THE NEED FOR AUTOPSIES

It does not seem to be realized generally how much the progress of medical knowledge and the development of the skill of our practitioners depends upon the possibility of a thorough and yet reverent examination of the dead. In this connection it is most essential, that the general practitioner should properly instruct the laity, so as to enlighten public opinion. The people are not sufficiently aware of the great handicap under which the physician's work is done, because he is unable to inspect closely and to examine directly just those parts of the body in which disease usually does its active work, so that he has to be satisfied with second and often third rate information in regard to the real condition of the internal organs of a given patient. In fact every medical examination is a very clever piece of detective work with problems which at times would even baffle a Sherlock Holmes, and the conclusions are often drawn on circumstantial evidence alone, the unreliability of which is only too well known. The surgeon is more fortunate, because he can usually see and palpate the things which he attacks with his knife, but even he is badly hampered by the necessarily limited space that he works in and by the limited time at his disposal while he works. On watching any difficult surgical operation these limitations become painfully evident and one instinctively feels how much would be gained if only the surgeon were only able to see more and if the minutes elapsing were not of such precious importance.

The laity also never seems to realize that each case of disease is a law to itself and is in many essential ways different from each similar case. The average person has an idea that through some obscure, more or less magic process the "doctor" arrives at a *diagnosis* and that, when this wonderful feat has been accomplished, the rest is plain sailing. We ourselves are partly to blame for this impression. We do not impress our patients sufficiently with the fact that a diagnosis is only the first step in the right direction. If the laity knew how much inaccuracy of diagnosis depends on lack of post mortem examination they would insist on learning more. They would beg us to make the examination of the dead a much more common practice, in order to confirm or disprove the diagnosis to protect the surviving members of the family, and to afford help and protection to others who suffer similarly.

The laity should know that it is inconceivable that a physician should keep his judgment unimpaired without frequently having his opinions checked up at the autopsy-table. Still the number of autopsies performed on private patients is absurdly small, even on those who die in hospitals where all facilities for proper examination are at hand. The blame for this does not rest with the laity because often not even an attempt is made to obtain the necessary consent, or it is done perfunctorily without letting the relatives know what is at stake for themselves or for the next victim of the same disease.

If only people would realize that after death the personality of an individual is completely unrelated to the cast-off body, it would be much easier to approach the problem, but there are few who will not listen to reason. Many who at first were antagonistic and after some persuasion yielded, have later been well content. Many have had deep regrets because the proper knowledge was not obtained.

It is curious that recently certain undertakers, from purely personal and mercenary motives have tried to work in the crudest manner upon the sensibilities of the people to prevent autopsies. These men do not seem to realize that a well-informed public will quickly resent and adequately dispose of any such vicious interference between them and their medical advisers.

Every public hospital should require autopsies in all cases where there is no serious objection on the part of the relatives. These hospitals are the places where the practitioners of the future are being taught and where most of the progress in medical knowledge is being made. No need of a community is greater than that for safe and sane physicians. How often must we all trust our very lives to their judgment and how often does the welfare of the whole community depend upon their skill and upon their vigilance! These are matters of common knowledge which only fools can deny. This being so everything must be done to provide these young physicians with real knowledge, not gathered from musty tomes in the library but from the eternally young and constantly changing tree of life. We are all happy in our knowledge that in this regard our present teaching is infinitely better than it was, even a generation ago. The students actually see patients, not diagrams of disease. On account of their better preliminary education they are well qualified to observe and interpret what they notice at the bedside. Under the guidance of their teachers they spend hours and days in trying to unravel the mysteries of disease. They are shown the best ways of combating the evil foe that is laying low a human life. In each case they and their teachers make a heroic effort to save their patients without any idea of personal gain except their mental and professional improvement, and when this much-contested battle ends unfavorably, as it sometimes must, they should have an opportunity of meeting their enemy, disease, face to face, and to see what stuff he is made of and how possibly he could be beaten the next time.

ASSEMBLY BILL 72

Assembly Bill 72 is the successor to the first member of "The Quack Quartet" which became familiar as number 5 on the November ballot. Although the forces behind it were routed by the people in 46 counties of California they have reassembled their defeated troops and are once more desperately attacking the laws.

It is proper to inquire as to the sincerity of those who clamor for medical freedom and denounce and defy the Board of Examiners now established by law and at the same time seek to establish a similar board that shall have the right "to examine applicants and to issue and revoke licenses to

practice chiropractic—and make it *unlawful* for any person to practice chiropractic without a license—and make it the duty of the several district attorneys of this state to prosecute all persons charged with the violation of the provisions of this (Assembly Bill 72) act."

