giving up his practice in Winchester.

Dr. J. C. McClintock left for England, July 15th, where his daughter is to be married. Dr. McClintock will attend the Clinical Congress of Surgeons in London and after that will spend a few weeks in Europe. He will return early in September.

The Hodges administration has shown its appreciation of the *male* physicians at the state institutions by giving them a substantial raise in salary. Even though this occurs at the beginning of a very warm campaign there is evidently no

politics in the move. No politician would have missed such a bid for women's votes, when women's votes are so hard to fasten down.

Dr. C. P. Johnson, a member of the Montgomery County Society, died very unexpectedly July 17th. Dr. Johnson had been ill for several weeks with typhoid fever and was thought to be doing nicely and was feeling unusually bright at the noon hour. Soon after noon he showed symptoms which indicated an acute dilatation of the heart and died very suddenly. He was associated with his father, Dr. J. H. Johnson, in eye and ear work in Coffeyville and was making an enviable reputation in this line of work. He was 31 years of age at the time of his death.

The Capital faithfully persists in its efforts to reform the medical profession of Kansas in the matter of fee-splitting, which pernicious practice, it insists, is the rule and not the exception. It says: "Physicians of high class fear to attack the practice, immoral as they acknowledge it to be, because they hesitate to attack what amounts here to the entire medical profession, with few and rare exceptions." This is not the first time the Capital and its owner have lined up against the entire medical profession of Kansas, but heretofore the advocates of reform have all been on our side.

When a man sets up a code of morals for his own government, he is likely to find, sooner or later, that he has overestimated his strength of character or under-estimated the influence of his environment. In the matter of morals most men are specialists. They confine their practice to some particular virtue and stake their reputation and their hope of reward on the issue. There are a few, of the versatile type, who, failing in the practice of one virtue, readily shift to another, but rarely make a success in any of them. Still there are a few, a very few, who pretend to practice all the virtues at once, but they fool no one but themselves.

According to the (Independence) Evening Star, information has been filed with the county attorney of Montgomery county against a certain chiropractor, who, it is claimed, has been practicing without a license. From the article in the Evening Star it would appear that one of his patients, or victims, had

died and on post mortem it was found that some of the vertebrae were fractured. It is not possible to determine from the article whether it is claimed that the fracture occurred as a result of the chiropractor's manipulations or that he was trying to reduce what was supposed to be a dislocation. At any rate the injured boy died and the chiropractor is very likely to be prosecuted for practicing without a license.

A considerable number of Kansas physicians are now in England where they went to attend the Clinical Congress of Surgeons, or on the continent. No word has been received from them since the war began and it is probable that those who are anxious for some real clinical work may have greater opportunities than they anticipated.

A comparison of the Republican and Democratic vote at the recent primary election would indicate that not only the doctors but many other people are not satisfied with Gov. Hodges' administration.

Dr. Grover Burnett writes us that he has been subjected to a line of persecution in Kansas City that is intolerable. We quote from his letter: "For more than a year a dirty news sheet has done its 'durndest' in red headlines to destroy my business, because I declined to 'see us' at their office, and all because an unavoidable suicidal happening occurred in my business, but I am still in business though I have fought through the ordeal lone-handed, in an ethical, clean way for the sake of maintaining a past and future clean ethical standing. And while this was going on I have been reported 'out of business' and interested hacklines delivered my incoming patients elsewhere. The latest discovery is an 'acquaintance' in the telegraph office, delivering my messages to another institution by phone, then delivering the message to me 24 hours later, after the other institution has time to get the business or get it away from me." On account of the difficulties he has met Dr. Burnett has arranged to care for his patients, after Oct. 1st, at the Grandview Sanitarium.

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FOR SALE—A Victor Finsen Light Apparatus. Will sell cheap. Address Journal, Kansas Medical Society, Commerce Building, Topeka, Kansas.

SOCIETY NOTES

WILSON COUNTY MEDICAL SOCIETY.

Editor The Journal.

The last issue of the Kansas Medical Journal looks mighty good. Keep up the good work. Dr. O. P. Davis' outbreak on page 277 is hitting the nail squarely on the head. Encourage him to keep it up.

Our Wilson County Society includes every available physician in the county excepting two, and it seems impossible to get them in. We meet every three months, each meeting being at a different town. At our June meeting in Altoona, every member of the Society was present except two. We are soon going to get some members from Greenwood county on account of that County Society disbanding.

Our wives accompanied us to Altoona in June and after our business meeting we had a nice supper in the high school building.

The society condemned the article which appeared in the Kansas City Times June 2d, which stated that the health officers of Kansas were just in the health officer business for the money and intimated their pay was too high for the service rendered. This article was inspired by a member of the State Board of Health and our County Society considered it quite unfair in view of the enormous amount of charity work we are doing. Health officers are handicapped at present because the state water survey people have not sufficient funds to enable them to examine water other than municipal, and every health officer knows how important it sometimes is to examine private supplies.

Our next meeting is to be at Benedict, the second Tuesday in September.

Yours truly,

E. C. DUNCAN, Secretary.

LINN COUNTY SOCIETY.

Editor of The Journal:

In the absence of our secretary, Dr. H. L. Clark, I offer the following in regard to the progress of the Linn County Society.

The physicians of Linn county have a very live organization and are at present putting in overtime working out an

individual minimum fee schedule, something that has never been done before.

Every physician in the county, with one or two exceptions, (and we believe they intend to come in also) is a member of the society and is heartily in favor of upholding the interests of the members and of the public. The best of good fellowship and good will exists and all look forward to the future with more genuine satisfaction than ever before.

At the suggestion of Dr. F. A. Mills, the present coroner, whose second term expires this year, the society selected one of its members as a candidate for the next election, insuring his election by allowing no nominations on any other ticket. Dr. J. T. Kennedy of Blue Mound was the choice of the society and his nomination papers were circulated by the members.

In line with its policy of placing the organization on a firm foundation by first working out some of the points of practical business value and taking up scientific subjects later, the society has decided that insurance examination fees should not be less than $2, for fraternal societies, and $5 for old-line companies. And, believing that such a schedule should be generally adopted in the state we would like to see some discussion of the subject in The Journal.

The county attorney has been instructed to notify persons practicing in the county without registering that they must comply with the law. What are other county societies doing?

Believing that it is high time we were looking after the political end of the practice of medicine, consulting our senators and representatives as to their convictions on the things of especial interest to us, and instructing them as to our wishes, a political committee has been appointed. That we may better familiarize ourselves with all phases of the subject, the society, at the meeting in Mound City, July 17, voted to extend an invitation to Dr. J. S. Cummings of Bronson to address the meeting at Blue Mound, Friday the 31st.

F. A. MILLS, M. D., Pres.

ANNUAL MEETING: MEDICAL SOCIETY OF THE MISSOURI VALLEY.

Colfax Springs and Des Moines, Iowa, will entertain this society on the occasion of its twenty-seventh annual meeting, September 17, 18 and 19, 1914, under the auspices of the Polk County Medical Society. On Thursday and Friday the scien-

tific sessions will be held in Colfax Springs, 25 miles from Des Moines, where the members will be quartered in the palatial Colfax hotel, and meetings will be held under the same roof. On Saturday, Des Moines will entertain the society and a series of interesting clinics will be held. Sunday will be spent in Colfax Springs by many of the members who will be accompanied by their wives and daughters. Special arrangements are being made for the ladies, as well as special rates. Room reservations should be made early, as a large attendance is assured.

FLAVEL B. TIFFANY, President, Kansas City.
CHAS. WOOD FASSETT, Sec'y, St. Joseph.

AMERICAN ROENTGEN RAY SOCIETY.

"The American Roentgen Ray Society will meet in Cleveland at the Hotel Hollenden on September 9th to 12th inclusive, 1914. The program promises to be of unusual interest and value, and includes a paper by Dessauer of Frankfort, on the subject of artificiel production of gamma rays; Coolidge, the inventor of the Coolidge tube, Shearer and Duanne will also read papers. The subject of deep therapy and the production of the hard rays will be fully presented and discussed. The rest of the program will be taken up by a large number of papers on general subjects. The medical profession is cordially invited to attend these meetings."

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GOLDEN BELT MEETING AT WAMEGO.

The Golden Belt Medical Society held its mid-summer meeting at Wamego, July 2nd, 1914. There was a fair attendance, and great sociability and good feeling were in evidence. Every member on the program was present and delivered the goods.

Dr. J. W. Wilhoit, of St. George, read a practical paper on "Acute Follicular Tonsilitis." Dr. Wilhoit is a veteran practitioner and has seen his share of this ailment, and gave the results of his experience. Most of the members present took part in the discussion.

Dr. A. E. Hertzler, of Kansas City, delivered a lecture on "Local Anesthesia," giving special attention to his new technique of sacral blocking. This is a method applicable for control of certain kinds of rectal and vesical pain, as well

as for operative procedure in these regions. Dr. Hertzler is an authority on this subject and his lecture was received with much interest, and excited much discussion.

Dr. W. F. Harvey, of Salina, read a paper on "The Diagnosis of Pleural Complications." He especially emphasized the frequency with which these complications, particularly empyema, are overlooked, and the importance of a careful lookout that they do not escape notice. The paper merited and received a free discussion.

The last paper was a scholarly study in sociology, entitled "The Physician and Marriage Health Certificate," by Dr. Howard Moses, of Salina. This paper proposed a line of procedure along eugenic lines, and, however much one might differ with the writer in the matter of the practicability of the measures suggested, it would have to be conceded that the subject had been deeply studied by Dr. Moses. The free discussion showed how interested the members were by this paper.

Just preceding the formal program, Dr. Bruener, of Wamego, presented a most interesting clinical case for diagnosis, a young boy with abdominal tumor and glandular enlargements. It was quite generally agreed, by those who ventured an opinion, to be a malignant tumor of the right kidney.

The Wamego profession entertained the visiting members at the Ames hotel at supper, and in many ways made the occasion a most pleasant one.

The society will hold its October meeting in Topeka.

—O. P. D.

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A PLEASANT DESERT

For Those Who Are Constipated.

For Four People—Dissolve two packages of any good gelatin powder in a quart of boiling water, pour one-half into mould, when it is half cold drop in cherries, sliced bananas, or any other fruit desired, after this has set pour in about two and one-half cups of Uncle Sam Food mixed with a handful of raisins, then pour in balance of gelatin and set aside to cool. To loosen food from mould dip the mould in hot water not over two seconds, but see that hot water does not touch the food. Turn over on platter and it is ready to serve with cream and sugar the same as you would a bread pudding.

RADIUM TREATMENT OF CANCER.

In view of the recent outburst of public discussion of the effects of radium in the treatment of cancer, the Society has felt it necessary to emphasize the limitation of this agent as well as its favorable effects in certain cases. Otherwise the familiar story of new hopes, destined only to disappointment, will again be recorded at the expense of many unfortunate sufferers.

The curative effects of radium are practically limited today to superficial cancers of the skin, to superficial growths of mucous membrane and to some deeper lying tumors of bone, etc., which are not very malignant. The problem of the constitutional treatment of advanced, inoperable cancer is still untouched by any method yet devised or likely to be devised for administering radium. Even among the so-called radium cures, it still remains to be determined in many cases whether the favorable result is permanent or is to be followed sooner or later by the usual recurrence. The most competent surgeons do not dare to pronounce a case cured until five years have elapsed after an apparently successful operation. The same criteria must be applied before we can finally determine the real value of radium.

It should be emphasized especially that radium cannot at present exert any permanent benefit on generalized cancer, and since cancer, in a considerable number of cases, is widely disseminated in the body early in the course of the disease, this entire group of cases can expect no important relief from radium. Another large group of cancers is comparatively inaccessible to the application of radium, so that the ultimate course of the disease is not affected, although certain portions of the tumor may be reduced in size. Again, many forms of cancer, although localized and accessible to radium, grow very rapidly and resist the curative action of this agent, so that no real benefit can be expected from its use.

The best results of radium treatment can be secured only when comparatively large amounts are available for use and the present limited world's supply of this metal, places it out of reach of the great majority of patients. It is to be feared that much harm may result from undue reliance upon small quantities of low grade radium when other methods of treatment would be more effective.—(Bulletin, Department of Health, N. Y.)

SURGICAL SHOCK

A. B. Cooke, Los Angeles (The Journal A. M. A., June 6, 1914), recommends Crile's method of anoci-association as a means of preventing inconveniences and dangers of surgical shock, and explains its principles and technic. The dangers of the quinin and urea hydrochlorid anesthesia are, in the light of his experience, purely imaginary. With reference to securing early bowel movements for preventing gas pains, which he has suggested as a fifth important step in the method, he says he has found its value in a long series of cases. It has been his regular plan to begin the administration of calomel in powder usually combined with serium oxalate, 1 grain of the latter to ½ grain of calomel, from twenty-four to thirty-six hours after the operation and to repeat the dose every hour until six are taken. From four to six hours after the last dose, or sooner if indicated, a purgative enema is given, which generally inaugurates active peristalsis. A few days or even hours saved the patient seem to him to justify this routine and render it highly desirable. He concludes by saying that if there were no more data than his own experience he would still consider anoci-association the most important surgical advance of the past quarter century.

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SILK GLOVES FOR X-RAY WORK.

Silk gloves lined with lead are being made to protect the hands of X-Ray operators. Lead-painted gloves and lead-plated gloves have been employed heretofore, but they were heavy, clumsy, and unwieldly. The new glove is of French design and manufacture, and seems to have been tested for resistance to the X-Ray. If it does the work for which it is intended, it will be a boon to operators, though its use would have been far more valuable a few years ago than now, because with the higher penetrability with the more powerful tubes, and the marvelous quickness of action in making plates, the great danger to operators seems to have become far less, if not even negligible. It seems to have been the long continuance of the action, and not the intensity, that did the harm.—Modern Hospital.

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FOR SALE—A Jermain Static Machine, in good condition, and some new office furniture. Address, Mrs. J. B. Armstead, 1006 Morris Ave., Topeka, Kansas.

AEROPHAGY

C. D. Aaron, Detroit, (Journal A. M. A., June 27, 1914), says that in the main, the air-belchings which are a symptom of so many gastic disorders consist in the main of swallowed air. Swallowing air is a habit of neurotics and we all swallow a little air in eating and drinking; but it is only when the quantity becomes excessive that it becomes of pathologic significance. Persistent air swallowing by gum chewers leads to aerophagy. Most patients would ridicule the idea that they are air swallowers but in every case of persistent belching the physician's attention should be directed to this possibility. It aggravates pre-existing diseased conditions and it is itself the cause of uncomfortable symptoms such as, cardio spasm, dyspnea, tachycardia, etc. Aaron sums up his conclusions as follows: "1. Continued belching of gas for a considerable length of time indicates aerophagy. 2. All eructated gas consists in the main of atmospheric air swallowed in attempts to belch. 3. Aerophagy accompanies many neuroses and is a frequent symptom of functional and organic disease of the gastro-intestinal tract. 4. The presence of bile in the stomach contents, with eructations, is suggestive of aerophagy."

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AN INVITATION FROM COLORADO.

The following invitation has been received from the Colorado Society:

Dr. Charles S. Huffman,
Columbus, Kansas.

Dear Doctor Huffman:

The Colorado State Medical Society wishes to extend to your State Society a most cordial invitation to be present at the meeting of the Colorado State Society, September 8th, 9th and 10th, and we would esteem it a special favor, that you select a fraternal delegate to read a paper before us at that time.

I wish that whoever you select will furnish me, not only with the title but a brief abstract of his paper for publication in the August issue of Colorado Medicine.

Trusting that we may not only see your delegate, but yourself and any other members of your State Society who can find it convenient to attend, I am

Very truly yours,

AUBREY H. WILLIAMS.

THE VIABILITY OF THE SPIROCHAETA PALLIDA.

In connection with their work on the Spirochaeta pallida, it occurred to H. Zinsser and J. G. Hopkins, New York (The Journal A. M. A., June 6, 1914), that it would be of special hygienic interest to find out how long it would survive in diffuse light and at room temperature under conditions simulating, roughly, those prevailing when syphilitic discharges are deposited on hard surfaces, such as glasses or drinking-cups, or soaked in cloth, like towels, etc. In order to imitate these conditions, they used fluid cultures that were contaminated both with cocci and bacilli, as well as large numbers of spirochetes; more of the latter were present than they have ever seen except in the most profusely positive primary and secondary lesions. The experiments are given in detail and show that when kept moist, the Spirochaeta pallida can live in diffuse light and at room temperature in conditions of mixed cultures, such as occur in the ordinary contamination from patients, as long as eleven and a half hours. Drying, however, kills the organism rapidly, but it may survive one hour during the period of drying. While in the artificial conditions employed in the experiments the spirochetes were probably more protected than they would be under ordinary conditions of contagion. Light conditions, however, were probably more severe than they would be in the ordinary dark corners in which such contamination might take place.

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URINE FINDINGS IN PREGNANCY.

The following are the conclusions of an article giving the results of an experimental research as to the appearance of non-colloidal ninhydrin-reacting substances in the urine under normal and pathologic conditions and during pregnancy, by F. H. Falls and William H. Welker, Chicago (The Journal A. M. A., June 6, 1914) : "1. The presence of non-colloidal ninhydrin-reacting substances in urine is of no value as a means of diagnosing pregnancy. 2. The reaction may be absent or inhibited in the urine of pregnant women, as well as in normal and pathologic urine. 3. In the various urines treated the only difference in the ninhydrin-reaction between the diffusates through parchment and the filtrates from the aluminum treatment were those of intensity of colors, the aluminum filtrates showing a less intense color with ninhydrin. 4. In the urines reacting positively with ninhydrin the removal of

colloidal substances favors the production of the blue color given by this reagent with amino-acids. Such urines before diffusion o rtreatment with aluminum hydroxid give a color which is not so strong and has more of a reddish cast. This is not the result of the dilution alone. 5. The occurrence of either albumin or indican appears to have no influence on the ninhydrin-reaction applied to the colloidal-free urine."

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THYROTOXIC SERUM.

Referring back to Portis' former attempt to produce a specific thyrotoxic serum capable of destroying *in situ* just the required amount of thyroid, and its failure on account of its involving other organs, M. Portis and I. W. Bach, Chicago (Journal A. M. A., June 13, 1914), report further experiments in this direction made with nucleoproteins prepared according to the method of Beebe from human thyroids and injected into Belgium hares and rams in the doses recommended by him. The method of preparing the material followed was that of Beebe (Am. Jour. Pharm., 1911, xxxiii, 56). The experiments are described and the conclusions reached are given as follows: "Nucleoproteins, so-called, of human thyroid glands do not act as specific antigens. The antibodies produced are probably due to the small amount of protein contained in the injected material. The action of the serum, so produced, is not specific for the thyroid gland alone, but has a similar action on other organs, especially the liver, kidney and spleen."

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Members of the Neosho County Society are circulating a petition for a new county hospital at Chanute, under the law passed by the last Legislature. It is the intention to put up a fire proof building to cost $50,000.

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FOR SALE—A five-passenger automobile, run less than twenty thousand miles, in excellent condition. Cost $1,650. Will sell for $600. Address Journal, Kansas Medical Society, Commerce Building, Topeka, Kansas.

Dr. C. A. McGuire, who has been recuperating in Texas for several months, has returned to Topeka and is attending to his practice again.

PETROSAL SINUS HEMORRHAGE

Hemorrhage from the superior petrosal sinus as a complication in operation on the lateral sinus is considered by J. R. Page, New York (Journal A. M. A., Aug. 8, 1914). It is a possibility, he says, that with one exception has escaped notice in the literature of mastoid or sinus operations. He points out the anatomical conditions showing that the superior petrosal sinus does not always terminate through a single opening in the wall at the knee of the lateral sinus but often empties itself through a series of openings extending along two or more centimeters of the sinus wall. A knowledge of this is essential to the surgeon for the condition is not infrequent. That hemorrnage does not more frequently occur is due to the fact that the field of operation in the majority of cases is limited to the vertical limb of the sigmoid and the posterior point of compression for the control of hemorrhage is anterior to or just over the entrance of the superior petrosal sinus. The cases where embarrassing hemorrhages are likely to occur are those in which the thrombus in the sigmoid extends to the region of its entrance but does not enter it. Unless the source of the hemorrhage is recognized and the bleeding stopped, the operation is botched. The assistant, whose office it is to block both ends of the sinus, seeing the free escape of blood in spite of his efforts at compression may overlook the position of his compresses and exert too great pressure on the cerebellum, while the operator is embarrassed and fails to learn the condition within the vein. The patient loses more blood than is good for him. The wound has to be packed to stop the bleeding, and the patient goes to his bed with the infection still unremoved and his resistance lowered by loss of blood. The tendency to blame the assistant is not uncommon. From the fact that he found no reference to this subject in the literature, Page feels justified in calling attention to it.

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Dr. Wade Doster, formerly of St. John, is assisting his father, Judge Frank Doster, in his campaign for election to the United States Senate.

THE JOURNAL
OF THE
Kansas Medical Society.

Vol. XIV TOPEKA, KANSAS, SEPTEMBER, 1914 No. 9

THE THERAPEUTIC USES OF PITUITARY EXTRACT

By Dr. E. A. Reeves, Kansas City, Kansas.

Read Before the Kansas Medical Society at Wichita, May, 1914.

The Pituitary body is a small vascular mass, reddish-gray in color, weighing from six to ten grains, situated in the sella turcica, a small fossa lying immediately behind the olivary process of the sphenoid bone. It consists of two lobes separated by a cleft. The anterior lobe is considerable larger than the posterior.

The two lobes differ as to their structure and development.

The anterior lobe is developed from a prolongation of the epiblast of the buccal cavity and hystologically resembles the thyroid gland in structure.

The posterior lobe is developed from an outgrowth of the embryonic brain and is really composed of two parts—the pars intermedia lying immediately behind the cleft which is the glandular portion of the lobe; and the pars nervosa, the most posterior portion of the gland which is composed of a meshwork of neuroglia fibers radiating towards the infundibulum.

The ancient belief was that the hypophysis was the gland that supplied the secretions of the nose; finally this belief gave way to one that it was a vestigial relic left by the process of evolution and of no great importance to the economy. While some investigators still believe that it is not necessary to life, yet many recent experimenters—among them Cushing—believe the animal cannot live if total extirpation be done, and they have proved beyond a reasonable doubt their contention.

The hypophysis has long been classed with the ductless glands and one of internal secretion only, but recently such

men as Herring and Cushing believe and contend that through a peculiar method the substance of secretion is discharged into the third ventrical, and have offered as proof of their contention, the presence in the cerebro-spinal fluid of the same bodies found in the meshes of the pars nervosa. But if such be present, there is no evidence of the excretory ducts and the process is different from any other in the body, but this is still a very much disputed point.

The early investigators of the pituitary gland were handicapped by the gland being so inaccessible to the surgeon. So the experiments were carried on by injecting the extract of the gland—usually of the whole gland—either subcutaneously or intravenously and the effects noted, or by feeding of the raw gland to animals kept for the purpose. By this process they were able to produce a condition of hyperpituitarism. The acute and the chronic effects were noted.

The acute effects:—First, it was noted that the substance acted as a vasomotor constrictor, raising the blood pressure and at the same time slowing and strengthening the pulse. The cappillaries of the renal system seem to be exempt from this constricting action; on the contrary, the renal arteries dilate causing diuresis, due partly to increased blood pressure and partly to a direct stimulation of the renal epithelium.

As a natural outcome of these experiments, it was found that the substance acted on all smooth muscle fibers including those of the intestines, the bladder, and uterus. It was also observed that further injection lowered the carbohydrate tolerance with glycosuria and marked metabolic changes.

The chronic effects:—The chronic effect depends to a considerable extent upon the age of the animal. If early before the ossification of the epiphyseal cartilages, there may be marked growth of the osseous system amounting to giantism, of which there are several noted examples in the literature. If later in life, it may manifest itself in such symptoms as headache, frontal protrusion, thick lips, separated teeth, large spade-like hands, big feet, exostoses on the terminal phalanges, etc.

In tumors of the hypophysis, the symptoms of hyperpituitarism may, by pressure and atrophy of the glandular elements, develop into a state of hypopituitarism with the metabolic disturbances of this condition. Cushing of Boston has been able to produce hypo-pituitarism by partial or whole ex-

tirpation of the gland. The experiment has been carefully carried out on dogs, and the effects noted. These dogs cease to grow, or grow much more slowly as compared with dogs of the same sex and litter kept for comparison. They become very fat and lazy; the sex glands atrophy and the carbohydrate tolerance is greatly increased.

Cushing reports a number of cases of hyper-pituitarism in patients caused by hypertrophy of the hypophysis and has been able to demonstrate his diagnosis at autopsy. He has also observed several cases of hypo-pituitarism caused by accidental injury of the hypophysis with atrophy of the secreting portion of the gland with marked adiposity, sluggish mentality, lack of development of sex glands, scanty growth of hair, etc.

In both instances the results tally nicely with the condition in dogs as it was produced experimentally.

Little was known of the pituitary gland save its gross anatomy until the last few years; few studies of the gland had been made before 1908, but since then many experimenters and writers on the subject have produced quite a volume of literature—some of it, it is true, very extravagant and not very reliable. The confusing reports of some investigators probably was because the whole gland was used in their experiments.

Now we know that the extract of the two lobes is often antagonistic in action; thus the anterior lobe extract reduces blood pressure, while the posterior lobe extract increases blood pressure. Thus if whole gland extract be used, and both lobes be active, there may be no appreciable change in blood pressure. The principal therapeutic uses of the pituitary extract are based upon its action upon all smooth muscle fibers as in the vasomotor system, the intestines, the bladder, and especially the uterus.

Probably the first noticeable effect of the pituitary extract is upon blood vessels.

It is a vasomotor constrictor and within a few minutes will raise the blood pressure from 15 to 45 M. M. of mercury with slowing and increased volume of the pulse.

The constriction of the cappillaries does not seem to apply to the kidneys as there is increase in the urinary secretion. Yet the increase in the flow or urine seems to depend upon something besides the mechanical condition of increased blood pressure, as it continues after the increased blood pressure

has subsided, while repeated doses of the extract will not raise the blood pressure to the same extent, yet the increased urinary secretion continues.

These facts would seem to indicate the drug to be of value in cases of deficiency in renal secretion, and it has been used successfully in such cases where the deficiency was due to functional trouble and not to organic disease. It is strictly contraindicated and its use dangerous in nephritis, because of the sudden increase in the blood pressure which is already too high.

It has been used with apparent success in atony of the bladder with retention, but would only increase the trouble if the retention was due to obstruction as in urethral stricture or enlarged prostate. The British Medical Journal reports twenty cases of diphtheria complicated with weak heart and low blood pressure, treated with posterior lobe extract with favorable results in all but two cases.

Theoretically it would be the remedy for surgical shock, and in some instances has been of benefit, but on the whole has been disappointing.

One surgeon advises its use in all abdominal cases for three reasons:

First, It raises blood pressure and improves circulation.

Second, It stimulates all smooth muscle fibers and thus increases peristalsis.

Third, It stimulates diuresis.

Dr. Child in the Medical Record, Oct. 4, 1913, reports a series of ten cases of acute articular rheumatism treated with the extract, the fresh and the dried gland with uniformly good results, the pain and swelling subsided and there was rapid and marked improvement in all the cases. At one time pituitary extra was lauded as a wonderful and efficient galactagogue, but later it was found that the increased flow of milk was caused by the action of the drug upon the muscular coat of the milk ducts causing them to empty themselves and not an increase of secretion.

The hypophyseal extract has been used by Cushing with varying results in both infantilism and acromegaly. A case of threatened mammary abscess was reported from Birmingham Maternity hospital, where the temperature was 104, the gland red and congested, which subsided within twenty-four hours under morph. 1-3 gr. combined with one c. c. of the ex-

tract solution and lactation continued, the mother nursing triplets for seven months afterward. But no doubt the most extensive and important use of pituitary extract as a therapeutic agent has been in gynecology and obstetrics.

It has been used with some degree of success in amenorrhea and metrorrhagia, but has been a disappointment in incomplete abortion and in the induction of premature labor, but it seems to stimulate contractions when once started by some other means. Its principal field of usefulness, however, lies in cases of delayed labor from partial inertia of the uterus, where there are no contraindications. And even here the action of pituitary extract has been over estimated and its dangers and contraindications omitted in the literature of the manufacturers. Their advice to "throw away your forceps and use pituitary extract" is not good advice and will not be accepted by any careful obstetrician.

There is now quite a volume of literature on the subject of pituitary extract in labor cases; some reports are very flattering and others disappointing. When it has been given in the first stage of labor, it has not given desirable results and the dangers are an absolute contraindication to its use in this stage of labor.

The chief dangers of its use early in labor, before complete dilatation, are, death of the child in utero from pressure, premature detachment of the placenta with concealed hemorrhage, deep cervical tears and rupture of the uterus; instances of all these bad results may be found in reports of cases in the literature on the subject. Its action in postpartum hemorrhage has been favorable but not so good as ergot, and we may get a later relaxation of the uterus with secondary hemorrhage—a condition not likely to occur with the use of ergot.

Hypophyseal extract is contraindicated in eclampsia on account of the toxic condition and the already high blood pressure. My personal observation has been only in full term cases, in labor, and with pituitrin, the extract put out by Park, Davis & Company in sealed glass ampoules containing one c. c. of the solution of the extract for hypodermic use, one ampoule a dose.

I have had no experience with the bulk drug or in administering it per orum but most writers are against the use of the bulk drug as it seems to deteriorate rapidly when exposed

to the air. I have given one ampoule hypodermically, and never repeated it but in two cases, then only once after on hour, and with almost uniform good results, as I have tried to pick the cases where it was indicated. I have never seen any toxic symptoms follow its use or any disturbance of any importance. In my series of twelve cases, seven have been primipara, one second, one third, two the fourth, and one the seventh labor; ages ranged from nineteen to thirty-one years.

In seven of the twelve cases, spontaneous delivery took place in from eight minutes to one hour and forty minutes; in five cases, it was necessary to use forceps, but in these five cases I consider the extract of benefit in all but one: in one there was no appreciable change, in the other four, the pains were strenghtened and the head forced down into the mid position making the application of forceps easier and safer, and changing the operation from version or high forceps to one of comparative ease and safety and giving an easy third stage with firm uterine contraction after.

In my experience, the action of pituitrin is begun by a long tonic contraction of the uterus lasting from one to two minutes; and if the child is not forced through the outlet at this time, the contractions become rhythmical and synchronous with the natural contractions.

In two of my cases, both primipara, the pains became so severe that it was necessary to partially anaesthetize the patient. I have never had a severe laceration that could be blamed upon the action of pituitrin. There was postpartum hemorrhage in one case only, which was controlled with ergot and uterine massage.

In three of the twelve cases, there was spontaneous bowel movement within twenty-four hours after delivery, and in three cases there was a very noticeable polyuria. In only one case was there any annoyance from vertigo or other nervous symptoms reported by some observers, and then only in a very mild degree. In one case of polyuria, there was sugar reported in the urine. Whether it was there before delivery, I do not know, as this was a hospital case and entered in labor.

CASE REPORTS.

Case 1. Mrs. T.; age 30; 4 para. History of two forceps deliveries with severe postpartum hemorrhage from uterine inertia both times. Entered Bethany Hospital in labor Sept.

10, 1914. Pains not regular or strong. Had been in labor about twenty hours with about three-fourths complete dilatation; patient getting very nervous, when I ruptured membranes, but instead of increasing strength of pains, they almost stopped. Gave one c. c. of pituitrin per hypo; pains got stronger almost immediately, and delivery was completed in thirty-five minutes.

Case 2. Mrs. G., age 30; 7 para; Austrian. After fourteen hours of ineffectual pains, dilatation being about three-fourths completed, I ruptured membranes. Pains did not improve.

Gave one c. c. of pituitrin; contractions became stronger almost immediately and delivery was completed in about thirty minutes.

Easy third stage, firm contraction, no hemorrhage, or other complications.

Case. 3. Mrs. S. Primipara; Irish-American. Age 21. Well developed girl with slightly flat pelvis. Membranes ruptured early; a "dry labor"; contractions weak, and patient very nervous and complaining bitterly; after fourteen hours of labor, pains without full dilatation. Gave pituitrin and in a few minutes the pains became so strong that a small amount of chloroform was necessary to control the patient. Normal delivery without tear in one hour and forty minutes.

Easy third stage. No complications.

Case 4. Mrs. B. Primipara; age 27; weight 94 lbs. No complications during gestation save a good many false pains during the last month and slight œdema of lower limbs. In labor about fourteen hours with full dilatation, but no expulsive pains.

Gave pituitrin, when pains improved for about a half hour when they became less strong and I decided to use forceps, which was done under chloroform anaesthesia and delivered an 8½ lb. male child with considerable tear which was repaired with primary suture.

Easy third stage, no hemorrhage or other complications.

Case 5. Mrs. N., 2 para; age 28. History of unconsciousness with suppression of urine after first labor supposedly from eclampsia. I watched her closely during gestation, but there was no appreciable kidney insufficiency.

Was moved to Bethany Hospital when labor came on. In

labor about eight hours with full dilatation, but no expulsive pains.

Gave pituitrin and contractions became stronger immediately and delivery was completed in exactly ten minutes.

Easy third stage; firm contraction; no complications.

Case 6. Mrs. K., Primipara, age 28. Hollander. Membranes ruptured early. "Dry labor." Pains severe but not expulsive; patient very nervous. After about ten hours, gave pituitrin; there was an immediate improvement in the pains which lasted about one hour, when the injection was repeated and the contractions then became very strong and so continued until delivery, which was done under partial anaesthesia.

Easy third stage; firm contraction; no complications. Time, one hour and ten minutes.

Case 7. Mrs. F. Primipara; age 26. No complications during gestation save many false pains during last month. First sign of labor was rupture of membranes with escape of fluid. Advancement very slow. After twelve hours of labor with complete dilatation, partly manual, I gave pituitrin. Pains improved for about a half hour, when they seemed weaker than before and I decided to use forceps, which was done under chloroform anaesthesia.

Easy delivery; no tear; short third stage with no complications.

Case 8. Mrs. T. Primipara; age 29. Some kidney insufficiency; contractions very weak and continued at intervals for about two days. After about 2-3 dilatation, partly manual, gave two hypos of pituitrin about one hour apart with no appreciable effect. Finally after two hours, delivered with forceps under chloroform anaesthesia. Considerable tear which was repaired. Quite severe postpartum hemorrhage. Ergot was necessary to control hemorrhage. Patient made an uneventful recovery.

Case 9. Mrs. A. 4 para; age 23; undersized; very thin. Has borne her children close together. First delivery instrumental with considerable hemorrhage; no trouble with others. In very poor health during this gestation; quite severe hemorrhage from uterus on three different occasions.

Examination Jan. 31st at 8:00 p. m. found cervical canal obliterated, dilatation size of quarter, position R. O. A., some light pains. Was called again at 1:00 a. m., Feb. 3rd. Fifty-

three hours after found dilatation completed; light pains; patient very tired and nervous. After three hours decided to give pituitrin. In just eight minutes by the clock, a small girl baby was born.

Easy third stage; firm contraction; no complications.

Case 10. Mrs. Y. Primipara; age 29; medium size, but flat pelvis. Entered Bethany Hospital at 10:00 a. m. in labor and amniotic fluid escaping. Pains continued all day without complete dilatation; gave pituitrin with no appreciable effect. After waiting about two hours, delivered with forceps after completing dilatation.

Easy third stage; firm contraction; no complications; spontaneous bowel movement within twenty-four hours.

Case 11. Mrs. C. 3 para; age 31. Examined her at 8:30 a. m. After eight hours of labor pains, found full dilatation. Left her but was called back in about thirty minutes; contractions weak; at 10 a. m. gave 1 dr. Flu. Ext. Ergot; pains grew stronger but still not effectual; at 12:10 gave pituitrin, and at 12:25 delivered an eleven pound girl baby.

Easy third stage, firm contraction; no complications. In about six hours there was so marked a polyuria as to be noticed by the nurse. Spontaneous bowel movement inside 24 hours.

Case 12. Mrs. C. Primipara; age 19; undersize. Visited and examined her at 9:00 a. m. After 26 hours of fluctuating pains, with about 2-3 dilatation, ruptured membranes after complete dilatation; pains did not improve; at 12:00 noon, gave pituitrin; pains grew stronger within twenty minutes and forced the head down within reach of forceps in about one hour, when instrumental delivery was made of a ten pound male child with severe laceration which was primarily repaired.

Easy third stage; firm contraction; had to be catheterized once then there was marked polyuria.

	Age	Para	Time before Injection	Time after Injection.	Results.
No. 1	30	4th	20 hrs.	35 min.	Spontaneous
No. 2	30	7th	15 hrs.	30 min.	Spontaneous
No. 3	21	1st	14 hrs.	1 hr. 40 min.	Spontaneous
No. 4	27	1st	14 hrs.	2 hrs.	Forceps
No. 5	28	2nd	8 hrs.	10 min.	Spontaneous
No. 6	28	1st	10 hrs.	1 hr. 10 min.	Spontaneous
No. 7	26	1st	12 hrs.	2 hrs.	Forceps
No. 8	29	1st	48 hrs.	2 hrs. 30 min.	Forceps
No. 9	23	4th	56 hrs.	8 min.	Spontaneous
No. 10	29	1st	19 hrs.	2 hrs.	Forceps
No. 11	31	3rd	12 hrs.	15 min.	Spontaneous
No. 12	19	1st	29 hrs.	1 hr. 30 min.	Forceps

You will notice that all the forceps cases are in primipara, and the two primiparae with natural deliveries were much longer time than those with previous labors. This result tallies with the literature that pituitrin acts much quicker and more vigorously in women who have previously borne children.

CONCLUSIONS.

1st. That the therapeutics of pituitary extract, so far as worked out, depended upon its action upon the involuntary muscle fibers including blood vessels, intestines, bladder, and uterus.

2nd. That pituitrin is much more active in the later weeks of pregnancy; in the second, than the first stage of labor; after rupture of the membrane, than before.

3rd. It has been disappointing when used to induce or complete abortion. By itself it will not initiate labor pains, but will strengthen the contractions when once started.

4th. In cases of slight obstruction, it may be given to force the head down into the mid position before the application of forceps. But rupture of the uterus has occurred under these conditions and weakness of the uterus, as after myomectomies or caesarean section, increases this danger.

5th. That cervical lacerations are more frequent and deeper where the extract is given early in labor, and forceps and anaesthetics should always be at hand to control contractions and hasten delivery should the necessity arise.

6th. It produces an immediate rise in the blood pressure and would be indicated in shock and postpartum hemorrhage and for the same reason is contraindicated in nephritis and eclampsia, but this has not been sufficiently proven by clinical reports.

7th. The principal dangers are—death of the child in utero from pressure, hour glass contraction of the uterus, deep cervical tears, premature detachment of the placenta, and rupture of the uterus.

8th. The ideal condition for its use would be complete dilatation of cervix, membranes ruptured, head well down, and pains weak. In such cases spontaneous delivery often follows in a very few minutes without injury or complications.

9th. Therefore pituitary extract has already found a place in our therapeutics, and its conservative use is an advance step in obstetrical surgery.

These conclusions seem logical after studying carefully the reports of several hundred cases I have found in the literature on this subject.

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WHY A MEDICAL SOCIETY?

By O. P. Davis, M. D., Topeka, Kansas.

Read Before the Kansas Medical Society at Wichita, May, 1914.

What I have to say will be said quite frankly and even bluntly, out of a firm conviction that my subject is opportune. I beg that you will not deem me presumptuous, and impute to me the vanity of self-appointed censorship; or think that I exempt myself from the criticisms that I shall venture to set forth. I disclaim any spirit or intent other than those which should prompt us all. I merely come forward from my place among you, as an inconsequential though sometimes inquisitive member, to ask your indulgence and interest as I propound what I believe is a pertinent inquiry,—whether we are really getting anywhere as a medical society, and whether we have any real excuse for going on contentedly as we are.

I shall use the words "medical society" in a broad or general sense, as applying, in part, to the unit bodies in the counties, but more particularly, to the aggregation of units presumably assembled here today.

Let us then honestly ask ourselves at this time, Why a medical society? What is the claim of the organization upon us? Why are busy practitioners expected to attend such meetings as this, or the more frequent though very similar meetings of our county societies at home? Or, to put the question another way, Why do so few of the members, relatively, attend these meetings? Why do the county societies have, as a rule, such indifferent attendance? Surely there must be a reason. Medical men are not very different from other men, taken on the average. They will go after what they know is useful or pleasing or profitable to them. They will turn out if they know they are losing materially by staying away. No one will dispute this assertion.

Our organization, therefore, stands convicted by the indifferent attendance and lukewarm interest of the members, of a short-coming that we should endeavor to appreciate and remedy.

I realize that there is a distinction between a medical society and a meeting of that society. The organization may be in force and confer some benefits upon the members, regardless of the meetings. Many are members because of some vague sense of duty or propriety, paying their dues and keeping their names on the roll in a perfunctory sort of way, yet never attending a meeting of their home society, never going away from home to attend a district or state meeting, and never displaying by word or action any interest whatever in our organization.

I maintain that there is fault to be found not alone with the many such members who manifest this well known apathy, but that there is greater fault to be found with the organization which fails to arouse any greater interest and loyalty in its members. The attendance and interest of the members at the meetings are but the expression of their appreciation of that organization's usefulness to them, and their absence or indifference have an opposite significance.

