dent Phillips was called to certain statements evidencing an apparent retrogression at the College of P. & S. in course of instruction, attendance at lectures, etc., and a committee was then appointed as above noted, to file a comprehensive report with the Board.

This report has been compiled and at the present time is under consideration in Los Angeles, awaiting the vote of each member of the Board. Until this vote is recorded I deem it inadvisable to make public the findings, trusting that an opportunity may be afforded to devise ways and means of providing courses of instruction which will better qualify the students to fulfill the requirements of the California Medical Practice Act as well as to better fit them to treat the public.

There has been a change in the Dean of the institution initiated by the Faculty. The new Dean reports the installation of a new full time man in laboratory course, but the Trustees have not advised the Board of any further changes nor any prospective plans.

The Board of Medical Examiners will be prompt to act when conditions are called to their attention warranting the disapproval of a school and the problem now presenting itself must be solved by the determination as to how to provide the proper instruction for the students that they may fulfill the conditions imposed by law and that they may be qualified to treat the sick and afflicted.

May I respectfully request as executive officer of the Board of Medical Examiners that for the purpose of equitably placing questions of this nature before the medical profession, the undersigned be granted the courtesy of reading articles for publication bearing upon matters of interest to the Board of Medical Examiners, that opportunity of reply be offered, thus obviating the possibility of misinformation on subjects so vital to all concerned.

Respectfully yours,
CHARLES B. PINKHAM,
Secy.-Treas.

January 14th, 1918.

Dr. Chas. B. Pinkham, Secretary,
State Board of Medical Examiners,
Forum Building, Sacramento, Cal.

Dear Dr. Pinkham:

Your letter of December 28th has remained unanswered because of my absence from the city.

In that letter you advise me of various committee reports in the Board of Medical Examiners bearing on the College of Physicians and Surgeons of San Francisco. It seems to me that the public and the medical profession are little, if at all, concerned with the internal administrative arrangements of the Board, but that both the public and the medical profession are vitally concerned with those actions of the Board which are matters of public record.

You indicate in your letter that the Board has approved this college up to the present. I am in no way concerned with the means whereby the Board arrived at this conclusion. I am concerned, however, that whereas the California Board has approved this college, 39 other State Boards are reported to have refused to admit its graduates to examination; that the Army has refused medical recognition to its graduates and students, and that it has again been confirmed in Class C. rating by the Council on Education of the American Medical Association.

Furthermore, I am concerned over the fact that the three conditions enumerated above, one and all, preceded action by your Board, designed to force improvement or closure of this college.

Regarding the last paragraph of your letter, wherein you request the courtesy of reading articles designed for publication in the Journal so far as they relate to the Board of Medical Examiners, it will be a pleasure to accede in the future even more than in the past. Such editorials have already been submitted to Dr. Phillips at the original suggestion of the editor.

May I call your particular attention to the editorial entitled "Oral Examination for Medical Licenses" in the December issue, which was read in manuscript by Dr. Phillips who asked for the omission of a paragraph which he had himself previously suggested. The change was made and the editorial was again read by Dr. Phillips in galley proof and commended, Nevertheless, at the meeting of the Council of the State Medical Society in November, in Los Angeles, it is my understanding that Dr. Phillips expressed the opinion that this editorial was unfortunate, but, nevertheless, he was willing to let it stand.

I must insist, therefore, that the editor of the Journal be given the same privilege which you ask for the Board of Medical Examiners—i. e., the opportunity of replying to criticism of the Journal policy or contents arising from the State Board of Medical Examiners.

You imply in the last sentence of your letter the possibility of misinformation in material appearing in the Journal relating to the State Board. May I ask you explicitly if any such instance has occurred during my editorship?

Very truly yours,
ALFRED C. REED,
Editor.

EXCERPTS FROM LETTERS OF DR. GEO. J. McCHESNEY TO DR. HARRY M. SHERMAN, SAN FRANCISCO.

New York City.

Nobody told us that we should have our three typhoid injections before sailing. In fact can't sail without them. . . Goldthwaite hustled us all out of Washington up here to hear a lecture by Carrel on his famous technique. We rendezvoused at the Rockefeller Institute yesterday only to find he had expected us a week ago. We had a good talk from his assistants however. Finally the order, signed by the Sec. of War in Goldthwaite's presence, for us to go never reached the Commanding Officer at Port of Embarkation and that may delay us. However, we meet Goldthwaite daily at the Harvard Club and are keeping ourselves in readiness to sail at a moment's notice. When? God knows. Am stocking up with bedding roll, waterproof and mattress and couple of army blankets, overcoat, army slicker, ready made uniform, woolen underwear, sweaters, socks, etc., etc. . .