Instead of medical freedom it is obvious to anyone that analyzes the aggressive tactics of this noisy political chiropractic group that they are striving to set up a supervisory board of their own to exercise the power of selection and elimination, to decide who shall and who shall not be admitted to the charmed chiropractic circle.

It is pertinent to inquire why those who now defy established laws believe others should be prosecuted for violating laws they seek to establish? The incongruous conduct of the chiropractors suggests unpleasant questions.

The Progressive Chiropractors' Association of Southern California has announced that it is making a house to house canvass in favor of Assembly Bill 72. Griffith Jones of Los Angeles, who is managing the campaign, asserts that all chiropractors convicted of violating the state medical practice act will refuse to pay the fine or to receive a suspended jail sentence and will go to jail as a protest.

Parades, advertising appeals, telegrams, testimonials, fasting are all parts of this protest and aimed to produce an immediate effect on the legislature. They are vainly trying to make the ordinary course of justice appear oppressive.

To any legislator who considers the motives and methods of the proponents of Assembly Bill 72, and who sincerely believes in law enforcement, this attempt of law-defying chiropractors to make a mockery of present laws, in order to become a law unto themselves, will not appeal. At this time, when it is claimed that we have more boards and commissions than the public needs, to create another board to perform functions that are fully and fairly performed by the present board, seems needless waste. The people decided this question on November 2, 1920, after a state-wide campaign in which all the evidence now offered was submitted, so let's have done with it, until it is re-submitted to and rejected by the people.

MUNICIPAL TUBERCULOSIS PROGRAM

The value to public health and economic welfare of the work of the allied tuberculosis associations no longer needs comment. The present situation in San Francisco merits extended notice both as an example and as a stimulant to other communities.

At the present time the Tuberculosis Association is maintaining clinics in five different sections of this city. There are fourteen clinic periods with two evening clinics. The evening clinics are for the accommodation of men and women who work and who cannot attend a morning clinic without loss of time. There are five physicians in attendance at these clinics, and the Association pays the salaries of six visiting nurses. The Board of Health furnishes three additional nurses for this work.

The Tuberculosis Association opened its first clinic in 1908. During that year 346 patients visited the clinic. Two physicians and two nurses were in attendance. From that time until the present the work has steadily increased, more and more people each year learning the value of expert examination and advice.

During the past year 1920, 1723 patients visited the Association clinics. During this year 5,850 visits were made by patients to the clinics. The nurses made 16,515 visits to the homes.

The value of this work is perhaps best attested by the fact that the death rate from tuberculosis has decreased 25 per cent. during the last ten years.

In 1915 in response to a request from the Board of Health the Association outlined in detail the tuberculosis situation in San Francisco and proposed as a remedy the creation of a special tuberculosis bureau in the Board of Health with an annual appropriation of forty thousand dollars. It was proposed to establish 600 public hospital beds for advanced cases, 200 public sanatorium beds for incipient cases, a pavilion for tuberculous children and a preventorium for children exposed to tuberculosis. This plan was not approved. The city now has an annual appropriation of $5,000 for tuberculosis work.

An initial appropriation of $50,000 toward the cost of the first unit of a sanatorium was included in the budget of 1918-19. During the year no suitable site was found for the sanatorium. An additional appropriation of $50,000 was included in the 1919-20 budget. A site was chosen in Los Gatos called Nippon Mura. As soon as the purchase of this property became known the citizens of Los Gatos began legal proceedings to prevent the people of San Francisco from developing a sanatorium at this place. The case is still pending in the courts.

The position of San Francisco is unique in the matter of allowing a private charity to carry on so important a phase of the work as that of maintaining tuberculosis clinics. In New York, Boston, Providence, Buffalo, Cleveland, Chicago, St. Louis and Los Angeles, tuberculosis clinics are by the municipality; in most cases they are under the department of health. In Buffalo five health centers are maintained, the tuberculosis clinic being part of the health center work.

For a number of years the San Francisco Tuberculosis Association has emphasized the necessity for having the city take over this phase of the work. The time has come when the city must take over the tuberculosis clinics which had been maintained for so long by the Tuberculosis Association. The Association must turn over the clinic work to the city in order that their own funds may be used to extend the educational and prevention work. $20,000 would enable the Board of Health to carry on the clinic work at its present standard. Such an agreement with the city will become effective in July of the present year.