I think one of the most glaring defects in our organization lies in our adherence to a conventional and traditional *modus operandi.* The idea seems to obtain and pervail that the chief function of a medical society is to get up a so-called scientific program and inflict it upon such members as will submit themselves to it. This old custom comes down from the days when there was some excuse for it. Medical literature has not always been so abundant and accessible as it is now, and it used to be quite a benefit and attraction for the scattered and more or less isolated doctors to assemble and hear the deliverances of the medical celebrities who graciously adorned such gatherings and bedecked themselves there with new laurels of homage. But nowadays there is a surfeit of medical literature. The medical man's intellectual appetite is sated *ad nauseam* with the best and richest viands of knowledge, not to mention the profusion of half-cooked articles that are daily brought to his reading table. And to ask him to go abroad in a forage for more is to provoke impatient protest. And medi-

cal celebrities are fewer than of old, or if not fewer they are commoner, and that amounts to the same thing. Moreover, the choicest medical idols of the day are now found to have feet of clay, and their infallibility as medical deities is so often questioned and their divine pedigree so often challenged that no one goes far afield to pay them devotion.

Of course it is true that there are still to be found men who sometimes grace occasions like this who bear in their persons the burden of much dignity, the weight of much self-assumed authority. This dignity and authority may have as their insignia a boasted scholastic degree or the vestments of high priesthood in some chaste temple of medical learning. These men come now and again to be seen and heard and to exploit themselves, not that they have much to deliver that is really new or strange in the final analysis, but because they wish to cast a spell and glamor over the "hoy polloy" and feed their own vanity on the homage which they arrogate to themselves.

But the great majority of those who congregate on these annual occasions are just ordinary every-day fellows,—men right out of the suds; or, if you will have a prouder metaphor, right out of the battle; away from the fight today, back to the firing line tomorrow. They care little where anybody is from,—what school, or whether one's medical pedigree may be a little in eclipse on account of recent revisions of the standards of virtue. Many of them will still uncover in reverent memory of their *alma mater*, even though they know that according to the new dispensation she must have been doing some shameful carrying-on when they were tugging at her bosom and even before that.

These men are not much impressed by the heavy-worded deliverances of the big-wigs or professors. They are here for the sake of attrition with or rubbing up against their fellows of kindred disposition. They desire fellowship, camaraderie, inspiration, mutual exchange of points of view and hints of helpfulness. They do not come here to hear papers read and discussed.

We cannot but admit, if we are candid, that very little of the average medical program is of genuine medical interest. How much of the set deliverances is new? How much do we derive from our learned disquisitions that might not be gotten with better advantage from current medical liter-

ature to which we have ready access? Why should busy doctors journey many miles to listen to anybody's never-so-good paper, spiced and seasoned however well? The very best paper ever written, or ever read before any medical society will serve its purpose better when it gets before the eyes in printed form, because it can then be masticated and digested with due deliberation. The ear is a poor avenue to intellectual alimentation. The eye is the brain's gullet.

And all good papers get into print these days,—too many for anyone to read. Only the best on any subject need be considered, and the listening to even the best is unnecessary and always unsatisfying. And we surely do not wish to attend medical society meetings to hear only these papers that will not get into print. Why, the Journal of this Society will not publish a paper that has been read here until it has been passed upon and found worthy by our publication committee. And yet our members are expected to give up the very limited time they have to spend here listening to the reading of papers which perhaps may not be deemed worthy of publication. Is this reasonable or fair?

Nor does anybody attend these meetings merely to hear the discussions of the set papers. These discussions too often consist of compliments and felicitations graciously tendered the writer of the paper in return for similar favors received in the past or expected in the future. These discussions are also usually replete with desultory ramblings entirely foreign to the subject in hand. Of all things unprofitable and inane, the average discussion of papers read at medical meetings passes the very limit. And indeed not much else can be expected from even the best and most versatile men among us. For no discussion of a paper can possibly be more than superficial that ensues upon a mere hearing of a paper, unless the paper has opened up nothing new, in which case both the paper and the discussion are not worth while.

Papers purely didactic in their nature should have no place here, unless some new and original discovery, theory or method is therein promulgated. We can get from authoritative texts at our deliberate leisure all there is of pathology, etiology, etc., unless the paper has something new to add or something old to dispute.

It is no wonder then, that so many members congregate

in the lobbies or among the exhibits, or even go away, during the reading of papers. No wonder that so many members stay at home, and never come to our state meetings,—at least not a second time. They don't find what they want here. Our programs are disappointing. I do not say this in personal disparagement of any who are on the program or who discuss the papers presented. I take my criticisms home to myself in at least average measure, for I am as guilty as the rest. But I am criticising our stubborn adherence to a conventionality that ought to be superseded by something better. You know and I know that the programs are not what bring us here, and we all must recognize in our hearts that a successful medical society must mean something more than a congregation of the persistent few for the purpose of hearing one another read about and talk about something they already know, or could learn with less trouble and expense from more authoritative sources.

I believe our State Society would be better, have a more practical value to the membership, appeal to their interest more and call out a larger attendance if not a single scientific paper,—real or *quasi*—were put on the program, but instead the meetings were devoted to the discussion of subjects of living, social and economic interest to the profession. I am certain there is no use having a medical society if we do not do something more than we have been doing. And this conviction is strengthened by the manifest apathy that year by year retires from further active participation our once loyal members.

The real ground on which we can have an effective organization, profitable meetings and a more enthusiastic attendance is that of common interest, mutual protection and co-operation. We have recognized this in some measure in adopting our medical defense feature. And I think it will be admitted that this practical measure has been the most substantial and effective exhibition of our organized existence ever brought to light. It is the only thing we have ever done to show we are alive as a society.

True, we may find it pleasant and profitable to recite at these meetings incidents and items of scientific interest, yet the real problems we should make it our business here to contend with are the vital and pressing ones of medical

self-preservation. I do not mean of individual self-preservation chiefly, though this is worth while, but of preserving the integrity and usefulness of the profession as a whole. In this era of grossest selfishness, in which each special group of society is banding together to exploit and plunder every other group, the medical profession, unorganized against material and social exploitation, is bearing the brunt of attack from every side. We have been soaring in the clouds of science and ethics in a sort of lighter-than-air organization. We must get down on the ground and into a more serviceable vehicle. Our societies should take on some of the functions found so effective by the guilds and trades unions. There would be nothing discreditable in so doing. Indeed these organizations have brought the mechanical arts and trades, as well as unskilled labor, to be respected where they were formerly despised. The same benefits would accrue from applying similar methods to the problems which confront us.

The chief thought of the medical profession heretofore has been along the line of raising the standards of medical education and of exterminating disease. We have been making it harder to get into the profession and harder to survive when once in. This is well enough from a Utopian point of view. But when we remember that the public is not in sympathy with our efforts in their behalf; that they are easily led to mistrust our humanitarian projects; that they make us their easy and boasted prey; that we are pitting ourselves against one another for the privilege of serving the public for little or nothing; that we are a disjointed, dismembered profession, jealous of one another, indifferent to our own welfare,—when we bear all this in mind, is it not high time that we are getting together to do something for ourselves? Is it not time that we should unionize, fraternize, sympathize, co-operate? Is it not time for a "Doctors' Forward Movement"?

There should be less of the vainglorious attempt in our meetings to expatiate on public health propaganda and public medicine, less attempt on our part to educate the public *en masse*. The public in the aggregate has little appreciation and much distrust of what we have to say to them along these lines, and we have little that is new to offer one another. Therefore let us omit the farce of posing be-

fore one another in our meetings as good samaritans and public benefactors, but rather let us be content just to go ahead doing our educational work and our preventive work on the units, viz., the individual and the family, and let the masses thus get the results, as they will, in due course of time.

Then again, we are doing entirely wrong, I think, in giving up the matter of administration, legislation and general policy of the society to the management of a few,—a Council and House of Delegates,—who hurry their important duties through in order to give time to hear a large number of more or less important papers read and discussed. As a matter of fact the business of the House of Delegates is the most important business that there is at these meetings, for it is the essence of the organization and touches the vital interests of this body. It should be the matter of chief concern to all who come to the meeting, and should be open to all and be participated in by all. Here every voice should find expression and be invoked. The people in this country, in every department of activity, are getting away from the oligarchical system; and I, for one, am in favor of a wider application of the initiative and referendum in this society, or what perhaps is as good, a democratic participation in the business of the society by every member who attends the meetings. If this makes the usual program impossible, by all means let us do away with such program in large measure. Or, if this is too revolutionary, let the counties send delegates to hear the papers read.

Outside of the matters of election of officers and choosing the place of meeting there could be no injustice done by allowing every member present at a meeting to vote on all questions, even though some one county might have the majority of the attendance. The larger the number of the profession discussing and voting on questions of general professional policy, the more acceptable for all the profession will the final determination be.

Our Journal should be transformed from a portfolio of carefully dried papers read at these meetings into an engine to help us get somewhere. An organ is necessary for the promulgation of any kind of propaganda. If we have any organized strength, let the Journal be a constant index of

our muscle, an exponent of our power, and let us withhold no money to make it look the part. If we used it along these lines we might be more effective against the forces that are discrediting us at every venture we undertake for our own good and the people's good.

In some such ways as I have mentioned, and in other ways that will readily suggest themselves or be developed as the matter is given consideration, may we hope to make our society serve as a powerful agency in our interest rather than the simple luxury of a passing hour. Medical organizations will come to be recognized as effective federations unitedly working to secure, not only those public benefits which all true physicians have at heart, but also those rights which they may justly claim for themselves. And when we have shown ourselves alive along these lines, we will be more respected by one another and by the public at large, and instead of being, as now, a symbol of all that is inconsistent and inconstant, we will become a power to reckon with in the community and in the state. The cement of our organization will thus "unite us into one sacred band or society of friends and brothers, among whom no contention should ever exist but that noble contention, or rather emulation, of who best can work or best agree."

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NODULAR HEADACHE.

Francis J. Moffatt, A. B. M. D.

Read Before the Clyde Medical Society.

Nodular rheumatic or induration headache or cephalodynia as Thompson seems to call it, is a headache or pain in the head especially the occipital portion of frequent occurrence and yet not frequently recognized.

Concerning the etiology all that we know is that in some subjects repeated chilling of the body, especially the head and shoulders, has brought on this condition. It is especially frequent in women who have washed their hair and dried it out of doors or in a draft. Cold applications are never tolerated but warm applications are appreciated. Thus the disease seems to have a rheumatic complexion in the old time use of the word. In this disease also there is not necessarily trouble elsewhere in the body nor is any lesion discoverable in the retina.

In respect to pathology nothing may appear to the eye and the patient will probably complain of nothing but pain, but careful palpation will usually discover nodules of various sizes from that of a millet seed to that of a bean, or, in a few instances, even an almond, located in the subcutaneous tissues and muscles. The fascia of the nape of the neck is especially involved and sometimes the upper back and sides of the neck as far as the acromion process. The nodules are tender even to light touch and are distinguished from enlarged lymph glands by the tenderness and irregular shape. Nodules are also found in the parietal tissues and the tendon of the occipito-frontalis. Here they are flatter and are about as large as a dime. Rarely these flattened nodules are found in the frontal and temporal regions. There is no known characteristic histology.

There are also found in the muscles covering the whole course of the superior nuchal line of the occipital bone and the mastoid process, fairly hard, flattened, raised infiltrations. These are often bilaterally symmetrical very tender and move with muscle. This form is inclined to be larger than the other, and is usually found in the trapezius, sterno-mastoid, scalenus posticus and splenius.

SYMPTOMATOLOGY.

Nodular headache affects women more than men and usually women of advanced or at least middle life. They have in their earlier years been free from headache though at the time of examination they may have suffered from a dull headache or pain in the back of the neck and head for several years. This pain is continuous, distracting, debilitating, and with no free intervals as in migraine. Further differentation from migraine lies in the youth and early womanhood free from pain. The pain, while continuous allows of exacerbations, beginning in the occiput and embracing the entire head frequently radiating down the back and shoulders. This pain does not cause nausea or vomiting and does not cease at night but may increase in the reclining position.

In examining for these nodules, the neck muscles should be relaxed by directing the patient to sit tipping the head well back. The chin should be turned toward the side of the neck being palpated. It is well not to attempt nodular examination during an exacerbation of the pain.

DIFFERENTIAL DIAGNOSIS.

The history of freedom from pain in the earlier years, the beginning of the pain in the occipital region, chills and exposure especially to cold and wet, the absence of psychic stress, the presence of permanent occipital pain without free interval, the absence of a neuropathic heredity, vomiting and any form of aura, need only the palpation of the bilaterally symmeterical nodules to clinch the diagnosis. As a sort of therapeutic test, it may be mentioned that Bromides relieve migraine but have no effect upon nodular headache, while local heat and massage are curative in nodular headache and are ineffective in migraine.

Nodular headache is hardly to be confused with occipital neuralgia on account of the fixed distribution of the latter, it being rarely bilateral and because it becomes in attacks with the usual tender points on the nerve. There are no nodules or indurations and the course is rarely as long as that of nodular headache.

The headache of syphilis will be recognized by the history, other clinical findings, nocturnal aggravation and laboratory tests.

Nodular headache may be accompanied by any other form of headache and occurs alone in the following frequency: migraine, nodular headache, neurasthenia.

In this connection, it may be well to mention the findings in the literature at hand. Cabot, quotes Edinger in the "DeUtsche Klinik" as saying, this (nodular) is probably the most frequent headache. Cabot gives as the distinguishing feature, the presence of painful indurations near insertions of occipital muscles: Writers on massage, especially the Swedish, refer to these lesions loosely as chronic myositis, but there is no histological evidence according to Auerbach that such myositis exists but rather a condition of dilatation of lymph vessels with hardened lymph.

Thompson refers to the headache as cephalodynia and calls it an unusual myalgia of the scalp muscles.

Forcheimer may be quoted as follows: "A form of myositis, some times found in the galea neuronica supposed to be due to catching cold from drafts." He also speaks of it as a neurosis to be cured by suggestion. Salicylic groups are of no value and for the nodules especially in the fibrous

structures he advocates Iodine, local heat, massage and electricity.

Sahli, Leube and Kellogg do not mention nodular headache and Butler calls it an occipital myalgia.

The prognosis of simple nodular headache is good with local heat and massage.

It is more doubtful in the mixed forms.

The treatment has been mentioned. Local heat, as a flax meal poultice, for one to two hours, preceding a twenty minute massage administered once or twice a day at first and less often later and continued from six weeks to three or four months has been uniformly effective. The first sittings will be very painful and narcotics must be used. Exacerbations of the pains must be expected. These, however, will cease after the eighth and, in my case the tenth day. Improvement commences about the third week of daily treatments and the nodules must be massaged until no longer felt. Relapses occur occasionally iniatiated by a severe chill and are usually caused by exposure. The only drug of value is iodide of potassium.

The massage technic is as follows: First forcible stroking by the flat of the hand of both sides of the neck from the mastoid to the acromion and also the middle of the neck from the occiput to the upper back. This maneuver is repeated ten times. Following this a thorough kneading of the neck muscles with the hands apposed. The deep muscles should be lifted between the fingers. This is done five times and followed by vigorous stroking. Each nodule should be stroked for a half minute by the thumbs or fingers using circular pressure stroking with the whole hands placed along the saggittal suture from the calvarium to the post-auricular region should be practiced eight times.

Nodules in the temporal muscle should be treated with reference to the direction of its fibres. The skin of the forehead and the side of the face should be stroked using the palm or fingers from before downward and backward. The carotid region and the jugulars should be gently stroked downward. The patient should rest a half hour after treatment preferably lying down.

The following case taken from Auerbach is typical.

A hair dresser of twenty-four years of age having suffered intense occipital and vertical headache for six months

and unable to work for the last two, presented by palpation scars like indurations and deposits, lentil sized and shaped, in the nuchal muscles and deep cervical fasciae. He referred his pain exclusively to the interior of the skull. After five weeks treatment of local heat and massage he went to work.

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LUMBAR PUNCTUREIN SYPHILIS.

According to B. C. Corbus, Chicago (Journal A. M. A., Aug. 15, 1914), in the light of our present knowledge, lumbar puncture with spinal-fluid examination is demanded in all cases of syphilis, no matter what the stage of the disease, as a control on future complications of the nervous system. Since October, 1913, he has employed this method with spinal-fluid examinations on as many patients "biologically cured" as he could induce to consent to it and he tabulates the results. Brief protocols of several of the cases are given. The following are his conclusions: "1. Too little attention is still paid to the diagnosis of syphilis at the time of the presence of the primary lesion. 2. A great majority of physicians fail to realize the golden opportunity that an early diagnosis present. 3. Control of the treatment by the biologic examination of the blood-serum must be supplemented by spinal-fluid examinations. 4. Intensive intravenous injections should always be tried first in early cases, before intraspinal injections are resorted to. 5. Based on clinical observation, there is a strong possibility of a specific spirochete for the nervous system."

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THE ADRENALS AND THE PULSE-RATE.

The assertion that the adrenals slow the pulse-rate is disputed by R. G. Hoskins and C. R. Lovellette, Chicago (Journal A. M. A., July 25, 1914). Normal epinephrin discharge, they say, can be closely simulated by injecting the drug slowly into a femoral vein. They have experimented in this manner on dogs and give a tabulation of their results which are summed up as follows: "Intravenous injections of epinephrin under conditions closely simulating adrenal discharge cause not only increased blood-pressure, but, generally, also accelerated pulse. Acceleration of the pulse, therefore, is one of theada ptive functions of the adrenal glands."

THE JOURNAL
OF THE
Kansas Medical Society.

W. E. McVEY, M.D., - - - - Editor.

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INSTRUCTION IN SEX HYGIENE.

The sex question is an interesting one—to most people—at some time. A great many heads—wise and otherwise—are worrying over the advisability of teaching sex hygiene in the public schools. There seems to be a pretty strong sentiment against letting the little boys and little girls know anything about such matters, and the educators are busy devising courses in which the purely physical side of the subject may be taught.

The sexual evolution of man presents three phases, the purely physical phase in childhood, the physical and mental or mixed phase in the adult, and the purely mental phase of old age. The anatomy and physiology of the sexual organs and the phenomena of procreation, either in plant or animal life, may be taught to the younger children without arousing in them more than an innocent curiosity. They understand neither the significance nor the importance of the information imparted to them. It is perhaps this innocence in childhood which gave origen to the idea that sexual purity

depends upon ignorance of the sex relations. It must be noted, however, that in children the dangerous element in sex evolution is lacking, and no matter how thoroughly they are taught the physical aspect of the subject, such teaching will not prevent the mental manifestations of the second phase of sex evolution, in which the mating instinct is supreme. If it is deemed essential for the purity, the happiness or the health of our children, that they be instructed in these matters then it would seem that this instruction would be most profitably and most appropriately given at the beginning of adult life, and if it is conceded that knowledge will save these young people from disease, from unhappiness, or from vice, then let it be accurate and complete knowledge. Not only a knowledge of the anatomy and physiology of the sexual organs but a thorough comprehension of the purposes, the performance, and the consequences of the sexual function. They should, if possible, be given a natural viewpoint of the sex relations, in place of the indifference or aversion inculcated in the minds of young girls by the women of our modern society.

If it is conceded that such knowledge is essential, or wise, or desirable, who shall impart it? Certainly not the old-maid school teacher, but some capable experienced physician, who has frequently found it a part of his duty to enlighten an ignorant bridegroom and to create in the bride a natural mental attitude toward the marriage relation. Who is more fitted to teach such subjects than the physician, who sees more, hears more, and knows more of the bitterness, the disappointments and failures in the marriage ventures of young people, on account of ignorance or misinformation upon this most important subject?

There is small promise of benefit to the rising generation from a course in sex hygiene, including the anatomy and physiology of the sexual organs, such as could be given in the grade schools. While such a course might be beneficial if taught in the high school it is doubtful if it could be satisfactorily taught there. For centuries all discussions of sex subjects have been tabooed in the social intercourse of practically all civilized races and in this country such discussions have been further restricted by the interdiction of the postal authorities. Before such a course of instruction could be given, in any comprehensive manner, this almost

prehistoric sentiment must be obliterated. It is doubtful if the world would be better without this sentiment. It has not been shoown that syphilis and gonorrhea are restricted to those who are uninformed of the dangers of these diseases, nor has there been evidence to show that the worst of all vices is confined to those who have not been informed upon subjects relating to the sexes.

After all, do we want our girls to know these things? The purity, the sweet innocence and the natural modesty of a pretty girl appeals to the manhood of every honest man. These are the things that young men expect to find in the girls they want to marry. They are suspicious of too much knowledge of sex matters. This may be the result of training or because of the prevailing sentiment, but it is a condition that exists and will not be easily changed.

But it does not matter whether we want the boys to know or not. The sources of information available to the boys are numerous enough though not always reliable. They frequently have too much information of a kind but not enough of the right kind.

A course of instruction such as has been described would be of some benefit to boys who have reached the age of puberty. The high school does not seem the best place for such instruction. The Y. M. C. A. rooms would seem a more appropriate place and especially so if the instruction be given by some competent physician. There is always a difficulty in giving such instruction to boys. Their natural curiosity is not likely to be satisfied by mere statements of facts. They are doubters as well as investigators and, like older boys that we call men, seldom learn from the experience of others.

In spite of all the objections that may be raised, however, it must be conceded that much ultimate good can be accomplished by giving our young men a thorough course of instruction in sex physiology and sex hygiene.

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FEE SPLITTING AND FEES

The continued agitation of the question of fee-splitting, by the newspapers, will probably result in an effort to legislate against such practice. A law of this kind would not work a great hardship upon the surgeons or specialists though it would furnish a very strong incentive to the

general practitioner to do much of the surgery which he now takes to the surgeon, or at least to those men who have been accustomed to receive a part of the fee. The people are getting better surgery than they would generally get under such conditions and the cost to them would be practically the same.

The trouble is that any movement to legislate against fee-splitting will almost certainly involve the question of fees and it is altogether likely that in connection with the effort to legislate against fee-splitting there will be an effort to establish a schedule of fees for both physicians and surgeons. When this matter comes before the legislature there should be some effort made by the profession to secure some better laws for the collection of medical fees and for some provision by which the county or state shall pay for medical services rendered to those who are unable to pay. There is no more reason for the physician giving his services to the poor than for the merchant giving food and clothing. If the State establishes a fee schedule for physicians and surgeons then the state should pay those fees for services rendered to its indigent citizens.

About one-third of the work done by the medical profession is charitable work. In the more populous counties of this state county physicians are employed for the purpose of treating the sick poor and in some of these counties he is paid as much as $1,000 for the year's work. And yet there is hardly a busy practitioner in any of these counties who does not do as much charity work as does the county physician. This is not the fault of the county physician, but it is because only a small part of those who are unable to pay for medical services are willing to appeal to the county for assistance and because physicians have always been willing to do such work for nothing. Why should not the county pay as much for the services of a physician as an individual? In some of the more thinly populated counties physicians are allowed half price for their services to the poor. These fees are paid from the funds of the county raised by taxation and to which the physician has contributed his assessment. One of the purposes of this tax fund is for the medical care of the poor, yet the physician is asked to bear, not only his proportionate share, but one-half the burden besides. The county commissioners do not ask the merchants to furnish

groceries and fuel at half price. If they have bridges to build they pay the regular prices. If they employ laborers they pay them the regular scale of wages. Why not pay the regular price for medical services?

If the state finds it adviseable to regulate the business methods of the medical profession we hope it will provide some way by which the practice of medicine will be recognized as a business rather than a philanthropy.

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SOME EFFECTS OF EPINEPHRINE.

The effect of epinephrine, when used intravenously, is to cause a marked rise in arterial pressure and to strengthen and slow the heart. The increased arterial tension is due to vasoconstriction, resulting from a peripheral and not a central stimulation. The slowing of the heart is dependent upon the increased arterial pressure and not from vagus stimulation. It increases the contractility and tonicity of the heart by stimulation of the accelerator nerve endings.

When administered intravenously for long periods to rabbirs, sclerotic lesions of the aorta have been found. There were degenerative changes in the muscular tissue of the media with aneurysmal dilatations. Degenerative changes were also found in the myocardium. These effects are not produced by the increased arterial pressure but by the toxic action of the drug.

The effect of epinephrine upon the cerebral and pulmonary vessels is to dilate rather than to contract so that in cases of cerebral arteriosclerosis there is danger of causing cerebral hemorrhage, and in cases of pulmonary hemorrhage there is danger of increasing rather than diminishing the hemorrhage.

It is well to remember that too quickly repeated large doses may result in failure and dilatation of the left ventricle.

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CAMPHOR AS A CIRCULATORY STIMULANT.

It would seem that camphor has been somewhat overestimated as a circulatory stimulant. Experiments show that in normal animals the rate and force of the heart are very slight if at all affected by it. Its effects upon the vasoconstrictor center is very uncertain, for there may or

may not be stimulation and when there is it is likely to be intermittent so that low and high pressure may alternate. Cushny, Gottleib, Meyer, Heard and Brooks all seem to be of the opinion that under ordinary conditions camphor cannot be considered a circulatory stimulant. In the condition of heart failure, where stimulus production in the heart threatens to fail, it is a heart stimulant.

Heard and Brooks gave 20 grains of camphor to each of five cases with normal circulation. In four there was no change in the circulation. In one there was a fall of 17 mm. of systolic, and 25 mm. in diastolic pressure. They found no effect even from 50 grain doses.

While in cases of circulatory failure it has proven to be a heart stimulant it is entirely too uncertain in its effects to be depended upon in such an emergency.

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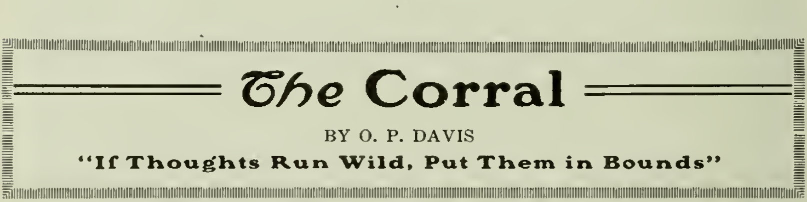

The Corral

BY O. P. DAVIS

"If Thoughts Run Wild, Put Them in Bounds"

THE NUISANCE OF NEEDLESS NOISE. It is to be hoped that our State Board of Health, when it is through with its campaigns of spanking the fly, frying the water and batting the rat, will start a crusade against the nuisance of needless noise.

Of course a good deal of noise is an inevitable incident of community life. But this necessary noise is all that should be tolerated. The makers of unnecessary or avoidable noise should be proceeded against, in the interest of the public health, with all the vigor that can be commanded by physicians and health authorities.

A constant insult to the eye injures that delicate organ. The visual apparatus will not long tolerate repeated irritation. The auditory mechanism, only second in importance, is subjected to a constant bruising and battering by the noise-makers. In consequence, the organ of hearing, and the nervous mechanism with which it is so intimately connected,—in fact, the whole mind itself—becomes blunted in sensitiveness, and even stupefied. To live amid this environ-

ment of ear-splitting confusion one must become anesthetic to the unremitting din, dead of auditory sensibility, except when some unusual slam or bang or spur stimulates the attention and brings the jaded sense into operation.

Those who do not succumb to this defensive anesthesia or acquire this tolerance are sure to develop a morbid irritability, and are painfully and slowly killed. Death is seldam directly charged to noise, but in a vast number of cases noise could be assigned as a determining factor in fatal invalidism. Those who are well may endure the evil with more or less composure, but what shall we do with our sick, to whom quietness is an essential to recovery?

The worst of it is that these diabolical excesses of noise are kept up and intensified throughout the nights. If the nights were only kept reasonably quiet the repose that might then be obtained would to some extent offset the evil. The nervous mechanism might by repose recover in some degree its normal tone and sensibility. There is no such surcease for the pillowed head. The ear-splitting curse of locomotive whistles fills the air of night with shrieks of devilish fury, as though all the fiends of hell were let loose to make the weary world take note of and share their torments.

In Topeka this indignity is intolerable, and yet, in the face of it all, the authorities are either indifferent or are afraid to attempt any mitigation of the evil. Public service corporations seem to have municipal officials, almost everywhere, trained to eat from their hands. Why should these officials be expected to bite the hands that feed them?

The Santa Fe railroad has a device of the devil at the Topeka shops which is evidently dedicated to nocturnal employment. It is a huge contrivance in which rough castings in great number and of divers sizes are tumbled, and by thus rattling together throughout the night, are made smooth by the attrition. The only reason anybody within a radius of two miles of this infernal machine ever sleeps is because of the fact that deprivation of sleep finally compels tolerance of even the most insufferable nuisance. And in this case, if one cannot get used to it he must either die or move away.

In addition to these noises of the night may be mentioned with almost equal condemnation some of the noise-nuisances of the early morning hours. The milkman rouses the neighborhood by the proclamation of his arrival with a quart of

milk. The newsboy hawks his papers with lusty lungs. The peddlers, hucksters and other hawkers bawl and howl and scream up and down the streets with keen rivalry of voice and competition of wares. Barking dogs and crowing roosters usher in the wearisome day to succeed the hideous night.

Why should a city countenance the building of cobblestone pavements, over which the steel tires of horse-drawn vehicles cannot travel without terrific din? Why should street cars be allowed to distract the public ear and disturb public gatherings by their intolerable clanging of unmuffled gears and flat wheels? Why should shops and factories be permitted to waken a townful of sleeping people by protracted blasts of mighty whistles, intended only for the relatively few, when everybody has a clock or watch at hand by which to regulate his goings and comings? These are questions we may well ask ourselves and our public servants, and our inquisitiveness should be persistent and insistent.

Let the State Board of Health and all the other authorities who have the peace and well being of the masses at heart join in a crusade against this terrible nuisance of needless noise. They have joined in other effective movements, let them join in this.

Swat the Fly.
Boil the Germs.
Bat the Rat.
Damn the Noise.

HOW ABOUT YOUR MEDICAL SOCIETY? Now that the summer has passed and the cool months are coming on, let us take our little old county medical societies out of cold storage, where we have kept them all summer, if not longer, and see how well preserved they are, and make up our minds whether we can warm them over and use them.

A medical society, especially a county society, is a good deal like a fish; it spoils easily unless kept alive; it is very perishable and hard to keep, particularly in the summertime; and it is not keenly relished unless properly served, and then only occasionally.

I wish something might be done to vitalize our county societies, to humanize them, to make them instruments for our advancement and unification as a profession. Else-

where in this issue are printed my views on the pathology and therapeutics of medical society degenerations. These views are based chiefly on post mortem studies. I may be in error in some of my findings, but I feel confident that a society constructed and managed along the new lines suggested would be a success.

Why doesn't somebody organize a secret society for doctors—a medical fraternity along lodge lines, embodying all the features of fraternity, mutual helpfulness and co-operation that make certain secret orders so popular and successful? Think it over, and write what you think about it to the Editor, or to the Corral.

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EDITORIAL NOTES

Dr. J. C. McClintock has returned from England where he has been spending the summer.

The trouble is that the officials of the towns, the counties and the state, whose duties are to enforce the laws, are so occupied in locating and prosecuting jointists and bootleggers that they have neither time nor money to enforce other laws.

A new county hospital has just been completed at Atchison. It is a three story building with full basement and is located at a convenient distance from the business district. The building is thoroughly modern in every respect. The operating room is completely equipped and is about as perfect as it would be possible to make it. The hospital is also provided with a laboratory and an electrical room, both thoroughly equipped.

The medical profession of Kansas has been very carefully informed of the fact that the Governor refused to appoint the chiropractor examining board. The law, which he permitted to become a law, provides that these men shall be examined before they are licensed to practice. If there is no board of examiners they cannot be legally licensed to practice, but there is hardly a town of 2,000 inhabitants in the state that does not have one or more chiropractors.

There were 889 fewer medical graduates this year than in 1912. This reduction in the number of graduates the Journal A. M. A. thinks is "the reaction which would naturally follow the stupendous over-supply which this country possessed ten years ago." This marked reduction in the number of medical graduates does not seem to have greatly affected the over-supply of doctors, however. For every one of the 889 by which the number of medical graduates is reduced there are several osteopaths and chiropractors produced.

Medical men are so accustomed to give their services for nothing that they do not even make rich corporations pay them what their services are worth. Why should any surgeon give his services to a railroad company for less than he would charge a farmer? Some of them work for the railroads for nothing—practically nothing, for all they get is a pass which they do not have time to use. Some of them get as much as $10 per month in addition to a pass, while an occasional one, who has the honor to be a division surgeon, may get as much as $25 per month.

There is no reason why a railroad company should not pay regular fees to its local surgeons for whatever work they may do and in addition to the regular fees allow them passes for the extra work required of them in making reports to the company or chief surgeon.

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A new hospital was opened in Hutchinson by ten of the physicians and surgeons about Aug. 15. A name for the new institution has not been selected but it is to be located in the Brevort Hotel building at 114 Ave. A East. The following are the officers: Dr. C. L. McKittrick, President; Dr. C. A. Mann, First Vice-President; Dr. F. A. Forney, Second Vice-President; Dr. N. A. Seehorn, Secretary; Dr. O. J. Casto, Treasurer.

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Dear Doctor:—

I have arranged with Dr. Glasscock to do all my Sanitarium work at the Grandview Sanitarium after October first. This institution, with its new addition, offers all modern facilities, including rooms with private bath, for the desirable care of Mental and Nervous Diseases. Though

isolated from the city noise and turmoil it is accessible and enjoys the freedom of twenty acres of open air, grass and trees. Fifty patients can now be accommodated without crowding. If more room is needed a new building will be added.

My time at the Sanitarium will be devoted to bedside work entirely as it is my desire to be free in the future from the taxation of Sanitarium executive and managerial duties. I will maintain a down-town office and will give prompt attention to both in and out of town consultation work.

I am deeply thankful for the many favors in the past from my professional friends and will equally appreciate any consideration shown me in the future.

Very cordially yours,

S. GROVER BURNETT.

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SPECIAL ANESTHESIA SUPPLEMENT.

Recent years have been marked by some important contributions to the theory and, especially to the practice of surgical anesthesia, but there has lacked what is now quite needed for the further scientific development of this alongside the other departments of surgery—a journalistic medium and editorial mouthpiece.

The American Journal of Surgery will be expanded to meet this need. Beginning with the October issued and quarterly thereafter, this journal will publish a 32-page supplement devoted exclusively to Anesthesia and Analgesia.

This supplement will be a complete journal within a journal containing editorials, contributed articles and communications, abstracts, transactions of Societies and book reviews.

The supplement has been adopted as the official organ of the American Association of Anesthetists and the Scottish Society of Anesthetists and it will also publish the transactions of other like societies.

The editor of this supplement will be Dr. F. Hoeffer McMechan of Cincinnati, one of the founders of the American Association of Anesthetists and a charter member of the New York Society of Anesthetists.

He will be assisted by a staff of well known specialists in

Anesthesia, among whom we would mention:

Dr. James T. Gwathmey .... New York
Dr. Willis D. Gatch .... Indianapolis, Ind.
Dr. William Harper De Ford .... Des Moines, Ia.
Dr. Charles K. Teter .... Cleveland, O.
Dr. E. I. McKesson .... Toledo, O.
Dr. Isabella C. Herb .... Chicago, Ills.
and Yandel Henderson of Yale University.

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"WHOSE ANTITOXIN?"

This is apt to be the first thought of the physician when he is confronted with a diphtheria case. And a very pertinent question it is. The practitioner, at such juncture, faces a grave obligation. His patient's welfare constitutes the one paramount consideration. The situation demands the employment of a serum of known reliability—a serum from which every element of conjecture is eliminated. Diphtheria antitoxin should have its origin in the blood of horses that are known to be healthy. Its manufacture should be entrusted only to the experienced, to those who have had the necessary scientific training, to those who are backed by ample facilities. Anti-diphtheric serum produced under such conditions bears a substantial guaranty of safety and efficiency.

It is pertinent in this connection to refer to the work of Parke, Davis & Co. as antitoxin producers. Parke, Davis & Co. were among the earliest of American manufacturers of antidiphtheric serum, as for many years they have been the largest. They maintain a large stock farm, miles from the smoke and dust of Detroit, where are kept the horses used in serum production. Their biological stables are under the supervision of skilled veterinary surgeons, and are provided with an abundance of light and fresh air and a perfect system of drainage. Before admission to the stables each horse is subjected to a rigid physical examination, and no animal is eligible that has not been pronounced sound by expert veterinarians. Operative work in connection with immunization and bleeding of horses is conducted in accordance with modern surgical methods. The laboratories in which the antitoxin is prepared, tested and made ready for the market are the admiration of scientific men

who visit them. The purity and potency of the serum are established by an elaborate series of bacteriological and physiological tests.

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EXAMINATION OF CANDIDATES FOR ASSISTANT SURGEON.

TREASURY DEPARTMENT.

United States Public Health Service.

Washington, August 25, 1914.

Boards of commissioned medical officers will be convened to meet at the Bureau of Public Health Service, 3 B Street, SE., Washington, D. C., and at the Marine Hospitals of Boston, Mass., Stapleton, N. Y., Chicago, Ill., St. Louis, Mo., New Orleans, La., and San Francisco, Cal., on Monday, October 19, 1914, at 10 o'clock a. m., for the purpose of examining candidates for admission to the grade of assistant surgeon in the Public Health Service, when applications for examination at these stations are received in the Bureau.

Candidates must be between 23 and 32 years of age, graduates of a reputable medical college, and must furnish testimonials from two responsible persons as to their professional and moral character. Service in hospitals for the insane or experience in the detection of mental diseases will be considered and credit given in the examination. Candidates must have had one year's hospital experience or two year's professional work.

Candidates must be not less than 5 feet, 4 inches, nor more than 6 feet, 2 inches, in height.

The following is the usual order of the examinations: 1, Physical; 2, Oral; 3, Written; 4, Clinical.

In addition to the physical examination, candidates are required to certify that they believe themselves free from any ailment which would disqualify them for service in any climate and that they will serve wherever assigned to duty.

The examinations are chiefly in writing, and begin with a short autobiography of the candidate. The remainder of the written exercise consists of examination in the various branches of medicine, surgery, and hygiene.

The oral examination includes subjects of preliminary education, history, literature, and natural sciences.

The clinical examination is conducted at a hospital.

The examination usually covers a period of about ten days. Successful candidates will be numbered according to their attainments on examination, and will be commissionered in the same order. They will received early appointments.

After four years' service, assistant surgeons are entitled to examination for promotion to the grade of passed assistant surgeon.

Assistant surgeons receive $2,000, passed assistant surgeons, $2,400; surgeons, $3,000; senior surgeons, $3,500, and assistant surgeon generals, $,4000 a year. When quarters are not provided, commutation at the rate of $30, $40 and $50 a month, according to the grade, is allowed.

All grades receive longevity pay, 10 per cent in addition to the regular salary for every five years up to 40 per cent after twenty years' service.

The tenure of office is permanent. Officers traveling under orders are allowed actual expenses.

For invitation to appear before the board of examiners, address "Surgeon General, Public Health Service, Washington, D. C."

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WANTED—Student nurses. Apply to Stella Shipley, Supt. of Montgomery County Hospital and Training School, Independence, Kansas.

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FOR SALE—Static X-Ray machine made by National X-Ray Co., Topeka, Kansas. This machine is new, never having been used. A bargain. Ed C. Jerman, R. R. No. 1, Topeka, Kansas.

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FOR SALE—A Victor Finsen Light Apparatus. Will sell cheap. Address Journal, Kansas Medical Society, Commerce Building, Topeka, Kansas.

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FOR SALE—A five-passenger automobile, run less than twenty thousand miles, in excellent condition. Cost $1,650. Will sell for $600. Address Journal, Kansas Medical Society, Commerce Building, Topeka, Kansas.

NICOTIN POISONING.

A peculiar case of fatal nicotin poisoning of a 5-months-old child is reported by S. H. Reynolds, New Haven, Conn. (Journal A. M. A., May 30, 1914). It is of interest as showing the consequences of the too common carelessness of smokers. In the evening previous, the father had entertained some friends at his home and apparently, as all hands were smoking, some one had carelessly spilled some tobacco into the basin that was used for the child's milk. As the company left the house at midnight it is inferred that the tobacco found its way into the milk mixture before the one o'clock feeding, after which the first symptoms appeared, and the nicotin had then begun to extract out and at the four o'clock feeding the child received the maximum dose of the nicotin extract which caused its death in spite of all that could be done.

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TREPHINING FOR GLAUCOMA.

W. R. Parker, Detroit (Journal A. M. A., July 18, 1914), publishes, with the consent of Colonel R. H. Elliot, the results of the sclerotrephining operations for the relief of glaucoma performed by him during his visit to the United States last fall, and also appends his own results with the same operation. The conclusions deduced are as follows: "The average results obtained from the sclerocorneal trephining operation for relieving glaucoma are better in the non-inflammatory type than in the other forms of the disease. The results obtained when the operation was associated with a complete coloboma were better, as regards both the frequency of the occurrence of iritis and the effects on the tension, than when performed with a partial iridectomy or when the iris was left intact. The remote results may not be so good as those shown immediately after the operation. The number of cases here recorded are not sufficiently large to permit of definite conclusions concerning the real value of the sclerocorneal trephining operation in relieving glaucoma.

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There is a coupon on advertising page number 15 that it will pay you to send in. It will only cost you two cents and you will get more for your money than you usually do.

DISEASED TOOTH-ROOT INFECTION.

W. R. Butt, Philadelphia (Journal A. M. A., Aug. 15, 1914), illustrates and remarks on a post-mortem specimen in which the pathway is shown of an infection from a diseased tooth-root through a maxillary sinus and the nasal cavity. He calls attention to the fact that in this case the sphenoid sinus consisted of a thick mass of cancellated bone, and says it is consoling to the surgeon to have evidence to show that when the sphenoidal sinus is absent its space is thus likely to be thus occupied.

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POISONING BY MALE-FERN.