Brackett and Goldthwaite have desks in the Mills Building just beyond the Army and Navy Building. Fassett of Seattle, Cilley of N. Y., Dunlap of Wash., are captains, about ten altogether. Goldthwaite goes with us.

The trouble with the Carrel technique is that the Sol. deteriorates rapidly, has to be made up fresh every 24 hours and titrated to get it exactly neutral and a certain strength. Will send you details of it when I am settled and have more time.

The people here do not seem to be so excited over the war as I had been led to expect. They stare at me more here than in S. F. and one does not see the uniform nearly so often. People here guess two years more of the war. Cheerful!

New York, Oct. 8, 1917.

Well, I am not allowed to tell when I am sailing, from where, where to, or what, or anything about the trip over such as attacks real or imaginary. (The last is verbatim.) However, I will say that the date is imminent to say the least. . . One does not see as many uniforms on the street here as in S. F. They are down at the Long Island training camps.

Saw Ely for a moment this A. M. Said he had been straightened out and would be able to go with

the contingent. Goldthwaite says we are an orthopedic contingent or group and not a unit, as Pershing has requested that no more units be sent over for the present. This explains several things. Have not stepped inside a hospital except the Rockefeller Institute the first day. None of the men seem to have done so or felt like it as we were so unsettled reporting to Hoboken every day getting outfits, etc.

France, Nov. 3, 1917.

Am settled in France at last. My stay in England was quite brief, only awaiting orders in London for transportation to my present station which is with the St. Louis Base Hospital at Rouen, to observe the acute side of orthopedics in preparation for similar work in U. S. orthopedic hospitals when established.

We had an uneventful though slow and tedious trip across. Was not seasick at all. We waited five days in London for assignment by the British to British hospitals. With Col. Robt. Jones the first night at Officers' Overseas Club. He seems quite simple-minded and pleasant, and from all accounts has quite come into his own now in British medical circles. There were no air raids while I was there, though a big hole in Piccadilly, just west of the circus and half a mile from my hotel, was still unrepaired, and on my last night we were warned, but the raiders were repulsed at the coast. London is as dark at night as a one-horse village, though theaters are purposely kept going busily. One must not raise a window shade unless the light of the room is out, etc. One sees very few smartly dressed people, no smart autos or equipages, the streets are dirty and London is generally seedy. The shops are full, however, and everything is high priced, especially woolen underwear which I was told would be cheap.

When our orders came we were scattered from Aberdeen to Rouen. Fassett of Seattle went to the former, Ely to Liverpool, probably to do path. work with Cone, others to Leeds, Glasgow, Oxford, etc. Baldwin remains at Edinburgh, and Dignan, who used to assist Barbat, is at Cardiff or Bristol. Four orthopedic captains and 6 lieutenants came to France, and a rough crossing we had, I can tell you. Again I held my own, though with difficulty for a while. The train service in France is absolutely miserable and we were from 1 a. m. to 12 the next day coming here. I have an assistant in a 6 ft. 4 Mississippian who is just through a Pittsburgh hospital interneship. He rooms with me in a little canvas cabin.

The other orth. captains were distributed among the Lakeside or Cleveland unit near here and the N. Y. Presbyterian and the Philadelphia units, all running services of beds for British wounded. Now as I understand the proposition it is like this. By arrangement with Gen. Gorgas, orthopedists are to handle all joint injuries, acute as well as chronic, as it is not deemed fair that the general surgeon should see the wound through closure and then call upon the orthopedist to correct malposition and contractures and loosen up adhesions, etc. If the surgeon is not able to do it, the orthopedist should handle the case from the start, and it is so ordered. Also he is given the care of stumps and getting of artificial limbs. Hence, in England the men are familiarizing themselves with the chronic joints, adhesions, malunions, nerve injuries and stump prostheses, while we in France are to wise up on the acute phases of injuries 2 or 3 days old and on for a month or more. The fractured femurs are kept here till united, other injuries till able to stand a difficult channel trip or able to go back to the line without having to go to "Blighty" which is the soldiers' "War Heaven." The "Blighty" smile is an institution here, seen when the Tommy is told his wound will require his going to England.

