against imposition by individuals who present either a fraudulent diploma or a certificate issued by any medical examining board shown to be involved in the issuance of questionable licenses.

A recent survey of the records of the Board of Medical Examiners, both as to applicants for written examination and as to applications based on licenses issued by other States, discloses that:

1. During the past ten years graduates from the St. Louis College of Physicians and Surgeons, St. Louis, Mo., have been admitted to written examination in California as follows: 1915, 1 passed (graduated 1910); 1916, 2 passed (graduated 1910 and 1915); 1923, 1 failed.

2. During the past 10 years 32 graduates of the College of Physicians and Surgeons of St. Louis, St. Louis, Mo., have been licensed on reciprocity from the following States. Of this group 29 presented diplomas dated PRIOR to 1917: Colorado, 1; Georgia, 2; Illinois, 8; Indiana, 1; Iowa, 2; Missouri, 13; Nebraska, 1; Oregon, 1; Pennsylvania, 1; Washington, 2. Total, 32.

3. No graduates from the Kansas City College of Medicine and Surgery have been admitted to a written examination in the State of California from 1914 up until December 31, 1923. However, three have been admitted during that interval on reciprocity based on certificates from Arkansas in 1917.

The Pacific Medical College of Los Angeles, whose diploma has never been recognized in California, has been mentioned in connection with the diploma mill.

Reporter Harry Thompson Brundidge, during his negotiations for a medical diploma, stated that he had received a letter from Dr. Ralph Voigt containing the following significant sentence: "I have gone to the west coast for completed stock so you can have less trouble and be better off"; that he later called on Doctor Adcox, who handed him a telegram from Voigt reading in part as follows:

"Alex agrees to issue final paper on Pacific for honorable cause two fifty."

Doctor Adcox then made the following explanation of the message:

"Ralph's telegram means that Doctor Alexander has agreed to give you a diploma based on the credits obtained for you by Ralph from the college on the Pacific Coast, but that he wants $250 for doing so." (St. Louis Star, October 18, 1923, p. 2, col. 4.)

Thompson stated that he later went to Kansas City, and met Doctor Voigt, who made the following statement during the ensuing conversation:

"I'm looking for your diploma in every mail. . . . That bird in California certainly works slow, but he's certain, and the stuff he puts out is A-1. Dr. Alexander has promised to issue another diploma to back up the California degree." (St. Louis Star, October 19, 1923, p. 3, col. 6.)

The Kansas City, Mo., Journal of October 20, 1923, published an interview with Charles A. Johnson, a student and helper at the Kansas City College of Medicine and Surgery, who relates:

"In the room I used as an employee of the college, I (Charles Johnson) heard the sale of two diplomas discussed by Doctor Alexander and pupils in the school (Kansas City College of Medicine). These diplomas were to be purchased for $300 each and were to be on the Pacific Medical College of Los Angeles, Calif., which went out of business in 1916, I understood."

It is interesting to note that United States Senator Royal Copeland, M. D., has caused to be introduced in Congress a resolution calling for an investigation, specifically as to whether or not the United States mails have been used in a scheme to defraud, i. e., by carrying on negotiations in relation to the sale of fraudulent diplomas.

As a sequel of these disclosures in the issue of fraudulent diplomas and State certificates, it is related that Connecticut has revoked some 30 licenses to practice in that State, with more to follow; that New York has undertaken a "house-cleaning"; that the authorities of Arkansas have joined, and that other States will follow.

The Board of Medical Examiners of California has but recently been brought into court to compel admission to examination of a graduate of the Kansas City College of Medicine and Surgery, whose dean, D. R. Alexander, was reported in the St. Louis Star of October 15, 1923, as arrested in connection with the fraudulent diploma expose.

135 Stockton Street.

PECULIAR MANIFESTATION OF FOCAL INFECTION. TREATMENT AND APPARENT CURE. THREE CASE HISTORIES *

By WILLIAM A. SHAW, M. D., Elko, Nevada

There are few physicians and surgeons in the State of Nevada who do not come in contact considerably with people of Spanish descent. I am presenting three cases of apparent focal infection with peculiar symptoms, all born in Spain.

Case S140—Juan Assoriguina was brought to me by several fellow countrymen who hoped that in some way I could prevent him from being taken to an insane asylum. The man presented a variety of melancholic symptoms which at times bordered on decided insanity. Physical examination was negative, except for a marked tonsillar infection with hypertrophy. There was a moderate leucocytosis. After some observation I could offer nothing except to advise tonsillectomy. This was done and the patient given ordinary eliminative treatment. He left the hospital one week after the tonsillectomy, apparently normal in his mind within a month and today is practically a normal citizen.

Case EGH594—Louis Guisasola was brought to me by a friend March 1, 1923, complaining of forgetfulness, marked melancholia and nervousness. His friend stated that he had been melancholic for several months, for the past month becoming decidedly worse and at times having a tendency to suicide. Physical examination disclosed nothing, except a marked lacunar tonsillitis, chronic hypertrophic type, and blood examination a moderate leucocytosis. After considerable observation I ad-

* Read before the Twentieth Annual Meeting of the Nevada State Medical Association, Reno, September 28 and 29, 1923.

vised tonsillectomy, and this was done April 24, 1923. The patient left the hospital the day following the tonsillectomy, was given no other treatment, but was observed for a period of several months. He is now herding sheep and is, according to report from his employer, doing well.