An unusual case of fatal poisoning by the administration of male-fern as a vermifuge is reported by M. C. Hall, Washington, D. C. (Journal A. M. A., July 18, 1914). The patient was a young man who suffered from constant hunger and feverishness at night and was prescribed for by a so-called "Quaker doctor" or Indian doctor of Joplin, Mo. He died in convulsions and with tetanic symptoms after taking a large quantity of what seems to have been extract of male-fern. The striking features of the case are, first, that there was no evidence that the patient had taype-worm, and secondly, that a doctor should send a poison as strong as oleoresin of male-fern in excess of the usual dose to be given to a person in another state and followed up by castor-oil, which increases the absorbability and toxicity of the drug. There was always the possibility that consulting by letter an advertising "Indian or Quaker doctor" may cause a patient's death.

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THE TOXICITY OF CAMPHOR.

D. J. Milton Miller, Atlantic City, N. J. (Journal A. M. A., Aug. 15, 1914), reports a case in which a baby of 18 months was given a brimming teaspoonful of camphorated oil by mistake, containing from 1 4to 15 grains of camphor, without causing any symptoms of note. He mentions it because more or less alarming symptoms are often produced by much smaller doses, though fatal poisonings are very few.

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Please bear in mind that this is your journal and its patrons are your patrons.

THE JOURNAL
OF THE
Kansas Medical Society.

Vol. XIV TOPEKA, KANSAS, OCTOBER, 1914 No. 10

SOME HISTORY OF MEDICAL LEGISLATION.

During the last quarter of a century the best men in the Medical profession of Kansas, without regard to their school of practice, have been seriously endeavoring to raise the standard of efficiency by increasing the educational requirements of those who were admitted to practice. They have succeeded in accomplishing much in this direction in spite of the most strenuous opposition. The opposition of patent medicine men, quack doctors, political grafters, and the newspapers were active enough. But strange as it may seem, there was also for a long time, the opposition of a large part of the people—not only ignorant people but many of those who were intelligent seemed to have an idea that the doctors were trying to create a monopoly. And these Kansas people are inherently opposed to everything that even sounds monopolistic. But when they were shown that these men had no motives but those of the most unselfish kind; when all the schools of practice united in a demand for a law that would fix a standard of qualification for those who were permitted to practice medicine in the state; when the doctors proved their purpose of increasing the proficiency of the medical profession, by increasing the course of study in the medical colleges from 2 years of 6 months each to 3 years of 8 months each; and when quacks of all kinds, grown bold and reckless in their long immunity to the law, flocked over the state with all sorts of swindling schemes, robbing the poor and afflicted, the people rose in their might and demanded that for which the doctors had worked and plead and fought without avail. It was a

demand the politicians dared not ignore and in 1901 the law was passed which created the Board of Medical Registration and Examination and prescribed the qualifications of all those who should be licensed to practice medicine—one standard for all.

Now there are men—lots of them—who are constitutionally opposed to meeting any standard of law or morals. They always take more and give less than the law allows. They always pay less than they owe and take more than they pay for. There are those who would like to be preachers but they won't be Christians; who expect to go to Heaven on the few kind words they have said in their sleep. So there are men who want to be doctors, who think they ought to be doctors, but are not willing to give the money, the time nor the energy required to make them competent and safe. They prefer to evade the law rather than meet the requirements: While the law which was passed in 1901 was fairly effective, it did not fully meet the expectations of the men who worked unceasingly in a continually losing struggle against the political grafters, the patent medicine fakers, the quack doctors and the newspapers, because it was too limited in its application.

It was a very promising start, however, and there was enough of success to encourage the profession in further efforts to correct the faults in the law that had been passed.

By occasional amendments and occasional decisions by the courts, the law became so far effective in excluding the uneducated incompetents from the practice of medicine in Kansas that they began to look for new ways to evade the law which they could no longer ignore. The "drugless treatment" cults found that they were no longer immune. They must either meet the educational requirements of the law or find some way to escape its penalties for the courts had given a broader interpretation to the "practice of medicine." They could not accomplish the former but with strong financial and political influence they succeeded in putting through the legislature of 1909 an amendment exempting the osteopaths from examination and permitting them to practice medicine on a diploma from a school of osteopathy.

The schools of osteopathy found difficulty in other states and deemed it advisable to increase their course of instruction and lengthen the time requirements until this line of

approach seemed no longer feasible to the more predatory tribes of "drugless healers."

The next attempt to legalize a further evasion of the law, by exempting chiropractors from examination failed in the legislature of 1911. But they didn't quit and upon a fair estimate of the expense of the campaign made by the combined forces of patent medicine men and "drugless healers," during the next two years, one would conclude that these fellows thought there were profitable pickings among the people of Kansas and they were willing to pay a good price to get some in their own baskets. With plenty of money behind them, plenty of "influence" with them and a considerable amount of political jugglery for them, they succeeded in getting by our last legislature with a bill which was intended to immunize them against the law regulating the practice of medicine. The Governor refused to sign this bill but he also declined to veto it. On the one hand, the Governor could not fail to recognize the fact that it was a vicious law directed at the very foundation of the laws regulating the practice of medicine; that it was intended to legalize quackery against which the people had formerly demanded protection, and he refused to sign the bill. On the other hand, there were petitions from thousands of people asking for the passage of the bill and the Governor refused to veto it. It is not possible that these people who signed these petitions could have understood or realized the purport of this bill or the demand would certainly have been for its defeat.

After the legislature had adjourned the Governor refused to appoint the board and was sustained in this decision by the advice of the attorney general. Whether the Governor after more careful deliberation was thoroughly convinced of the pernicious provisions of the bill and the effect it would have upon the standard of the practice of medicine in the state, or whether he finally yielded to the pressure brought to bear by the medical profession of the state, as the chiropractors claim, can only be determined by the Governor himself. But, whatever the influences were, he persisted in his refusal to appoint the board in spite of the pleas and the threats of the Chiropractors. Mandamus proceedings were brought to compel him to appoint the board,

but the Supreme Court sustained the Governor in its decision, which was as follows:

No. 19, 119.

Charles W. Green, et al., Plaintiffs, v. George H. Hodges, as Governor, etc., Defendant.

SYLLABUS BY THE COURT.

1. Mandamus—To compell the appointment of Board of Chiropractic Examiners—writ denied. Chapter 291 of the Laws of 1913, relating to the practice of Chiropractic and creating a Board of Chiropractic Examiners, does not require the Governor to appoint upon that board persons who have not complied with the statutes regulating the practice of medicine and surgery.

2. Same by the power vested in the governor to fill vacancies, he is authorized to appoint the two other members of the board provided for in the statute referred to, whenever three properly qualified Chiropractic members are appointed, although the statute does not declare how such members shall be chosen.

Original proceedings in mandamus. Opinion filed February 17, 1914. Writ denied.

Gorge S. Evans, Greenwood, Ark., and Willard Carver of Oklahoma City, Okla., for the plaintiffs.

John S. Dawson, attorney general, for the defendant; F. P. Lindsay, of Topeka, of counsel.

The opinion of the court was delivered by

Benson J.: The plaintiff asks that the governor be required by mandamus to appoint a board of Chiropractic examiners under provisions of chapter 291 of the laws of 1913, relating to the practice of Chiropractic.

The first section of the act declares:

"That there is hereby created and established a board to be known by the style and name of the State Board of Chiropractic Examiners, said board shall be composed of one ordained minister, one school teacher, and (3) practicing Chiropractors of integrity and ability, who shall be residents of the state of Kansas, and shall have practiced chiropractic continually in the state of Kansas for a period not less than two years. No two Chiropractic members of said board shall be graduates from the same school or college of Chiropractic.

Section 2 requires the governor to appoint, as members of the board, three chiropractors who shall possess the qualifications specified in section 1, but makes no provision for the appointment, election or selection otherwise of the minister or school teacher to the other members of the board.

The plaintiffs aver that they are engaged in the practice of Chiropractic, are graduates of schools and colleges of chiropractic, possess the necessary qualifications, and are desirous of obtaining a certificate to practice chiropractic in the state; and that there are many others for whom they also appear, who are also entitled to such certificates. They pray that the governor, who has refused to act, be required to "appoint the said board of chiropractic examiners as per said law."

The governor, in giving the matter consideration, asked and obtained the opinion of the attorney general, in which that officer advised that there was such ambiguity in the statute that action by the governor ought not to be taken.

It is not stated in the petition that the plaintiffs of any or the persons represented by them have complied with the statutes relating to the practice of medicine and surgery, although their practice required such compliance, the statute referred to, before its amendment in 1913, declared that:

"From and after the last day of September, 1901, any person who shall practice medicine and surgery or osteopathy in the state of Kansas without having received and had recorded a certificate under the provisions of this act, or any person violating any of the provisions of this act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall pay a

fine of not less than fifty dollars nor more than two hundred dollars for each offense. 2 (Gen. Stat. 1909, 8091.)

The amendment of this section consisted only in the omission of the words "or osteopathy". (Laws 1913, ch 290 11.0). That a certificate, as provided in the act from which this quotation is made, was a condition precedent to the right to practice chiropractic in this state was settled in The State V. Johnson. 84 Kan. 411, 114 Pac. 390, and adhered to in The State V. Petrs, 87 Kan. 255, 123 Pac. 751, and the State V. Cotner, 87 Kan. 864, 127 Pac. 1, and is therefore not an open question. As the practice of chiropractic without such a certificate is a criminal offense, the petition which alleges such practice for two years shows on its face violation of the law; and a criminal prosecution might be instituted for each specific act of practice defined in the statute (State V. Cotner supra), unless it should be presumed, without any averment of the fact, that the plaintiffs and others for whom they sue had such certificates. It will be observed that in passing the statute creating a chiropractic board the legislature did not attempt to condone past offenses or relieve violators of the existing law in ony way from its penalties. Assuming that the plaintiffs and others in the same situation have no such certificates, can this action be maintained?

The governor by constitutional mandate is charged with the duty to see that the laws are faithfully executed. It is suggested that it is inconsistent with this high duty to require him to reward with office under one law those who have persistently broken another law upon the same general subject. It is not necessary, however, to decide whether this should be required, for we are persuaded that it was not within the legislative contemplation that he should do so. It is entirely reasonable to suppose that it was intended that he should appoint the chiropractors upon the board from those who had complied with the statute regulating the profession of medicine and surgery. There is no necessary conflict in these provisions. Indeed, the act under which these appointments are sought seems to recognize the requirements of the previously existing law, for section 6 (b) contains this proviso: * * * "Provided that applicants for license under this act shall be required to pass the same examination in physiology, anatomy, hygiene, and systomatology, required of licensed practitioners of medicine in this state." (Law 1913, ch 291, 6 sun-div. b).

Whether the clause quoted refers to an examination by the same board licensing practitioners of medicine and surgery or by the board created by this act is not clear, and is not important to the present inquiry. The important fact is that chiropractors must pass an examination upon the subjects named the same as other practioners in medicine and surgery. It is a well settled rule that different statutes relating to the same subject are to be construed together. (The State V. Young, 17 Kan. 414.)

Statutes are to be regarded as forming parts of one great and uniform body of law, and are not to be deemed isolated and detached systems complete in themselves. (Robertson V. The State, ex rel. Smith, 109 Ind. 79, 87, 10 N. E. 582, 643.)

The subject treated in the several statutes referred to included the act of 1913, is the regulation of the practice of medicine and surgery. That this includes the method of treatment called chiropractic is settled by the Johnson case, and is recognized by the statute of 1913, under which these appointments are sought, wherein chiropractors are prohibited from performing "any minor surgery, only as hereinbefore stated." (Laws 1913, ch 291, 6 subdiv. c.)

We have not only the elementary rule of construction referred to, but we have in the statute of 1913 this express reference to, and adoption of, a provision of the prior law, clearly indicating that the legislative intent was to draw to the aid of this last statute the provisions of other laws then in effect regulating the general subject of medicine and surgery, which are not repealed or modified by the new statutory enactment.

The attorney general presents a further reason why the governor has not appointed three chiropractors on this board, and that is that he was not given power to appoint the two other members. No insurmountable obstacle, however, is found here. If the chiropractors should be appointed

the board would then lack two members, and vacancies would therefore exist which might be filled by executive appointment. The statute in question is section 2 provides that the governor shall fill all vacancies. It was said that in The State V. Holcomb 83 Kan. 256, 111 Pac. 188, that:

"An existing office without an incumbent is vacant. After the legislature created the office it was vacant until the appointment was made. * * * The decisions are in practical harmony upon this proposition, and the parties do not disagree about it." (p. 258.)

A general statute long in force also confers this authority concerning vacancies in state and county offices. (Gen. Stat. 1909, 3178.) The appointments to these places, however, would serve no good purpose until three chiropractors can be appointed, for a minority of the proposed board would have no power to act. (Gen. Stat. 1909, 9037, subdiv. 4.)

While the petition does not disclose that the plaintiffs, or others represented by them, were authorized to practice medicine or surgery during the two years of their practice, as chiropractors in the state, it will not be assumed that there are no chiropractors in the state otherwise qualified who held certificates to practice medicine and surgery. Nor will it be assumed that there are properly qualified chiropractors who held such certificates during the period referred to. The statutes being now construed and the law applicable to this matter settled it is presumed that the governor will make the appointment if it should be made to appear that properly qualified persons are available.

The writ will not be allowed.

Now, while the decision of the Supreme Court would seem to have put the Chiropractor's law out of business, prosecutions against them for violation of the law regulating the practice of medicine are prevented by the amendment of this law exempting them from its provisions. The part of the law to which we refer was amended and re-enacted by the osteopathic bill, House Bill 313, and reads as follows:

Section 10. That section 8090 of the General Statutes of the State of 1909, be and the same is hereby amended to read as follows:

Section 8090. Any person shall be regarded as practicing medicine and surgery within the meaning of this act who shall subscribe, or who shall recommend for a fee, for like use, any drug or medicine, or perform any surgical operation of whatever nature for the cure or relief of any wounds, fracture or bodily injury, infirmity or disease of another person, or who shall use the words or letters "Dr." "Doctor." "M. D." or any other title in connection with his name, which in any way represents him as engaged in the practice of medicine or surgery, or any person attempting to treat the sick or other afflicted with bodily or mental infirmities, or any person representing or advertising himself by any means or through any medium whatsoever or any manner whatsoever, so as to indicate that he is authorized to or does practice medicine or surgery in this state or that he is authorized to or does treat the sick or others afflicted with bodily infirmities, but nothing in this act shall be construed as interfering with any religious beliefs in the treatment of diseases; provided that quarantine regulations relating to contagious diseases are not infringed upon. **This act shall not apply to any registered osteopathic physician or any chiropractic practitioners of the State of Kansas,** or any commissioned medical officer of the United States army, navy or marine service in the discharge of his official duties; nor to any legally qualified dentist, when engaged in the legitimate practice of his profession nor to any physician or surgeon who is called from another state or territory in consultation with a licensed physician of this state, or to treat a particular case in conjunction with a licensed practitioner of this state, and who does not otherwise practice in the state. Nor shall anything in this act apply to the administration of domestic medicine nor to

prohibit gratuitious services; provided any person holding a diploma issued by an optical college, and who has studied anatomy of the eye and contiguous parts, human physiology and natural philosophy for at least six months under a competent teacher, and who shall pass examination satisfactorily to the state board of medical registration and examination, shall be eligible to register as an optician or doctor of optics, and shall be otherwise governed by this act so far as the same is applicable.

Sec. 11. That section 8091 of the General Statutes of the State of Kansas of 1909, be and the same is hereby amended to read as follows:

Section 8091. From and after the first day of September, 1901, any person who shall practice medicine and surgery in the State of Kansas without having received and recorded a certificate under the provisions of this act, or any persons violating any of the provisions of this act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall pay a fine of not less than fifty dollars nor more than two hundred dollars for each offense and in no case wherein this act shall have been violated shall any person so violating receive compensation for services rendered. It shall be the duty of the secretary of the State Board of Registration and Examination to see that this act is enforced.

The Chiropractic Bill known as House Bill No. 75, was introduced by Mr. Hines of Scott County on January 17. On January 24th, House Bill 313, providing for a board of examiners and a standard of qualifications for osteopaths was introduced. This bill was passed by the House on March 1, and by the Senate on March 12, and was signed by the Governor.

It must be remembered that in 1909, the law regulating the practice of medicine had been so amended as to permit graduates of osteopathic schools to treat disease by drugless methods, without examination, but they were not permitted to administer or prescribe drugs or perform surgical operations. These limitations were burdensome to many of those claiming to practice osteopathy. They administered drugs, practiced obstetrics and did minor surgery in spite of the restrictions of the law.

The osteopaths claim that their object in seeking a separate board of examiners and a distinct law regulating the practice of osteopathy was to give them standing with the people. We will permit them to claim this as their object, though it is difficult to understand how such a law would have that effect, inasmuch as it is a second confession of their inability to meet the standard of requirements for the practice of medicine set by the legislature of 1901.

If our judgment is determined by the law itself we would be rather inclined to think the principal object was to legalize the evasion of the law regulating the practice of medicine in so far as it prohibited them from administering drugs and performing surgical operations.

While House Bill 313, provides for the licensing of applicants to practice osteopathy it nowhere defines what is included in that term. The Chiropractic Bill stated specifically the restrictions governing the practice of a licensed chiropractor, but there are no such restrictions or limitations to the practice of osteopathy set out in this law. Further than this, in the enactment of the law, the law regulating the practice of medicine was amended so as to exempt, both osteopaths and chiropractors from its provisions. (See Sections 10 and 11). Whether it was really the intention of the promoters of this bill to remove the restrictions upon their practice or not, it was the general opinion of those most interested that such was the result. The question, however, was submitted to the attorney general and his opinion is given below:

House bill No. 313:

March 17, 1913.

Hon. Geo. H. Hodges.
Governor of Kansas. State House.

Dear Governor:—At the suggestion of Secretary Harrington I have reexamined House Bill 313, together with the comments made thereupon by Dr. Crumbine and Dr. Nichols. There is a defect in Sec. 1 of this bill where one of the governor's appointees is to hold office for a term of five years. Under the constitution which forbids the legislature to create an office for a longer term than four years, the five year term will have to be construed as a four year term. But this defect will not vitiate the bill

Touching now the objection of Dr. Crumbine's, I beg to say that, in my judgment, this objection is not well-founded. House Bill 313 is not in the nature of a new code or a subject on which the law-making department of the government has not heretofore legislated, and it is familiar law that:

"All statutes in pari materia are to be read and construed together as if they formed parts of the same statute, and were enacted at the same time." Wren V. Nemaha Co. 24 Kan. 305.

The general purposes of House Bill No. 313 are to create a separate board of osteopathic examiners and to re-write certain sections of the old law concerning medical registration and examination for the purpose of bringing them within these new provisions enacted by the legislature of 1913.

It is not true as declared by Dr. Nichols that an osteopath can give drugs and medicine or perform operations in surgery. The penal provisions of the old medical act of 1901 are re-enacted in House Bill 313 for no reason that I can see except the customary one to forbid anything of that sort.

The several acts of the Kansas legislature, old and new, make it now tolerably clear what is the practice of osteopathy, what is the practice of chiropractic, and what is the practice of medicine and surgery. And Sec. 11 of House Bill 313, makes it a misdemeanor punishable by a fine of not less than $50 nor more than $200 for any person to practice medicine and surgery in the State of Kansas without a certificate so to do.

Assuming for the moment that there is an inherent conflict between Sec. 10 and Sec. 11 of the new act, then the familiar rule of statutory construction would control and that rule is that the last expression of the legislative will is the controlling one and that is true whether expressed in different acts or later sections of the same act. The later section will control an earlier section and sometimes it has been necessary for the court to say that a later section vitiates absolutely an earlier section in the same act.

In Sec. 10 you will note that is largely a rewriting of the act of 1901 and I think it is proper under the new legislation that there should be such a clause as amended Sec. 8090 appearing as Sec. 10 of the new act.

To the complaint that:

"This act shall not apply to any registered osteopathic physician or any chiropractic practitioners of the State of Kansas."

I say that I think that provision is proper and does not do at all what Dr. Crumbine and Dr. Nichols fear, take them out from under the control of the statute. I don't want to be dogmantical about this proposition at all, but I cannot share the fear of Dr. Crumbine and Dr. Nichols in the slightest degree, although the matter is not one that I feel very strongly about one way or another, so far as the wisdom of this particular legislation is concerned.

Yours respectfully,

JOHN S. DAWSON, Attorney General.

While the attorney general's opinion on this question may be based upon good law, and it coincides with the opinions of other able attorneys to whom the question had been submitted, it will probably require a test case in the Supreme Court to decide it.

To a layman there would be no doubt, but that the osteopaths were free to practice medicine by any method they saw fit, but the English language in the statement of a law don't mean the same that it does in a story or a song or a prayer. The lawyers and the courts have their own rules for interpreting the English language, some of them were established before Webster was born and many since that time, so that until a law has been weighed and dissected and analyzed and tested by all the court decisions for centuries past, we must remain in doubt as to what it really means.

We have said that before 1909 the osteopaths evaded the law by contending that, though they were treating disease, they did not administer drugs or medicine and were therefore not practicing medicine. The legislature of 1909 gave them legal permission to so evade it and in 1913 still more definitely legalized this evasion by creating for them a board of examiners and establishing a standard of qualifications. Now the very interesting fact appears that the osteopaths are making the claim that the chiropractors are trying to evade the osteopathic law by practicing osteopathy under another name. In fact, the osteopaths are prosecuting a chiropractor in Independence, and we are informed by a member of the osteopathic board that they will attempt to prove that this chiropractor and all other chiropractors are really practicing osteopathy in violation of the law enacted by the legislature of 1913.

What better argument, than the history of medical legislation in Kansas, for the adoption of one standard of medical education for all applicants for license to practice the healing art, without regard to the methods used, and for one board to administer all laws relating to the practice of medicine and to supervise the examination of all candidates for practice.

Regulars, homeopaths and eclectics are required to have had a certain definite amount of medical education before being admitted to examination and they are given the same examination except in the methods of treatment. Why should the osteopath be permitted to treat disease upon a lower standard of education than a regular or homeopath or eclectic? His method of treatment is different but so are the methods of others. Why should the chiropractor be permitted to practice on a lower standard of education than the osteopath? His method of treatment does not differ as much from that of the osteopath as that of the homeopath differs from that of the egular. And the osteopaths claim that his methods are the same.

The state should make the same educational requirements of every candidate for practice and when he has met these requirements he should be permitted to practice by any method he may choose or his patrons prefer.

If a single standard of education is required there seems to be no necessity for more than one examining board. The osteopaths think a separate board of examiners for them is necessary for the sake of harmony. In the early history of medical legislation in Kansas there were three examining bodies for physicians. The regular profession had one, the Homeopaths had one, and the Eclectics had one. There was no harmony then, in fact, there was nothing but war. Each school tried to out-do the other, and the Homeopaths and Eclectics finally combined in an attempt to put the Regular profession out of business. There was never any peace or harmony between these schools until they combined in the demand for an efficient law and a single board of examiners. There is nothing in our history to support the contention of the osteopaths and it has been demonstrated that it is not possible for harmony to exist between two boards appointed for the purpose of administering the same affairs.

AN ANALYSIS OF THE CHIROPRACTIC BILL.

Among the various warring factions of the so-called chiropractors there seems to be some doubt as to the authorship of the Chiropractic Bill, which was passed by the last legislature. After giving this bill the "once over" any fair minded person would not blame its author for wishing to keep under cover.

Inconsistency is so consistent with the bill in its entirety that it seems superfluous to point out even a few of the points in which it is unique. Some of its provisions are not only ridiculous—they are seriously ridiculous.

> Section 1. There is hereby created and established a board to be known by the style and name of the state board of chiropractic examiners, said board shall be composed of one ordained minister, one school teacher, and three (3) practicing chiropractors of integrity and ability, who shall be residents of the state of Kansas, for a period not less than two (2) years. No two chiropractic members of said board shall be graduates from the same school or college of chiropractic.

The presence of a minister and a school teacher on this board is really its only saving grace and they would no doubt lend all the dignity to the board that it would have. The Governor very naturally found it difficult to find three men "who would possess the qualification specified in the act."

Any Chiropractor who had practiced for any length of time prior to the passage of this act was a criminal in the eyes of the law.

Now while Section 1 provides that the board shall be composed of one ordained minister, one school teacher, and three practicing Chiropractors, Section 2 provides only for the appointment of three Chiropractors—It reads as follows:

> The Governor of the State of Kansas shall within thirty (30) days after the taking effect of this act, appoint three chiropractors who shall possess the qualifications specified in section one of this act, to constitute the members of said board. Said members shall be so classified by the governor that the term of office of one shall expire in one year, one in two years and one in three years from the date of appointment. Annually thereafter the governor shall appoint one member who shall be a licensed practitioner and possess the qualifications specified in section one of this act, to serve for a period of three years, and shall fill all vacancies in said board caused by death or otherwise as soon as practicable.

Is it intended that the Governor shall appoint the minister and school teacher and if so, for how long terms? There is nothing in Section 2 to provide for this appointment or for the appointment of their successors.

Suppose the Governor appoints a minister and a school teacher on this board then in (d) of Section 3, we find:

A license to practice chiropractic within this state shall be issued to the individual members of said board at the first meeting of board upon payment of the regular fee as provided for in this act.

So that the minister and school teacher would be granted a license to practice Chiropractic without any of the preparation required of other applicants.

Suppose now that the board has been appointed, has met and elected its officers, granted licenses to its individual members including the minister and school teacher and is ready for business. Its first business will be to grant licenses to all those now practicing Chiropractic, and right here we find another fly in the ointment.

Section 4 reads as follows:

It shall be unlawful for any person to practice chiropractic in this state unless they shall have first obtained a license as provided in this act; provided, however, that nothing in this act shall apply to or affect any persons who are now actually engaged in the practice of such profession except as hereinafter provided.

Section 7 reads:

All chiropractors practicing within this state six months prior to the passage of this art shall be granted a license as herein provided, without examination, provided that the application be made within sixty days after the taking effect of this act and accompanied by the required fee as herein provided.

There is but one way to interpret these two sections that is that all those who have practiced six months or more must pay their fifteen dollars and get a license, while those who have practiced less than six months are exempt.

Then comes the fellow who has not been fortunate enough to hang his shingle before this law got through the legislature. He must be "a graduate of a chartered Chiropractic school or college which teaches a course of three years of sex months each or more, requiring actual attendance in same." That the Chiropractors intend to cut down the time implied by that three year clause is evidenced by the following extract from a speech by one A. C. Foy, who it is understood, was slated for a place on this board. In his speech in Iowa Mr. Foy said:

"Now the question comes up, and I get letters from all over the United States, what is the length of time necessary? The law does not say that the schools in making application for examination shall be three calander years; it says, 'three years of six months each.' Of course it was the intent of the legislative body to say three calendar years, but it did not say so."

Now since the board is authorized to "adopt a minimum schedule of educational requirement" (See (c) Sec. 3) they will interpret this clause to mean eighteen consecutive months.

This, however, is a very small matter when compared with the possibilities in the next clause of Sec. 5, "requiring actual attendance in same." Following out Mr. Foy's line of reasoning what a rich field of speculation and peculation is this life-saving clause. "Requiring actual attendance in same." How much attendance? The law does not say. Six months, three months, a week, even a day will fill that requirement.

It is safe to say that few will be barred from the examination on account of deficiency in these qualifications.

Having been admitted to examination, Section 6 provides: "Examinations for license to practice Chiropractic shall be made by said board according to the method deemed by it to be the most practicable (not practical) and expeditious to test the applicant's qualifications." But in (6) we find the following:

> All examinations shall be made in writing, the subjects of which shall be as follows: Anatomy, Physiology, Hygiene, symptomatology, nerve tracing, chiropractic, orthopedia, principles of chiropractic and adjusting as taught by chiropractic schools and colleges; provided that applicants for license under this act shall be required to pass the same examination in physiology, anatomy, hygiene and systomatology required of licensed practitioners of medicine and surgery in this state.

Just take notice of the fact that their applicants are "required to pass the same examination in physiology, anatomy, hygiene and *systomatology*, required of licensed practitioners of medicine and surgery in this state." Let's take another lesson from the Chiropractic method of interpretation. The legislative body may have meant symptomatology and it is not improbable that the author of the bill made the mistake intentionally for, with the qualifications required of them, these applicants for Chiropractic license would have to "go some" to pass the same examination in symptomatology as that required of licensed practitioners of medicine and surgery. But the law says *systomotology*, and "there ain't no sich animile."

How will they get the same examination in physiology and anatomy and hygiene even? There is nothing said about them taking this examination under the Board of Examina-

tion and Registration. Will the Chiropractic board give them the same examination. Again following the Chiropractic method of interpretation—the law says the *same* examination and though the author of the bill may have mean similar, the legislative body has made it read *the same examination.*

Just one more illustration of the consistent inconsistency of this bill and we will leave it for the further consideration of a newer and we hope wiser legislative body.

Section 11. Chiropractic practitioners shall observe and be subject to all state and municipal regulations relating to the control of contagious and infectious diseases, sign death certificates and any and all matters pertaining to public health, reporting to the proper health officers the same as other practitioners.

"Sign death certificates and any and all matters pertaining to public health—" That is rather vague and may mean much or little after our Chiropractic friend has fully digested it. The section as a whole, however, imposes a duty upon these licentiates for which their qualifications do not fit them.

Judging from the subjects in which they are to be examined one is puzzled to know if they will make their diagnosis of the various contagious diseases by intuition or by the initiative and referendum.

———— ℞ ————

HOW THEY VOTED.

In order that every member of the society may know how his representative and senator voted on the Osteopathic Bill and the Chiropractic Bill we are giving below the votes on the two measures according to the Journals of those two bodies.

Some of the representatives who voted for these bills and some of those who voted against them are candidates for re-election and the names of these we have printed in *italic* type.

In this connection we want to call your attention to the fact that some of these members of the House who voted for both of these bills have now declared themselves in favor of one standard of education, and one board, and for the repeal of the Chiropractic Bill.

By referring to the list of candidates you will be enabled to determine who of these men have so declared themselves.

IN THE HOUSE.

Those who voted for the final passage of the Chiropractic Bill (House Bill No. 75) after it had been amended and passed by the senate, were: Messrs. Ashcroft, *Bailey*, Barrett, Bentley, Blakely, Brewster, *Burtiss*, Carnahan, Carroll, Chase, Crippen, Dailey, *Davis of Edwards, Davis of Gray*, Dawley, *Doerr*, Drew, Fallas, *Foster, Freeland*, Gibson, of Cowley, *Gillum, Gilman*, Graber, *Hanna, Hendricks*, Herr, Hines, *Holbrook*, Houston, Houtz, *Jensen, Jewett, Keene, Kerschen, Laing, Lane*, Lauback, *Mahurin, McDonald, Milton*, Mitchel, *Mulroy, Newlin, Ostlind*, Phillips, Ragle, *Riddle, Satterthwaite*, Schlicher, *Shuey, Smischny*, Spiker, *Stone of Shawnee*, Strain, *Sutor, Tannahill*, Tanner, *Timkin, Tromble*, Tyler, *Uplinger*, Voiland, Wacker, Wilson of Greeley, *Woodbury*, Mr. Speaker.

Those who voted against its passage were: Messrs. Armstrong of Cloud, Blaisdel, Dowling, *Hamm, Hangen, Helton, Kyser*, Lyon, *McCollum, Moorhead, Moyer*, Nichols, *Noble*, Robson, Scott, Stevens, Turner, *Tyson, Williams, Zutavern.*

Those who were absent or did not vote were: Messrs. *Armstrong* of Cherokee, Atkison, Bay, Boyd, Bunger, Carney, Cook, *Cummings, Dodderidge*, Focht, Frey, Gibson of Crawford, Gordon, Harned, *Jocelyn*, Johnson, *Kincaid, Lumpkin, McGregor, Miller* of Cherokee, *Miller* of Ottawa, O'Conner, Orr, *Ossweiller, Perryman*, Reitzel, Ross, Sharpless, *Showalter, Stone* of Sherman, Thorpe, Tilley, *Todd*, Topping, *Tulloss, Walker*, Watts, Wilson of Crawford.

Those who voted for the bill creating a board of examiners for osteopaths (House Bill 313) were:

Messrs. *Armstrong* of Cherokee, Armstrong of Cloud, Ashcroft, Atkinson, Bailey, Barrett, Bentley, Blakely, Boyd, Brewster, Bunger, *Burtiss*, Carnahan, Carroll, Chase, Cook, Dailey, *Davis* of Gray, Focht, *Foster, Freeland*, Gibson of Cowley, Gibson of Crawford, *Gilman, Gordon*, Graber, *Hanna, Hendricks*, Hines, *Holbrook*, Houston, Houtz, *Jensen, Jocelyn, Keene, Kerschen, Kincaid, Kyser, Laing, Lane*, Lauback, Lumpkin, *McCollum*, McDannald, *McGregor, Miller* of Cherokee, *Miller* of Ottawa, *Milton*, Mitchell, *Moyer, Mulroy, Newlin*, Orr, Perryman, Ragle, Reitzel, Schlicher, Sharpless, *Smischny, Spiker, Stone* of Shawnee, Strain, *Sutor, Tannahill*, Tanner, Tilley, *Timken, Todd*, Topping, *Tromble*,

Tulloss, Turner, Tyler, *Uplinger,* Wilson of Crawford, Wilson of Greeley, *Woodbury,* Mr. Speaker.

Those who voted against the bill were:

Messrs. Bay, Blaisdel, Carney, *Cummings, Davis* of Edwards, Dawley, *Dodderidge,* Dowling, *Gillum, Helton,* Herr, Jewett, Lyon, *Moorhead,* Nichols, O'Connor, Phillips, *Riddle,* Robson, *Satterthwaite,* Scott, *Shuey,* Stevens, *Stone* of Sherman, Thorpe, *Tyson,* Wacker, *Walker,* Watts, *Williams, Zutavern.*

Those who were absent or did not vote were:

Messrs. Crippen, *Doerr,* Fallas, Frey, *Hamm, Hangen,* Harned, Johnson, *Mahurin, Noble, Ostlind, Ossweiller, Ross, Showalter,* Voiland.

IN THE SENATE.

The following senators voted for the bill creating a board of examiners for osteopaths (House Bill No. 313):

Bowman, Carey, Carney, Davis, Denton, Gray, Hinds, Howe, Joseph, King, Lambertson, Logan, McMillan, Milton, Nighswonger, Overfield, Paulen, Porter, Price of Greenwood, Simpson, Trott, Troutman, Waggener, Williams, Wilson of Jefferson, Wolff.

Those who voted against this bill were:

Huffman, Malone, Nixon, Price of Clark, Sutton.

Those who were absent or did not vote were:

Kinkel, Klein, Mahin, Meek, Shouse, Stavely, Stillings, Wilson of Washington.

The following senators voted for the Chiropractic Bill (House Bill No. 75):

Bowman, Carey, Carney, Davis, Denton, Gray, Joseph, King, Logan, Malone, McMillan, Meek, Nighswonger, Paulen, Pauley, Shouse, Stavely, Trott, Troutman, Waggener, Wiiliams, Wolf.

Those who voted against it were:

Howe, Huffman, Kinkel, Klein, Lambertson, Mahin, Milton, Nixon, Porter, Price of Clark, Price of Greenwood, Simpson, Sutton, Wilson of Washington.

Those absent or not voting were:

Hinds, Overfield, Stillings, Wilson of Jefferson.

HOW THE CANDIDATES STAND.

The Committee of Public Policy and Legislation mailed to every candidate for the Legislature a copy of the following letter and enclosed a statement (a copy of which also follows) which they were invited to sign:

DEAR SIR:—

On account of our failure to impress the members of the Legislature, during the regular session, with the importance of careful legislation upon medical matters, the medical profession of Kansas will in the future endeavor to determine the attitude of candidates for the Legislature upon contemplated medical legislation.

In order that there may be no misunderstanding the medical profession of Kansas will acquaint the prospective members of the Legislature with its own attitude toward certain proposed measures and toward certain laws now in force.

The physicians of Kansas through the Kansas Medical Society, the North East District Medical Society, the South East District Medical Society, the South West District Medical Society, the Golden Belt Medical Society and sixty-two County Societies, will oppose, at the next session of the Legislature, any legislation the object of which is to permit any cult to practice medicine at a standard of medical education lower than that now required by the present Boards of Examiners. It is essential that the present standard be maintained to the end that reciprocal relations between Kansas and other states may not be impaired. Regardless of the methods of treatment there should be but one standard of medical education, for the basis of all treatment is a correct diagnosis of disease and a correct diagnosis of disease cannot be made without a thorough knowledge of anatomy, histology, physiology, chemistry, pathology and bacteriology. In addition to these subjects, it is best for the welfare of the people and of considerable importance to the candidate for practice, as he might at sometime desire to locate in another state, that he shall have studied the clinical phenomona of disease and have had such hospital experience as will meet the requirements of the Federation of State Examining Boards of the United States.

The physicians of Kansas will favor a revision of the present laws to provide for one board, upon which all schools of practice may be represented, to administer the laws relating to the practice of medicine and to supervise the examination and licensing of candidates for practice. They will urge the repeal of the Chiropractic Bill which was passed by the last Legislature and proved to be impractical.

In order that we may be able to report to the medical profession at the earliest possible moment the attitude of the respective candidates, will you kindly indicate, either by sign-

ing the enclosed statement (which is sent as a matter of convenience), or by personal letter, what, if elected, your inclination would be along the line of medical legislation.

You will perhaps be interviewed by representatives of local societies along this line, but in order that you may be fairly represented in our report, which will be published in the October number of The Journal of the Kansas Medical Society, we ask you not to overlook replying to this communication.

Committee on Public Policy and Legislation, Kansas Medical Society:

J. E. Sawtell, Chairman
W. F. Gsell
W. E. McVey
W. F. Sawhill
C. S. Huffman

If elected to the Kansas Legislature I will do my utmost to maintain one standard of medical education for all practitioners of medicine and will use my influence to defeat any legislation the object of which is to permit any cult to treat the sick or injured at a standard of education lower than that now required by the Boards of Examiners, under the pretext that its followers are not practicing medicine. I shall at all times support medical legislation which is in the interests of the people of the state and not in the interests of any special cult or school of practice. I will vote for a revision of the present law so that it will provide for one board (on which each school of practice shall be represented) to administer the laws relating to the practice of medicine and to supervise the examination and licensing of candidates for practice. I will vote for the repeal of the Chiropractic Bill which was passed by the last Legislature. I will use my influence to secure the appropriation of sufficient funds for the State Board of Health so that it may carry out the provisions of the law under which it operates.

Signed________________________________

A considerable number of replies to this circular letter have been received and a majority of those replying have signed the statement as it was printed. A few have stricken some parts of the statement. A number have declined to commit themselves on the repeal of the Chiropractic bill on the ground that they did not fully understand its provisions. There were still others who did not sign the statement but wrote personal letters expressing their hearty sympathy with the purposes set out in our letter. There were a few who were decidedly evasive and a very few others who frankly declared their opposition. In publishing the list of candidates we will designate as clearly as possible the attitude of the candidates we have heard from.

ALLEN.

Dem., J. W. Hamm, Humbolt, voted against Nos. 75 and 313.
Rep., Frank L. Trevis, Iola, no reply received.
Prog., E. D. Erickson, Elsmore, SATISFACTORY.
Soc., J. S. Lehman, Humboldt, no reply received.

ANDERSON.

Dem., Fred Riebe, Garnett, no reply received.
Rep., J. A. Hargraves, Richmond, no reply received.
Prog., Geo. D. Cook, Garnett, no reply received.
Soc., Arthur Pingry, Greeley, no reply received.
Prob., Miss Sina Hartsell, Kansas City, no reply received.

ATCHISON.

Dem., T. A. Moxcey, 2nd Dist., Atchison, no reply received.
Dem., E. J. Kelley, 3rd Dist., Effingham, SATISFACTORY.
Rep., E. H. Johnson, 2nd Dist., Atchison, no reply received.
Rep., A. E. Mayhew, 3rd Dist., Effingham, SATISFACTORY.
Prog., H. C. Hansen, 2nd Dist., Atchison, no reply received.
Prog., W. A. Shugart, 3rd Dist., Monrovia, no reply received.

BARBER.

Dem., Ed Boots, Isabel, no reply received.
Rep., Wm. Gesner, Kiowa, SATISFACTORY.
Prog., T. L. Lindley, Medicine Lodge, no reply received.

BARTON.

Dem., Fred Zutavern, Great Bend, SATISFACTORY.
Prog., W. H. Maybach, Great Bend, SATISFACTORY.

BOURBON.

Dem., J. S. Cummings, 19th Dist., Bronson, SATISFACTORY.
Rep., A. M. Keene, 18th Dist., Ft. Scott, SATISFACTORY.
Rep., Wm. Campbell, 19th Dist., Bronson, no reply received.
Prog., H. S. Chapman, 18th Dist., Ft. Scott, SATISFACTORY.
Prog., B. F. Hobbs, 19th Dist., Hiattville, no reply received.
Soc., Chas. Myers, 19th Dist., Ft. Scott, no reply received.
Soc., H. A. Rightmire, 18th Dist., Ft. Scott, no reply received.

BROWN.

Dem., J. F. Bailey, Horton, voted for Nos. 75 and 313.
Rep., J. M. Johnson, Everest, SATISFACTORY.
Prog., Robert Andrews, Powhattan, SATISFACTORY.

BUTLER.

Dem., F. A. Pielsticker, 52nd, Eldorado, no reply received.
Dem., Dr. R. J. Cabeen, 53rd Dist., Leon, SATISFACTORY.
Fep., Robt. W. Tuttle, 52nd, Eldorado, SATISFACTORY.
Rep. J. M. Satterwaite, 53rd Dist., Douglas, voted for No. 75; voted against 313.
Prog., A. J. Holderman, 52nd Dist. Eldorado, no reply received.
Prog., H. M. Cotton, 53rd Dist., Leon, no reply received.