Orthopedic hospitals are to be established back of the U. S. troops, and we men in training here are supposed to be the men to man them if they do not become so indispensable to the British that they can not be detached. Goldthwaite will see to the erecting and organizing of these, assisted by Majors Osgood in England, and Allison (formerly with this unit) in France. We men in France understand our present assignments are temporary for a month or two, but time will tell. At any rate, I am with a bunch of very nice chaps, headed by Major Fred Murphy. Have already four tents containing 14 beds each under my care, with more general than orthopedic cases so far, but that will be remedied gradually.

The Carrel Dakin technique is only partly carried out here. The tubes are used but the Sol. is not carefully prepared which is most important and the bacterial counts are not made. Eusol packs are very common—i. e., wet dressings of a "near Carrel" Sol. moistening the wound every 2 to 4 hours. They do not use B I P P, the paste of Bismuth, Iodoform and Paraffin which is slapped into wounds quite extensively at the C. C. S. or Casualty Clearing Stations. It may have its place as an emergency or time saving measure. Jones' splints are used almost exclusively and plaster paris not at all. It cannot be procured here. The former are really excellent for a cheap, simple splint, which allows easy access to dressings and are easy to apply. All necessary in war surgery near the front.

Goldthwaite says a manual is being prepared at Washington which will be the Bible for American Military orthopedists. It will include Jones' splints, some plaster and adherence to the Carrel technique. You may have a copy yourself by this time.

I have been here three days and every day a convoy of 100 wounded have been sent here from the Passenchaele front, our ops. range from 10 to 15 per day. I have done 2 already. The surgery is far from minor, I can assure you. It gives one a fresh idea of the horror of the business to see 100 come in, cold, wet, in pain or worse, all young, strong men and they are not rushed here now. I hear several units are not being used by the British and hence are absolutely idle and that Pershing has ordered that no more come over for the present. Hence the delays and heart burnings at home. I certainly am lucky so far.

France, Nov. 14th, 1917.

The British Tommy everyone says is an ideal patient, with his stolidity and bulldog grit. The Australians carry on to a certain point and then turn their faces to the wall with a "Kismet," from association with far easterners, probably. The Canadians stay with it for a time, "get their wind up" (Br. slang for going into a funk) and then come through and stick it out. But the Tommy just stays with it from start to finish and gives as little trouble as possible. This is told me by our C. O. Major Murphy.

France, Dec. 6th, 1917.

The Am. Hospital as we are told will be composed of nine separate units representing as many specialties. Now war practice as we, or rather these St. Louis men, have seen for 6 mos. is about 4/5 general surgery and general medicine, and for every group of base hospitals such as they have here at Rouen one small eye, or g. u., or skin, or nose and throat hospital will be associated. This is the British plan evolved after 3 years of hard experience. The St. Louis men agree with it and say the U. S. hosp. plan will make too many subdivisions of a hospital and lead to confusion. The oculist, nose and throat men here do 4/5 general

surgery. I do general surgery and orthopedists must expect to have to do it although their function is a definite one and will make a respectable subdivision if they are to handle all injured joints. Well, we shall all see.

There are two general cases that form the bulk of operated cases and we have been doing 20 to 30 a day during this Cambrai push. One is for missile fragments that have not yet caused much inflammation, the other is for (1) beginning cellulitis, or (2) opening up pus cavities, or (3) beginning gas bacillus infection, or (4) cutting away necrotic muscle in wounds that have come in without being dressed for several days. In all this latter group, side incisions, free counter openings, decisive surgery is necessary. Two days ago I had such a case coming under the head of (4), cut away large chunks of the Gastrocnemia, part of the soleus, etc., in an incision from the tendo Achilles to the knee. Then I inserted half a dozen Carrel tubes, put on a large cold Eusol pack with oil silk and had the tubes irrigated with cold Eusol every 2 hours day and night. Have dressed him daily since and his temp. comes down steadily. We are closing no wounds a la Carrel but they certainly "clean up" nicely under Carrel tubes into the bottom of the wound under the gauze and irrigated every 2 hours per bulb syringe. Try it. The formula for Eusol is

Calx Chlorinata	2 oz.
Acidi Borici	2 oz.
Aquae ad	1 gal.

