SANTA CLARA RESOLUTIONS.

Elsewhere in the JOURNAL will be found the resolutions unanimously passed by the Santa Clara County Medical Society at its last meeting. The question under consideration by the committee of this county society is one of the greatest importance to all physicians of the State, and particularly to those who are not located in the larger cities; hence we urge upon every member of the State Society the necessity for a very careful reading of the resolutions passed at San Jose. The Board of Medical Examiners stands between the public and the charlatan, and is the only protection given the public by the State against the unscrupulous greed, fraud and dishonesty of the quack and the "healer." Either an attack upon the Board is justified, or it is not; if the former, then action cannot be taken too quickly; if the latter, then every reputable physician of the State should come to the support of the Board and see to it that the law is carried out. In the larger cities feeling is apt to run high, and personal disputes sometimes lend bias to general questions of polity. Therefore it is the duty of physicians who are uninfluenced by the city surroundings, to take up this matter, consider it most carefully, and act in accordance with their determinations. In this spirit the JOURNAL has called the attention of the physicians of the State to the issue under consideration, and we shall continue to lay all facts and statements presented before the profession of California. We feel it is a duty to see that the matter receives the fullest consideration possible, and the only way this can be done is by publishing all statements germane to the question in the pages of the JOURNAL.

TUBERCULOSIS COMMITTEE.

At the last meeting of the Medical Society of the State of California, the following committee was appointed to investigate the prevalence of tuberculosis in this State, and to make recommendations to the Society at its next meeting at Paso Robles.

Dr. F. M. Pottenger, Los Angeles, Chairman; Dr. Geo. L. Cole, Los Angeles; Dr. Jno. C. King, Banning; Dr. Geo. H. Evans, San Francisco; Dr. Edward von Adelung, Oakland, Secretary. This committee started work immediately by directing its secretary to send to all practising physicians in the State, a copy of the following questions:

1. How many cases of consumption (pulmonary or laryngeal tuberculosis) are under your care at the present time?

2. In your opinion, should anything be done to prevent the spread of tuberculosis in California?

These questions were sent out during last May and June, to every available address. It is desired that those whose names were not on the Secretary's list send their names and addresses and answers to the Secretary, Dr. von Adelung. Over 1200 replies have been received, showing a keen interest in the subject in all parts of the State, and a number of valuable suggestions have been received. It is the purpose of the committee to gather further data respecting the measures adopted in other states, in order to be able to render a comprehensive report at the next meeting of the State Society.

FINAL JUDGES OF SUCCESS.

Who is the final judge of the success or failure of a given surgical procedure?

This question has been suggested by a discussion at a recent meeting of a medical society. In this discussion the physicians spoke on the pathological side of the question. Admitting the improvement of the patient after the operation, they asked if it were due really to the operation that had been done, and if it were due to this, did the success come in accordance with the idea on which the operation was based or because of other conditions not taken count of by this idea? The surgeons claimed that the patient had been in the care of physicians, that they had failed to help him, that the operation was done because of this failure, and that after the operation relief had come. Under these circumstances the surgeons seemed to be quite justified in assuming that the operation had acted in accordance with the theories on which it was based, and that the relief was a logical outcome of the intervention. It is not necessary to refer to the discussion itself any more, but it can be easily seen that the question raised in it was left an open one.

This question is not novel. It comes up in connection with not a few conditions, and these always relate to what are known as the borderland cases; those in which both physician and surgeon has an interest; but in which the division of the interest is not yet well defined. Appendicitis may be taken as an example. It is generally assumed that this is generally a surgeon's case; yet many physicians still treat it medically, and often for slight primary attacks successfully; indeed, the claim that it is a purely surgical condition is negatived by the fact that the surgeons are still complaining that they are called in too late. The gall bladder has not advanced so far as the appendix on its path from medicine to surgery, and the liver lags still farther behind, except for certain well recognized surgical lesions. Kidney surgery is a debatable matter, and it to-day is, perhaps, the most prominent figure on this borderland, since nephroxy has become popular and decapsulation of the kidney has been advised as a remedy for chronic ne-