CHASE.

Dem., J. B. Hanna, Cedar Point, voted for Nos. 75 and 313.
Rep., Chas. S. Sayre, Cedar Point, SATISFACTORY.
Prog., Henry Rogler, Matfield Green, no reply received.
Soc., C. L. Jackson, Strong City, no reply received.

CHAUTAUQUA.

Dem., C. B. Burson, Hewins, no reply received.
Rep., J. A. Ferrell, Sedan City, no reply received.
Prog., Norman L. Hay, Sedan City, no reply received.
Soc., W. T. Martin, Hewins, no reply received.

CHEROKEE.

Dem., G. W. Harley, 22nd Dist., McCune, no reply received.
Dem., R. L. Armstrong, 22nd Dist., Faulkner, voted for 313.
Rep., J. W. Farrell, 22nd Dist., Weir City, no reply received.
Rep., Grant Waggoner, 23rd Dist., Baxter, no reply received.
Soc., Earnest Miller, 22nd Dist., Seaman, no reply received.
Soc., W. S. Harvey, 23rd Dist., Galena, R. I., no reply received.

CHEYENNE.

Dem. J. E. Uplinger, St. Francis, voted for Nos. 75 and 313.
Rep., A. A. Reinhold, St. Francis, no reply received.
Soc., M. L. Phillips, McDonald, no reply received.
Prog., F. M. Witham, St. Francis, no reply received.

CLARK.

Dem., C. E. Doyle, Englewood, no reply received.
Rep., Fred Taintor, Englewood, no reply received.
Prog., Arthur P. Reece, Mineola, no reply received.

CLAY.

Dem., John C. Carson, Clay Center, no reply received.
Rep., R. J. Morton, Green, SATISFACTORY.
Prog., Sam E. Reynolds, Clay Center, SATISFACTORY.
Soc., W. W. Jones, Clay Center, no reply received.

CLOUD.

Dem., Homer Kennett, Concordia, no reply received.
Rep., A. L. Wilworth, Concordia, no reply received.

COFFEY.

Dem., J. A. Mahurin, Burlington, voted for No. 75.
Rep. E. L. Traylor, Lebo, no reply received.

COMANCHE.

Dem., J. P. Claudill, Protection, no reply received.
Rep., Geo. H. Helton, Coldwater, SATISFACTORY.
Soc., C. N. Thorp, Protection, no reply received.

COWLEY.

Dem., J. S. Day, 51st Dist., Winfield, no reply received.
Rep., E. C. Manning, 51st Dist., Winfield, unsatisfactory.
Rep., John A. Boylan, 50th Dist. Arkansas City, unsatisfactory
Prog., G. Luther Brown, 50th Dist., Arkansas City, no reply received.
Soc., J. F. Martin, 51st Dist., Winfield, no reply received.
Soc., C. R. D. S. Oakford, 50th Dist., Dexter, no reply received.

CRAWFORD.

Dem., J. H. Cassin, 20th Dist., Girard, no reply received.
Rep., J. Albert Gibson, 21st Dist., Pittsburgh, voted for 313.
Rep., J. W. Montee, 20th Dist., Girard, no reply received.
Prog., E. B. Wampler, 20th Dist., Walnut, SATISFACTORY.
Prog., Geo. B. Mattix, 21st, Cherokee, SATISFACTORY.

Soc., Geo. D. Brewer, 20th Dist., Girard, no reply received.
Soc., Caroline A. Love, 21st Dist., Pittsburgh, no reply received

DECATUR.

Dem., J. M. Shuey, Norcatur, voted for No. 75, against 313.
Rep., H. S. Kennedy, Cedar Bluffs, no reply received.
Prog., H. L. Morrison, Oberlin, no reply received.
Soc., A. L. Miller, Oberlin, no reply received.

DICKINSON.

Dem., Ed Arnold, Chapman, SATISFACTORY.
Rep., P. Scanlin, Chapman, no reply received.
Prog., D. E. Lamb, Herington, no reply received.
Soc., W. L. Nixon, Abilene, no reply received.

DONIPHAN.

Dem., Chas. Carrigan, Doniphan, no reply received.
Rep., Dr. W. W. Carter, Wathena, unsatisfactory.

DOUGLAS.

Dem., A. C. Walter, 11th Dist., Lecompton, no reply received.
Dem., F. M. Hartley, 12th Dist., Baldwin, SATISFACTORY.
Rep., Sherman Elliott, 11th Dist., Lawrence, no reply received.
Rep., John M. Newlin, 12th Dist., Lawrence, voted for Nos. 75 and 313.
Prog., J. H. Mitchell, 11th Dist., Lawrence, no reply received.
Prog., E. E. Stauffer, 12th Dist., no reply received.
Soc., Paul Cheney, 12th Dist., Baldwin, no reply received.

EDWARDS.

Dem., N. A. Davis Kinsley, voted for 75, against 313.
Rep., Chas. A. Mosher, Kinsley, no reply received.

ELK.

Dem., Lewis Kyser, Grenola, voted for No. 313, against No. 75.
Rep., O. H. Wosley, Longton, no reply received.
Prog., A. W. Finley, Elk Falls, unsatisfactory.

ELLIS.

Dem., Miles H. Mulroy, Hays, voted for No. 313.
Rep., Jno. R. Chittenden, Hays, no reply received.

ELLSWORTH.

Dem., R. J. Shmischney, Wilson, R. I. voted for 75 and 313.
Rep., H. Harris, Ellsworth, SATISFACTORY.

FINNEY.

Dem., Albert Hoskinson, Garden City, no reply received.
Rep., C. L. Marman, Garden City, unsatisfactory.
Prog., D. H. Menke, Garden City, no reply received.
Soc., I. N. Pierce, Pierceville, no reply received.

FORD.

Dem., T. S. Lane, Bucklin, voted for Nos. 75 and 313.
Rep., L. J. Pettijohn, Dodge City, no reply received.

FRANKLIN.

Dem., W. G. Tullos, Rantoul, SATISFACTORY.
Prog., E. F. Abbott, Lane, SATISFACTORY.

GEARY.

Dem., John Cameron, Junction City, no reply received.

Rep., F. L. Durland, Junction City, no reply received.
Prog., C. K. Raber, Junction City, no reply received.
Soc., C. E. Say, Junction City, R. 3, no reply received.

GOVE.

Dem., Andy Peirano, Gove, no reply received.
Rep., E. D. Samson, Quinter, no reply received.

GRAHAM.

Dem., A. W. McVey, Hill City, no reply received.
Rep., Ben Smith, Hill City, no reply received.
Prog., Martha J. Worcester, Hill City, no reply received.
Soc., F. J. Farley, Bogus, no reply received.

GRANT.

Dem., Richard Joyce, New Ulyses, no reply received.
Rep., P. A. Walker, New Ulyses, R. I., no reply received. did not vote.

GRAY.

Dem., Harry Brice, Cimmaron, no reply received.
Rep., T. J. Davis, Cave, SATISFACTORY.
Prog., J. A. Beggs, Cave, no reply received.

GREELEY.

Rep., S. S. McGinnis, Tribune, SATISFACTORY.

GREENWOOD.

Dem., John Courtney, Piedmont, no reply received.
Rep., B. M. Brown, Fall River, no reply received.
Prog., E. L. Barrier, Eureka, no reply received.
Soc., J. A. Hart, Climax, no reply received.

HAMILTON.

Dem., T. M. Grisson, Syracuse, no reply received.
Rep., R. E. Bray, Syracuse, no reply received.
Prog., Geo. Getty, Syracuse, no reply received.
Soc., Fred W. Ruggles, Syracuse, no reply received.

HARPER.

Dem., Leroy Hughbanks, Anthony, SATISFACTORY.
Prog., Z. C. Thompson, Harper, no reply received.

HARVEY.

Dem., B. H. Northcott, Hesston, no reply received.
Rep., N. G. Perryman, Newton, voted for No. 313.
Prog., J. R. Scott, Newton, SATISFACTORY.
Soc., John Williams, Newton, no reply received.

HASKELL.

Dem., S. A. McCollum, Santa Fe, voted for No. 313, against 75.
Rep., S. Derby, Jean, no reply received.
Prog., S. E. Cave, Sublette, no reply received.
Soc., John G. Rogge, Garden City, no reply received.

HODGEMAN.

Dem., Mrs. Daisy N. Davis, Jetmore, no reply received.
Rep., Walton S. Kenyon, Jetmore, SATISFACTORY.
Prog., Arthur Lonnberg, Spearville, no reply received.

JACKSON.

Dem., W. D. Kuhn, Holton, no reply received.

Rep., F. C. Pomeroy, Holton, SATISFACTORY.
Prog., Otto Hochuli, Holton, no reply received.

JEFFERSON.

Dem., C. S. Moyer, Nortonville, SATISFACTORY.
Rep., John N. Johnson, Lawrence, SATISFACTORY.
Prog., C. S. Kathan, Williamstown, SATISFACTORY.

JEWELL.

Dem., Myer Miles, Jewell, SATISFACTORY.
Rep., J. S. Hart, Randall, no reply received.

JOHNSON.

Dem., Jasper T. Kincaid, Topeka, voted for No. 313.
Rep., D. B. Johnson, Merriam, SATISFACTORY.
Prog., Sam J. Kelley, Olathe, no reply received.
Soc., W. S. Wheeler, Olathe, no reply received.

KEARNEY.

Dem., W. D. O'Loughlin, Lakin, no reply received.
Rep., W. B. Logan, Lakin, no reply received.
Prog., J. H. Waterman, Lakin, no reply received.
Soc., J. F. Wells, Kendall, no reply received.

KINGMAN.

Dem., R. E. Smith, Kingman, no reply received.
Prog., John H. Connaughton, Kingman, SATISFACTORY.
Soc., J. W. Boyer, Kingman, no reply received.

KIOWA.

Dem., A. W. Hershberger, Greensburg, no reply received.
Rep., John W. Davis, Greensburg, no reply received.

LABETTE.

Dem., Walter Phillips, 24th Dist., Mound Valley, SATISFACTORY.
Rep., E. L. Burton, 24th Dist., Parsons, unsatisfactory.
Rep., E. O. Noble, 25th Dist., Bartlett, voting against No. 75.
Prog., E. O. Ellis, 24th Dist., Parsons, no reply received.
Prog., Adam, Yakel, 25th Dist., Oswego, SATISFACTORY.
Soc., S. W. Sample, 24th Dist., Parsons, no reply received.
Soc., A. H. Earl, 25th Dist., Oswego, no reply received.

LANE.

Dem., O. P. Jewett, Dighton, voted for No. 75, against 313.
Rep. C. J. VanKeuren, Dighton, no reply received.

LEAVENWORTH.

Dem., Eli Nirdlinger, 5th Dist., Leavenworth, no reply received
Rep., Benj. F. Endress, 5th Dist., Leavenworth, no reply received.
Rep., J. M. Gilman, 6th Dist., Leavenworth, voted for Nos. 75 and 313.
Soc., A. Bowman, 5th Dist., Leavenworth, no reply received.
Soc., C. A. Richardson, 6th Dist., Delaware Tp., no reply received.

LINCOLN.

Dem., W. E. Lyon, Lincoln, voted against Nos. 75 and 313.
Rep., Elias Farr, Sylvan Grove, no reply received.

LINN.

Dem., A. L. Humphrey, Pleasanton, no reply received.
Rep., Robt., J. Tyson, Goodrich, voted against Nos. 75 and 313.
Soc., I. S. Stull, Pleasanton, no reply received.

LOGAN.

Dem., J. N. Thournell, Winona, SATISFACTORY.
Rep., F. D. Joslyn, Winona, no reply received.
Prog., C. T. Goodier, Oakley, no reply received.

LYON.

Dem., D. W. Spiker, Emporia, voted for Nos. 75 and 313.
Dem., T. Jenson, Emporia, voted for Nos. 75 and 313.
Rep., F. O. Stone, Emporia, no reply received.
Rep., C. A. Johnson, Hartford, no reply received.
Prog., Lamont D. DeCamp, Allen, no reply received.
Prog., Will Wayman, Emporia, SATISFACTORY.

MARION.

Dem., Taylor Riddle, Marion, voted for No. 75, against 313.
Rep., Fred E. Pettit, Peabody, no reply received.

MARSHALL.

Dem., Andrew Shearer, 39th Dist., Frankfort, no reply received.
Dem., M. M. Schmidt, 40th Dist. Home City, SATISFACTORY
Rep., S. F. Paul, 39th Dist., Blue Rapids, SATISFACTORY.
Rep., N. S. Kerschen, 40th Dist., Marysville, voted for Nos. 75 and 313.

McPHERSON.

Dem., Rob't Duist, Mound Ridge, no reply received.
Rep., John Ostlind, Jr., McPherson, voted for No. 75.
Prog., E. P. Detter, McPherson, no reply received.
Soc., C. N. Young, Lindsberg, no reply received.

MEADE.

Dem., I. H. Lewlyn Jones, Meade, unsatisfactory.
Rep., George W. Day, Meade, no reply received.
Prog., C. P. Leslie, Meade, no reply received.

MIAMI.

Dem., J. P. Ranney, Osawatomie, R. I., no reply received.
Rep., H. R. Wells, Louisburg, no reply received.
Prog., Mrs. D. F. Dunn, Paola, no reply received.

MITCHELL.

Dem., John Tromble, Beloit, voted for Nos. 75 and 313.
Rep., D. F. Simpson, Cawker City, no reply received.
Prog., W. F. Ramsey, Victor, no reply received.

MONTGOMERY.

Dem., R. F. Heckman, 26th Dist., Liberty, no reply received.
Dem., E. L. Huyan, 27th Dist., Dearing, no reply received.
Rep., A. R. Lamb, 26th Dist., Coffeyville, no reply received.
Rep., H. L. Aldrich, 27th Dist., Caney, SATISFACTORY.
Prog., G. M. Seacat, 26th Dist., Cherryvale, SATISFACTORY.
Prog., Sam'l Drybread, 27th Dist., Elk City, SATISFACTORY.
Soc., A. L. Hook, 26th Dist., Coffeyville, SATISFACTORY.

Soc., J. T. Mortimer, 27th Dist., Elk City, no reply received.

MORRIS.

Dem., Geo. W. C. Coffin, Council Grove, no reply received.
Rep., S. F. Nelson, Burdick, no reply received.
Prog., W. H. Dodderidge, White City, voted against No. 313.

NORTON.

Dem., W. D. Thompson, Rallo, no reply received.
Rep., John R. Cook, Wilburton, no reply received.

NEMAHA.

Dem., I. R. W. Moorhead, Sabetha, voted against 75 and 313.
Rep., F. P. Bowen, Centralia, no reply received.
Prog., Edward M. Collins, Seneca, unsatisfactory.

NEOSHO.

Dem., Alf. Q. Wooster, Erie, no reply received.
Rep., C. D. Resler, Chanute, SATISFACTORY.
Prog., H. L. Freeman, Chanute, no reply received.
Soc., H. S. Porter, Chanute, no reply received.

NESS.

Dem., J. C. Hopper, Ness City, no reply received.
Rep., C. D. Foster, Ness City, voted for Nos. 75 and 313.
Soc., W. H. Tilley, Ransom, voted for No. 313.
Prob., Mrs. Ida Graham, Ransom, no reply received.

NORTON.

Dem., Dan Hart, Norton, no reply received.
Rep., A. L. Drummond, Norton, no reply received.
Prog., Abe Neiswanger, Almena, no reply received.
Soc., A. Bonnie, Almena, SATISFACTORY.

OSAGE.

Dem., C. T. Neihart, Lyndon, no reply received.
Rep., F. H. Woodbury, Olivet, voted for Nos. 75 and 313.
Prog., E. Butler, Quenemo, SATISFACTORY.

OSBORNE.

Dem., J. A. Lute, Downs, no reply received.
Rep., Walter A. Lawton, Osborne, no reply received.
Prog., D. J. Sparks, Alton, no reply received.

OTTAWA.

Dem., C. N. Miller, Lindsey, no reply received.
Rep., W. S. Caldwell, Culver, SATISFACTORY.
Soc., A. J. Zuker, Minneapolis, no reply received.

PAWNEE.

Dem., A. A. Doerr, Larned, SATISFACTORY.
Rep., H. S. Rogers, Larned, unsatisfactory.
Prog., T. C. Wilson, Larned, SATISFACTORY.

PHILLIPS.

Dem., M. L. Bogard, Kirwin, no reply received.
Rep., John M. Gray, Kirwin, no reply received.
Soc., George Peoples, Long Island, SATISFACTORY.

POTTAWATOMIE.

Dem., G. W. Forrester, Wamego, SATISFACTORY.
Rep., A. E. Hawkinson, Bigelow, unsatisfactory.

Prog., W. B. Dalton, St. George, no reply received.

PRATT.

Dem., S. J. Allmon, Pratt, no reply received.
Rep., W. E. Clark, Sawyer, SATISFACTORY.
Prog., E. L. Shaw, Pratt, no reply received.
Soc., W. F. Brown, Iuka, no reply received.

RAWLINS.

Dem., R. S. Hendricks, Atwood, voted for Nos. 75 and 313.
Rep., D. C. Mather, Atwood, SATISFACTORY.
Soc., Dan Beedy, Atwood, no reply received.

RENO.

Dem., Henry S. Thompson, Sylvia, no reply received.
Dem., R. C. Layman, Hutchinson, no reply received.
Rep., Jake Edwards, Sylvia, no reply received.
Rep., Homer Myers, Hutchinson, no reply received.
Prog., C. H. Bacon, Hutchinson, R. 2, no reply received.

REPUBLIC.

Dem., Arthur Richards, Belleville, no reply received.
Rep., E. S. Nelson, Belleville, no reply received.
Prog., A. B. Ogle, Belleville, no reply received.

RICE.

Dem., George B. Ross, Sterling, did not vote.
Rep., Wm. Schmidt, Lyons, no reply received.

RILEY.

Dem., Rev. J. D. Arnold, Manhattan, SATISFACTORY.
Rep., S. A. Bardwell, Manhattan, SATISFACTORY.
Prog., W. H. Secrest, Randolph, no reply received.

ROOKS.

Dem., A. C. Gillihan, Stockton, no reply received.
Rep., H. T. Suter, Palco, SATISFACTORY.

RUSH.

Dem., J. H. Timken, Bison, voted for Nos. 75 and 313.
Rep., J. S. Williams, Nekoma, no reply received.
Soc., E. E. Colglazier, Rush Center, no reply received.

RUSSELL.

Rep., Henry M. Laing, Russell, voted for Nos. 75 and 313.

SALINE.

Dem., David Ritchie, Saline, no reply received.
Rep., W. H. Todd, Saline, SATISFACTORY.

SCOTT.

Dem., Chas. A. Kelson, Scott City, no reply received.
Rep., D. L. Countryman, Modoc, no reply received.
Prog., Ed. Sickelbower, Shallow Water, no reply received.
Soc., Scott Spaulding, Scott City, no reply received.
Prog., A. M. Hopper, Scott City, no reply received.

SEDGWICK.

Dem., W. F. Young, 66th Dist., Wichita, no reply received.
Dem., I. S. Woodward, 67th Dist., Wichita, no reply received.
Dem., Theo. Ossweiler, 68th Dist., Garden Plain, SATISFACTORY.

Rep., I. N. Williams, 66th Dist., Wichita, SATISFACTORY.
Rep., S. T. Jocelyn, 67th Dist., Wichita, voted for No. 313.
Rep., O. C. Herron, 68th Dist., Wichita, no reply received.
Prog., Henry Lampl, 67th Dist., Wichita, no reply received.
Prog., A. A. Statford, 68th Dist., Wichita, SATISFACTORY.
Soc., C. H. Crease, 66th Dist., Wichita, no reply received.
Soc., H. H. French, 67th Dist., Wichita, no reply received.
Soc., H. J. Williams, 68th Dist., Mt. Hope, no reply received.

SEWARD.

Dem., A. E. Blake, Liberal, no reply received.
Rep., Geo. S. Smith, Liberal, no reply received.

SHAWNEE.

Dem., Geo. W. Anderson, 33rd Dist., Topeka, no reply received.
Dem., Geo. H. Watson, 34th Dist., Topeka, no reply received.
Dem., J. W. Russell, 35th Dist., Topeka, no reply received.
Rep., L. H. Neiswender, 33rd Dist., N. Topeka, no reply.
Rep., W. A. S. Bird, 34th Dist., Topeka, SATISFACTORY.
Rep., Robert Stone, 35th Dist., Topeka, no reply received.
Prog., Festus Foster, 34th Dist., Topeka, no reply received.
Prog., W. S. Eastman, 35th Dist., Topeka, no reply received.

SHERIDAN.

Dem., W. H. Clark, no reply received.
Prog., C. O. Benton, no reply received.

SHERMAN.

Dem., Dr. B. Ferguson, Kanorado, SATISFACTORY.
Rep., Paul H. McBride, Goodland, SATISFACTORY.
Prog., M. E. Glidden, Goodland, no reply received.
Soc. Geo. H. Austin, Edson, no reply received.

SMITH.

Dem., Frank H. Lumpkin, Bellaire, voted for No. 313.
Rep., A. C. Coolidge, Smith Center, no reply received.
Soc., Frank Maydrew, Riverton, Neb., no reply received.

STAFFORD.

Dem., R. L. Milton, Stafford, no reply received.
Prog., Nick Danison, St. John, no reply received.
Soc., Sol Vanlieu, St. John, no reply received.

STANTON.

Dem., James Herrick, Johnson, no reply received.
Rep., C. A. Gillum, Fisher, unsatisfactory.

STEVENS.

Dem., John S. Stout, Hugoton, no reply received.
Rep., James Haskinson, Moscow, SATISFACTORY.
Prog., H. V. Packer, Hugoton, no reply received.

SUMNER.

Dem., Chas. P. Hangen, Wellington, SATISFACTORY.
Dem., Rob. McGregor, South Haven, voted for No. 313.
Rep., T. A. Hubbard, Wellington, no reply received.
Rep., Ed McDougall, Caldwell, no reply received.

THOMAS.

Dem., J. B. Hampton, Colby, no reply received.

Rep., A. Showalter, Brewster, SATISFACTORY.
Soc., R. D. Misner, Mingo, no reply received.

TREGO.

Dem., Chas. Kirby, Wakeeney, no reply received.
Rep., H. F. Kline, Wakeeney, no reply received.

WABAUNSEE.

Dem., E. Wersley, Maple Hill, SATISFACTORY.
Rep., H. J. Tayler, Alma, no reply received.

WALLACE.

Dem., Chas. L. Sheffer, Sharon Springs, no reply received.
Rep., L. A. Johnson, Sharon Springs, no reply received.

WASHINGTON.

Dem., Earnest F. Ballard, Hanover, SATISFACTORY.
Rep., Wm. Sharpe, Clifton, no reply received.

WICHITA.

Dem., Thos. McDermott, Modoc, no reply received.
Rep. C. A. Freeland, Leoti, voted for Nos. 75 and 313.
Soc., Jay Hoffman, Leoti, no reply received.

WILSON.

Dem., J. E. Whiteside, Fredonia, no reply received.
Rep., W. H. Edmundson, Fredonia, SATISFACTORY.
Prog., Walter J. Burtis, Fredonia, voted for Nos. 75 and 313.
Soc., John Busby, New Albany, no reply received.

WOODSON.

Dem., Geo. H. Tannahill, Vernon, voted for Nos. 75 and 313.
Rep., Geo. W. Lee, Yates Center, SATISFACTORY.
Prog., W. E. Inland, Yates Center, no reply received.
Soc., W. O. Stang, Yates Center, no reply received.

WYANDOTTE.

Dem., Thomas M. VanCleve, 7th Dist., Kansas City, SATISFACTORY.
Dem., Wm. Rose, 8th Dist., Kansas City, SATISFACTORY.
Dem., C. M. Pierce, 9th Dist., Kansas City, no reply received.
Rep., Earl H. Ditzen, 7th Dist., Kansas City, unsatisfactory.
Rep., Chas. S. Holbrook, 8th Dist., Kansas City, voted for Nos. 75 and 313.
Rep., H. T. Garson, 9th Dist., Kansas City, no reply received.
Prog., Chas. M. Stebbins, 7th Dist., Kansas City, SATISFACTORY.
Prog., W. H. Brickes, Jr., 8th Dist., Kansas City, SATISFACTORY.
Prog., W. K. Herndon, 9th Dist., Kansas City, no reply.
Soc., Harry Sullivan, 7th Dist., Kansas City, no reply received.
Soc., A. J. Waddle, 8th Dist., Kansas City, no reply received.

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Owing to the large amount of political matter appearing in this number of the Journal, the reports of several societies was unavoidably crowded out.

THE CANDIDATES FOR GOVERNOR.

A letter similar to the following was mailed to each of the candidates for governor:

Dear Sir:—I am enclosing herewith a copy of a circular letter which was recently sent to every candidate for the legislature. A very large majority of the replies so far received heartily endorse the views set out in this letter. In the October number of the Journal of the Kansas Medical Society we will publish a list of these candidates indicating the attitude of each upon these matters.

I wish to offer you space in the same number of the JOURNAL in which to make known to the medical profession of Kansas what your attitude upon these matters will be in case of your election. A clear and definite statement from you will, I am sure, be more satisfactory both to the profession and yourself, than will such estimates as we may be able to make from statements attributed to you. Trusting that you will take advantage of this offer and that we may have an early reply from you, I am

Yours very truly,

Replies have been rcceived from Governor Geo. H. Hodges, Mr. Arthur Capper, and Mr. H. J. Allen. We publish these letters below without comment or criticism:

GOV. HODGES' REPLY.

Topeka, Kan., September 28, 1914.

Dr. W. E. McVey, Editor,
The Journal, Topeka, Kansas.

My Dear Sir:—Replying to your inquiry of the 21st which has just reached me on my return from a two week's trip throughout the state, I am pleased to express to you in some detail, my view as set forth in the following:

After an experience of several years in both houses of the legislature, and as an Executive of this state; after having listened to many controverted opinions from medical men and non-medical men, I may state that my conclusions as to the practice of the art of healing or treating the sick and the injured are fairly clear. I believe that the primary object of all legislative enactments which have in view the regulation of this practice is, and should be, the protection of the public from imposters and incompetents, to the end that public health and welfare shall be safe guarded. I do not believe that such a law should be designed to protect any particular group of practitioners or school of practice to the exclusion of any other group, or school, nor should any of them be admitted to practice on easier terms than others.

The responsibility for human life and health is a serious one, and with the ideas I have just expressed, I do not believe the state is justified in licensing men to assume this responsibility who have not acquired as high a standard of education and training as is possible to be acquired, and which our many splendid colleges and universities make more or less easy of attainment. Furthermore I believe that this standard should be demanded equally of all men who profess the treatment of disease.

I understand that the principal distinguishing feature of the various schools of practice is that of treatment. I do not profess to know, or presume to say, which of the forms of treatment is of the most value, and while, as an individual I have my preference for a certain class of practitioners, as an Executive I do not feel that I have any right to be dictatorial or dogmatic in the matter. It would seem, however, that a broad literary education in the minor sciences, and a thorough knowledge of anatomy, physiology, chemistry, and the allied sciences which are common to all schools of practice should be the basis or standard upon which a permit or license to treat human ailments should be granted.

I have never been able to see the need of special legislative enactments for each particular school of practice, except as from time to time, new schools came into prominence, permission to practice should be granted them. But it has always been my aim as a legislator, and later as an Executive, to insist that the standards of admission for these new schools should be the same as for all others. I understand that this is the contention of the medical profession, and I assume that all other schools profess the same views. At the same time, I have never been able to perceive why legislation could not be enacted which would provide for such standards as would insure protection to the public, and at the same time eliminate the controversies between schools.

Until 1909, no provision was made by Kansas Statutes for the practice of osteopathy. The legislature of that year, however, provided that practitioners of osteopathy might receive permission to practice that art upon registration of a diploma, and without examination. The standard of excellence in the art rested wholly with the college which issued the diploma and no effort was made to distinguish between colleges. Medical men of the regular school, and also leading osteopaths, have contended that many graduates from low standard colleges of osteopathy were being licensed and that this basis of admission was not fair. To overcome this defect in the 1909 law, House Bill 313 to provide for a separate Board of Osteopathic Examiners and to set a higher standard of requirements for admission, was originated in the 1913 legislature. With the assurance that this bill did set a higher requirement, and in fact one equivalent to that provided by the Medical Practice Act of 1901, I signed this bill, believing that the best interests of the public demanded practitioners of known education and training according to a legal standard rather than acceptance of a diploma from a questionable college of osteopathy. In other words, it gave the state the authority to censor all colleges of osteopathy.

I believe that some features of this bill may be ambiguous and might be amended to be more explicit but to convert the idea of some medical men that by this act osteopaths are given permission to administer medicine and practice surgery, I have an opinion from the attorney general stating that such is not the case. Furthermore, the records of the Board of Osteopathic Examiners show that since its creation only 15 or 20 licenses to practice osteopathy have been granted where in the previous four years there were about 200. I believe that this fact in itself, together with the other fact that those who were admitted were men of higher standards, prove to a great extent the wisdom of the act. If, however, the medical practice act of 1901 and the amended act of 1909 had been amended to provide for the single standard which I have advocated at the outset, I cannot see but that it would have served the same purpose.

Perhaps the greatest amount of censure which has been accorded the 1913 legislature and myself by the medical profession has been relative to the passag of House Bill No. 75 providing for a Board of Chiropractic Examiners. Permit me to reiterate that the Executive has no right to differentiate between schools of treatment. If the practitioners of Chiropractic meet the same preliminary requirements of other schools, if they have the same knowledge of human anatomy and ailments, and of methods of diagnosis, I can see no reason why they should not be permitted to practice their art on those who prefer that form of treatment. This bill came to my hands late in the session, and in the stress of other business, I did not have the time to give it the consideration it probably deserved. However, it had

passed both houses by large majorities after a strenuous fight, and I was assured that it demanded the requirements I have deemed essential to such an act. Inasmuch as those who gave me this assurance were men of high lgal attainments, as well as of broad education, I did not feel that it was courteous or politic to question it, but in view of my doubts as to its provisions for administration, I still felt the need for further study, and the bill became a law without my signature. Later consideration, and submission of the bill to the attorney general proved that my doubts concerning the method of providing for a proper board to administer the law were correct, and I declined to make the appointment of the Board, in which declination I was upheld by the Supreme Court of Kansas in the face of mandamus proceedings brought by representatives of the Chiropractic Association.

I have no apologies to offer as to my course, except to say that had I fully understood all of the bill's provisions I might have acted differently by returning it to the legislature for amendment in some of its features, and requested that it be made fully explicit as to its standards of requirements and its policy of administrating. In other words, I believe these practitioners might be granted licenses providing they are obliged to meet the same requirements demanded of all other schools of practice.

I trust I have made my position clear. As an Executive I feel that my first and only duty is to the public and I am sure the medical profession will uphold me in this view. I am not one of those who are ready to impute selfish motives to the medical profession in its desire for higher excellence and learning, and I hold, and shall continue to hold a deep admiration for those of you who are striving to this end. The public has every right to demand of its representatives protection from incompetent and uneducated men, and practice laws are enacted with this intent and not for the protection of any one school, "cult" or "pathy." If such a result can be attained through simplified legislation, and through the appointment of one competent board of examiners thoroughly impartial and favorable to no particular school, I see no need for a multiplicity of board.

As to my views on matters of public health, I think my record in the past is sufficient reply. In that, I have always endeavored to uphold the Board of Health both by support of its appropriations and of such legislation as was necessary to lend it authority and efficiency. My firm conviction that it is the duty of the state to care for the health and welfare of its citizens, would preclude my holding any other views in the future.

Trusting this statement will have sufficiently answered your inquiry, I am, Very truly yours,

GEO. H. HODGES, Governor.

MR. CAPPER'S REPLY.

Topeka, Kansas, Sept. 30, 1914.

My Dear Dr. McVey:—I thank you for your letter of the 21st inst. offering me space in the pages of the Journal of the Kansas Medical Society, and I gladly avail myself of the opportunity. Although I feel that some of the medical societies of the state were used by shrewd politicians in the campaign of 1912 in an unfair attempt to discredit me and my candidacy, I assure you that I do not hold that against the profession.

I have the highest regard for your calling. I know something by observation of the self-sacrifices the members of your profession make, and I believe that with a few exceptions the physician looks upon himself as a public servant and is honestly and earnestly endeavoring to promote the common good.

As a Kansan I am proud of the standing medical men of the state hold in the medical world, and as a citizen I certainly should regret to see anything impair the fine reputation which the profession in Kansas bears. I am in hearty sympathy with every movement which has for its object the elevation of your standards.

As a candidate for Governor I have not sought the support of any class nor any profession nor any special interest. My appeal has been made to the people of Kansas as a whole. I am running for office on a platform, one of the principal planks of which is a promise to the people whose votes I am

asking, that if elected I will take the office absolutely unhampered by any pledges or promises save the pledges I publicly give to the whole people.

And I want to emphasize that I have made no promises to anyone excepting to the people of Kansas. I can say to you that I will approach any measure with an open mind and with a sole regard to the best interest of public health and the people's well-being. I hope the members of your society can trust me to give you, as I shall endeavor to give every other citizens of the state, a square deal.

Respectfully yours,
ARTHUR CAPPER.

W. E. McVey, M. D.,
Journal of Kansas Medical Society,
Topeka, Kansas.

MR. ALLEN'S REPLY.

Wichita, Kan., Oct. 5, 1914.

Dear Dr. McVey:—I have mislaid the correspondence which followed me around for some time, asking for an expression of my attitude upon some medical education and legislation effecting the same. I am the author of the plank in the Progressive platform, which declares for a new medical practice act and declares against the quackeries in all its forms. This expresses an attitude I have had a good many years, and in the creation of a new medical practice act, I would naturally expect to consult the judgment of the reputable members of the medical societies in Kansas. I am for every legislative enactment which will grade up and make more useful this great profession.

Yours sincerely,
H. J. ALLEN,

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A NEW CONVERT.

If the advertisement of a breakfast food in a medical journal appears to you a little out of the usual order of things, it may be well to remember that there are certain kinds of breakfast food that should most properly be advertised to the physicians.

The Co-operative Medical Advertising Bureau of the A. M. A. succeeded in convincing the Uncle Sam Breakfast Food Company that the proper field for their advertising was in the medical journals. The product of their company was examined and approved by the Council on Pharmacy. It is all that is claimed for it, a very efficient, palatable and harmless breakfast food. There are people, of course, who are not satisfied unless they are taking some kind of cathartic pills every day, but most people would prefer to relieve their constipation by other means. We have had the satisfaction of seeing some very much gratified patients to whom we have recommended the Uncle Sam Breakfast Food. The ideal laxative is certainly a food laxative and we know of none more efficient than that prepared by the company whose advertisement appears in this number of the JOURNAL.

If you will mail to them the coupon attached to their advertisement they will send you a trial package.

THE JOURNAL
OF THE
Kansas Medical Society.

W. E. McVEY, M.D., - - - - Editor.

ASSOCIATE EDITORS—C. W. REYNOLDS, C. C. GODDARD, HUGH B. CAFFEY, O. P. DAVIS, W. E. CURRIE, ARCH D. JONES, K. P. MASON, O. D. WALKER, C. S. KENNEY, D. R. STONER, J. A. DILLON, W. F. FEE.

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AS GREAT A MENACE TO PUBLIC HEALTH INTERESTS IN CONGRESS AS IN THE KANSAS LEGISLATURE.

Self protection is a matter of instinct. Methods of self protection are matters of reason. No man in his his right mind will willingly place himself in the power of his enemy, nor will any reasonably cautious man place his enemy in a position of advantage over him. In politics every vote counts. A physician's vote counts as much as the vote of any other man, but his influence counts for more than does the influence of a great many other men. His patrons have confidence in him, or they would not trust him with their ailments, and they respect his opinions and his judgemnt in matters outside of his professional duties. The influence of the physician, if he cares to use it, is a matter of no small moment in politics. This influence is all the greater because it is seldom used, but there are times when it should be used to the limit. When vicious legislation is threatened, such as that which was proposed and that which was passed at the last session of the legislature; when members of the legislature and the Governor of the State

have shown their willingness to sacrifice the high standard of excellence of the medical profession of the state for the benefit of a cult whose ignorance of the very principles of the art it proposes to practice has been repeatedly demonstrated; then, under such conditions, it is the duty of every physician to exert whatever influence he may have in the interests of his people and his profession. It is his duty to use whatever influence he may have to right the wrongs that have been done and to prevent other wrongs being done.

Every political effort of the medical profession of Kansas has been made for the best interests of the people and yet there are men in the legislature who persistently oppose every measure urged by the profession.

Senator Jouett Shouse, who is now a candidate for Congress in the Seventh District, was one of the bitterest opponents of the medical profession and one of the most loyal supporters of the chiropractics, in the legislature. As stated by one of his fellow members "He voted for the Chiropractic Bill and also for the bill providing a separate board for the osteopaths. In fact, he seemed to be against anything that the physicians wanted." It is well to remember that Mr. Shouse will be in the next session of the legislature whether he is elected to Congress or not, or at least until March 1st. Possibly he is open to conviction. Possibly, after long and careful deliberation, he has begun to realize the errors of his last efforts at legislation. Perhaps, like the Governor, he is full of regret and would like to undo what he has helped to do. If he has not yet realized the error of his recent activities against the medical profession and the people, it is up to the physicians of the Seventh District to convince him or defeat him. Such a man with such views would be fully as great a menace to public health interests in Congress as in the Kansas Legislature.

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"CHIROPRACTIC BILL" HINES.

A public trust contemplates a service to the people. It is the duty of a public officer not only to conserve the rights and privileges of the people but to guard their welfare. It is in the province of the police power of the state to restrict the privileges of the individual when the welfare of the people demands such protection. It was upon this principle that the State, in its wisdom, made laws regulating the

practice of medicine and providing that all those whom it permitted to treat the sick must prove their competence to do so by carefully conducted tests.

Any attempt on the part of a public officer to restore the privileges of the individual or remove the restrictions upon his privileges, to the cost or sacrifice of the public good, should be regarded as a breach of trust.

There are no conditions in which the protection of the state is more necessary than in the sickness and distress of its citizens, when worry dulls their reason and anxiety blinds their judgment. It is in such times as these that the laws of the State should guarantee to its disabled citizens the competence of its physicians.

Shall we presume upon the intelligence of those representatives and senators, who voted for the Chiropractic bill, by suggesting that they did not know that it provided a lower standard of qualifications than those required by the old law regulating the practice of medicine?

Shall we assume that they were so careless of the trust imposed upon them by the people that they failed to enlighten themselves upon the provisions of the bill?

If we could excuse those who were only participants in the sacrifice of so important a measure as that which had for years guarded the safety of our sick and disabled citizens, what shall be said for the man who introduced the Chiropractic Bill, who rallied the thoughtless and the unconcerned to its support, who marshalled his cohorts like a Russian general and held them in line 'till the last ditch had been crossed?

He was not ignorant of the provisions of the Chiropractic Bill. He knew that, while no applicant could get a license from the Board of Registration and Examination who had not had a high school course, one year in a literary college and four years attendance in a recognized medical college, this bill provided that a Chiropractor could be licensed who had graduated from a college which taught a course of eighteen months *requiring attendance in same.*

It seems to us that Mr. Hines took an unusual interest in the passage of the Chiropractic Bill. It seems to us that he took an interest unwarranted, in a public officer, by any great necessity for such a law; unwarranted by any restriction of the rights or privileges which the state owed to the

Chiropractors, for they had the same opportunities as other men who wished to practice medicine in Kansas; unwarranted by any great demand for such practitioners, for the state is abundantly supplied with men who, by their scientific training and complete education, are more competent to treat the sick.

Placing the responsibility for his vote for the Chiropractic bill upon the number of petitions received is no commendation for the wisdom, the judgment or the loyalty, of a representative. The people who signed those petitions had no opportunity to know the provisions of that bill while every representative did have. But suppose for a moment they did know.

It would be possible to secure many more names—many thousand more names—to petitions for the restoration of saloons in Kansas, yet how many representatives would dare to vote for resubmission on the strength of such petitions.

We have no grounds upon which to question the honesty of Mr. Hines nor are we justified in doubting his intelligence. We can only attribute his unusual and unwarranted interest in the Chiropractic Bill to an extremely poor judgment or to a cold indifference to the interests of the people. Neither of these faults commend him very highly for other positions of public trust. Mr. Hines as a member of the Irrigation Board might prove to be faulty in his judgment or as indifferent to the interest of the public as in the legislature. At any rate, we of the medical profession are inclined to think that Mr. Hines should have a prolonged period of rest from arduous public duties. We believe he has earned his retirement and we feel confident that every physician in Kansas will remember that the Mr. Hines who is a candidate for a place on the Irrigation Board is the Mr. Hines who was responsible for the passage of the Chiropractic Bill. When Mr. Hines says "Let's irrigate," we will decline with thanks.

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A COMMISSION ON MEDICAL LEGISLATION.

At the meeting of the Society in Wichita last May the following resolutions were adopted:

We, the members of the Kansas Medical Society, assembled in the City of Wichita, May 7, 1914, present our compliments to His Excellency, Governor Geo. H. Hodges, and beg leave to offer the following statement of facts:

The experience of the past few years must have demonstrated to your

Excellency the present inadequacy, confusion and contradiction in the Kansas laws, which are now present on our statute books, intended to regulate the art of healing, and to supervise those individuals who would pursue as a business, the practice of the art of treating and healing human ills and diseases.

We believe that only one standard for all such should prevail, and that this standard should insist that any individual who would take human life and public health under his care and supervision should be properly qualified in those fundamentals of present day recognized science, and regardless of the method he may use in treating or healing, should be able to recognize and distiniguish health and disease.