Case EGH665—Pedro Usatorre. This man was brought to me by his uncle, who stated that he had been out of his mind for several months and that on the morning when he was brought to me he had been found in a local barber shop with a knife in his hand, stating that he was going to kill anyone who opposed the idea that he was the chosen servant of God. This patient had a wild, staring look from his eyes, flushed cheeks, a marked follicular tonsillitis, a slight rise in temperature and a very moderate leucocytosis. He was placed in the hospital, and under eliminative treatment the temperature subsided, but he still had a marked variety of hallucinations, delusions and illusions. Two days after admittance to the hospital the tonsils were removed. He left the hospital four days later and reported daily for observation and was treated with a sedative current of electricity for several weeks. He gradually improved insofar as the nervous symptoms were concerned, until today he is practically normal.

The laboratory report from each patient was chronic amygdalitis, hypertrophic and encapsulated.

This small but interesting group of cases was emphasized more strongly in my mind on account of the fact that there seems to be a rather high percentage of insanity among the Spanish people, and particularly the sheep herders in this country.

The only deductions I can draw are that, in a climate like ours in Elko County, where tonsillitis and various throat inflammations are prevalent, these men become subject to a chronic focal infection, namely, tonsillitis, absorption from which causes symptoms of auto-intoxication and a resulting influence on the minds of these subjects, with a train of symptoms such as is outlined in these case histories. These men were all sheep herders and consequently were much alone out in the hills with their sheep. My opinion is that the condition resulting from focal infection made them feel weak and they, being alone and having considerable time to study their own feelings, and being ignorant of the cause of their inability to properly perform their work, became infected, so to speak, with the idea that they were going insane and did become temporarily so.

Oculists, Optometrists and Optical Firms—Epoch-making acts usually are not recognized as such until long after their occurrence. As a rule, their significance is appreciated only after their effect upon subsequent events has had time to manifest itself. But it is possible that we who are at present engaged in the practice of ophthalmology may be witnessing such an epoch-making act, in the position recently taken by a well-known wholesale optical house. Briefly stated, this firm has closed out all of its accounts with optometrists, and has announced that it will fill prescriptions only when they are signed by members of the medical profession. In addition, it proposes to inaugurate a campaign, by means of which the public will be educated as to the differences between oculists and optometrists, and the essential limitations of the latter.

Heretofore, oculists have always been on the defensive against the attacks of the optometrists. In common with other "get-knowledge-quick" groups of pseudo-medical practitioners, the optometrists have been waging an offensive (in both senses of the word) campaign to obtain legal recognition in the several States of the Union, and hardly a year passes without the oculists of some State being compelled to appear before its legislature to combat their activities, sometimes, unfortunately, to no avail. Whenever the oculists have appeared in an active capacity, it has been before some medical society or in some medical journal, informing their confreres of facts which they already know. They have been barred from the public press, partly from fear of appearing unethical, and partly because the public press, from motives of self-interest, or otherwise, has refused to present their side of the question. This anomalous position has long been recognized, and at the 1921 meeting of the American Academy of Ophthalmology and Oto-Laryngology, a committee on publicity and service was appointed to consider the question of the proper method of acquainting the public with necessary medical facts. This is a step in the right direction, and if it is assisted by the action of the non-medical organizations, so much the better. The present status of refraction is an evolution from the days of the itinerant spectacle vender; but the instruction of the consumer has not kept pace with the progress of those whose duty and privilege it is to supply them with correcting lenses. Anything which tends to alter this state of affairs should be welcomed.

Another phase of this firm's action is its refusal to supply lenses to optometrists. Oculists in the smaller cities, and those in the larger ones who supply their patients with lenses through the medium of wholesale optical houses have been forced to obtain such lenses, etc., from the same firms which supply optometrists. Not only is this true, but it is stated that some firms make a special, lower price to optometrists, thus introducing the element of unfair competition. Optometrists are organized for action; oculists for science. If oculists would realize what a force their united numbers could exert, by patronizing firms which cater exclusively to them, a revolution would be brought about in the attitude of other firms. They would realize that oculists would have a choice between "fair" and "unfair" firms, and many of them would undoubtedly swing into line. A decided check would be given to the activities of optometrists, for when an army is engaged in preventing the turning of its flank, it has little leisure for aggressive action. When a firm states by words and acts that it does not desire the accounts of a certain group of men, such action exerts a moral force beyond its immediate and direct results. In defending themselves from the implications produced, optometrists will hardly have time to attempt new inroads on the medical profession.—C. L., in American Journal of Ophthalmology.

A modified Rib Resection Operation for Empyema—To secure proper drainage in empyema, George Schwartz, New York (Journal A. M. A., December 15, 1923), believes that rib resection is necessary. Osteomyelitis of the rib occurs in 4 per cent of the cases, resulting in long-standing fevers, anemia and protracted convalescence, and requiring a secondary operation for a cure. The reason why necrosis of the rib occurs is that the open ends of the rib are exposed, are constantly being bathed in pus, and are involved by continuity of the infection. Heretofore, no means has been devised of sealing up these open ends to prevent contamination, thus closing up an avenue of infection that gives rise to a general sepsis. The operation is very simple and takes only a minute more than the usual procedure. It entirely removes the 4 per cent chance of a rib necrosis and reoperation, and may save months in convalescence. The bone-wax seals up the end of the open rib, and the muscle-flap gives added protection.