Let stand 24 hours and filter.

It is claimed by the British that this evolves hypochlorous acid between c. 45 and 50, but there is no means of knowing and sometimes but very seldom then the Ca. Chlor. is too strong a sample, the patient complains of the skin being irritated. Anyway it is not alkaline and seems to be an efficient antiseptic and usually non-irritating as far as we can tell. Some of the men here apply it hot and I think weaken the antiseptic action by driving off the chlorine. I always use it cold.

Here they do not need M. D.'s so much as aeroplanes. We feel the war is going into the air more and more, and the U. S. can help quicker this way than any other.

France, Dec. 9, 1917.

The nurses have been here for six months and sometimes hand me one. For instance, I asked one man what was the discoloration on his knee. The nurse spoke up, "You're a Jock, aren't you?" I tumbled immediately. Another one asked for porridge at every meal till he learned better.

London, Jan. 4, 1918.

I have been ordered back to London, arriving here a week ago after a cold but uneventful trip from Rouen. . . As we did not have to report to our present station at Shepherd's Bush Military Orthopedic Hospital for 3 days, we saw some theaters and did some much needed shopping and reposing in comfortable beds in warm rooms, quite a change after our lodging in France. Everything quits here during the holidays and even now the work at this hospital is barely picking up. We arrived at the hospital on the 31st just in time for New Year's Eve celebration consisting of a turkey dinner and fancy dress ball of all the doctors and half the nursing staff. The next night we doctors had to go through it all again with the other half. Even I had to dance although I had quit 10 years ago. Don't talk to me about poor, sad England. Everything quits around the holidays, 2 days celebration at Xmas and Boxing Day and 2 days at New Year's. Theaters and shops are doing a big business right along, although we notice some food shortage in London, skimpy butter and sugar rations.

State Society

PAYMENT OF DUES.

Keep the Man at the Front in Good Standing.

The 1918 dues should be readily collected this year, as we believe there is no valid excuse for any delay. We wish to call attention, however, to the very important matter of every County Society making unusual efforts to keep the members at the front in good standing by paying their dues for them. This appears to be the custom in many places throughout the country.—Journal of the South Carolina Medical Association, Jan., 1918.

DUES OF MEMBERS IN SERVICE.

There seems to be considerable misunderstanding concerning the recent ruling of the Council in the matter of dues from members who have entered military service. The resolutions in question were the result of repeated calls on the part of County Societies for suggestions from the Council.

Due deliberation was given the matter in Council meeting. It was fully recognized that these men who joined the colors were doing a heroic duty, and the State and County Societies are under obligation to them. All honor is due them for their sacrifice. The practical question still remains, however: What is to be done about their legal defense, their parent organization?

Malpractice suits will still be filed against our members regardless of their national service. Two years after having rendered medical service they may be sued, and must be protected. Their defense depends upon the continuance of their membership. Legal defense costs money. The Government will not protect them.

It is as important to keep up legal defense as it is to keep up fire insurance or to pay taxes. The money spent is insignificant compared with the benefit bestowed, and hardly represents a sum greater than most men spend in one evening's entertainment.

One's obligations, moral, financial, and social, do not cease with his entrance into the military service.

The County Society is only given a suggestion for which it asked. It is only a suggestion, not a demand. It can make any arrangement for payment of dues that it sees fit. Several County Societies have donated these dues from its treasury. Other State Societies have dealt with this question in a similar manner; some have asked for full dues; some have exempted their members altogether, but have been reimbursed by the component organization.

The machinery of the State office should be kept running. Medical organization and fraternity are worth the price. Pay your dues in full, and prepare to return home in peace and happiness.

BEWARE OF SWINDLERS.

No doubt you may have seen the several notices, under "General News" in the Journal A. M. A. in several recent issues, entitled "Once more a warning." These refer to swindlers operating in different sections of the country,—various letters having been received from victims in Ohio, Colorado and other widely separated States. Now comes a letter from the well-known publishing house of W. B. Saunders Co. of Philadelphia, saying a man under the name of E. T. Rogers, claiming to represent the University Progressive Club of Cincinnati, for medical and other journals, has been victimizing physicians in Illinois; and the same subscription swindlers, or another under the name of Robert Wayne, has been relieving physicians of their well-earned cash in the region of Gary, Ind. It is believed there is concerted action, perhaps by an organized band, being taken at this time of