We believe a simplification and uniformity of our present laws may be secured. Therefore, we commend for your consideration, the appointment by you of a commission, of such membership and numbers, as you may think advisable, which commission shall by your direction make a thorough study and investigation of our present laws in this respect, together with the laws of other states, and shall recommend to the next session of the Kansas legislature, a measure which shall clearly define what shall constitute a standard for the practice of the art of treatment of disease, and how those who would follow this art as a profession may attain to it, and be legally authorized to do so.

In so doing we have no wish to urge upon you any step which would be construed as a wish to infringe upon those rights, guaranteed by the Constitution of this State and of the United States to every citizen to follow his religious, political or personal beliefs which have to do with his own well being.

We have just been informed that the Governor has appointed under date September 30, the following gentlemen to serve upon this commission:

Dr. J. A. Milligen, Garnett, Kansas.

Dr. J. E. Sawtelle, Kansas City, Kansas.

Dr. W. L. Burdick, Lawrence, Kansas.

Hon. Fred Dumont Smith, Hutchinson, Kansas.

Hon. F. T. Ransom, Wichita, Kansas.

In connection with his letter appointing this commission the Governor says:

I will appreciate it if you five gentlemen will kindly act as a commission to go into this matter and present to the next legislature such recommendations as in your judgment seem best, and I have but one suggestion to make and that is if you find the present law needs changing, that you embody in your report a complete codification, so that all the law relative to the practice of the art of healing may be found in one book.

Trusting that you gentlemen will accept this appointment, I am,

Yours very truly,

GEO. H. HODGES, Governor.

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OUR NON-PARTISAN PRINCIPLES.

If there should be in the mind of any reader of the JOURNAL an impression that there is any partisan politics in these discussions, it is our desire to correct that impression now.

The editor of the JOURNAL realizes the fact that in the membership of the society all parties may be represented.

He realizes that the JOURNAL is in no sense a political organ. He realizes also, that it is within the legitimate province of such a publication to use its pages for the discussion of any issue which is of vital interest to the medical profession, without regard to the political aspect of such an issue.

We believe that a discussion or criticism of the attitude of any incumbent of a public office toward the medical profession and its work is in perfect harmony with the non-partisan principles of the JOURNAL.

We believe that it is consistent with such non-partisan principles to urge the members of the society to vote for, and to work for, those candidates for office, without regard to their political affiliations, who have declared themselves in sympathy with the efforts of the profession to secure a higher standard of qualifications for the practice of medicine.

We are supporting no man and opposing no man because of his party affiliations. In fact, there are no party affiliations that the JOURNAL is willing to recognize, and we believe that it would be far better for the medical profession and far better for the people of the state, if the next governor, no matter who he may be, would recognize ability, skill and efficiency, and completely ignore political affiliation, in making his medical appointments. We believe that in all matters in which the medical profession is legitimately concerned there is no place for partisan politics.

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PRELIMINARY PROGRAM

Of the Ninth Annual Meeting of the Medical Association of the Southwest, to be held in the Hotel Galvez, Galveston, Texas, Nov. 10 and 11, 1914.

Orators for the occasion: General Medicine, Dr. Howard Fox, Jr.; Surgery, Dr. M. B. Clopton of St. Louis; Eye, Ear, Nose and Throat, Dr. Edw. Jackson, Denver, Colo.

Wednesday evening the profession of Galveston will tender the visiting members of the profession and their wives an "Oyster Roast," which will be an event long to be remembered.

SECTION ON GENERAL MEDICINE.

Dr. Howard Fox, Jr.—Personal Obersvations deduced from the analysis of several thousand cases of scarlet fever.

Dr. L. J. Moorman, Oklahoma City, Okla.—The home treatment of Tuberculosis.

Dr. G. Wilse Robinson, Kansas City, Mo.—The Clinical importance of the sympathetic nervous systems.
Dr. Harvin C. Moore, Houston, Tex.—Paper.
Dr. Jno. S. Turner, Dallas, Texas—The treatment of Apoplexy.
Dr. A. R. Bowman, Uvalde, Texas—Just Pragnant.
Dr. H. L. Wilder, Glen Rose, Texas—Urinalysis for and by the country doctor; a Demonstration.
Dr. D. C. Homan, Oglesby, Texas—The diagnosis and treatment of Diphtheria from the standpoint of the general practitioner.
Dr. J. M. Martin, Dallas, Texas—An X-Ray study of the Gastro-intestinal tract.
Dr. W. A. Hadley, Dickinson, Texas—Artificial feeding among Sicilian emigrants, with blood count in twelve cases.
Dr. J. H. Eastland, Mineral Wells, Texas—Taenia Nana in the Southwest.
Dr. Geo. H. Moody, San Antonio, Texas—Importance attached to all historical manifestations.
Dr. John R. Worley, Dallas, Texas—Anasthesia; results of some experimental work in the laboratory, illustrated by lantern slides.
Dr. Lee F. Watson, Oklahoma City, Okla.—Results of injection treatment of goiter in twenty-five cases. (Illustrated by lantern slides.)
Dr. F. Paschal, San Antonio, Texas—The necessity for the centralization of power for the better protection of public health.
Drs. Singleton and Carter, Galveston, Texas—A method for the transfusion of blood.
Dr. W. J. Calvert, Dallas, Texas—Paper, subject to be announced.
Dr. Ben F. Smith, Hillsboro, Texas—A case of typhoid fever complicated by abortion, intestinal hemorrhage and perforation of the ileum.
Dr. Julius McIver, Gainesville, Texas—Report of case.
Dr. Theo. Y. Hull, San Antonio, Tex.—Tuberculosis, the soil and the bacillus.
Dr.Dr. M. M. Smith, Dallas, Texas—Paper, subject to be announced.

SECTION ON SURGERY.

Dr. Gordon A. Beedle, Kansas City, Mo.—Surgical Consideration of Floating Kidney and its Association with Colonic Ptosis.

Dr. Albert Smith, Parsons, Kan.—Paper, subject to be announced later.

Dr. Ernest G. Mark, Kansas City, Mo.—Paper, subject to be announced.

Dr. B. Belove, Kansas City, Mo.—Original Research in the Mechanical Pathology of the Foot with Theoretical Suggestions of a more Rational Treatment. Illustrated with stereopticon views.

Dr. W. D. McVicker, Wichita, Kan.—Pain, its Surgical Significance.

Dr. W. H. Stauffer, St. Louis, Mo.—The treatment of Ischiorectal Abscess and Fistula in Ano.

Dr. F. C. Walsh, San Antonio, Texas—Prostatectomy. The Method of Election.

Dr. A. C. Scott, Temple, Texas—Paper, subject to be announced.

Dr. Arthur E. Sweatland, Nacogdoches, Texas—A plea for greater care in Diagnosis and Differentiation of Pathological Conditions in the Abdomen.

Dr. W. B. Russ, San Antonio, Texas—Paper, subject to be announced.

Dr. Jabez N. Jackson, Kansas City, Mo.—Paper, subject to be announced.

Dr. Walter S. Sutton, Kansas City, Mo.—Paper, subject to be announced.

Dr. R. C. Dorr, Batesville, Ark.—Paper, subject to be announced.

Dr. W. B. Thorning, Houston, Texas—Paper, subject to be announced.

Dr. Joe Thompson, Galveston, Texas—Paper, subject to be announced.

Dr. J. Hutchings White, Muskogee, Okla.—Paper, subject to be announced.

SECTION ON EYE, EAR, NOSE AND THROAT.

Dr. John O. McReynolds, Dallas, Texas—The Present Status of Tonsil Surgersy.

Dr. E. H. Lanier, Texarkana, Ark.—Infective Sigmoid Sinus Thrombosis. Report of case.

THE JOURNAL
OF THE
Kansas Medical Society.

Vol. XIV TOPEKA, KANSAS, NOVEMBER, 1914 No. 11

PSEUDO-LEUKAEMIA.

E. L. UHL, B. S. M. D., Baldwin, Kan.

Read before the Douglas County Medical Society, March 10, 1914

The field of blood and lymph glands has for years offered to the medical profession wonderful opportunities for original research. Advantage has been taken with the result that the hidden has been brought to light in many instances. Etiologies and pathologies, which on account of their uncertainties in the past were not discussed, now are stated in bold type.

On March 10, 1914, I presented to the Douglas County Medical Society a case of pseudo-leukaemia, or Hodgkin's disease, which was typical in all phases of the disease as it is now taught.

For the correct etiology the profession gives credit to Bunting of Madison, Yates of Milwaukee, Billings and Rosneau of Chicago. As early as 1884, Wiegert made claim to demonstrating the tubercle-bacilli in the glands of the patient suffering from this disease. Sternberg in 1898 claimed Hodgkin's to be a peculiar form of tuberculosis and gave proof by finding the bacilli in the glands.

Today men like Bunting, Yates, Billings and Rosneau are able to tell the profession with certainty the cause of the disease and make it conform to Koch's laws. A non-acidfast Gram polymorphus, diptheroid bacillus has been found accompanied in a majority of cases with cocci. Lymph glands from recent cases were found to yield the diptheroid organism, while lymph glands from cases of considerable duration presented only the cocci. Rosneau has shown that cultures

of this organism grown on dextros agar gave in smears the diptheroid germ while sub-cultures made and smears from same gave the cocci. Thus the assumption that the polymorphus diptheroid form yields to the coccus.

Bunting and Yates have been able to produce the disease in monkeys and recover the organism, and inoculate again producing same result. They say the disease thus produced in monkeys is typical and of very short duration, the latter easily conceived owing to the increased virulence produced by carrying the organism through different strains of monkeys.

In considering the pathology we have been reviewing the literature, and authorities of the past state that different pathologies are found bearing somewhat with respect to the patient. We read of them speaking of the lymph sarcoma, lymph cytoma, lymph adenoma, and lymph endothelioma. I will say here that the lymph sarcoma cannot pathologically be considered part of pseudo-leukaemia.

Before taking up the pathology let us review our histology of the lymph glands. We find a body divided into four parts; externally the fibrous capsule under which is a sinus which connects indirectly with the vessels of the hilum of the gland through the vessels of the diverticula. This sinus separates the capsule from the cortex of the gland which in turn is made of lymphoid follicles, each containing lymphoid cells and the germical center, each follicle separated from others by the diverticula of fibrous bands which contain branches from the sinus just spoken of, and these latter emptying into the vessels of the medulla which represents the center of the gland, and is composed of lymph vessels and capillaries and pulp spaces, these latter lie in between the vessels and are lined with endothelium. Thus, beginning outside, we have capsule, sinus, cortex and medulla, each made up according to the part played in the life of the gland. Now what do we see as the part played by this gland in pseudo-lukeamia?

Pathology: Macroscopically; hyperplasia of the lymph glands, thickening of the capsule and fibrous bands. Recent glands are soft and pulpy. Old glands are hard, due to fibrous induration. Microscopically; extensive increase in the lymphoid cells of the follicle. The sinus and branches are packed with these cells, also many polymorphous

leucocytes and plasma cells are found. Thus we see what has been called the lymph cytoma, a hyperplasia of the gland and lymphoid cell proliferation. As the disease advances, the lymphoid cell is done away with, also the lymphoid follicles due to the extensive inflammation, the cortex is changed to fibrous tissue, and we now see the second stage, an extensive proliferation of the endothelium of the pulp spaces of the medulla. These spaces are packed with the endothelial cells, small and large mononuclear leucocytes and giant cells, these latter derived from the endothelial cells. Thus the so-called lymph endothelioma is before us. The lymph tissue all over the body tends to reproduce itself, the lymph adenoma being shown. In the kidneys, liver, lungs, the same process is seen, not due to lymph infiltration, but lymph hyperplasia of the lymph tissue already present.

The pathology of pseudo-leukaemia differs from that of lymphatic leukaemia, in as much as in the latter the cortex of the gland only indulges in the proliferation, and lymphoid cells multiplying, which in turn form the mononuclears of the blood giving us our great leucocyte count; from splenomedullary leukaemia by the fact, that in this disease the lymph glands and spleen especially are filled with tissue which resembles bone marrow, in other words, tissue embryonic in type. The spleen in this condition takes the important part. The blood presents the myelocyte, a large mononeucleated white cell with a granular protoplasm. It differs from pernicious anaemia by the low leucocyte count, blood changes as poikilocytosis, polychromatophilia, megaloblasts, megalocytes, macrocytes and microcytes. There is also sclerosis of the tracts of Goll and Burdach. Color index is, 1.

Symptomatology: History; patient, male 23 years of age, married. Mother died of tuberculosis when he was a boy of 7 years. Denies venereal infection and no evidence found. Patient tall, slender, of dark complexion, always worked hard though never sick until present time. On May 29. 1913, patient came into my office with cervical lymph glands on left side and spleen enlarged, refused a complete examination. Color and strength apparently good. Patient left for California. Came back to my office February 2, 1914.

Physical Examination: Patient emaciated, anaemic, weak,

easily prostrated. Suffering with shortness of breath and palpitation on slight exertion. Gave a history of repeated hemorrhages from nose, which was free from erosions or ulsers, presenting only a general congestion. Had had several severe colicky spells in left splenic flexure associated with obstinate constipation, probably due to a peri-splenitis.

Examination of heart: Gave us a systolic murmur at apex, transmitted to axilla, not to base. Apex in 6th intercostal space, heart one-half inch out of mammary line. Pulse 110 to 115, weak and irregular. Blood pressure 115 systolic, 80 diastolic.

Examination of lungs: Left apex full of crepitant and sub-crepitent rales. Breast sounds vesicular. Percussion note normal. Tactile fremitus not increased over both lungs, though as disease advanced tactile fremitus and tubular breathing was prominent over left upper lobe, and percussion note was flat due to lymph infiltration.

Examination of lymph glands: Sternal lymph glands enlarged as made out by percussion note, cervicals enlarged on both sides. Those first enlarged were hard, new ones soft, axillary glands easily palpable. Spleen below costal margin and tender to touch. Few glands palpable in abdomen. Tonsils enlarged.

Examination of skin: Dry and scaly. Dark pigmented spots size of pin head seen over chest.

Blood examination: Hemoglobin 45. Red cell count 3,600,000. White cell count, 6,800. Color index, 6. Stained specimen of blood for differential. Absence of megaloblasts, poikilocytosis, polychromatophilia, myelocytes. Slight increase in small mononuclears. Urine examination: Chemical; albumen negative, sugar negative, Sp. Gr. 1025. Microscopical; few uric acid crystals, some bladder epithelium, granular casts, few red blood cells.

Treatment: X-Ray; spleen and enlarged lymph glands were temporarily reduced in size, but nothing of permanence resulted.

Arsenic: Liquor potassii arsenitis given in drop doses beginning with five drops and increased to ten drops three times daily until extreme puffiness of the face caused us to quit. The only effect visible was that obtained from any general tonic. Benzol; given by mouth in liquid albolene ten drops three times daily. Patient could not tolerate it,

and it increased the anaemia. Tried ten drops before going to bed. Patient was able to tolerate it once a day, but no results worth mentioning were obtained. Bacterin, prepared by Dr. Trimbill of Kansas City, of the diptheroid organism by the following method: One of the cervical lymph glands was removed the organism by plate cultures was obtained and grown upon Loefflers blood serum and then transferred to a bouillon culture, exposed to heat at 212, tested aerobically, and amaerobically. Owing to inability to break up the clumping a definite dosage could not be obtained. The correct dosage beginning 5,000,000 carried up to a 100,000,000. We used the C. C. method owing to inability to count the organisms in the serum. 1 C. C. first dosage, 2 C. C. second dosage, given five days following. Allowing four days as a rule to intervene we increased the dosage 1 C. C. each injection until we were giving as high as 8 C. C. Injection being made in abdominal wall. The axillary glands disappeared, otherwise no result.

Conclusion: Were I to name the treatment for pseudoleukaemia I would encourage the use of general tonics, as arsenic and the bacterins with dosage as above mentioned. Begin early in the disease, owing to the lymph gland changes, the extensive fibrous formation and general weakness of the patient, giving the serum a proper trial and chance. The X-Ray gives a good psychic effect but nothing more. Benzol is a drug with an odor of benzine and has a marked tendency to upset the stomach. Patient has to be under constant observation when using this drug, owing to the tendency of the large doses, which you must have if you want any results, to increase the anaemia, provoke albuminuria, purpura, or liver necrosis.

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ACUTE OTITIS MEDIA.

DR. J. F. GSELL, Wichita.

Read before Kansas Medical Society, March, 1914

Our subject, acute otitis media in children, is of interest to all of us as practically all of these little patients are first taken to the family doctor for relief or advice.

We must not look upon acute otitis as an entity in itself, but rather, as in a case of cystitis, look elsewhere for contributing factors.

In order that we may comprehend the pathology of the middle ear more clearly, it might be well to briefly review the anatomy of the parts involved. The tympanum, as far as our purpose is concerned, is the cavity situated between the mastoid antrum on one hand and the eustachian tube on the other, the outer wall being formed by the drum membrane; it is lined with mucous membrane which is continuous with the mucous lining of the antrum and tube; this membrane is covered with a ciliated epithelium, the wave-like motion of which is toward the eustachian tube orifice, and through the tube toward the pharynx. We notice that the tube opening is at the upper anterior part of the middle ear, and not at its lowest point where it would naturally be if it were a simple drainage system, the wave-like motion of the cilia being sufficient to carry the normal secretions out of the middle ear into the throat, and indeed, capable of taking care of limited amount of pathological exudate.

In early childhood, the eustachian tube is shorter, being only one-half the length of that in the adult, while the bony canal is nearly as large in diameter as we find later in life, there is not the angle at the union of the bony and membranous canal that we find later, hence we have a short, large tube, placed almost horizontal in direction, while the adult tube passes obliquely upward and backward. In the child, the pharyngeal mouth of the tube is on about the level with the floor of the nose, while in the adult it is placed 20 to 22 m. above this point. It would seem, therefore, from the anatomical characteristics in the child, that they would be more easily infected from the secretions draining into the post nasal space; this is especially true in those having an excessive amount of adenoid tissue; under ordinary circumstances, the tube is in a state of collapse, and only opens upon the action of certain muscles, permitting the entrance of air to replace the air that has become absorbed, the tensor palati and levator palati are attached to the anterior wall of the pharyngeal orifice of the tube and when these muscles are brought into play as during the act of swallowing, yawning, coughing, choking and the like, the tube is opened.

The Rivinian segment of the drum head is not always closed before birth, hence in bathing the baby, water may enter the middle ear setting up inflammation. The mucous

membranes of the infant are embryonic in type, hence less able to withstand invasion. When we comprehend the anatomy of the middle ear apparatus and the varying influences these little patients are subject to, it is no surprise that so many are afflicted, rather, that any escape.

Otitis may occur at any age, may be present in the new born, when it is probably due to the forcible entrance of amniotic fluid into the middle ear through the broad, short eustachian tube. Poorly fed and badly nourished children are more susceptible, being less able to withstand resistence; the condition is more prevalent during damp, and unsettled weather, when colds in the head, rhinitis, epipharngytis is more prone to occur; the prence of adenoids, enlarged or diseased tonsils, leuitic taint are predisposing factors.

The acute exanthematous fevers are responsible for many cases. Duel gives the following conclusions, being based upon a study of 6,000 cases of scarlet fever, measles and diphtheria in the Willard-Parker Hospital. Acute purulent otitis developed in about 20 per cent of the scarlet fever cases, in about 10 per cent of the diphtheria cases and in 5 per cent of the measle cases; there were 26 cases that developed mastoiditis.

Strina states that in the last ten years at the Venice foundling hospital, in 152 of the 346 necropsies there was found otitis media in one or both ears, the frequency being 44 per cent. Of this number about 78 per cent were less than six months old. Perforation was found in only four cases. This is due to the easy drainage through the broad open tube; another remarkable feature in his experience, is the comparative absence of involvement of the mastoid or intra-craneal region.

The infection may take place through the drum membrane, through the circulation, or by way of the eustachian tube. It is generally conceded that the micro-organisms almost invariably find their way into the middle ear through the E. tube. The character and virulence of the invading bacteria and the resisting power of the patient are potent factors in the case, the streptococcus pyogenes being the most virulent, then the pneumococcus, the staphylococcus being the least destructive and also the least often found, the pneumococcus being most frequently found in children; during the early stages of the trouble the infection is gen-

erally mono-bacterial, after rupture of the drum head, is very prone to become mixed, and our efforts should be directed to prevent this in the care of the case.

The pathological changes found vary all the way from a simple catarrhal inflammation, with swelling and cloudiness of the mucosa to infiltration and purulent secretion. The inflammatory involvement of the tube results in an obliteration of its lumen, the lining mucosa of the middle ear meanwhile becomes swollen and thickened, the mucous lining of the drum becomes likewise involved, hence its red and thickened appearance at this stage.

The cilia which normally cover the tympanum and the tube mucosa are destroyed or their vitality is so impaired that their propelling function is no longer adequate to drive the secretions toward and through the tube into the pharynx; as the purulent exudate increases in amount it reaches the upper chambers of tympanic cavity and the aditus becomes affected. Following the line of least resistance the exudate flows into the antrum which becomes gradually filled. If relief is not given, pressure necrosis with any of its various complications will result. In the simple catarrhal cases, pronounced destructive processes are not commonly present. There is swelling of the mucosa, the cavity contains serum admixed with mucus, the mucous membrane is denuded in patches, and occasionally the drum head is perforated.

SYMPTOMATOLOGY.

The symptoms range from the most vague and indefinite findings to the most positive and emphatic in character. The onset of an attack is usually sudden, following a cold, an attack of la grippe or during the course of the exanthemata. The most marked symptoms are pain and fever, the pain rang es from a throbbing boring, pulsating character in the simple cases, to the most excruciating and lancinating pain in the suppurative type, which persists until the pressure is relieved by perforation of the drum. Symptoms of meningeal irritation are frequently seen, convulsions are not uncommon. The onset is frequently accompanied by a chill. In the early stages diarrhoea may develop, which is prone to mislead the attending physician as to the true cause of the trouble.

The temperature may run very high, ranging from 100 to 105 or 106 degrees, deafness and subjective noises are

complained of by children old enough to tell us their troubles; the infant cannot tell us of its sufferings so its every action should be observed; boring the head or occiput in the pillow, hanging the head to the affected side, placing the hand to or pulling at the ear, going to sleep better when lying on the affected side, are points worth noticing. Every case of mal-nutrition, peevishness and cachexia in infants should have the ears examined as a low grade of infection here which may be draining fairly well into the tube, may be a causative factor in the case.

On inspection, the drum may be red and bulging, showing that the middle ear is filled with exudate. In the simple cases, if the condition has persisted for several days, the drum, instead of being red and swollen, is yellowish or greenish in tint; the change in color is due to less blood in the drum, and the secretion in the middle ear is seen through it. In some cases the findings from inspection are so indefinite that we should not rely upon this finding alone. In a baby who has been suffering for some time with no demonstrable cause, if there is any doubt about the ear being responsible, give the baby the benefit of the doubt and open the drum.

The treatment must be general and specific, the predisposing cause should receive attention, inflamed tonsils, epipharyngitis, and the coryzas so often present must be treated according to the indications.

If we see a case early, before much exudate has taken place, the tube should be opened by gentle inflation to remove any stopping by mucus plug or exudate, in order to permit free drainage; a round of caomel is generally indicated, beginning the next day with appropriate doses of urotropine. I have not given this in nursing babies, but in the older children generally give it early in the care of the case, and if not contraindicated, continue its use as long as there is suppuration present. The external ear should be irrigated every few hours with an antiseptic solution, followed by putting a few drops of 10 per cent sol. of phenol-glycerine in the ear. If the above treatment can be carried out early, quite a few will get well without the necessity of opening the drum.

If the case does not respond to treatment or is seen too late to use palliative measures, a free paracentesis of the drum

should be made. As a general rule the incision should be made over the most bulging point; a puncture is not sufficient, but a rather free curved or V-shaped incision should be made; even with a free opening the wound is prone to heal before drainage is complete, in which case the drum must be opened again. Not infrequently the drum will have to be opened several times during the course of the disease.

After a paracentesis, I generally use gentle suction with the Seigle otoscope, emptying the ear rapidly of its contents, after a few minutes the canal should be thoroughly irrigated to remove blood clots and secretion to give the freest possible drainage, following this the ear should be irrigated every few hours, depending upon the amount of secretion, with some antiseptic sol. Seilers tablets dissolved in sterile water are about as convenient and effective as anything. If there is some pain, the glycerine drops can be continued; they are antiseptic, hydroscopic and slightly anaesthetic and are of value in keeping the ear clean. The irrigations should be continued as long as there is discharge, lessening their frequency as the discharge decreases.

The ordinary case gets well in from several days to a month or six weeks. The patients that give us the most trouble are usually those in whom spontaneous rupture has taken place, or the condition has persisted some time before the drum was opened. As stated before, the eustachian tube will take care of a moderate amount of secretion in these little patients, for days sometimes, because of the large diameter of the tube, and these are the cases in which we find evidence of toxemia due to pus absorption, enlarged glands, etc.

In a large per cent of these little patients that are subject to otitis, adenoids are present and responsible for the condition and in every such case they should be removed.

In caring for these little folks, we should be on the alert, as neglect may mean impaired hearing through life. I am afraid too many are inclined to wait too long for spontaneous rupture to take place. As soon as the drum is bulging, it should be opened. Even if you are not an expert, I believe less harm will be done by imperfect technique than by leaving the case go to spontaneous perforation.

I generally depend upon local anaesthesia for doing paracentesis, using equal parts of cocaine, menthol crystals and

carbolic acid. This left in contact with the drum for about ten minutes is quite effective.

If the otitus occurs as a complication of some of the infective diseases, it must be carefully watched and cared for as indicated.

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THE CLINICAL SGINIFICANCE OF PURE ETHER.

The chief objection to sulphuric ether is the nausea which frequently persist for days after its inhalation. Pure ether under test shows absence of organic impurities; absence of residue or foreign odor on evaporation; freedom from acidity. Acetaldehyde and peroxide are not uncommon impurities of commercial ether offered for anesthesia.

An ether that is free from the objections noted is being marketed by Parke, Davis & Co. This ether is negative to both acetaldehyde and peroxide tests, and when evaporated from glass, sterile gauze, or a clean blotter, leaves neither residue nor odor. The container in which it is supplied is worthy of special mention. It is a hermetically sealed package that enables the physician to administer the anaesthetic by the drop method. The dropper feature consists of a piece of thin capillary tubing which enters the top of the can at diametrically opposite points in the form of a semi-circle. To prepare it for use the physician or his assistant cuts the tube with a knife and bends the two pieces apart, curving them over the adjacent edges of the can. On tipping the can, air enters one tube as the ether flows from the other. Any ether remaining in the container may be preserved for future use by pinching the ends of the tubes with forceps or otherwise; hence there is no waste, such as often attends the use of the ordinary ether can.

Some years ago the Shawnee County Society adopted an amendment to its rules which prohibited its members doing lodge or contract practice. A question has now been raised in regard to its application. Several members of the society belong to a lodge which provides medical attendance upon its sick members for a certain small monthly payment, but it pays its physicians the regular fees for all such services. The question is now raised if this comes under the head of contract practice as contemplated in the rules.

THE JOURNAL
OF THE
Kansas Medical Society.

W. E. McVEY, M.D., - - - - Editor.

ASSOCIATE EDITORS—C. W. REYNOLDS, C. C. GODDARD, HUGH B. CAFFEY, O. P. DAVIS, W. E. CURRIE, ARCH D. JONES, K. P. MASON, O. D. WALKER, C. S. KENNEY, D. R. STONER, J. A. DILLON, W. F. FEE.

Subscription Rates: $2.00 per year, 20c single copy. Advertising rates furnished promptly on application.

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THE SAME THING OVER AGAIN?

There are people in the world who never want a change, who are satisfied with the same things yesterday, today and forever. We once knew a man who had the same things for his dinner every day in the year, except that for six months he had blackberry pie and for the other six months grape pie. He had a new suit of clothes once a year and the new suit was exactly like the old one, the same color, same kind of goods, and cut in exactly the same style. He also had a new pair of boots each year and the new ones were exactly like the old ones and made on the same last by the same bootmaker. It is said of the English people that they follow certain customs and certain methods of doing business that their forefathers did for centuries before them.

We are quite English in conducting the annual meetings of our state society. Since its foundation every annual program has been made on the same plan and any attempt to introduce a new scheme of things is met with the objection that, "It has never been done, don't you know." And yet,

from their manners and their general appearance, no one would think of accusing our councillors of being Anglomaniacs.

It is sometimes difficult for a full blooded independent American to break away from a custom which has been followed for years. Two years ago the Shawnee County Society wanted to try out a new plan for the meeting at Topeka. It was suggested that something on the order of a Chautauqua be tried, that a number of men, prominent in their particular fields of work, be secured for the occasion and that the time usually devoted to the reading and discussion of papers be occupied with lectures and clinics by these men. The matter was discussed in the JOURNAL and taken up with several members of the council. The plan seemed to be heartily endorsed by all those who were consulted. It was then submitted to the council at its regular meeting, but the council turned it down. The only objection offered was that some of the members who desired to read papers would be disappointed.

We still consider the plan a good one and we fail to see how any great harm can be done by giving it a trial. We have no wish to pre-empt the prerogatives of the Wyandottes, but would suggest that such a plan might be tried out there with as great promise of success as in Topeka. Being somewhat more accessible by rail from Chicago and St. Louis, it might even be easier to secure some of the leading talent from those cities.

There are some of us who have been attending these annual meetings for twenty-five years and more. We enjoy them immensely. Some of us like to read and discuss papers, some like to hear them read and discussed and some others like to mill around and get acquainted. We have been doing these things so long that we have the notion that because we like them all the other fellows do or ought to. Suppose we consider the facts. Twenty-five years ago the attendance at the annual meetings was from two hundred to two hundred and fifty, which was about fifty per cent of the membership. The average attendance at our annual meetings now is about two hundred and fifty, but now that is only about twenty per cent of the membership. While our membership has increased very considerably the attendance has increased practically none at all. In other words, while

there are two hundred and fifty of us who like to go and read papers, or hear papers read, or discuss them, or mill around, there are a thousand who apparently don't care for those things. There are a thousand who apparently don't think that sort of a meeting repays them for the necessary expense and loss of time. Under the circumstances it seems to us just about the right time to begin to find out what would meet the approval of that thousand members; to find out if we can offer them something that will appeal to them as an adequate recompense for the effort and expense of attending these meetings.

A good many of our members go to Chicago or New York every two or three years—some of them every year—to attend the clinics there. Some of them stay two weeks, some six weeks or two months, and they all feel well repaid for the time and money spent. But there are many hundreds more of our members who, for various reasons, do not find the opportunity for these trips. They know the value of them. They realize the benefits to be derived but they do not find it possible to take these vacations. Many of these men would be gratified to be able to hear these great internists, great surgeons and great specialists, and see them work. They would make extraordinary efforts to attend meetings where such men were to occupy the time. In fact there are very many of our members who would gladly avail themselves of a week of that kind of entertainment. Out of our membership there would perhaps be a few who would be disappointed in not being able to read a paper at the annual meeting, but not many. A great many of the papers that are read at these meetings have been previously read before the county societies. Now a paper which has been read at a county society meeting and is then published in the JOURNAL, gets all the publicity it would get if read at the annual meeting. Why not restrict the reading of papers to the meetings of the local societies and make of our annual meeting a polyclinic, a postgraduate school, or a medical Chautauqua, covering a period of one or two weeks. One day might be set aside for the transaction of business.

Such a plan might profitably be extended to other states and a number of lecture circuits be established, with the A. M. A. as a lecture bureau from which prominent men in

the profession could be sent out to fill such engagements. In this way our great national organization might be of the greatest benefit to the rank and file of the profession. Such meetings as have been suggested would be of inestimable value, both on account of the educational benefits and on account of the stimulus it would give to those of the profession who would not otherwise be able to come into close touch with the great men in medicine.

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PUBLICITY IN MEDICINE.

The term publicity is now used to designate a quite modern method of advertising. Railroad corporations have their publicity departments from which are sent out certain items of news, stories of wonderful achievement, descriptions of lands and cities and their development, and articles of various kinds, full of information and interesting to read. Very seldom is any mention made of the railroad from which such stories eminate and yet the relations are made so evident that the expected benefits are usually realized. Any large corporation without a publicity department is behind the times.

Many of our churches have realized the important influence of newspaper publicity, and illustrated write-ups of a church and its pastor are not at all uncommon.

The American Medical Association has for some time been conducting a publicity campaign for the purpose of enlightening the people in regard to various diseases and their management. Extracts from articles published in the Journal of the A. M. A. are sent out and many of the best newspapers publish them regularly, oftentimes in their editorial columns. Most any persistent reader of the newspapers will acquire a considerable amount of abreviated knowledge of disease. Misinterpretations and misconceptions are to be expected, however, and, as a rule, a good deal of misinformation will accompany the few truths impressed upon the mind of the ordinary reader.

Publicity has been a most efficient agent in the hands of health officers, in promulgating sanitary rules and measures for the prevention of disease. Publicity in the "swat the fly" campaign resulted in the sale of thousands of fly swatters.

A few hospitals and also a few medical schools have seen

the advantages to be derived from a publicity campaign. It is not uncommon to see in the daily papers graphic accounts of the experiments being conducted in the clinical department of a medical school or of the discovery of some new serum for the treatment of some previously incurable disease, or some remarkable operation for the restoration of some defective organ or the correction of some deformity. This publicity is often of great value to the institution, creating confidence among the people in the exceptional skill of the men connected with this institution. During the past year or two the newspapers have recorded many of the particularly favorable results of some of the experimental work being done at the Kansas University Clinical School, and there is no doubt but the people have been greatly impressed by these reports. In fact a quite remarkable confidence in the ability of the faculty at Rosedale to cope with the most incurable ailments has been created.

Of more recent date the publicity has been individualized and stories of the wonderful accomplishments of certain eminent surgeons or internists are run as features in the newspapers. The following is a sample of a series of this kind recently appearing in the Kansas City Star:

BONE SURGERY IN KANSAS CITY.

"Not until the X-Ray came to throw actual and metaphorical light on the mystery of bone functioning did surgeons understand bones well enough to make free with them. The transplantation of bone is still so new in surgery that few have tried it. A Chicago surgeon has been a pioneer in the field, and a Kansas City surgeon is hardly a lap behind in the number of his cases or the success that has attended them. Comparatively a young man and more familiar with the operating room than with the lecture platform, the Kansas City surgeon has done his work quietly and without ostentation. But that he is one of the two or three 'big men' in this department of surgery is getting to be known in the profession. He has made some astonishing cures.

"In the National Reserve Bank a young man is now working with two good arms, whereas he would have had but one if the old, or usual, method had been followed. What is called a 'bone cyst,' or tumor, had formed in his forearm. The tumor was rapidly developing into a sarcoma, which is an incurable disease. Of the many bone diseases, sarcoma is

perhaps the most serious, corresponding to cancer in diseases of the flesh. The Kansas City surgeon did not amputate as he would have done five years ago, and as the majority of surgeons would do today. Instead he made an incision baring the infected region. He found it necessary to cut out a section of bone five inches long.

"The strip of bone taken from the shin was longer than that removed from the arm. Cavities had been bored out of the ends of the waiting arm bones. The ends of the strip of shin bone were slipped into these cavities and the bones firmly brought together. They fitted so snugly that no other mechanical means was required to hold them in place. The incision was closed and a plaster cast put on. The bone transplanted had become firmly rooted in the new soil within six weeks, when the cast was removed.

"A series of photographs of the arm show that new bone began forming immediately around the transplant. It was a framework over which the 'osteoblasts,' or bone corpuscles, were carried. They clung around it and finally took its place, as the old piece of bone was absorbed. The arm is now as strong as ever and the shin has new bone in the place from which the graft was taken. The new bone growth is never so smooth or even as the old, but it is just as strong."

It is not customary to mention the name of the surgeon referred to, but there are sufficient data in the article to enable anyone who may be impressed to ascertain who he is.

In some cases the articles are more explicit and even the names of the men to whom the credit is due are mentioned. For instance, in a recent issue of the Topeka State Journal the following article appeared under rather startling headlines, which we omit:

Dr. —— of Topeka and Dr. ——, of the staff of the state hospital at Rosedale, have been experimenting for some time to determine the functions of the pituitary gland and they now believe that it is possible for a physician to control the growth of a child.

The pituitary gland is at the base of the brain, straight back from the bridge of the nose. For years no one has had any idea what it had to do with the body. Dr. Harvey Cushing of Baltimore is the pioneer investigator and Dr. —— and Dr. —— have been following him.

EXPERIMENT WITH DOGS.

"That gland controls the bone development of the body and also the fat deposits," said Dr. ——. "By experiments with dogs we have been able to increase the size of the dog or stunt it. If the gland gives off an excessive amount of secretions it makes giants while if the secretions are deficient it makes pigmies. If the gland is defective it may produce abnormal fat.

"By feeding the gland taken from sheep to stunted children we believe it will be possible to make them of normal size. By cutting off part of the gland, if its secretions are excessive it should prevent abnormal growth. The feeding to bring the gland up to normal is only effective during adolescence. If the gland gives off excessive secretions after the body is fully developed it causes abnormal growths of the bones of the face, especially the nose, hands and feet and large knots of bone may appear on the limbs.

"The first investigation of the functions of this gland were only made in 1908, six years ago so the work of determining just what can be done is in its infancy yet."

Physicians are realizing the great value of publicity in educating the people along medical lines.

We are not criticizing the publicity efforts of these men who are making medical history. We believe in the efficiency of publicity. We have, for the past six months, been presenting every fact that would prove the advantages of advertising to hundreds of business men.

But we are jealous. We have been trying to produce a readable medical journal and we dislike to go to the newspapers for information as to the advances being made in medicine and especially for reports of the work being done by Kansas men. The pages of the JOURNAL are always available for reports of operations, results of research work, or expressions of opinions upon any matter connected with medicin.e

We trust you will observe that no mention of ethics has been made in this article. That is a subject which is now tabooed by the progressive men in medicine.

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The Southeast Kansas Medical Society will meet in Fort Scott, October 22.

EDITORIAL NOTES

Dr. W. C. McDonough, of Topeka, is taking a post graduate course in New York.

Dr. W. F. Bowen, of Topeka, has been visiting the hospitals and clinics in Philadelphia and New York for the past six weeks.

Dr. J. L. McDermott, of Kansas City, Mo., has been appointed Instructor in Roentgenology in the School of Medicine of the University of Kansas.

Dr. LeRoy S. S. Ott, who has been practicing in Central America for the past two years, has returned to Kansas and is looking for a favorable location.

Dr. G. A. Tull, formerly of Clay Center, has located in Kansas City, Mo., where he will limit his work to surgery and the X-Ray. He has opened an office in the Lathrop Building.

Dr. E. N. Robertson, of Concordia, has returned from his trip to England. After spending a few weeks in England and Scotland he returned to New York where he did the work he expected to have done in Vienna.

While there is nothing in the constitution and by-laws of the society bearing directly upon the matter, every member of a component society of our state organization should be recognized as an associate member of every other component society. He should be entitled to all the courtesies and privileges of its members, except the privilege of voting.

One of the problems which interests those in closest touch with the affairs of the State Society involves the matter of membership. Our membership represents less than fifty per cent of the registered physicians in the state. This, compared with the societies in other states, is entirely too low.

The defense feature which was added a few years ago seemed to promise a strong inducement for new members, but, whether this feature was not sufficiently advertised or

was not well enough understood, the membership has not increased to any marked extent.

Many men who would like to affiliate with the society are prevented from doing so because no local society is available. A great many counties in the state are unable to maintain a local organization. This is not only true of the western counties but of some of the more populous counties in the central and eastern portions of the state.

The situation can be considerably improved by convenient combinations into multiple county societies and by organizing the western counties into three or four large societies. In this way every county in the state can be included in our organization and a physician anywhere will be able to join. Whenever a county fails to maintain a local organization it should be immediately included with some other society. This should be done by the council or officers of the State Society. In this way those members in a county which fails to maintain an organization, who wish to do so, may keep up their membership.

If we can secure the co-operation of the members of the council it is the purpose of the JOURNAL to start a vigorous campaign for new members.

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The Corral

BY O. P. DAVIS

"If Thoughts Run Wild, Put Them in Bounds"

CONTESTS AND PRIZES We are living in an era of contests. There is no pursuit or activity in life that is not incited by some stimulus, however specious, into a spirited display of the competitive instinct. This inborn disposition to pit one's strength, speed or other qualities of body or mind against those of his fellows, or to set one's horse, hound or other property up in rivalry with those of his neighbor, is prolific of both good and evil. On the one hand, it promotes the acquisition and cultivation of certain desirable qualities that are admirable and useful to mankind. On the other hand, it bruises and insults the finer sensibili-

ties of both winner and loser, and fosters the gambling instinct already native to the human breast.

A newspaper can hang up a gilded bauble and thereby incite adolescent youths to run a "marathon," at the dangerous risk of permanently crippled hearts and enduring impairment of future efficiency in life. Some enterprising firm or publisher can offer a cheap piano for the most popular girl, and with alacrity the people of the town, especially the young and susceptible, will enter into a frenzied exhibition of this competitive mania, too extravagant to be easily afforded.

In line with this well known tendency is the prevalent practice of "scoring" everything, with a prize hung up for the highest marking. Horses and pigs and cattle and dairy barns, as well as medical colleges, are all put on display in front of certain authoritative persons, either self-appointed or divinely ordained, and made the objects of intensive scrutiny and appraisement. The constituent and component parts of all these things are measured and guaged by the little rule and scale that willing gods or more willing man furnish for the occasion. And the gaping crowd stands by with wondering eyes, ready to shout their approval or derision.

Of late the field of judicial vision has been broadened, and now the mothers of the newest generation have been summoned to present the fruits of their wombs before boards of baby-fanciers, to have them inventoried and scored. Indeed this is being made a leading attraction at state and county fairs. Not only cattle and horses and hogs, but the human sucklings are to compose the spectacle. Not only the horse race but the human race. They call it "Best Babies Contest." The incentive is not so much the cash prize offered as the appeal to the vanity of the mothers. For what mother is not fondly certain that she has the finest and best baby? And is it dis-illusionment she suffers, or is it a sense of chagrin and animosity at the verdict, when she finds her baby has been discredited and outclassed? And there is no appeal from this Board of Judges of Best Babies, for have they not been specially trained for the purpose? Has not a professor come all the way from Kansas City that very day to instruct them and to teach them the fine points of discrimination, and how to score with infallibility the mental and physical attributes of the submitted youngsters?

It is a sight for men and angels—these babies—naked and terrorized in the hands of strange attendants, and pawed over by a dozen clumsy doctors, while a thousand rubbernecks stand by, or crowd and scramble for favored position. No baby is without terror in a crowd, unless in the sheltering arms of its mother. And what horror it experiences when, stripped and nude, it is rudely handled by strange men and women, in the face of a curious multitude, can only be imagined. If a child could reason theologically, it might well believe in infant damnation when it suddenly finds itself facing strange, glaring eyes and feels in mouth and throat those terrible fingers, and suffers in all parts of its inviolate person unspeakable indignities. Early impressions of childhood are most abiding, and these outraged infants will most surely grow up with an unfading resentment against such inhuman practices.

If babies must be subjected to tests and measurements; if prizes must be offered and contests be pulled off, let the work be done in order and with some show of decency. Let even a baby's feelings be respected, to the extent, at least, that it be guarded from the gaze of the curious-minded. Let the infant be spared the indignity of indecent exposure of its person before the crowd of onlookers. If this seems a prudish requirement, let the wise ones tell us at just what stage they would have us begin to teach the child and the public proper respect for the modesties of life.

This wonderful and disinterested solicitude for the welfare of the infant and for the conservation of the race is indeed touching. The retiring and inconspicuous manner in which these philanthropists perform their merciful functions, their spirit of self-effacement, cannot but appeal to the highest public sense of appreciation. A generous expression of popular approval will no doubt serve to still further enlarge the field of their enterprise. Indeed, now that this movement for the benefit of the oncoming generation is well started, let us hope that its scope will be broadened and made to include the parents and the prospective or would-be parents. It is quite as logical that the eligibility of men and women to parenthood should be scrutinized and appraised. Babies should be allowed to select their parents, so to speak.

Let the next series of fairs in our state put on a parent-

scoring stunt. Let prizes be offered, or perhaps diplomas, for the man and the woman making the best mental and physical score. In a future number of the Corral I may perhaps venture to propose a list of questions I think suitable for the determination of the mental qualifications of the contestants. The physical qualifications would, of course, have to be based on specifications furnished either by the Professor of Eugenics at K. U., or by some one properly recognized and authorized by the Carnegie Foundation or the Ladies' Home Journal.

There is no doubt that this would be a great drawing card for fairs, particularly if conducted along the same lines as was the Babies Contest. Of course, like that exhibit and the other stock exhibits, the judging should be done in the open, and the contestants should be in the "altogether." The whole transaction should be done right on top of the counter, so to speak. Thanks to the fashions now in common vogue, the ladies won't have to take off much. A few practitioners of the Osteopathic and Chiropractic persuasion should, of course, be placed on the board of examiners, in order that by their special skill in palpation and manipulation, displaced vertebrae or other bony parts may not be overlooked.

A DAY IN THE WOODS The gipsy spirit comes over all of us, once in a while, and an atavistic impulse seizes us to get out into the woods and to revert, if only for a day, to the vagrant habits of primitive man. And perhaps the beautiful days of October are more beguiling than any other to a lover of nature.

* * * *

Without purpose or destination, we fare forth, one fine morning, in obedience to this call of the wild, for a day of rambling or unhurried travel, by unfrequented roads, among the hills and through the woods. We leave motor car behind, evil reminder as it is of the artificial life. Let all such devices of effete civilization be ignored. Let sordid customs and habits fall away as a garment, for this one day. Let us set out untrammeled by impedimenta, and alone. Solitude is essential to the purpose of this one holiday, for today we are in quest of a balm for our jaded spirits and

should seize occasion to seek and apply it without hindrance or distraction.

* * * *

It may be hard to find, in a thickly settled country, the region for which our spirit calls. But at last, following some obscure byway, we come upon a seclusion that in large measure responds to our vagabond yearnings, and taking up the trail we wander on and on, through devious and untrodden ways. The glamor of imagination casts its spell over us and we feed our soul on the long untasted refreshments of nature.

* * * *

The Great Artist has been busily at work on every side, painting the foliage and hanging up the mystic decorations of the season. Here we see his fine traceries and pencilings only faintly outlined on the leaves, while yonder he seems carelessly to have spilled his paint-pots among the tree tops.

* * * *

The white maple, which a few days ago was of a dark green, has suddenly been transmuted, by a wondrous alchemy, into gold. The oak, near by, still stands in dress of living verdure, save where it has been mortally wounded here and there throughout its foliage and is apparently giving ebb to its rich life's blood. An occasional ash bedecks the landscape with its royal purple. The Virginia creeper has turned suddenly red, and, with the sumac, gives a brilliant and gorgeous tone to the autumnal picture. The hickory and papaw, with their yello wtints, go to add complete variety of color to the splendid complexion of nature. Berries and nuts and various other fruits, hang from tree and bush. Vines festoon the trees on every hand, falling from lofty boughs like carelessly flung draperies.

* * * *

A squirrel crosses our path. He has the ball and is at full speed to make a touch-down, while not far away one or two of his fellows, or perhaps they are his sweethearts, wave aloft their pennants and give their college yell. The crows are croaking in an adjacent cornfield. Glimpses of red apples are seen adorning a distant orchard. Shocks of corn in a remote field stand like stacked arms at a bivouac.

* * * *

The air is invigorating. The mellow rays of the sun

filter down through a faint haze at just the right slant to most enhance the beauties of the picture and to invest it with a mystic glamor to the sensitized imagination. The eye falls restfully on the peaceful scene. The querulous exactions of the sick are forgotten. The cares of life are behind. The mind is rapt in calm revery. The horizon is draped with a gauzy veil which limits the view of mortal eye; but the serene and placid soul may sometimes penetrate through and beyond the bounds of earthly vision in tranquil contemplation.

* * * *

Thus the moments and the hours of our day in the woods pass only too quickly. The various things we do, the diversions and employments of the day, are but subterfuges. The gathering of nuts, the collection of specimens, the inspection of geologic outcroppings, or what not, are merely pretexts with which to appease the curiously inquisitive, and to excuse us for what might be regarded as extravagant dissipation. But the real purpose, let us admit to ourself, of this day's sojourn in the woods is such a one as took Moses into the wilderness, namely, rest and reflection and contemplation. And a retreat like this, if for only a day, is medicine for many of the irritating ills that beset our lives.

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A LETTER FROM JUDGE RUPPENTHAL.

Gove City, Kansas, October 23, 1914.

Editor Journal of the Kansas Kansas Medical Society:—I have been much interested in reading the October issue of your magazine from cover to cover, and going over various parts more times. Your discussion of past and proposed legislation as regards the medical profession is decidedly interesting. However, I can hardly think that all of the criticism, direct and hinted, that you level at laws, law making, law makers and courts can be serious though it may unfortunately be so taken by any unreflecting reader. On page 371, for example, you say:

"But the English language in the statement of a law don't mean the same that it does in a story or a song or a prayer. The lawyer and the courts have their own rules for interpreting the English language, some of them were established before Webster was born and many since that time, so that until a law has been weighed and dissected and

analyzed and tested by all the court decisions for centuries past, we must remain in doubt as to what it really means."

It is unfortunately true that too often laws are so carelessly written or are prepared with such lack of understanding of the general principles of legislation, and especially without regard to the body of laws which continue in force and with which the new act should dovetail and accord properly and consistently, that uncertainty does exist as to the scope, meaning and effect of new legislation. Very rarely indeed are either courts or lawyers responsible for these instances. Rather they result from the crude efforts of those who either do not know or do not care about the principles which govern laws whether in making or execution or interpretation.

I beg to suggest that no good can result from the impression taking hold in the popular mind that language means one thing popularly and another thing legally. Unchanged since 1868 and probably existing earlier (I have not at this minute access to the older statutes), the statute has prescribed this rule in the construction of statutes: "Words and phrases shall be construed according to the context and the approved usage of the language; but technical words and phrases, and such others as may have acquired a peculiar and appropriate meaning in law, shall be construed according to such peculiar and appropriate meaning." Sec. 9037 General Statutes 1909.

Considering this statute the supreme court said in 1895: "We think that the common acceptation of the word "assignee" is limited to an assignee in fact and does not comprehend an assignee by mere operation of law." National Bank v. Beard, 55 Kansas 776. A little earlier, in 1889, the same court said: "We have no hesitation in saying that the ordinary signification of a block in a city is understood to be a part of the city enclosed by streets. The word square is synonymous with block." As early as 1870 in Lane v. Bank, 6 Kansas 75, the same court had quoted approvingly the view of the Wisconsin court that "It is a settled principle that general words are to have a general operation." In 1905 in a criminal case, wherein the greatest strictness of construction is found, the court said: "The obvious intent and purpose of the law should not be defeated by any hypercritical construction of words." State v. Tink-

ler, 72 Kansas 263. Again: "Concubinage must be understood in its ordinary or popular sense." State v. Tucker, 72 Kansas 486. In Baird v. Baird, 70 Kansas 576, the court says: "We do not agree that the words 'in the last sickness' have acquired a particular, peculiar and appropriate meaning." In City of Larned v. Boyd, 76 Kansas 41, the court said: "Words and phrases in a statute (or ordinance of a city) are to be construed according to the context and approved usage of the language. Where the statute is plain and unambiguous there is no room for construction so as to change the language employed therein. It is also a canon of construction of all written instruments, that if consistent with the general purpose thereof and the context, meaning is to be given to every word, phrase and sentence thereof. It is not to be presumed, unless the purpose and context require it, that a word or a phrase is used without any meaning whatever." Also in Ayers v. Comrs. Trego Co., 37 Kansas 242, and In re Hinkle, 31 Kansas 712, the court said: "As the statute is plain and unambiguous, there is no room left for construction." In State v. Miller, 90 Kansas 233, the court said: "To make assurance doubly sure the legislature has enacted the common sense rule into law and provided that 'words and phrases shall be construed according to the context and the approved usage of the language." The phrase 'any instrument or means whatsoever' carries the facial evidence of a legislative intent to cover the extent of the criminal machinations and devices of the abortionist in order to protect the pregnant woman and the unborn child. Whatsoever in the law, like whosoever in the gospel, is a word of the widest import." In State v. Innes, 89 Kansas 174, the court said: "We ordinarily understand by reference books, books to refer to. . . . But how one first reader can be used as a reference book by a child learning to read in another is difficult to understand. The common sense of it is that no such result was contemplated."

From the foregoing, I believe that the layman may readily and rightly conclude that the great aim of the courts is to use language in its usual, ordinary and common sense. In this aim the best lawyers assist. Only the shyster and the pettifogger (who infest the legal professions as do the fakir and quack the medical) wilfully involve their language or seek to confuse and confound. Human fallibility at best is

such that laws must be imperfect even after all have done as well as they can, from the draughtsman of the preliminary sketch of the bill, all through its mutations in successive readings, in committee, in printing and proof reading, to the final comment of the highest court on its construction and effect. If each citizen who is dissatisfied with the admitted shortcomings of human law will do his utmost to improve the law rather than to discredit it by sneers, whether merited or not, we may hope for needed improvement in this state and in the whole nation, as to our legislation. If the great medical profession should seriously regard the legal profession as lightly as might be inferred from the sentence first quoted, it would not be surprising, however regretable, if some of the legal profession in turn would take an attitude toward the medical profession such as is imputed by the same number of the Journal to certain legislators (whether or not lawyers) in relation to legislation affecting public health and the medical profession. "There is so much bad in the best of us; there is so much good in the worst of us, that it ill behooves any of us to talk about the rest of us."

With fullest appreciation of the medical profession and best wishes for wise legislation in all that concerns human health, I am Very truly yours,

J. C. RUPPENTHAL,

Judge of the 23rd Judicial District of Kansas. (Russell, Kansas.)

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STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACT OF AUGUST 24, 1912.

of The Journal of the Kansas Medical Society, Published Monthly at Topeka, Kansas,.........for October, 1914.

Name of—	Postoffice Address
Editor, W. E. McVey	Topeka, Kansas
Managing Editor, W. E. McVey	Topeka, Kansas
Business Manager, W. E. McVey	Topeka, Kansas
Publisher, W .E. McVey	Topeka, Kansas

Owners: (If a corporation, give its name and the names and addresses of stockholders holding 1 per cent or more of total amount of stock. If not a corporation, give names and addresses of individual owners.)

KANSAS MEDICAL SOCIETY.

Known bondholders, mortgagees, and other security holders, holding 1 per cent or more of total amount of bonds, mortgages, or other securities: (If there are none, so state.) None.

W. E. McVEY, Editor.

Sworn to and subscribed before me this, 25th days of September, 1914.

(SEAL) R. A. FERLET, Notary Public.

(My commission expires February 20th, 1916.)

MEETING OF THE COUNCIL.

Topeka, October 9, at 2 p. m.

The Council met in the office of W. E. McVey at two o'clock p. m., Friday, October 9. There were present the following councillors: C. W. Reynolds, C. C. Goddard, H. B. Caffey, O. P. Davis, C. S. Kenney, D. R. Stoner, L. H. Munn, Treasurer, and W. E. McVey, for the Committee on Public Policy and Legislation.

In the absence of the President, Dr. C. C. Goddard was chosen to preside at the meeting. A telegram was read from the Secretary stating that he would be unable to attend and on motion W. E. McVey was appointed to act as secretary pro-tem.

A bill of $8.94 from Dr. J. A. Dillon, for expenses as councillor was presented and allowed and a voucher for the amount ordered to be drawn.

A motion, "that $500 be appropriated from the general fund for the use of the Committee on Public Policy and Legislation or such amount thereof as may be required," was carried.

The treasurer reported that he had only $850 cash on hand to meet the demands of the Defense Board and the other expenses of the society. It was moved that the Treasurer call upon the Secretary for any funds of the Society that may remain in his hands.

Council adjourned.

W. E. McVey, Sec'y Pro-tem.

Readers of this journal should notice the advertisement of the National Pathological Laboratory which is carried in each issue, and the journal wishes to state that this laboratory is an ethical institution and a clinical one for physicians use, both for diagnosis and treatment of disease. You may send your tissues, vaccines, serums or any specimen that you like to this laboratory, for the work is reliable and accurate. The physician knows that modern diagnosis and treatment of diseases cannot be done without the assistance of the clinical laboratory, and physicians who are early to recognize this fact will be much in advance to those who do not take advantage of such an up-to-date laboratory as this is.

SOCIETY NOTES

DOUGLAS COUNTY SOCIETY.

The regular monthly meeting of the Douglas County Medical Society was held in the Y. M. C. A. building at Lawrence, Tuesday, October 13. A paper was read by Dr. P. B. Matz of Leavenworth on the Abderholden Pregnancy Test.

MARION COUNTY SOCIETY.

The Marion County Medical Society met in regular session on Wednesday, September 23rd, at Peabody, Kan.

After supper at the Palisade Hotel the Society was called to order by President Brunig. Dr. J. R. Scott read an interesting paper on Nasal Catarrh which was discussed by all present. This was followed by a clinic on Mitral Insufficiency. A paper by Dr. Appleby on the County Medical Society. The matter of pauper practice was also discussed and the present arrangement for its disposal deplored and condemned.

RICE COUNTY MEDICAL SOCIETY.

The Rice County Medical Society met October 24th, in the parlors of the Sterling Hospital Association at 2 o'clock p. m., with the following members present: Drs. Ross, Currie, Muir, Wallace, McBride, Bradbury, Vermillion, McCrea, M. Trueheart, P. P. Trueheart, C. E. Fisher, E. C. Fisher, and Little.

After the reading of the minutes of the previous meeting, Dr. Bradbury gave a very interesting paper on the subject of the Physician and His Finances, which was followed by a lively and helpful discussion.

Dr. W. E. Currie presented a communication from the Committee on Public Health and Legislation relative to the attitude of candidates for the legislature in regard to past and future legislation regulating the practice of medicine in the State of Kansas. After being discussed at some length, on motion of Dr. M. Trueheart, the following committees were appointed and instructed to interview the candidates for the legislature in the county and endeavor to have them commit and pledge themselves favorably. Committee: Dr. J. S. McBride, Dr. Bradbury, Dr. M. Trueheart, Dr. J. M. Little.

J. M. LITTLE, Secretary.

THE NORTHEAST KANSAS MEDICAL SOCIETY.

The fall meeting of the Northeast Kansas Medical Society was held in the parlors of the Byram Hotel, Atchison, on October 29th. Dr. E. T. Shelley, of Atchison, presided. Attendance, 45 members.

Those arriving in the morning were shown through the new Atchison Hospital, which is completely equipped and stands as a monument to the enterprise of the people of Atchison.

At 1:50 p. m. Dr. Shelley called for the first paper on the following program:

1. Treatment of Fractures............W. S. Sutton, Kansas City
2. Hypertrophy of the Prostate.........M. T. Sudler, Lawrence
3. Some Diseases of the Rectum....C. R. Townsend, Centralia
4. Glosso-Labio-Pharyngeal Paralysis ....C. C. Goddard, Leavenworth
5. The Mutillation of the Tonsil....J. M. Robinson, Hiawatha
6. The Treatment of Diabetes.........C. F. Menninger, Topeka
7. Amenorrhoea..................................D. R. Sterett, Winchester
8. The Problem that Confronts Surgery Today............... ....G. W. Jones, Lawrence
9. Surgical Clinical Talk......................H. L. Charles, Atchison
10. Pellagra Clinic..................................T. E. Horner, Atchison

It was voted to call for ten cents per capita from the members of the component county societies to be paid annually by the societies.

It was also voted to have the society request the Kansas Medical Society to urge the Kansas Legislature to enact a law providing for the impanelling of three qualified physicians on all cases of personal damage suits. The motion was made by Dr. Jones in connection with his paper.

At 5:30 p. m. the program was interrupted to accept the invitation of the Atchison County Medical Society to dinner.

The next meeting of the society will be held in February at Lawrence.

J. L. EVERHARDY, Secretary.

LINN COUNTY SOCIETY.

The Linn County Medical Society held its regular bimonthly meeting at Mound City, Friday, October 23rd. All but four members were present. There was a very general discussion upon the attitude of various candidates toward

medical legislation. Attention was called to the complete report on the situation in the October number of the JOURNAL and all were urged to carefully study it.

Representative R. J. Tyson, of Goodrich, was invited to address the society and the members were well pleased with his discussion of the situation.

The society voted unanimously to endorse the efforts being made by the Board of Health for the prevention of blindness.

Dr. Lee Cowan of Parker was admitted to membership.

GOLDEN BELT MEDICAL SOCIETY.

The Golden Belt Medical Society met at the Commercial club rooms in Topeka, Thursday, Oct. 1. The program was as follows:

Paper—"Pituitarism", Dr. Merrill K. Lindsay, Topeka.
Paper—"Diabetes", Dr. C. F. Menninger, Topeka.
Paper—"Trachoma", Dr. G. H. Allen, Topeka.
Dinner at National Hotel at 6 p. m.
Paper—"The Treatment of Hemorrhagic Diseases of the New Born", Dr. W. M. Mills, Topeka.

MONTGOMERY COUNTY MEDICAL SOCIETY.

A joint meeting of the County Medical Societies of Nowata and Washington Counties of Oklahoma, and Montgomery County, Kansas, held at Masonic Hall, Caney, Kan., Sep. 18.

4:00 p. m.—Paper, Dr. W. F. Coon, Caney, Kansas; Paper, Hyperthyroidism, Dr. W. F. Rammell, Bartlesville, Okla.; Report of case, Dr. J. A. Rader, Caney, Kansas.

EVENING SESSION.

7:00 p. m.—Paper, The Funny Side, Dr. T. A. Stevens, Caney, Kansas; Paper, Carcinoma Uteri, Dr. G. A. Wall, Bartlesville, Okla.; Paper, Notes on Summer School (Rosedale) K. C., H. L. Aldrich.

H. L. ALDRICH, M. D., President.
J. A. PINKSTON, M. D., Secretary.

The above meeting was well attended; all papers present and well discussed.

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If you need anything in the way of instruments send your order to the firms whose advertisements appear in THE JOURNAL.

BOOK REVIEWS

THE PRACTICAL MEDICINE SERIES.

Comprising ten volumes on the year's progress in medicine and surgery. Under the general editorial charge of Charles L. Mix, A. M., M. D., Professor of Physical Diagnosis in the Northwestern University Medical School, and Roger T. Vaughan, Ph. B., M. D. Series, 1914. Price $10.00. Published by The Year Book Publishers, 327 S. Lasalle Street, Chicago, Illinois.

We have received three volumes of this series: Volume IV, on Gynecology, edited by Emilius C. Dudley, A. M., M. D., Professor of Gynecology, Northwestern University Medical School, Gynecologist of St. Luke's and Wesley Hospitals, Chicago; and Herbert M. Stowe, M. D., Associate in Gynecology, Northwestern University Medical School, Attending Obstetrician to Cook County Hospital. Volume V, on Pediatrics and Orthopedic Surgery. The section on Pediatrics is edited by Isaac A. Abt, M. D., Professor of Pediatrics, Northwestern University Medical School, Attending Physician, Michael Reese Hospital. The section on Orthopedic Surgery is edited by John Ridlon, A. M., M. D., Professor of Orthopedic Surgery, Rush Medical College, with the collaboration of Charles A. Parker, M. D. Volume VI, on General Medicine, is edited by Frank Billings, M. S., M. D., head of the Medical Department and Dean of the Faculty of Rush Medical College; and J. H. Salisbury, A. M., M. D., Professor of Medicine, Illinois Post-Graduate Medical School.

MANUAL OF OBSTETRICS.

Manual of Obstetrics. By Edward P. Davis, A. M., M. D., Professor of Obstetrics in the Jefferson Medical College, Philadelphia. 12mo. of 463 pages, 171 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $2.25 net.

As a general thing the publication of handbooks and compends should be discouraged. They furnish a convenient and ready source of information—entirely too convenient sometimes, so that one who has limited time may rely too much upon them. In too many instances they furnish only abbreviated knowledge, for it is not every author who can fully state all the facts with a conciseness necessary for such a book. These handbooks have a place, however, and this little book by Dr. Davis will find a welcome at many a busy practitioner's hands. It is unusually complete for such a small book. It is so well illustrated that much of the detail of description can be omitted. It is really a very com-

prehensive text-book on obstetrics, concisely written, and put up in a most convenient form.

COLLECTED PAPERS BY THE STAFF OF ST. MARY'S HOSPITAL (MAYO CLINIC) 1913.

Collected papers by the staff of St. Mary's Hospital (Mayo Clinic) for 1913. Octavo of 819 pages, 335 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $5.50 net.

It is hardly necessary to describe in detail the contents of this book. Practically all of the papers have been read before some of the more prominent medical societies and have been previously published in the medical journals. Their collection and publication in book form puts them within the reach of all.

It is needless to say that such a collection of papers presenting as they do the conclusions from varied experiences and extensive research, will be a valuable addition to any medical library.

THE PRACTICE OF SURGERY.

SECOND EDITION, THOROUGHLY REVISED.

The Practice of Surgery. By James G. Mumford, M. D., Lecturer on Surgery in Harvard University. Second Edition, Thoroughly Revised. Octavo volume of 1,032 pages, with 683 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $7.00. Half Morocco, $8.50.

The author of this text-book has not attempted to cover the whole field of surgery. He has given to the reader "an account of the practice of surgery—of surgery as he will see it at the bedside, in the accident ward, and in the operating room." His work has been carefully prepared, is well illustrated and, inasmuch as a revised edition is so soon published, must have met the approval of a considerable number of the profession.

The practice of surgery, like the practice of medicine, has become too large a subject to be covered satisfactorily by one man or in one book. We have no criticism of this particular book to offer for it is superior to many of the text-books on surgery on the market. But we do not believe that text-books attempting to present such general subjects as the practice of medicine or the practice of surgery meet the requirements of the profession of this age. In the preface to the first edition of his work the author said: "Every surgical clinician may have his particular interest, his skill in some branch of knowledge or research,

but he cannot be a sound exponent of all surgical knowledge." We believe that the time has come when an author should confine his work to the subject in which his particular interest lies, to those branches of knowledge or research in which he is most skillful. The field of surgery has broadened so enormously that it seems equally as important that the writer upon this subject should specialize as that the surgeon should. Practitioners of today want full and complete knowledge of the subjects in which they are interested.

THE CLINICS OF JOHN B. MURPHY, M. D.
Volume III. Number IV.

The Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. Volume III. Number IV. Octavo of 254 pages, 65 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Published Bi-Monthly. Price per year: Paper, $8.00. Cloth, $12.00.

Murphy's clinics are intensely interesting, whether you witness them or read the reports of them. It is not only his operative skill that attracts, for he is particularly gifted in speech and his presentation of the cases and his description of his operations are clear and impressive.

In this number of the Clinics, some exceptionally interesting cases are presented. In this number is the report of his Arthroplasty of the Hip, a clinic given at the meeting of the International Surgical Congress at Mercy Hospital in April of this year. There are some very excellent illustrations of the cases and the operations.

In this number is also reported his clinic on old ununited colles' fracture with illustrated description of his operation.

SEROLOGY OF NERVOUS AND MENTAL DISEASES.

Serology of Nervous and Mental Diseases. By D. M. Kaplan, M. D., Director of Clinical and Research Laboratories of the Neurological Institute, New York City. Octavo of 346 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $3.50 net.

This is a timely book and opportune to our needs. The author has covered a field which is attracting much attention at this time. He introduces his subject with the history of lumbar puncture and the technic of the operation. He next describes the physical properties, the chemical characteristics and the cytology of the spinal fluid, including the method of cell counting and the interpretation of the findings. The history and developments of the Wassermann reaction are given with the full technic of the various steps,

in taking the blood, preparing the reagents and the performance of the reaction. Part II discusses the serology of nervous and mental diseases of non-luetic etiology-meningeal diseases, brain diseases, spinal cord diseases, the psychoses and intoxications. Part III deals with the nervous and mental diseases of luetic origin; tabes dorsalis, cerebrospinal syphilis, general paresis.

Part IV is devoted to the therapeutic use of salvarsan. He describes the history and development of salvarsan, the early methods and the results, then the preparation of salvarsan and neosalvarsan and the technic of the injection, the accompanying effects, the after care of the patients and the indications and contraindications for its use.

This book is a complete practical exposition of all that is known today on the serology of nervous and mental diseases. The section on salvarsan presents all of the ordinary methods in use and the newer methods that have proved of merit.

A TREATISE ON CLINICAL MEDICINE.

A Treatise on Clinical Medicine. By William Hanna Thomson, M. D., LL. D., formerly Professor of Practice of Medicine and of Diseases of the Nervous System in the New York University Medical College; ex-President of the New York Academy of Medicine, etc. Octavo volume of 667 pages. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $5.00. Half Morocco, $6.50.

A change from the ultra scientific, hypertechnical, medical literature of recent years is extremely restful and satisfying. The author of this work is among the few who have the ability to state a series of co-ordinate facts and express their opinions upon those facts in plain definite English sentences that can be understood without a series of mental convulsions in the reader.

The author discusses the subject of "catching cold" in the first chapter of his introduction. Although this is perhaps the commonest of all ailments there seems to be much uncertainty in regard to its intimate etiology. While the author seems to be satisfied with his theory, the reader must feel a little disappointed in its details. One may readily see the vasomotor association between the feet and distant parts of the body, such as the larynx and pharynx, in the clinical manifestations caused by wet feet; but one feels that there is a lack of detail in the explanation which the author might have supplied.

In the second chapter of the introduction he discusses the significance of pain and we note that he has revived some quite old observations on the diagnostic value of the gestures used by the patient in describing his pain. A pain due to inflammation, if external, will be indicated by the pointing fingers or very light touching, while deep seated ones will be indicated by the pressure of the whole hand over the painful area. The various kinds of inflammatory pains and the neuralgic pains are carefully described and some new and valuable suggestions are offered in regard to their significance.

In the chapter on cough the author calls attention to a "prolonged and paroxysmal coughing in women, due to irritation of the cervix uteri.

In the chapter on Diseases of the Ductless Glands, the author objects to the synonymous use of the terms Graves' disease and exophthalmic goiter to designate a group of symptoms in which the latter is not always found. He names twenty-seven characteristic symptoms of Graves' disease, exclusive of goiter and exophthalmus. The following quotation will suggest the author's conclusions as to the etiology of Graves' disease: "Lastly, I hold that the results of treatment, based upon the gastro-intestinal origen of the toxemia of Graves' disease, are unmistakeably superior to any measures, whether medicinal or surgical, devised on the thyroid theory, and which all go to confirm the inference that diet and digestion and disorders connected therewith are the chief factors in the etiology of Graves' disease."

MOTHERHOOD.

A pamphlet, or booklet, for the guidance of patients through the period of pregnancy, at confinement and during the lying in state. Price ten cents per copy. Published by E. S. Harris, M. D., Independence, Mo.

This is a very plainly written little booklet which will answer the purpose for which it is intended. It will give the pregnant woman such information as will enable her to best care for herself during this very important period of her life.

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There is a coupon on advertising page number 15 that it will pay you to send in. It will only cost you two cents and you will get more for your money than you usually do.

A NOTABLE WORK ON BIOLOGICAL THERAPEUTICS.

A book of uncommon interest and value to physicians has just been issued from the press of Parke, Davis & Co. It is a new "Manual of Biological Therapeutics," receipt of a copy of which is hereby acknowledged by the editor of this journal. The book is handsomely printed in large, clear type, on heavy enameled paper, and bound in cloth. It contains 174 pages of text, upwards of thirty full-page plates in color, and a number of half-tone illustrations in black and white, together with a comprehensive index. As its title suggests, it is a concise and practical treatise on biological theraupetics and so replete with useful information that no practitioner should miss the opportunity to secure a copy, especially in view of the fact that the publishers announce that the entire edition is to be distributed gratuitously to members of the medical profession. To our physician friends we suggest the propriety of writing at once for a copy of this "Manual of Biological Therapeutics," addressing the request to Parke, Davis & Co., at their home office in Detroit, Michigan. It will not be amiss to mention this journal in writing.

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FOR SALE—A five-passenger automobile, run less than twenty thousand miles, in excellent condition. Cost $1,650. Will sell for $600. Address Journal, Kansas Medical Society, Commerce Building, Topeka, Kansas.

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FOR SALE—A Jerman Static Machine, in good condition, and some new office furniture. Address, Mrs. J. B. Armstead, 1006 Morris Ave., Topeka, Kansas.

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FOR SALE—Static X-Ray machine made by National X-Ray Co., Topeka, Kansas. This machine is new, never having been used. A bargain. Ed C. Jerman, R. R. No. 1, Topeka, Kansas.

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WANTED—Student nurses. Apply to Stella Shipley, Supt. of Montgomery County Hospital and Training School, Independence, Kansas.

THE JOURNAL
OF THE
Kansas Medical Society.

Vol. XIV TOPEKA, KANSAS, DECEMBER, 1914 No. 12

SCOPOLAMIN SEMI-NARCOSIS OR TWILIGHT SLEEP IN LABOR.

By GEO. C. MOSHER, A. M., M. D., Kansas City, Mo.

A broadcast on twilight sleep, which is phenomenal, has recently been given the laity through the Literary Digest. McClure's Magazine, the World's Work, and practically every popular magazine. Those particularly devoted to women readers, such as the Ladies' Home Journal, The Delineator, and The Woman's World, have had signed articles by obstetricians of international reputation. The New York Times had a full page article by a physician. Other metropolitan papers have followed this with stories of the "Twilight Sleep." The daily press has been equally active. In fact, no other topic except this has vied with the war.

The public thus being given a general and popular idea of the subject, it is the duty of the profession to be prepared to meet intelligently the arguments of our patrons and to crystalize the sentiment of the community on the matter, which has been through careless or over-enthusiastic statements misinterpreted by many readers. In the language of the author of an article on this topic in the October number of the American Journal of Obstetrics, "To either commend or condemn a therapeutic measure without personal knowledge and experience with the drug is unscientific and not in accord with the tenets of progressive American medicine."

Since the dawn of civilization the world has been stirred by the discovery of any means designed to lighten the pains of childbirth. The humanitarian instinct of the twentieth century offers no exceptions to this broad sympathy; therefore, when a popular magazine made public, through the writings of a grateful patient, the suggestion that this technique of Kronig and Gauss at the Freiberg Klinic resulted in actual painless labor, the statement at once filled the minds of all prospective mothers with the hope of their being automatically relieved of any possible suffering in the episode to which each of them looks forward with more or less dread and apprehension, as well as joyful anticipation.

Unless one has kept in close touch with the thought of these expectant patients, it is impossible to realize what a sensation has been created by these stories in lay periodicals. Insistent appeals come to the advisers of these mothers that the method may be used for their accouchement.

It is a satisfaction, therefore, to the writer that the section asked for a statement of the status of twilight sleep at the present time. First, because of the wide-spread interest on the part of our patients; and, second, because of the fact that it gives an opportunity to sound a warning.

Like everyone of the discoveries in obstetrics save only that of Semelweiss and Oliver Wendell Holmes regarding puerperal sepsis, the application of the remedy is limited in its utility. Cases must be selected as to idiosyncrasy, the mental peculiarities and temperament of the patient. Gauss claims that 70 per cent of his cases are successful. At the New York Lying-in Hospital, 25 per cent only are on record as being thus relieved. This latter is accounted for by the fact that many cases come in well advanced in labor; 60 per cent of them under observation from the onset of labor were successful. The Jewish Maternity Hospital in New York reports 200 cases in which 90 per cent were successful.

Most important of all requisites for success is the environment which includes a darkened delivery room, properly equipped, also the necessary quiet, which is absolutely essential. This makes it a hospital procedure rather than one of universal application. Dr. Ross McPherson in his recent paper on the subject explains this by saying that it is not only to be admitted, but to be emphasized, that the method is only practical for general practice, in private houses, when the finances of the patient permit the transfer of a com-

plete working force to her room, for the entire duration of the labor.

The constant attendance of the obstetrician after the use of the scopolamin has been begun is all important, in order to keep the patient within the range of amnesia which has fancifully been called the German Twilight Sleep. She must not be too profoundly narcotized by the remedy. This medication requires a delicate and constant alertness on the part of the attendant. The whole success of the method is based on these points. To this carefully worked out method and to its rigid adherence, rather than to any claims of originality, Kronig owes his fame. There is no question that there is a wide variation in the susceptibility of individuals as to the effect of scopolamin. The evidence of untoward results shows how much depends on the judgment and experience of the obstetrician as to size of the dose and the frequency with which it is administered.

The painless childbirth by scopolamin is the outcome of a method which we all remember was recommended with much eclat twelve years ago. The H. M. C. tablet which was tried out by many of us, was the fore-runner of the recent vastly more scientific and elaborately developed technique. It is certain, however, that much of the criticism of the Freiberg method is based on the objections which applied to the old system; in fact a prejudice rather than a judgment.

According to the experience of twelve years ago the greatest objection to the method was the profound narcotism which followed the indiscriminate administration of morphine, one-fourth grain, one of the ingredients of the tablet which in unvarying proportions was first offered to the profession by the manufacturers. The untoward results of that treatment included uterine inertia, often requiring the use of forceps to terminate the labor, and in a number of cases fatal asphyxia of the foetus. It requires no argument to determine that these things having been disclosed the treatment soon fell into deserved disrepute, and its use was condemned in all of the large maternity hospitals.

The fact is, however, that a drug is often simply exploited by specious argument. This the literary bureau of the manufacturing chemists maintains to build up a business. Among those members of the profession, whose literature is limited to the circulars of this kind, we occasionally hear

of a routine practice of prescribing the morphine combination indiscriminately at the present day.

Kronig and Gauss have reported, up to the spring of this year, 5,000 cases treated by the Freiberg method. These have been in every instance under constant surveillance. They claim that uniformally good results, both as to mother and child, have been experienced. Similar reports have come from other of the smaller hospitals in Germany.

Much stress has been laid on the fact that these patients are up the second day. All except those suffering from lacerations are given setting up exercises similar to those in military drill. These are not peculiar to Freiberg, but are the method of the German school of obstetrics in general, and have no significance in reference to *dammerschlaf*, but are merely coincident to the treatment. In this country it has not been considered desirable to shorten the lying-in.

The scopolamin treatment is to be first credited to Von Steinbuchel, who, in 1902, began its use. In 1906 Gauss reported that he had begun it in 1903 and after three years gave a record of 500 cases. In 1907 he published an additional glowing account of 1,000 cases. Kronig followed with his report. Franklin S. Newell of Harvard reported 112 cases in 1907, but abandoned the method on account of foetal asphyxia. Hocheisen of Berlin, after 300 cases opposed the treatment, claiming, first, it did not accomplish the desired result; second, it could not be regarded harmless; third, it could not be recommended in private practice because of the necessity of extra assistance which could not be summoned promptly in emergency.

The recent statement concerning the scopolamin treatment, giving the views of some of the greatest masters of the art of obstetrics in America, shows the conservatism which properly hedges about all innovations in medicine. Dr. Barton Cooke Hirst, of Philadelphia, thinks the element of suggestion an important feature in the successful application of twilight sleep. Dr. Joseph B. DeLee of Chicago, who observed the treatment in Freiberg in 1913, was impressed by the fact that five of the cases he observed were terminated by forceps. Dr. Charles M. Green of Harvard had formerly used the old method but was not impressed because of the unsatisfactory results obtained. Dr. J. Whitridge Williams of Johns Hopkins has tried the plan and is now ready to begin a new series of cases before he reaches

a final conclusion. Dr. Henry D. Fry is opening a service for the twilight sleep at Georgetown Hospital, Washington, and endorses the scopolamin treatment.

Drs. Harrar and McPherson, in the October number of the American Journal of Obstetrics, have a most interesting and valuable study of 100 cases under scopolamin semi-narcosis and 100 cases without, as a control, which were under observation during the past summer at the New York Lying-in Hospital, in which they show by statistical comparison the advantage of the scopolamin treatment.

In the 100 cases by scopolamin the labor averaged 16 hours; without, 18 hours. In 37 cases of the scopolamin patients, lacerations followed; in the cases without scopolamin were 46 lacerations. The third stage of labor under scopolamin was 13 minutes; without scopolamin, 16 minutes. In the scopolamin cases there was hemorrhage ten times of which two were rather severe, but controlled without packing. These, it is to be observed, were cases in which pituitrin had been given more than an hour before delivery; in those without scopolamin there was hemorrhage 13 times, two of which required packing. Forceps had to be used in the scopolamin cases 17 times; in the control cases 11 times. This is explained by the fact that Harrar and McPherson discovered that there was a more rapid dilatation of the cervix than usual, but a delay in the advance of the presenting part on the perineum. They state that, having resorted to the ingenious addition of pituitrin when this delay occurred at the outlet, the need of forceps was obviated.

In regard to foetal asphyxia the results are most significant. In the hundred scopolamin babies nearly all cried at once and gave no evidence of drug influence. Eight were moderately apnoeic, but responded promptly to flaggellation and tubs. Two required artificial respiration. The asphyxia was due to the delay of the head. Under the old technique the asphyxia was the result of repeated doses of morphine. In the hundred babies born without scopolamin, seven were born asphyxiated, two requiring tubs and artificial respiration for twenty minutes. Two still births occurred in each series.

These cases, largely primiparae were not selected especially, but were taken seriatim. It is needless to argue as to statistics from an institution which, like the New York Lying-in Society, stands as the conservative representative

of obstetric authority. The writer considers this the most valuable statement yet made in this country as to the Freiberg method.

A most enthusiastic article appears in the October, 1914, number of the Modern Hospital, written by Dr. W. H. W. Knipe of the Post Graduate Hospital, New York, who, as he says, went over to Freiberg, in July, a profound skeptic, but came back an ardent advocate of the Kronig method. He is convinced that the treatment has come to stay. He advises hospital authorities to study the matter and to be prepared to handle it intelligently. Specially trained nurses, who must be familiar with the method, are imperatively needed for the treatment. It can only be successfully followed in the absence of the physician by nurses who have been drilled in all the details themselves. Not only is it essential that the maternal and foetal pulse must be counted every fifteen minutes after the treatment begins, but the nurse must test reflexes and in the absence of the physician give the injections according to his instructions. This presupposes not only nurses of more than average intelligence, but also that they be thoroughly trained in the operating room technique of twilight sleep methods. In Freiberg, four months experience as assistant in the delivery room is required before the nurse is given charge of a case. Dr. Knipe emphasized the need of hospital facilities being provided, as the system is necessarily a hospital procedure.

In striking contrast to this enthusiastic statement the following quotation from an article by Dr. Knipe in the November Delineator is given. It is pertinent and pointed, and must result in great benefit to the host of magazine readers who are interested:

"Recently lay gossip in this country has seized upon twilight sleep as one of the greatest medical discoveries of the age. The result is that throughout the land a host of prospective mothers, with their natural apprehensions of the hour of travail magnified by all the careless things that have been said and printed, are demanding of their physicians that they confine them with this treatment. Their demands are so insistent that physicians, with a most natural desire to give patients the benefit of this relatively painless method of bearing children, but lacking the intimate experience that the method requires on the part of the practitioner,

rush in where angels would fear to tread. I shudder to think of the consequence. Sometimes I can see tomb-stones scattered all over the land bearing the inscription, 'Erected to the memory of Twilight Sleep and to the sympathetic physicians who tried to do better than they knew.' It is invariably in connection with a hospital and the organization of a hospital that the method should be considered. It is not a treatment suitable or possible in other surroundings. Neither Professor Kronig nor Professor Gauss has ever consented to treat a patient with twilight sleep outside the clinic precincts.

"I would not have it understood that Dammerschlaf is a bad method in child birth; on the contrary, when properly carried out, it is a wonderful boon to woman in her hour of trial. But in the hands of the physician who has not had the opportunity of adequately studying the method it is an exceedingly dangerous procedure."

Comment by the editor of the Delineator:

"During the past summer Dr. William H. W. Knipe went abroad to obtain the truth about 'Twilight Sleep,' or 'Dammerschlaf,' as the Germans call it. The originators of the treatment, the Professors Gauss and Kronig, of the famous Frauenclinic of Freiberg, admitted him to that hospital and permitted him to work with and assist them daily during three months. We regret that for the present we much decidedly warn our readers against 'Twilight Sleep.' The application of the method is exceedingly delicate and dangerous. It should not be employed by any physician who has not mastered it. It should not be employed in general practice. It should not be employed outside of hospitals."

A patient of the writer's is much interested in the magazine reports because a cousin of her's, a Chicago mother, has been to Freiberg twice for her labors and was ready to start on her third voyage when the war interrupted her plans. A former patient, now living in Spain, a classmate of the author of the first magazine article, published last June, had already written of the wonders of the sleep two years ago, but her story, based on the case of her sister, while interesting, was looked upon as the interpretation of a layman, and regarded simply as the relation of a traveler's tale, and not especially a scientific fact. When, however, the appeals from patients and friends became insistent it seemed the only fair thing to try out in a tentative way the Freiberg system. This has been done in a series of cases at the

German Hospital; undertaken after the fullest possible study of the literature available, and after much correspondence giving the arguments pro and con, relative to the virtue of the treatment. Specially suitable delivery room with double doors and heavy shades to the windows are arranged to give the ideal conditions for the treatment. The operating or delivery room nurses are drilled in the method and are greatly interested in it.

As a typical example of the method three cases are selected. The first case to be presented was peculiarly valuable as it was a patient delivered by the writer twice before, and in each instance much concern was experienced because of untoward conditions. The first labor, a tedious one, was followed by inertia, forceps delivery was found necessary; in the second one, atony with a profuse post-partum hemorrhage of secondary type gave much alarm. In this third labor, perfectly normal in every detail, at the urgent request of the patient, the Dammerschlaf system was followed; one dose of narcophin combined with scopolamin and at intervals of an hour and a half, three doses of scopolamin alone, each 1-400 grain, with the gratifying result of a termination, in a voluntary manner, of labor, in six hours. The patient, a women of culture and a bright observer, is enthusiastic over her experience. She made a rapid, uneventful recovery. She was asking for food within a few hours after delivery and began to beg to be allowed to sit up the second day. The baby has made uniform gains and is a most decorous infant in every particular.

The second case was a primipara with an R. O. P. While her labor was not as remarkable as the former, it was ended by voluntary efforts, although it was expected naturally that forceps might be necessary. The labor was much shorter than the average R. O. P. case. Two doses of scopolamin followed the initial dose of narcophin and scopolamin. No general anaesthesia was used.

The third case, which was a multipara, was also a short uneventful one, and the patient who was ready to leave the hospital in fourteen days, is in good condition. This last case was a referred one, coming from a neighboring city, and was in the hospital because of a partial premature separation of the normally implanted placenta, with hemorrhage. The possible danger resulting from this condition was the reason for her being under observation. Two

doses were given at intervals of two hours, the mother effected delivery of a breech presentation without the usual suffering and without assistance. The foetus, being in the sixth month, naturally did not survive.

An attempt to use the treatment in a case delivered at the home was not a brilliant success. It was difficult to determine the reason, unless the environment did away with the element of suggestion. This case was also a college-bred woman, a friend of the first patient delivered by the scopolamin method, and was quite familiar with the claims made for it. The only effect observed was that for a quarter of an hour there was no pain, and then the labor was terminated in a remarkably short period. The treatment may have been initiated too late. Neither the patient nor the baby had any untoward symptoms.

The Hospital and Health Board has granted the request of the staff for a suitable delivery room at the General Hospital, where the staff will try out the treatment in the near future.

While these patients all make the same efforts that others do who had no scopolamin, and appear to experience pain with the contractions, they sleep between the pains and disclaim all suffering. The forgetfulness of the incidents of the confinement has a distinct psychical advantage in avoidance of shock.

It has been argued that instead of research work to develop a plan of anaesthesia for relief of patients in labor, we should breed up a womanhood sturdy and vigorous, which should meet this ordeal of motherhood, with neither fear of pain, nor apprehension as to the result. In answer to this we believe that, as the mother goes down into the valley of the shadows of death to fulfill her part in the continuation of the race, it should be our duty to aid her as best we can. As the late President Cleveland said, with reference to another subject, it is a condition, not a theory, which confronts us.

The highly civilized and cultivated women in modern life we find more and more overwhelmed by the increasingly difficult labors they have to meet. They have not the strength to resist the nervous exhaustion, due to their keen appreciation of the pains of labor long endured. Ether and chloroform have their place, in properly selected cases, in the later phase of the second stage, but are not applicable early in

the labor, nor can they be continued through the case with safety to either mother or child.

One very important fact is to be emphasized; this is, that the endeavor is not, as has been so often attempted in America, to abolish suffering in labor, but it is rather intended to prevent the memory of the event remaining in the mind of the patient.

It is curious that even today men advance the views held by Prof. Opitz of the University of Giessen who says, "I do not say anything against the use of either general anaesthesia in labor, nor the amnesia attending the scopolamin in obstetric cases; I only consider that apart from certain exceptional cases, it is not right to make normal birth absolutely painless. Amnesia of this kind, in my opinion, deprives the mother of something of which her memory should not be robbed." The list of men of such opinion is rapidly growing less.

Scopolamin which has been used since 1902 has been criticised by observers on account of untoward effects. Gauss after a great deal of attention to this form of amnesia believes the variation not so much due to unstable character of the drug as to the difference in the resisting power of individual patients. My observations coincide with that of Gauss. These views are also held by Recasens Klein, Preller and Kronig. Hocheisen of Berlin, who does not favor the Freiberg method, is its most prominent European opponent and his views may have been prejudiced because of environment of his patients, or because of large doses being given.

Thus while the advantage of the scopolamin treatment may be said to include the actual relief of much of the agony otherwise suffered in labor and in minimizing of shock, the amnesia leads to forgetfulness of what the patient has borne. She is spared the later memory of that suffering and also no fear is present during a subsequent pregnancy as is sometimes felt under ordinary conditions, when the patient retains a vivid recollection of her former experience.

In the exceptional case the labor is undoubtedly delayed. The child has been asphyxiated. It suffers, however, similarly from the use of morphine so frequently given indiscriminately to dull the labor pains. General anaesthesia, long continued, to a greater degree than has been realized, the writer believes is also the cause of much foetal mortality. Dr. Rongy in distinguishing between asphyxia and oligopnea,

which latter condition often is found in babies delivered by the scopolamin method, quotes Gauss and Holtzbach who believe that oligopnea is due to the depression of the peripheral filaments of the vagus (intra uterine). When the child is born it requires a longer period to accumulate a sufficient quantity of carbon dioxide, to stimulate the respiratory center in the medulla. Scopolamin babies, even when born in oligopnea, breathe and cry at once, on birth, then both circulation and respiration become shallow, but within ten minutes the child gradually resumes its normal condition. None of these babies, he says, required artificial respiration. He therefore considers the condition void of danger to the child when the scopolamin treatment is properly used.

A few words as to the drugs themselves and the method of administration are added. Narcophin is a derivative from opium containing narcotin and morphine, a meconic acid salt, narcotin-morphine meconate. It represents, dose for dose, one-third the potency of morphine. The effect of the narcophin is apparent in from ten minutes, to a maximum effect in three hours. The climax is somewhat difficult to calculate because of the variation in stage of labor; progress of labor pains, and the somnolency produced. The anaesthetic effect is usually greater than the soporific action.

Scopolamin is of the solanacea family. Included in this list are belladonna, hyoscyamus and stramonium. Scopolamin has qualities somewhat similar to hyoscin and atropin. Pharmacologist claim that scopolamin and hyoscin are identical chemically, and it is disputed as to whether the pharmacological effect is the same. Like atropin, scopolamin allays pain; it dilates the pupil, long use depresses the respiratory and vaso-motor centers. Eschrer says collapse has followed 1-100 grain, 0.006 gram by the mouth. The patient recovered. A fatal case is recorded following a dose of 1-50—0.0012 gram—in an alcoholic patient with pneumonia. Each had been preceded by morphine $\frac{1}{4}$ gr. or 0.015 gram. As an anaesthetic it is given in dose of 1-200 grain or 0.0003 gram combined with morphine $\frac{1}{8}$ grain or 0.008 gram, $2\frac{1}{2}$ hours, $1\frac{1}{2}$ hours and $\frac{1}{2}$ hour before operation. Recommended before general anaesthesia. Less ether is required. It promotes a tranquil state of mind.

The remedies are given as follows:

After the labor is inaugurated so there is approximately three fingers dilatation, and pains are from four to six

minutes apart, an initial dose of 0.5 to 2 c. c. scopolamin hydrobromide is administered. Suggestion does undoubtedly enter into the treatment, as the curtains must be kept drawn, and the room absolutely quiet. Loud conversation is forbidden after the first dose is given. After a period which it is advised should be two or three hours, the patient is to be tested as to her memory, by being asked some question. If she responds readily and intelligently another dose is given, this time scopolamin alone, and in dose of 0.5 to 1 c.c. of the solution, no narcophin being used. Her powers of receiving and maintaining new impressions are again tested at intervals, and if necessary to continue the artificial hypnosis, the injection may be repeated. Evident onset of disturbance of consciousness, should, of course, check additional administration.

At Freiberg it is said this dosage has been kept up for several days; careful attention to maternal and foetal pulse showing no ill effects on either patient.

The contra-indications are appreciable disturbance of circulation or respiration; severe general debility of the mother; primary uterine inertia arising from gradual diminution of strength of pains; febrile diseases; acute anaemia; premature escape of liquor amnii.

The combination of scopolamin and narcophin has been recommended in eclampsia, so the question as to its use in presence of nephritis is a moot one. The writer does not use it under these circumstances.

It is convenient to have the solution put up in ampules, but this is not available now, on account of the war; the drugs being imported from Germany. In order to obtain a more stable solution of scopolamin, Straub, of Freiberg, adds sextet alcohol mennet to the scopolamin. Dr. Knipe suggests that chemists can as readily make up a stable solution for hospital use, by adding mennet so that 1 c. c. of the solution equals .0003 grams of scopolamin. For convenience, two syringes are suggested, one of 2 c. c. especially for scopolamin solution, the other, 1 c. r. for the narcophin.

Notes of time of each injection, subjective symptoms of the patient, facts as to sleep, motions of the hands, color of the face, as well as the usual record of patient under other conditions should be carefully preserved. This record may be combined in a chart in which divisions as follows are advised:

NAME:
HOUR:
INJECTIONS: drug
amount
make
CERVIX:
MEMBRANES:
UTERINE CONTRACTIONS:
a. frequency
b. length
c. strength
d. bearing down pains.
SUBJECTIVE SYMPTOMS:
a. fatigue
b. nausea
c. thirst pains
d. sacral pains
e. abdominal pains
f. perineal pains.

OBJECTIVE SYMPTOMS:
a. sleep between pains
b. flushing
c. vomiting
d. twitching of hands
e. outcry
f. mental confusion
g. delirium.
MEMORY OF OBJECTS:
Retained or lost.
FOETAL HEART:
MATERNAL HEART:
DELIVERY:
Method
Anaesthetic.
CONDITION OF BABY AT BIRTH:
PERINEUM:
HEMORRHAGE:
SUCCESS OF TREATMENT:

The total dosage in any case is recommended not to exceed of narcophin $\frac{3}{4}$ grains, and of scopolamin not to exceed 3-50 grains. If necessary to complete any case by general anaesthesia, ether should be preferred to chloroform.

To Recapitulate: Scopolamin treatment, in the hospital, by the Freiberg method, is a success. Its application is limited to cases in hospitals because of the necessity of environment and technique being absolutely under control of the obstetrician. Delivery room in hospitals must be specially protected from light and noise. Operating room nurses must be specially trained in administration of the drugs and interpreting symptoms.

Untoward results are from over doses, and such unexpected effects are not so much due to unstable preparations, as to individual idiosyncrasy. Labor is apt to be somewhat prolonged. Foetal asphyxia has been asserted. Patients rally readily because shock is minimized.

Contra-indications; disturbed circulation or respiration, inertia uterina, premature escape of liquor amnii, severe debility of the mother.

THE JOURNAL
OF THE
Kansas Medical Society.

W. E. McVEY, M.D., - - - - Editor.

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Subscription Rates: $2.00 per year, 20c single copy. Advertising rates furnished promptly on application.

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NOTICE

Beginning with the January number, The Journal will be enlarged and appear in a new form. The printed pages will be six by nine inches, and set in double column.

HOW BIG IS A MAN?

To determine the possible bigness of a man requires more than a glance at the clothes he wears or the seat he occupies; one must see him and know him in his clothes—in his seat. There are many men in public life about whom a query of this sort might be profitably asked, but we are not interested in all of them. Just now we are wondering how big is a man who wears two suits of clothes and occupies two seats. Figuratively speaking this is the rather unique case of a man in Kansas, a man who has perhaps been more in the lime-light during the past few years than any other public man in the state.

That the present Secretary of the State Board of Health has been an active and efficient officer it is unnecessary to state, for that fact has been so well advertised that everyone knows it. In fact, to the public, he is the Board of Health, and it is very doubtful if many people, or even many physicians, could name three members of the present board. It does not matter so much that all of the health campaigns and all of the rules and regulations must be planned and promulgated by the Board, as that they must be effectuated and administered by the Secretary. It does not matter so much that the basic responsibility for all his acts, for his success or failure lies with the Board; for the Secretary is its executive officer—its hand and its mouthpiece—and it is quite natural that to the people the hand is draped with only one coat sleeve and the mouthpiece illuminated by but one countenance.

Failure to appreciate the power behind the throne is a common fault of the public mind, but, even granting to the Board all due credit for its part in the great health work which has been accomplished, no whit should be removed from the praise accorded the Secretary for his efficiency, for the thoroughness with which he has studied the problems of public health affairs, for the promptness with which he has met the emergencies of his office, and for the brilliant generalship with which he has conducted his most spectacular campaigns.

It is neither his activity, nor his efficiency, nor his enterprise that one questions. The functions of his office are large and comprehensive, and as time goes on they are becoming more highly differentiated. The possibilities for the further development of this department of the state's affairs are so vast that one can hardly contemplate the capabilities of a man who is more than able to properly administer this office.

It is a suit of clothes big enough for any man, why should the Secretary wear two?

A few years ago the Medical Department of the University had an active, energetic and fairly efficient head, one, at least, who was in sympathy and in touch with the progressive spirits in medical education. However, the sentiment seemed to prevail that the high aspirations of the profession in Kansas were not being realized in its medical school. The reasons for this condition it is not necessary to discuss

at this time. The Chancellor had a plan. To those who were "in the know" it seemed good. The writer was not honored with the confidence of the Chancellor nor invited to the conference. He is therefore unable to say what line of argument was used to convince those more fortunate members of the medical profession that a figure-head would be more efficient than a head in building up a great Medical School at Rosedale.

There was something said at the time about the advisability of co-ordination in all those departments of the state having to do with the conservation of health. It was perhaps in pursuance of this idea that the Secretary of the Board of Health was made Dean of the Medical School. The advisers of the Chancellor must have lost sight of the fact that, while the ultimate purposes of the Medical School correlate with the functions of the health department, its immediate and primary object is one of education.

The managerial duties in connection with such an educational institution are as comprehensive and perhaps as diversified as the secretarial duties connected with the Board of Health. But the former are very different from the latter. In fact, there is no point at which they converge or mingle, or blend, and there is no resemblance between the qualifications which determine an efficient administrative officer of the state's health department and those which determine an efficient administrative officer of one of its educational institutions. No man is big enough to fill both positions with credit to himself or benefit to the state. No man who attempts to fill two such positions can do full justice to either.

While the Secretary of the Board of Health has proven his efficiency in that capacity, he has added no lustre to his crown of glory as Dean of the Medical School. He has contributed nothing to its popularity with the profession of Kansas. He has added nothing to its standing as an educational institution. He has failed to secure from the legislature such appropriations as are adequate for its proper maintenance.

Though there are no tangible evidences of his more than nominal connection with the Medical School he receives four thousand dollars per annum from the state for his services as Dean. Though his efficiency as the administrative officer of its health department has been recognized by the

state, and though the work he has accomplished has been highly appreciated by the people, his services in this capacity are rendered gratuitously.

Does the Board of Administration regard the medical department of our University of so little importance that it requires for its supervision only the left-over energy and unoccupied time of the Secretary of the Board of Health? If so, the salary of four thousand dollars a year is out of all proportion to the requirements.

For so small a school, with less than one hundred students in both branches, the faculty seems rather top-heavy with its Dean and Assistant Dean.

Both the school and the hospital are hampered by lack of funds. Why not spend less for Deans and more for some of the things for which there is immediate need?

If the amount appropriated for the salary of the Secretary of the Board of Health is inadequate to properly compensate him for his services in that capacity it is a questionable policy which permits him to choose the much larger salary of a position of which he is only the nominal occupant.

As has already been stated, the Secretary of the Board of Health, as Dean of the Medical School, has added nothing to, and accomplished nothing for that institution, unless one might say its publicity department had been energized or stimulated to some extent. At least the color of the newspaper write-ups, now and then appearing, is about the same shade as those generally believed to emanate from the Board of Health office.

The Secretary does not appear to take his Deanship very seriously, nor does he seem to fully appreciate the hospital facilities at Rosedale, nor the diagnostic acumen, nor the skill of his staff. At least, it is reported that he carried his own ailment to a far distant city when the necessity for surgical interference seemed imminent.

The arguments against the present condition of affairs may be briefly summarized. The duties connected with the executive office of the Board of Health should demand the concentrated interest and undivided attention of any man who holds that position. The medical department of the University is in that stage of its evolution when the most intimate association with all its work should be required of the man placed at its head.

There is no man in Kansas, whose name, placed at the

head of the faculty of the Medical School, will add four thousand dollars' worth of popularity, or dignity, or educational standing, to that institution.

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THE STATE HOSPITAL AT ROSEDALE.

Advance sheets from the annual report of the State Hospital at Rosedale have been furnished us. Lack of space prevents a very exhaustive review of this report but there are several matters contained therein which seem to deserve careful consideration.

It seems from this report that four classes of patients are admitted to the hospital:

1. County patients. These are patient sent in by county authorities, under the provisions of Chapters 292, 293, 294, Laws of 1911. They are charged for at the rate of ten dollars a week.

2. Patients paying hospital expenses. These are admitted on the recommendation of physicians as being able to pay hospital expenses but not professional fees.

3. Free patients. Twelve free beds are maintained by legislative appropriation for the accommodation of patients unable to pay hospital expenses.

4. Private patients. Eight rooms have been set aside for the use of members of the faculty for the accommodation of their private cases. These patients are not used for clinical purposes except by permission. The rate charged these patients is not stated.

The detailed report shows that nine hundred and ten patients were admitted during the year and the service of the hospital for the year ending June 30, 1914, represented seventeen thousand and three hospital days. The average daily cost per patient was one dollar and seventy-one cents. This would be practically twelve dollars a week. County patients are being charged for at the rate of ten dollars a week and the report shows that the hospital received on this account for the year, $7,398.25. Chapters 292 and 293 of the Laws of 1911 provide that the officers of the hospital shall collect from the county the cost of medicine and cost of maintenance of such patients. If the hospital had charged the actual cost of keeping these patients as shown by this

report it should have received $8,877.90. Here is a loss of $1,479.65.

During the year covered by this report $6,326.34 was collected from other patients paying at the rate of ten dollars a week. Presumably these patients belong to the second class, those recommended by physicians as being able to pay hospital expenses, and if they had been charged the actual cost of their maintenance the hospital should have received $7,571.61. On these patients there was a loss of $1,245.27.

During the same period there was collected from patients paying at the rates of seven dollars and five dollars a week, a total of $555.78, which was a loss to the hospital of $412.57. The total loss to the hospital on patients paying ten dollars a week and under ten dollars a week was $3,157.49.

There were also a certain number of patients who paid more than ten dollars. Some paid fifteen, some twenty and some twenty-five dollars a week and from these patients a total of $5,057.23 was received.

On these patients there was a gain over cost of maintenance of $1,768.74. If this amount be deducted from the amount lost on the care of all other classes of pay patients the net loss on this account will be $1,388.75.

The report shows that during the year there was collected in operating room fees, for special nursing and other special charges a total of $2,592.39. Inasmuch as the expense of the operating room and keep of the nurses seems to be included in the cost of general maintenance it is fair to set this amount off against the loss on these patients. The pay patients of all classes will then show a net profit to the hospital of $1,203.64.

The report shows that there were 5,745 free hospital days which, at the rate of one dollar and seventy-one cents would cost the hospital $9,824.95. The statement is also made that these free beds are maintained out of legislative appropriations. The amount of such appropriations is not stated nor is it set out in the items of income, but it may be presumed that the amount was sufficient to cover the expense of caring for this class of patients. If this appropriation be treated as the bed endowments of other hospitals then it should be set out as a part of the income for the care of patients. The hospital will then show a profit balance for the year of $1,203.64, which is an excellent

showing. This is a better showing than is made in the report.

There are several points in connection with this report which seem to be open for discussion.

It was certainly the intention of the legislature that the laws of 1911 should provide, as they seem to do, that those counties which take advantage of the privilege of sending patients to this hospital should pay the full cost of their hospital maintenance. There seems no sufficient reason for charging ten dollars a week for these patients if it costs twelve dollars a week to keep them.

The next largest class of pay patients also pay ten dollars a week. These are presumably those who are recommended by physicians as being able to pay hospital expenses only. The fact that there were so many of this class suggests the idea that they were charged ten dollars a week, more for the reason that this rate was made for county patients than for the reason that they were unable to pay the actual cost of maintenance. They should not be charged more than the actual cost of maintenance for, if they are able to pay more than that, they are able to pay for professional services, at least to the amount such hospital fees exceed the actual cost of maintenance.

In regard to the propriety of admitting private patients to the hospital there is room for some differences of opinion. The report says: "The Board of Administration has thought it wise to maintain these rooms, for the following reasons:

1. In accordance with the wishes of Doctor Bell, the founder.
2. To earn income for the hospital.
3. To add to the clinical and pathological material.
4. To keep the interests of the staff centered in this one hospital, so that they will spend their time here, and not be dividing their time and interests, as would be done were they compelled to take their private patients to other hospitals."

The first reason given is simply a matter of sentiment, easily disposed of if this policy is disadvantageous to the purposes of the hospital.

The second reason should have no foundation in fact. That a state hospital should be self-supporting could not have been contemplated by those who were responsible for

its establishment. Any plan upon which it could be made self-supporting must be incompatible with an equitable ajustment of the burden of taxation. It is fair to presume that any citizen who is able to pay more than the cost of his hospital maintenance has paid his just proportion of the tax levied for the upkeep of this and other like institutions. The amount he pays more than the actual cost of his maintenance is simply a further contribution to a fund for which he has already been taxed. It is hard to conceive of any justifiable reason for the state conducting a hospital for money making purposes, nor is there any precedent for such a system in any of its other state hospitals.

The third reason given by the Board loses its weight in face of the fact that these patients are available for clinical purposes only upon their own consent, while the eight rooms reserved for such private patients might be used for the accommodation of either of the other classes of patients, all of whom would be available for clinical instruction. The report says: "The primary object of the hospital is to provide professional care for patients and to give instruction to medical students and pupil nurses," but we believe this should be reversed, for the primary object for which this hospital was established, no matter to what extent it has been diverted, was to give instruction to medical students.

The fourth reason given might, theoretically, deserve some consideration, but practically it has no weight. We are quite sure that many of the members of the staff have other hospital connections. Some of them are connected with more than one other hospital. The Board of Administration fails to appreciate the professional reputations of these men when it suggests that the private patients of all of them can be accommodated in eight rooms of one hospital.

While there is no very satisfactory reason for the reservation of eight rooms for the private patients of the members of the staff, there are very excellent reasons why these rooms should be used in the regular way for the accommodation of the legitimate patients of this hospital. The most sufficient reason is found in the report of the superintendent:

"Mention has already been made of the need for more room, but some details will help emphasize that need. No less than twenty times we have had every bed filled, and this has so taxed all our resources that we were compelled to furnish inferior accommodations and care to a portion of

our patients. A number of cases have been refused admission and we have at all times a waiting list. Patients have slept in the corridors, and the X-ray room is used for ambulatory cases more than half the time."

We would suggest to the Board of Administration that the members of the staff be paid such salaries as will justify that concentration of interests which seems so desirable.

The Rosedale hospital has apparently assumed a position of some importance in the affairs of the state. Yet such niggardly appropriations are made for its maintenance that part of its accommodations must be sold in order to furnish the proper care for the state's charges, and that private money making enterprises must be fostered to eke out the meager salaries of the attending physicians. Suppose this plan should be adopted by the other state hospitals. Suppose that a part of the Topeka State Hospital should be reserved for the private patients of the attending staff. No doubt these positions would become much more attractive than they are at present, for there is not a physician on the staff of any of our state hospitals who is adequately remunerated for his services.

Many years ago there was established in Kansas the economic principle that the state should not enter into competition with its citizens in their business enterprises. The establishment of a private hospital, or as private any part of the Rosedale hospital, is in violation of this principle.

Wilson R. Priest, M. D., died at his home in Concordia, November 9, 1914. He was a graduate of the Medical College of Ohio at Cincinnati, 1886. He was a member and ex-president of the Kansas Medical Society; local surgeon for the Missouri Pacific railroad and Santa Fe railroad at Concordia; surgeon to St. Joseph, hospital, Concordia; at one time Grand Medical Examiner for the A. O. U. W. of Kansas and Head Melical Examiner for the Fraternal Aid Association.

We wish to call attention to the new advertisement of Dr. McDougall's Laboratory which appears in this number. Dr. McDougall is a member of the Wyandotte County Society and devotes his attention exclusively to laboratory work.

For obvious reasons, the many delicate diagnostic tests, that have come into use during the last few years, can be most accurately performed at a place where the volume of business justifies the expense and labor entailed in the keeping up of animals and the different reagents so necessary in this work. The accuracy of many tests depends as much upon the very accurate titration of the reagents used as upon the technic used in the test.

Dr. McDougall is also prepared to do animal innoculation work on cases of suspected tuberculosis, etc. For several years Pasteuer treatment has been supplied from this laboratory by mail, to physicians of Kansas, Missouri and Oklahoma.

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SOCIETY NOTES

SEVENTH DISTRICT MEDICAL SOCIETY.

The Medical Society of the Seventh District met at the Commercial Club rooms in Hutchinson, October 29. The following program was presented:

1:30 P. M.

Address of Welcome—Dr. F. W. Cook, Mayor of Hutchinson.

Response—Dr. E. E. Haynes, Lewis, Kansas.

Treatment of Burns—Dr. Cyrus Wesley, Stafford, Kansas.

Discussion—Dr. H. G. Welsh, Hutchinson, Kansas.

Influenza of the Respiratory Tract—Dr. J. M. McKamey, Kingman, Kansas.

Discussion—Dr. L. A. Bradbury, Lyons, Kansas.

Insurance Examination—Dr. H. R. Ross, Sterling, Kansas.

Discussion—Dr. G. R. Gage, Hutchinson, Kansas.

Common Sources of Surgical Infections—Dr. W. R. Morrison, Great Bend, Kansas.

Discussion—Dr. Marion Trueheart, Sterling, Kansas.

The Pituitary in Its Relation to Disease—Dr. Lindsay S. Milne, Kansas City, Missouri.

Discussion—Dr. H. J. Duvall, Hutchinson, Kansas.

Earache—Dr. Tapscott, Rozell, Kansas.

Discussion—Dr. D. T. Muir, Alden, Kansas.

Obstetrics—Dr. A. R. Haas, Ellinwood, Kansas.

Discussion—Dr. W. C. Bundurant, Partridge, Kansas.

Insomnia—Dr. C. S. Adams, St. John, Kansas.

Discussion—Dr. M. S. Thatcher, Turon, Kansas.

Duodeno-Cholangitis—Dr. F. W. Tretbar, Stafford, Kansas.

Discussion—Dr. J. H. Shull, Murdock, Kansas.

Entertainment, 2:30 p. m. Ladies' Reconnoitering Expedition.

8:00 p. m.—Banquet. New Reno Hotel.

The special feature of the program was a lantern slide lecture by Dr. Milne of the University Medical School.

MARION COUNTY SOCIETY.

The Marion County Medical Society met in regular session on November 11, 1914, at Burns, Kan., E. S. McIntosh being host. Dr. H. M. Mayer of Peabody was elected president for the ensuing year. Dr. E. S. McIntosh, vice-president, and C. L. Appleby, secretary-treasurer. Board of censors: G. P. Marner, R. C. Smith, J. G. Goodsheller. Clinics were presented by E. S. McIntosh and C. L. Appleby. Several of the Butler county physicians were guests.

C. L. APPLEBY, Peabody, Kan.

LINN COUNTY MEDICAL SOCIETY.

The Linn County Medical Society met in regular bi-monthly session at Pleasanton, November 6. Members O'Neil, Kennedy, Barnes, Paige, Wortman, Green, Nailor, Stephenson and Mills present. The various matters of special interest to the members, that the society has been working on, were discussed and laid over for further consideration. Dr. D. E. Green then read his paper on "Medical Ethics," as requested by the last meeting. On motion of Green, Dr. Henry Plumb, of Pleasanton, will be requested to address the society at the next meeting on the same subject, and discussion withheld for that meeting. On motion of the Blue Mound men, seconded by the Pleasanton members, it was decided to hold the meetings through the winter, once a month, meeting on the second Friday, and hold all meetings at the more central place of Mound City. The meeting adjourned early that the members might attend the football game.

F. A. MILLS, President.

DOUGLAS COUNTY SOCIETY.

The regular monthly meeting of the Douglas County Medical Society was held in the Y. M. C. A. building at Lawrence, November 9. The program for this meeting consisted of reviews by each member of some article recently published.

The Corral

BY O. P. DAVIS

"If Thoughts Run Wild, Put Them in Bounds"

BEDTIME STORIES NO. 1—WHAT HAPPENED TO ALGERNON.

Once there was a little boy who lived near a dense forest. He was not a pretty boy, for he had a pug nose and outstanding ears. Hence, his mama endowed him with the pretty name, Algernon, by way of compensation.

His papa was seldom at home, for he had to dig for a living in the city. His mama was also much away, attending to Bridge or Belgians or Browning or Beethoven. So little Algernon was left free to wander at will in the great woods.

One day he set out to find a pot of gold which his mama had told him was to be found buried at the foot of the rainbow seen that morning. He was trudging along hopefully, when, all of a sudden, just as he felt certain that he must be near the end of his quest, a huge, black bear stepped forth from behind a big tree, approached him in a threatening manner and inquired why he was thus intruding on his private domain. Algernon, though much alarmed, finally managed to explain that he was only hunting for a pot of gold that somebody had carelessly buried at the foot of a rainbow he had noticed that morning. He said he hoped to find the spot, and would then have his papa come out and dig up the pot for him. He expressed the hope that Br'er Bear would not object to such proceedings.

Thereupon, what do you think that naughty Br'er Bear did to that poor little boy with the pretty name and the ugly face? Why, he just remarked that he was out hunting, too, but that he was after fresh meat, and was not over particular about the kind.

Then he rudely seized poor Algernon and ferociously bit off, first one ear and then the other, eating them with great apparent relish. Next, he bit off his nose, then one of his freckled cheeks, and in this manner was gradually devouring poor Algernon, to the latter's great consternation and outcry.

Now, don't be impatient, children, for I am coming to the best part of my story. Just as Br'er Bear was about to reach for a chunk of the white meat, bing! a shot was heard, and Br'er Bear fell over with a bullet in his heart.

Who do you think the deliverer was? No, it was not Algernon's papa. It proved to be, as you might have guessed, a professor from K. U. who was out hunting for this same Br'er Bear, to put him in the museum.

The professor carried Algernon to his home in the edge of the wood and sent the neighbors on the search for his mama. Of course, when she saw the face of her son she was quite distracted by the mutilation, until suddenly, her face brightened, and with an exclamation of relief she rushed to the library table, seized a daily paper which narrated at length several wonderful instances of the miraculous restoration of maimed and wounded persons to physical wholeness by the magic skill of a certain celebrated surgeon.

The professor was able to fully corroborate these accounts, and was only too glad to convey Algernon to the hospital in the suburb of the great city, where the celebrated surgeon was waiting to receive them, having been apprised by wire of their coming.

On examination, the surgeon gave speedy assurance to the mother that it would be no feat at all for him to restore the lost mouth, nose, ears or any other parts that might be found missing, and to even make them conform to any desired specifications.

To make a long story short, it was only a little while till Algernon was fully restored, looking much better than ever—in fact, like another boy. And one morning he fairly leaped with joy to find his picture in the daily paper, together with a full account of his thrilling adventure and a detailed description of the surgeon's wonderful achievements.

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(Vest Pocket Essays.)

THE DIAPER The diaper is an essential part of the mystic regalia used in the initiation of new members into the Ancient Order of Sons and Daughters of Adam.

The novice is seized by the Keeper of the Sacred Portal, hastily inspected, with a view to classification, disentangled from his cable-tow, and then passed along to the Custodian of the Precious Secrets, who applies this venerable and indispensable insignia in due form and manner.

The convenience with which this simple, rectangular vestment is applied or removed, and its ingenious adaptability to certain anatomical conformations, will always be matters of genuine wonderment, and awaken infinite speculation

as to the predicamental consequences that must have ensued down through the generations, if such a providential contrivance had not been devised.

It is necessary for the new member of the Order to wear this emblem of innocence and incapacity until he (or she) shall have attained to that degree of worldly wisdom that entitles him (or her) to wear the habilaments belonging to higher rank.

The diaper is not the only badge worn by the neophyte. There is also a pin of distinctive design and special significance, intimately associated with it. The device pertaining to this pin and the motto of this degree is "Safety First."

Indeed, so closely identified are these two elements of the regalia that either one almost invariably suggests the other. Hence, when we see a person in the higher stations of life employing this symbolic pin for some extemporaneous adjustment of the costume or for the attachment of some small accessory of the attire, we are prone to become reminiscent, either of some private personal experience, or of some observation, not always of a nature suitable to relate.

To the medical man these observations are multitudinous and variegated, as well as *scent*imental. They lose their allegorical significance to the physician, and become intensely sensuous and practical. He learns to read the cryptograms emblazoned on these squares of cloth with infallible proficiency. Just as the Egyptologist deciphers the hieroglyphs of pyramid or obelisk, so the doctor reads the picture-language and interprets the peculiar tints and tones on these small bits of domestic tapestry. Every little movement depicted there comes to have a meaning all its own, to his trained intelligence.

Strange as it may seem, there is little treasuring of this portion of the infant wardrobe. Shoes, stockings, caps and jackets are often held in sacred keeping against that far off day when they may be brought fourth and submitted to the wondering inspection of proud descendants. But the diaper, most intimate and convincing token of utmost beginnings, is never, no never, on display as an heirloom. This is because man is too prone to become artificial and ultra-aesthetic, as the years go by, and utterly ungrateful toward those humble agencies that, in times of direst need, stood between him and the most serious breaches of social conventions.

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THANKSGIVING AND HOMECOMING. Did you go home, Thanksgiving, or did somebody come home to you? There is much difference in the two situations. The one means youth, the other means age, or at least maturity of years.

I do not know of any happier festival than this one of late November. It is fragrant of autumn fruits and savory of autumn viands. But, best of all, it is overflowing with sentiments of good will, and vibrant with tender reminiscences.

You doubtless noticed the picture on the cover-page of a recent number of one of the popular weeklies. A mother and son are portrayed, beaming upon each other in affectionate reunion on this great day. It is a picture with strong appeal to every mother's son of us. It touches a spring of memory in the heart of every man who was once a boy and had a mother.

The picture and the day remind me of a boy I once knew, many years ago, who went away from home for the first time and took up his abode among strangers in a strange land. He was raw and callow, and his youthful heart often secretly pined for mother's cheer, and his youthful stomach often called loudly for mother's cooking. He missed the comforts of home, the hand that soothed the fevered brow and tucked in the covers at night.

How this boy looked forward, through the months, to this homecoming day! And when it finally was at hand, how impatiently he traveled the tedious miles on the way home! A little group was waiting at the station, consisting of father and mother, and into the arms of the latter was mother's boy folded in sweet reunion.

That boy is now a man, long weaned from that childhood home; far removed, in point of time, from those idyllic scenes. But he has an abiding memory of that day—of the fond embrace and look of unspeakable welcome from mother.

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CYST OF THE APPENDIX.

A case of peudomyxomatous cyst of the appendix is reported by H. Hartman and G. C. Kindley, Galveston, Tex. (The Journal A. M. A., June 6, 1914). These cases are either rather infrequent or often go unreported, and their importance depends on the possibility of rupture, which may

give rise to the so-called pseudomyxoma of the peritoneum. The patient in this case complained of discomfort in the right iliac region, and said that she had been operated on for movable kidney but without relief. She was operated on again for this supposed condition, but the kidney was found to be normal and the incision was extended and the peritoneum opened, revealing a large cyst, which was successfully removed. The cyst was discovered by palpation, but its true character could not then be diagnosed. The patient made a good recovery.

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SEPTAL PERFORATION.

W. L. Simpson, Memphis, Tenn. (Journal A. M. A., July 4, 1914), describes a method of transplantation of cartilage or bone to close a septal perforation in the nose. The cartilage or bone gives a support and a place for attachment for the flap of mucous membrane and this prevents the retraction which is so liable to occur without some support. Before he tried this method his results in the closure of perforations were almost invariably bad, but since he has adopted it he has had very gratifying results. As a general rule the large piece for transplantation would be taken posteriorly to the perforation but if a large piece of cartilage or bone is difficult to obtain in this way it is a good plan to transplant from another deflected septum in which a submucous operation is being made.

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MALFORMATION OF THE BRAIN.

A. K. Petery, Norristown, Pa., (Journal A. M. A., Aug. 15, 1914), reports a case of microcephalic idiocy with necropsy, in which the weight of the brain was only 220 gm., besides various fissural abnormalities in the outer anterior lobes, the posterior portion of the brain was very poorly developed and the corpus callosum was lacking. Dr. E. A. Spitka, to whom the brain was shown, said that it was as small and elementary in cortical development as he has seen in the human brain, much below that of the higher apes. He believes that it has no distinct occipital lobe and agrees that it is incallosal. A more complete pathologic study of the brain is promised. The article is illustrated.

It is interesting to note that the most perfect natural catharic mineral water in the world is found in the hills of central Kansas, about fourteen miles northwest of Abilene, from which it derives its name. Abilena is a sodium sulphate water and contains in natural solution more of this salt than any other known water. Ninety-five per cent of its entire solids is the sodium salt. It is not necessary to enter into the advantages of sodium over magnesium. The latter, however is incompatible with certain digestive secretions and food products and with some of the absolutely essential tissue salts.

Abilena is harmless, requires but a small dose and is not unpleasant to the taste. It does not leave a prolonged bitter taste in the mouth nor does it cause a subsequent constipation.

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NOTICE TO MAKERS OF MEDICINAL PREPARATIONS

Department of Agriculture Discusses Objectionable Labeling for Medicinal Preparations.

In answer to many inquiries as to proper labeling for medicinal preparations to comply with the Food and Drugs Act as amended, the Department of Agriculture, through the Bureau of Chemistry, has issued the following suggestions to makers and proprietors of medicinal preparations:

1. CLAIMS OF THERAPEUTIC EFFECTS.—A preparation cannot be properly designated as a specific cure, remedy, or recommended as infallible, sure, certain, reliable or invaluable, or bear other promises of benefit unless the product can as a matter of fact be depended upon to produce the results claimed for it. Before making any such claim the responsible party should carefully consider whether the proposed representations are strictly in harmony with the facts; in other words, whether the medicine in the light of its composition is actually capable of fulfilling the promises made for it. For instance, if the broad representation that the product is a remedy for certain diseases is made, as, for example, by the use of the word "remedy" in the name of the preparation, the article should actually be a remedy for the affections named upon the label under all conditions, irrespective of kind and cause.

2. INDIRECT STATEMENTS.—Not only are direct statements and representations of a misleading character objectionable, but any suggestion, hint, or insinuation, direct or indirect, or design or device that may tend to convey a misleading impression should be avoided. This applies, for example, to such statements as "has been widely recommended for," followed by unwarranted therapeutic claims.

3. INDEFINITE AND SWEEPING TERMS.—Representations that are unwarranted on account of indefiniteness of a general sweeping character should be avoided. For example, the statement that a preparation is "for kidney troubles" conveys the impression that the product is useful in the treatment of kidney affections generally. Such a representation is misleading and deceptive unless the medicine in question is actually useful in all of these affections. For this reason it is usually best to avoid terms covering a number of ailments, such as "skin diseases, kidney, liver, and bladder affections," etc. Rheumatism, dyspepsia, eczema and the names of many other affections are more or less comprehensive, and their use under some circumstances would be objectionable. For example, a medicine should not be recommended for rheumatism unless it is capable of fulfilling the claims and representations made for it in all kinds of rheumatism. To represent that a medicine is useful for rheumatism, when as a matter of fact it is useful in only one form of rheumatism, would be misleading; such statements as "for some diseases of the kidney and liver," "for many forms of rheumatism," are objectionable, on account of indefiniteness.

Names like "heart remedy," "kidney pills," "blood purifier," "nerve tonic," "bone liniment," "lung balm," and other terms involving the names of parts of the body are objectionable for similar reasons.

4. TESTIMONIALS. Testimonials, aside from the personal aspect given them by their letter form, hold out a general representation to the public for which the party doing the labeling is held to be responsible. The fact that a testimonial is genuine and honestly represents the opinion of the person writing it does not justify its use if it creates a misleading impression with regard to the results which the medicine will produce.

No statement relative to the therapeutic effects of medi-

cinal products should be made in the form of a "testimonial" which would be regarded as unwarranted if made as a direct statement of the manufacturer.

5. REFUND GUARANTEE. Statements on the labels of drugs guaranteeing them to cure certain diseases or money refunded may be so worded as to be false and fraudulent and to constitute misbranding. Misrepresentations of this kind are not justified by the fact that the purchase price of the article is actually refunded as promised.

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BOOK REVIEWS

A TEXT-BOOK OF MEDICAL DIAGNOSIS.

SECOND EDITION THOROUGHLY REVISED.

A Text-Book of Medical Diagnosis. By James M. Anders, M. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College of Philadelphia and L. Napoleon Boston, M. D., Professor of Physical Diagnosis, Medico-Chirurgical College, Philadelphia, Second edition thoroughly revised. Octavo of 1,248 pages, 500 illustrations, some in colors. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $6.00 net; half morocco, $7.50 net.

We expect a great deal in a text-book prepared by two such men as Anders and Boston, both of whom are experienced teachers in their particular fields and both experienced authors in their particular lines. Considering the multiplicity of methods that have been suggested and that are being suggested for the determination of various pathological conditions, one can hardly expect any text-book to contain all of them. While this book was very complete at the time of its first publication, in a very short time it was found necessary to give it a thorough revision and make many additions. Among the more important subjects which have been added to the original text are: Movements of the two halves of the chest; electrocardiograms; extrasystole; auricular fibrillation; sinus irregularity; succussion sounds audible over the abdomen; abdominal tension with original methods of determination; albuminous sputum; cobra-venom reaction in syphilis; the tick in transmitting relapsing fever; Rumpell-Leed phenomena in scarlet fever; inclusion bodies of Dohle in scarlet fever; sweating and its significance; Trichinella spiralis in the blood; Macewen's sign and Brudzenski's sign of epidemic meningitis; Prendergast's reaction for typhoid fever; fatty emboli; pupillary reaction; drug eruptions; nitrogen content of the blood; respiratory move-

ments in hiccough; colloidal nitrogen of the urine, and initial eruptions in measles.

It is not expected that the last word will ever be written on the subject of diagnosis but it is not an exaggeration to say that these men have collated all of the important clinical data having a bearing on the subject.

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DEAF-MUTISM.

J. W. Stimson, Pittsburgh (Journal A. M. A., May 30, 1914), reports a case of absolute deafness and mutism in a child 4 years old, due to an attack of purpura hemorrhagica at the age of 23 months. The loss of speech has been progressive since the attack, and as none of the text-books on hand report hemorrhagic purpura as a cause of acquired deaf-mutism, the case is recorded.

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SCOPOLAMIN POISONING.

M. T. Sudler, Lawrence, Kan. (Journal A. M. A., June 20. 1914), reports a peculiar case of poisoning from ½ grain of scopolamin, that had been substituted by mistake, for homatropin in an application to the eye. The powder was properly labeled, however, but this was not noticed by the oculist. The patient within a few minutes was seized with dizziness and active delirium; the pulse became rapid and at times indistinct. One-thirtieth grain of strychnin was given without any other medication and the patient gradually improved. He left the hospital on the third day. There is no evidence of any permanent injury.

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VESICO AND RECTOVAGINAL FISTULA.

Dr. H. O. Marcy, Boston (Journal A. M. A., July 18, 1914), reviews the surgical history of vesicovaginal and rectovaginal fistula. His article is, he says, largely a recapitulation of surgical studies which have been published from time to time and he calls attention again to his introduction of the buried animal suture. He says he considers that the primal factors to be accepted as fundamental in importance in his operations are the making and maintaining of an aseptic wound held in easy retention and rest by buried absorbable sutures.

The following letter has recently been received by Secretary Huffman and we call attention to the request which is made. We are sure that there are several societies in Kansas that should be able to give some valuable points on how to create interest in the regular meetings.

Dr. Charles S. Huffman, Sec'y,
Kansas Medical Society, Columbus, Kansas.

My Dear Doctor Huffman:—

The American Medical Association Bulletin, November 15, 1914, just issued, proposes a discussion by officers of component societies of the question "How can attendance at meetings be maintained?" Will you call this to the attention of secretaries of several of the successfully conducted component branches of your association and urge them to report the means they have found effective in stimulating interest on the part of their members? Brief statements—about 500 words—from both city and rural communities, are desired.

Thanking you for your co-operation, I am

Very truly yours,
ALEXANDER R. CRAIG, Secretary.

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The commission appointed by Governor Hodges to draft a medical law, held its first meeting at Lawrence, November 25th. As this was simply a preliminary meeting nothing definite was accomplished.

Another meeting will be held on December 22nd, at which time some definite report will probably be prepared.

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The Chamber of Commerce of the United States of America, a body composed of representatives from about 600 local boards of trade, chambers of commerce, and trade associations, widely distributed throughout the United States, has taken up the study of the subject of uniform food and drug regulation. For this purpose a special committee was appointed in July, and its first meeting was held at the headquarters of the Chamber in Washington, October 8th. The committee is composed of Willoughby M. McCormick of Baltimore, A. J. Porter of Niagara Falls, John A. Green of Cleveland, B. L. Murray of New York, and Theodore F. Whitmarsh of New York. Mr. McCormick, the chairman, is a member of the Board of Directors of the Chamber of

Commerce of the United States and the head of the firm of McCormick & Co., manufacturers of extracts and drugs and importers of spices and teas; Mr. Porter is president of the Shredded Wheat Co.; Mr. Green is secretary of the National Association of Retail Grocers; Mr. Murray is chemist to Merck & Co., and Mr. Whitmarsh is vice-president of Francis H. Leggitt & Co.

The first meeting of the Committee was devoted to organization and the preparation of a program for the committee's future work. The following resolution commending the efforts of the Department of Agriculture tending towards co-operation and uniformity was adopted:

Resolved, That this committee hereby earnestly and heartily endorses the establishment of the bureau in the United States Department of Agriculture, particularly concerned with federal and state co-operation in the enforcement of the Food and Drug Control Laws, thereby promoting an equal and uniform enforcement of such laws, believing that this work is distinctly in the public interest.

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HUMAN HEALTH AND THE FOOT-AND-MOUTH DISEASE.

The Danger of Contaminated Milk Spreading the Disease Overcome by Quarantine and Pasteurization.

The anxiety that has been expressed in several quarters in regard to the effect upon human health of the present outbreak of the foot-and-mouth disease is regarded by government authorities as somewhat exaggerated. The most common fear is that the milk supply might become contaminated, but in view of the precautions that the local authorities in the infected areas are very generally taking, there is comparatively little danger of this. Milk from infected farms is not permitted to be shipped at all. The only danger is, therefore, that before the disease has manifested itself some infected milk might reach the market. For this reason, experts in the U. S. Department of Agriculture recommend pasteurization. As a matter of fact, however, pasteurization is recommended by the Department anyway for all milk that is not very high grade and from tuberculin tested cows.

It has been demonstrated by experiments which have been made in Denmark and Germany that pasteurization will serve

as a safe-guard against contagion from the foot-and-mouth disease just as readily as it does against typhoid fever, but in any event it must be thoroughly done—the milk must be heated to 145 degrees Fahren-heit and held at this temperature for 30 minutes.

In this country the foot-and-mouth disease has been so rare that there are few recorded cases of its transmission to human beings. In 1902 a few cases were reported in New England, and in 1908 in a few instances eruptions were found in the mouths of children which were believed to have been caused by contaminated milk. In both of these outbreaks, the sale of milk was stopped as soon as the disease was found among the cattle. As long, therefore, as the disease can be confined by rigid quarantine to certain specified areas, the danger from this source is very small. Should the pestilence spread all over this country and become as general as it has been at various times in large areas in Europe, the problem would become more serious. Under any circumstances, however, pasteurization would be an efficient remedy. Where pasteurization is not possible, and where there is any reason to suspect that the disease may exist, the precaution of boiling milk might be advisable. Simple directions for pasteurizing milk at home, however, are contained in Circular 127, which will be sent free on application to the U. S. Department of Agriculture.

Cows affected with the malignant form of the disease lose practically all of their milk. In mild cases, however, the decrease may be from one-third to one-half of the usual yield. The appearance of the milk also changes. It becomes thinner, bluish, and poor in fat. When the udder is affected, the milk frequently contains coagulated fibrin and blood, so that a considerable sediment forms, while the cream is thin and of a dirty color. These changes, however, occur only when the disease is in an advanced stage and, as a matter of fact, the disease is not permitted to pass into an advanced stage, as any stricken animal is at once slaughtered.

Men who come in contact with diseased animals may also become infected. In adult human beings the contagion causes such symptoms as sore mouths, painful swallowing, fever and occasional eruptions on the hands, finger tips, etc. While causing considerable discomfort, however, the disease is rarely serious. Where it is very prevalent among animals, some authorities believe that it is fairly general among

human beings, but that the disturbances it causes are usually so slight that they are not brought to the attention of he family physician. There is, however, a very good reason for everyone giving the diseased animals as wide a berth as possible, namely, that otherwise they may easily carry the disease to perfectly healthy herds. Federal inspctors engaged in the work of eradicating the pestilence are thoroughly equipped with rubber coats, hats, boots and gloves, which may be completely disinfected; and others who lack this equipment are strongly urged not to allow their curiosity to induce them to become a menace to their own and their neighbors' property.

The disease, in short, is dangerous because of the loss that it occasions to property, and not because of its effects upon the health of mankind. At present all infected herds are being slaughtered as soon as they are discovered, the carcasses buried, and the premises thoroughly disinfected. Until all danger of infection has been removed in this way, the local authorities quarantine the milk.

Those who wish additional precautions are recommended to use pasteurized milk, but as has already been said, this recommendation holds true whether or not there is any fear of the foot-and-mouth disease.

———℞———

ANTITOXIN IN TETANUS.

E. E. Irons, Chicago (Journal A. M. A., June 27, 1914), has analyzed 225 cases of tetanus, treated with antitetanic serum after the development of the disease, and from these statistics it appears that the mortality of cases thus treated is about 20 per cent lower than the average mortality when serum treatment is not employed. The mortality in those treated by efficient methods and adequate dose is considerably lower than when only small doses are used subcutaneously. It should be generally recognized that tetanus antitoxin when used properly and sufficiently early may save life. Of course, not every case can be saved but there is every reason to believe that the present great mortality can be materially lowered. "It is important," he says, "that the full effect of the antitoxin be obtained immediately, and this may be accomplished by giving, as outlined by Park, 3,000 units intraspinally, and from 10,000 to 20,000 units intravenously at the earliest possible moment after symptoms of tetanus ap-

pear. The blood remains strongly antitoxic for several days. On the following day the intraspinal injection of 3,000 units may be repeated. On the fourth or fifth day 10,000 units shauld be given subcutaneously to maintain the antitoxin content of the blood." The use of antitoxin does not replace other non-specific methods of treatment. Surgical treatment at the site of infection should be employed at once, the use of sedatives to control convulsions, a quiet darkened room, adequate fluid nourishment and attention to elimination are also to be employed. The danger of an overdose of sedatives should not be overlooked and their use should be carefully supervised by the physician.

———℞———

HEART-BLOCK IN PNEUMONIA.

Two cases of functional heart-block in pneumonia are reported by S. Neuhof, New York (Journal A. M. A., Aug. 15, 1914). One patient died and the pathologic examination showed no cause for the heart-block, and he attributes both cases to probable toxins acting on the medullary centers. In one case digitalis had been largely used, but the symptoms were not those of digitalis heart-block. While it might have been a factor, the main cause was the pneumonia.

———℞———

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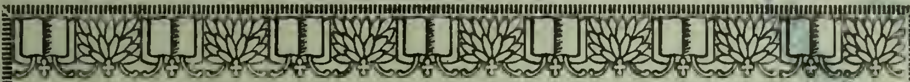

THE JOURNAL OF THE Kansas Medical Society.

VOL. XIV. KANSAS CITY, KANSAS, JAN. 1913. NO. 1.

Published Monthly Under Direction of the Council.
Annual Subscription, $2.00. Single Copy, 20 cents.
501-2 Husted Bldg., Kansas City, Kansas.

Entered as second-class matter April 22, 1908, at the Postoffice, Kansas City, Kansas, under the Act of March 3, 1879.

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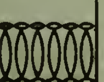

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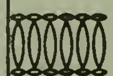

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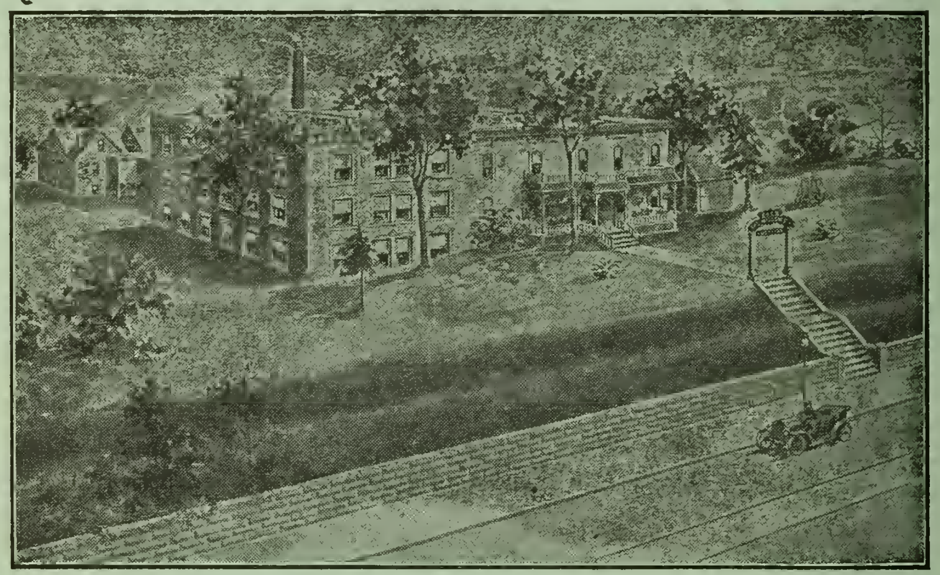

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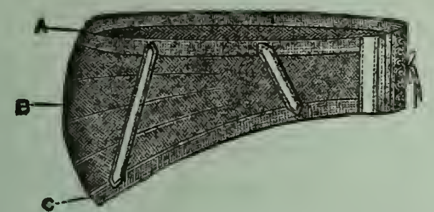

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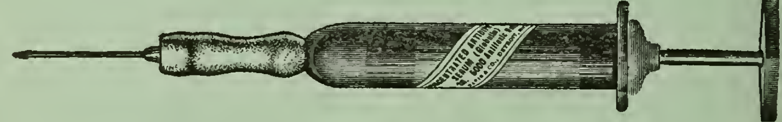

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VOL. XIV. KANSAS CITY, KANSAS, FEB. 1914. NO. 2.

Published Monthly Under Direction of the Council.
Annual Subscription, $2.00. Single Copy, 20 cents.
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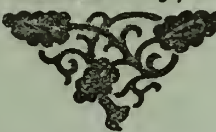

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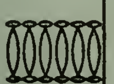

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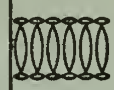

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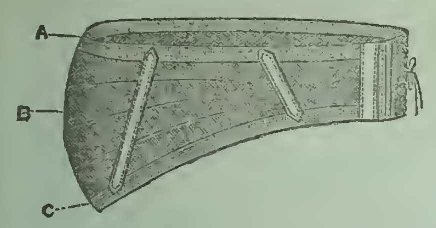

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Kansas Medical Society.

VOL. XIV. KANSAS CITY, KANSAS, MAR. 1914. NO. 3.

Published Monthly Under Direction of the Council.
Annual Subscription, $2.00. Single Copy, 20 cents.
501-2 Husted Bldg., Kansas City, Kansas.

Entered as second-class matter April 22, 1908, at the Postoffice Kansas City, Kansas, under the Act of March 3, 1879.

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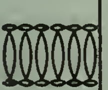

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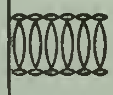

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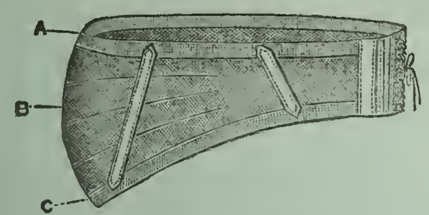

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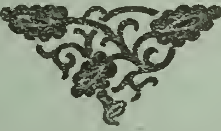

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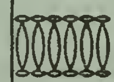

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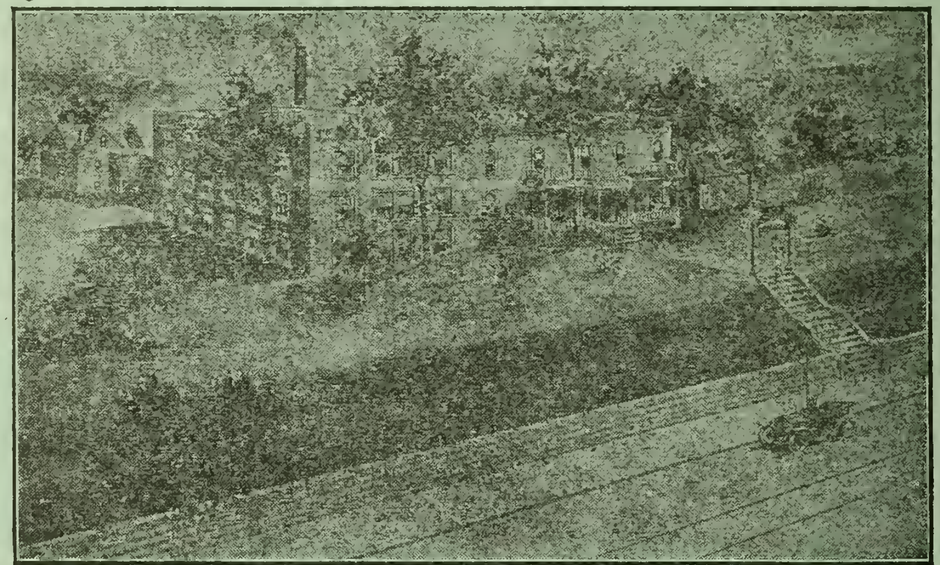

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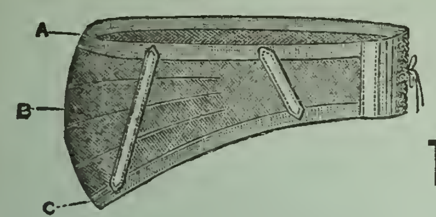

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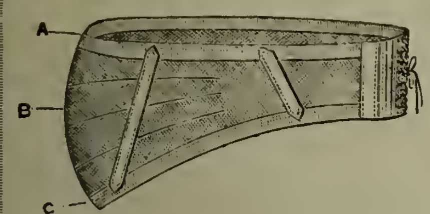

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OF THE

Kansas Medical Society

VOL. XIV TOPEKA, KANSAS, MAY, 1914 No. 5

Published Monthly Under Direction of the Council.
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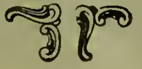

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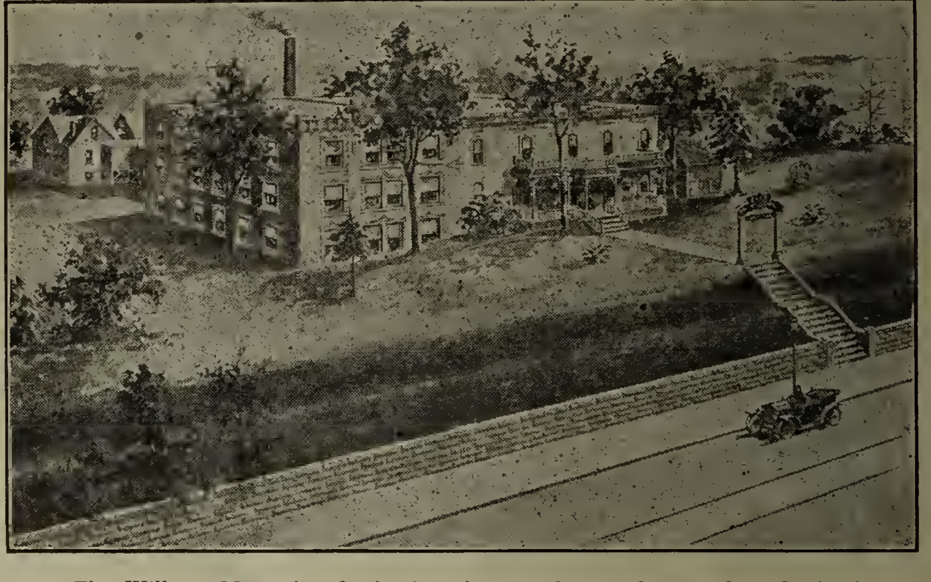

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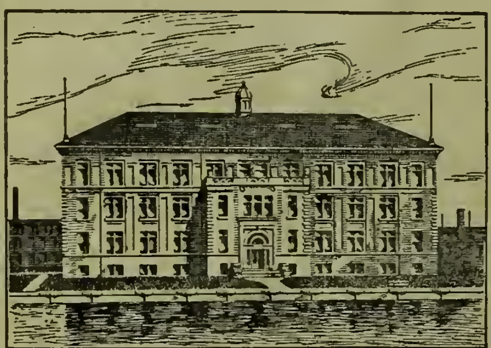

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Published Monthly Under Direction of the Council.
Annual Subscription, $2.00. Single Copy, 20 cents.
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Entered as second-class matter May 26, 1914, at the Postoffice at Topeks, Kansas, under the Act of March 3, 1879.

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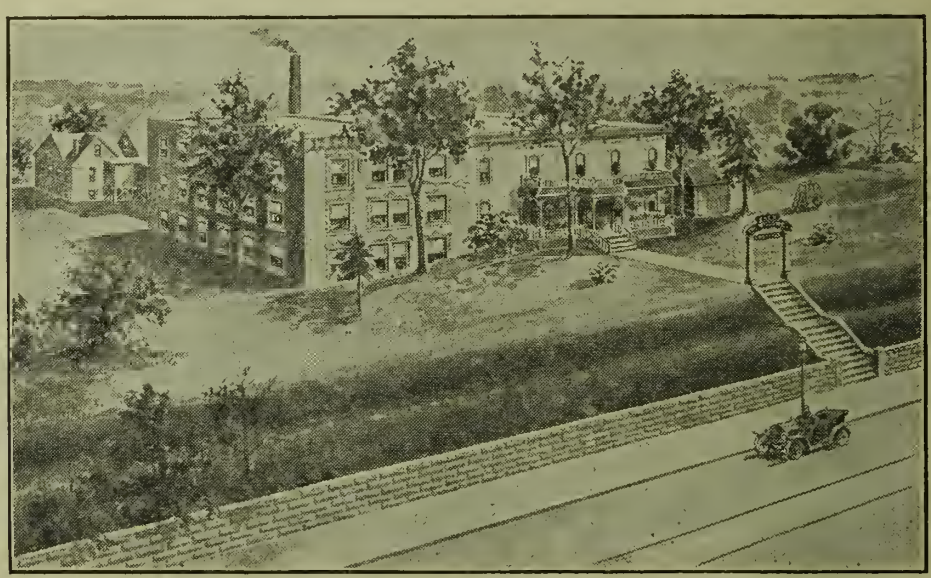

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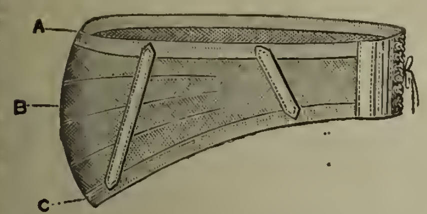

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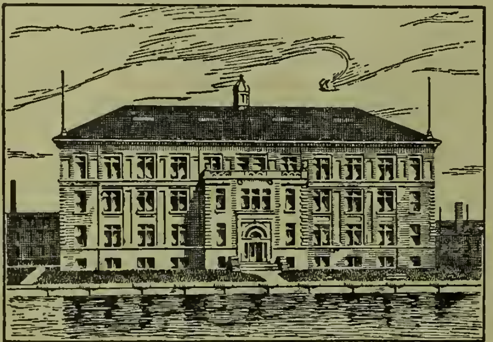

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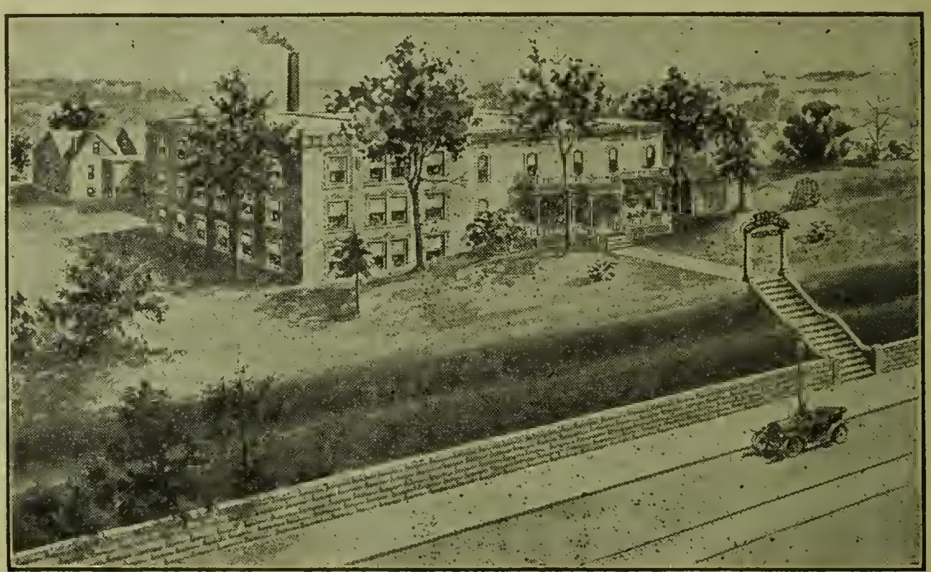

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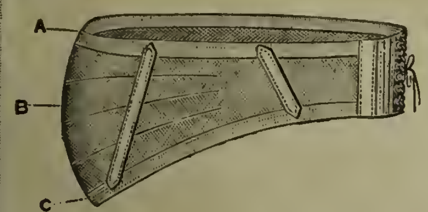

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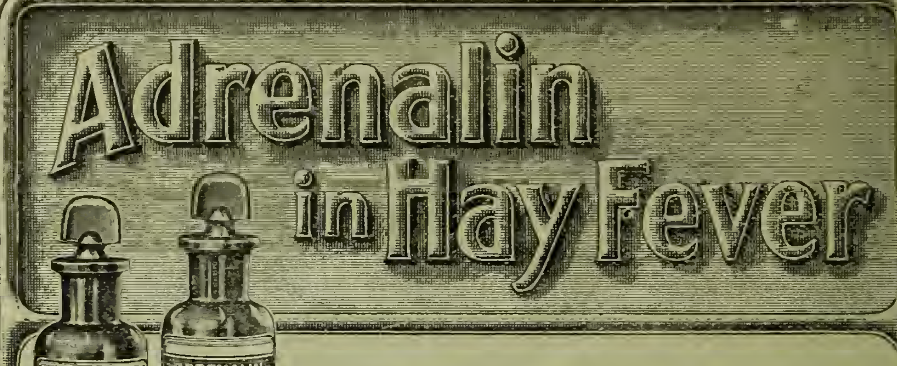

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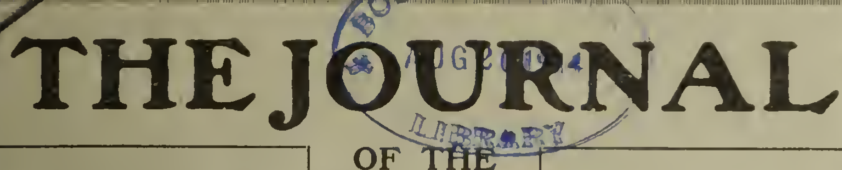

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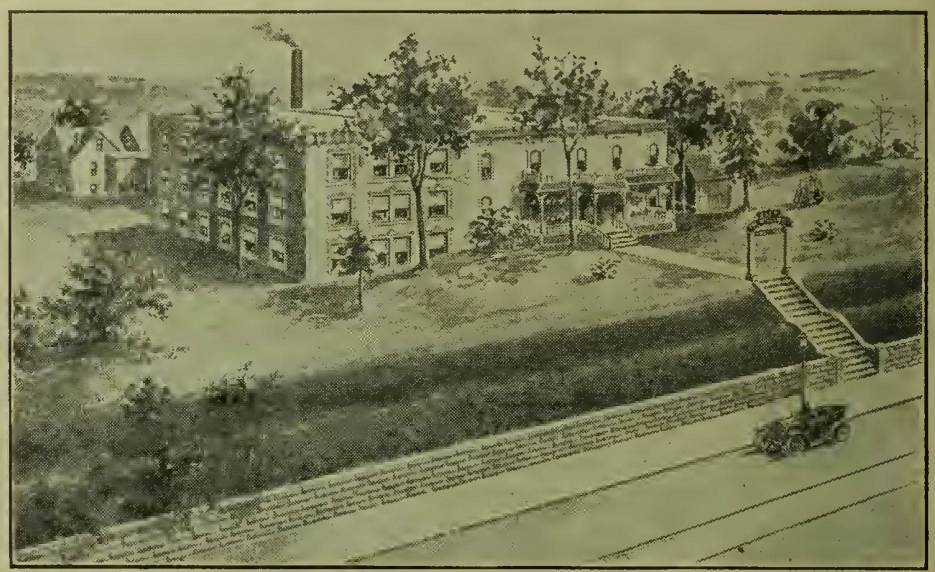

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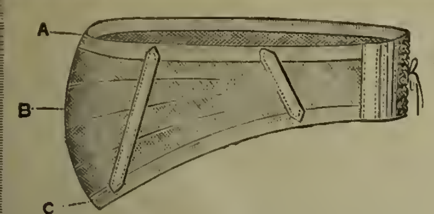

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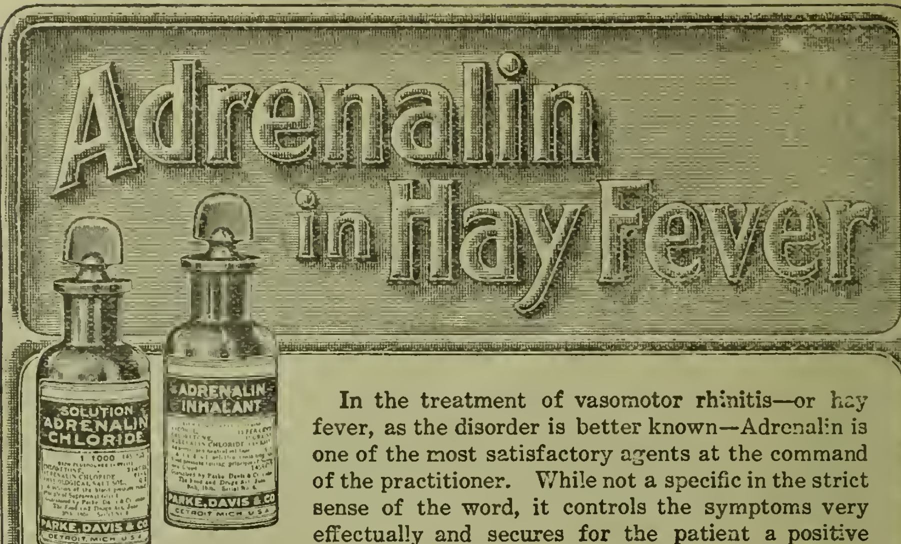

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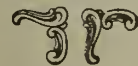
THE JOURNAL

OF THE

Kansas Medical Society

VOL. XIV TOPEKA, KANSAS, SEPTEMBER, 1914 No. 9

Published Monthly Under Direction of the Council.
Annual Subscription, $2.00. Single Copy, 20 cents.
303-4 Commerce Building, Topeka, Kansas. :: ::



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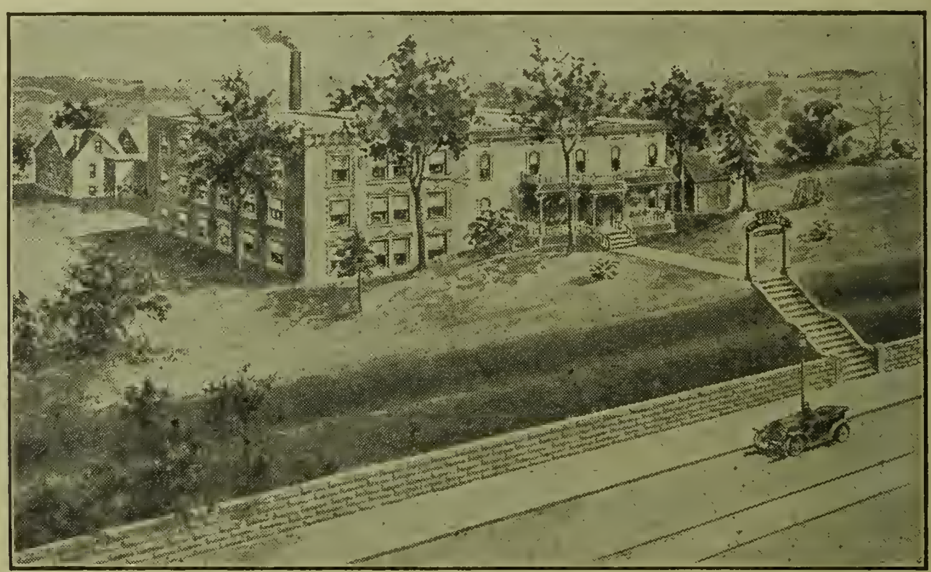

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Kansas Medical Society

VOL. XIV TOPEKA, KANSAS, OCTOBER, 1914 No. 10

Published Monthly Under Direction of the Council.
Annual Subscription, $2.00. Single Copy, 20 cents.
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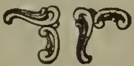

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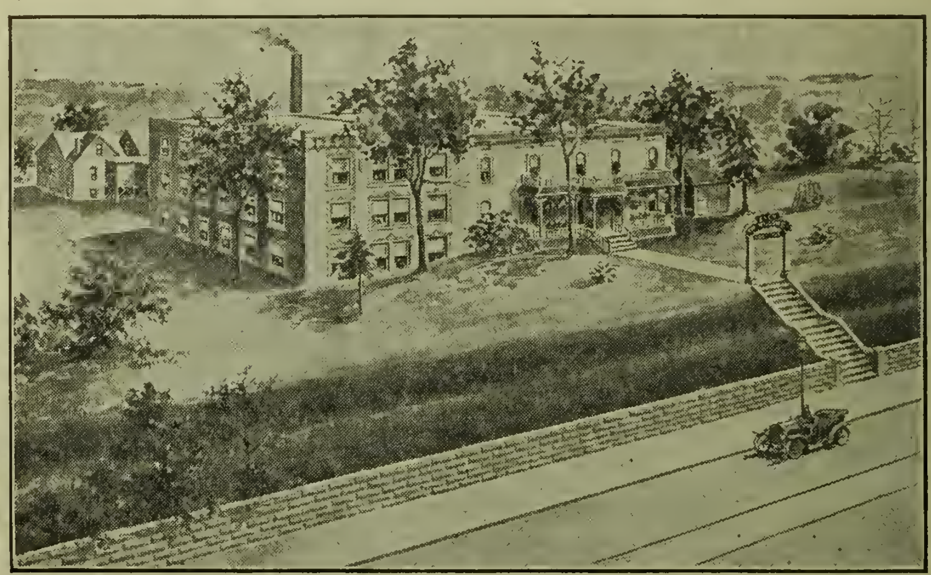

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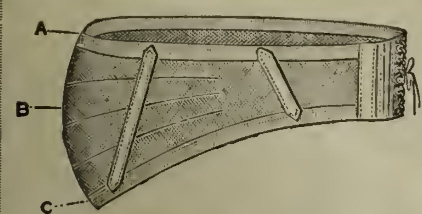

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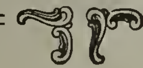
VOL. XIV TOPEKA, KANSAS, NOVEMBER, 1914 No. 11

Published Monthly Under Direction of the Council.
Annual Subscription, $2.00. Single Copy, 20 cents.
303-4 Commerce Building, Topeka, Kansas. :: ::



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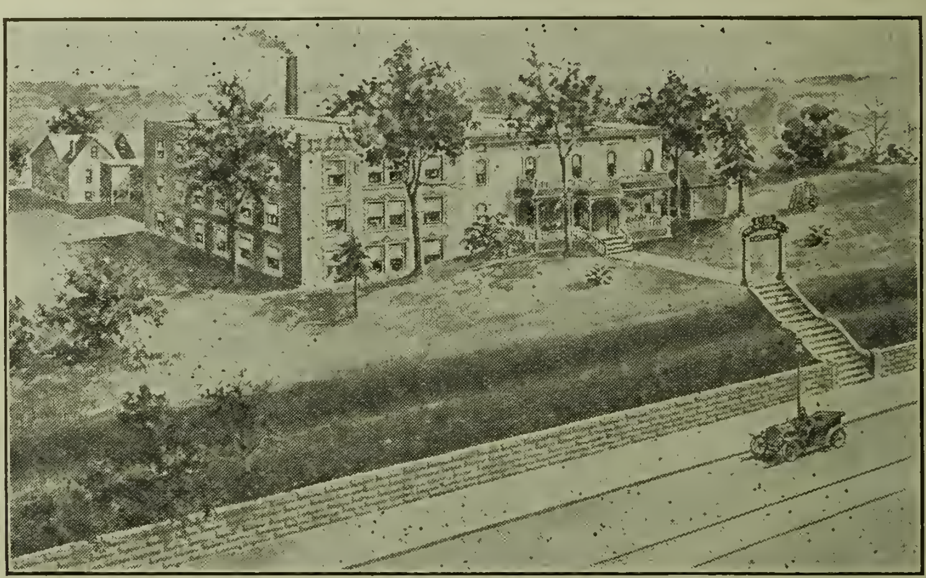

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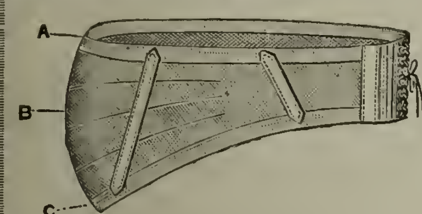

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Annual Subscription, $2.00. Single Copy, 20 cents.
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Entered as second-class matter May 26, 1914, at the Postoffice at Topeks, Kansas, under the Act of March 3, 1879.

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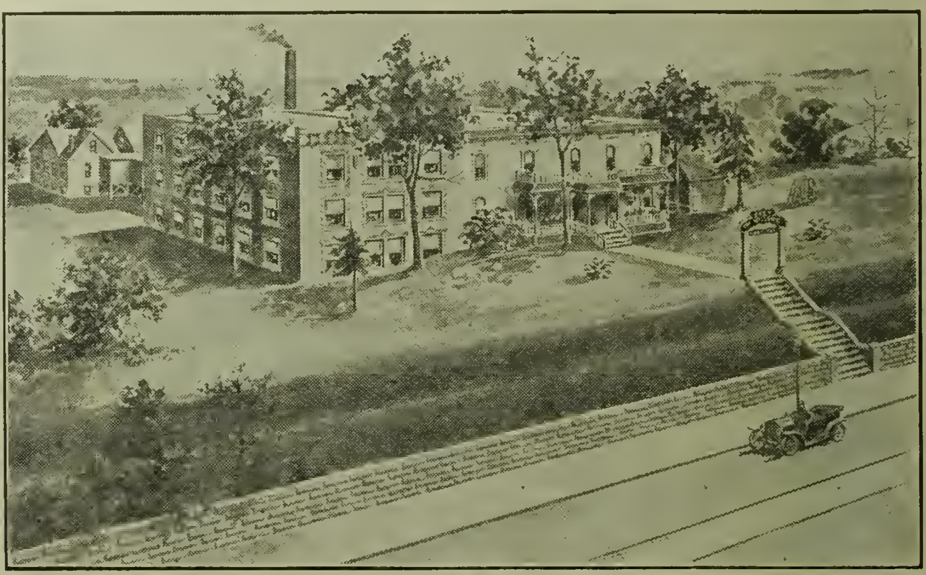

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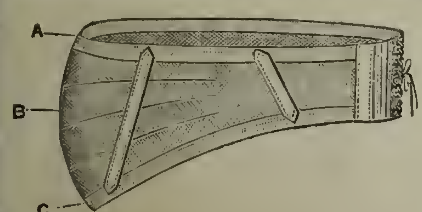

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