meaning, in law, that none other than a graduate physician, duly licensed, shall have the legal right to practice medicine. When these two principles are kept inviolate, there can be little basis for difference of opinion.

CONCERNING LEGAL RIGHT FOR COUNTY HOSPITAL CHARGES

Recent County Hospital Articles in the Official Journal.—CALIFORNIA AND WESTERN MEDICINE, for several months past, has printed a number of articles concerning bills for hospitalization services rendered to supposedly indigent patients who had been admitted to county hospitals for treatment. The legal right of county boards of supervisors, under certain conditions, to make such charges was questioned. A perusal of the articles referred to,* and particularly of several legal opinions therein, will indicate the lines along which exceptions were taken, particularly in relation to charges rendered to patients by the Los Angeles County General Hospital. However, the points of view to which expression was given by our friends in the legal profession in the comments referred to were not concurred in by the legal advisors of the Board of Supervisors (the County Counsel's Department of Los Angeles County); and, recently, a formal opinion was rendered by that County's Counsel in which it was stated practically that according to the law of California, county boards of supervisors have the legal right to charge all citizens for hospitalization at such rates as the supervisors may lay down, and without regard to whether the citizens receiving such care are indigents, near-indigents, or nonindigents.

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Opinion of the Legal Counsel of the California Medical Association.—A copy of this County Counsel's opinion was sent to the legal counsel of the California Medical Association, Mr. Hartley Peart, with request for his informal judgment and his reply is printed on page 157 of this issue.

This later opinion is commended to the thoughtful perusal of members of the Association, and particularly to the members of county medical society committees on county hospitals. The issues involved are of great importance to California physicians, for the reason that enforcement of procedures recommended or sustained by the legal advisors to county boards of supervisors (especially if such opinions be in error) could result in great damage to public health interests and medical practice. It is to be remembered that boards of supervisors should abide by the opinions of their duly authorized legal advisors, because when public officials fail to follow the advice of their duly constituted legal advisors they do so at risk to themselves and their bondsmen. However, the mere fact that a county counsel, or one of his deputies, presents a legal opinion does not make such an opinion sound law.

One of the functions of courts is to decide what is and what is not the law: yet, until an official legal opinion is reversed in the courts, such an opinion is assumed to be the law. In the matter here referred to, one attorney, who happens to be a legal advisor of a board of supervisors, has rendered his opinion to such a board. In this issue will be found the opinion of another attorney—in this instance the legal advisor of the California Medical Association—who holds contrariwise to that of a county counsel. The points brought out by the legal counsel of the California Medical Association, Mr. Peart, are worthy of careful thought, and should be read by all physicians who are interested in the issues involved.

AN ILLUMINATING MAP

Adequacy and Inadequacy of Medical Care. During the last several years much has been written concerning "The Adequacy of Medical Care." When criticisms stressing the "Inadequacy" of Medical Care (as propounded by sociologic and other propagandists) are analyzed, it is often found that the seeming deficiencies in medical service, as they exist in the minds of writers of such articles, are based on what might be termed thought confusion, in that the critics demanded, among other idealistic provisions, as a fundamental requirement of adequacy, the existence of hospitalization and associated facilities for every part of the United States, paying little regard to such important matters as population and economic and sociologic conditions, and geographic and other environments.

Disparaging statements concerning the methods of present-day medical practice are not confined, however, to lay sources; because even within the profession a certain number of physicians seem to have been so carried off their feet in adulation of group and hospital practice that they also have become exponents, both orally and in writing, of similar thought-trends favorable to change in the practice of medicine.

* * *

The Map Is Worthy of Study.—This being unfortunately the case, a study of the black and white map, printed on pages 258 and 259 in the July 16, 1938, issue of the *Journal of the American Medical Association,* and showing the distribution of hospitals in the United States, is respectfully commended for all dissenters. The map shows that hospitalization facilities exist within thirty miles of places of residence of 98.5 per cent of the citizens of the United States! A distribution of hospitals such as that, in turn, necessarily means there is a supply of physicians in the districts sufficient to maintain such hospitals. Certainly when such figures are considered in relation to basic implications concerning facilities for medical care have we not a right to be surprised when we hear sociologic reformers and allied supporters prating about "inadequacy" of modern-day medical facilities? Readers who have not scanned the map referred to, and also the editorial comments as given on page 257 of the *Journal of the Ameri-*

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* References referred to appear in a footnote in CALIFORNIA AND WESTERN MEDICINE, February, 1938, on page 74.

can Medical Association, should take time for such study, keeping in mind the topography and other conditions of the Great American Desert, the Western Plains and the Continental Divide, in which are located most of the sparsely hospitalized areas marked on the map by solid black.

"HUMANE DOG POUND" INITIATIVE WILL BE ON THE GENERAL ELECTION BALLOT ON NOVEMBER 8

The words, "Humane Dog Pound," as they will appear on the ballots for a proposed initiative law that will have a place at the general election on November 8 sound euphoneous to most ears, even though, as a matter of fact, the law, if enacted, when actually analyzed, will be found nothing else than another "antivivisection" measure.

Certain facts, therefore, should be kept in mind, to wit:

For a number of years, at annual and, later, at biennial sessions of the California Legislature, proposed laws have been submitted by the "Antivivisectionists," and in each recurring battle proponents of the measures have gone down to defeat.

The last engagement of forces is yet remembered by those who were "at the front," not forgetting the "battles of the blondes."

Presumably, from these previous experiences, the California proponents of such measures have come to the conclusion that it were best to try quite a different mode of attack. In this decision they are supposedly aided by "foundations," "bequests" and other extra-state sources; and, as a result, in this year, 1938, the voting citizens of California, on their November 8 general election ballots, will have brought to their direct attention, as one of the initiatives to be voted upon, the

"Humane Dog Pound Law!"

Elsewhere in this issue (on page 172) appear other comments on this subject. Members of the Association who are interested—and every member of the California Medical Association, without exception, has abundant right to be interested—should feel free to write for literature and other information to the California Society for the Promotion of Medical Research, 369 Pine Street, San Francisco.

That organization is bearing the brunt of the fight against this objectionable measure; in our opinion, so decidedly *inhumane* to both human beings and animals. And remember, also, that to promote the work of that organization—the California Society for the Promotion of Medical Research—it would be in order to apply for membership. Here is one place for action where it will be splendid to be a "joiner"!

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 154.

EDITORIAL COMMENT†

SURGICAL TREATMENT OF HYPERTENSION

Since 1923, when Danielopolu[1] first suggested the surgical resection of the splanchnic nerves for the reduction of heightened blood pressure, there have been a number of procedures advocated by various observers that might be justifiably applied in malignant hypertension, in view of the fact that the condition is inevitably fatal. Direct denervation of the suprarenal glands,[2] suprarenalectomy,[3] denervation of the kidney, and spinal-root resection,[4] have all been practiced with alleged symptomatic improvement.

The mechanism of the hypertensive state has always been one for speculation, and it is only recently that the various known physiologic facts connected with this condition have been ably assembled.[5] According to Weiss, it should be remembered that: (1) Vasomotor tonus in hypertension is normal and is superimposed on an intrinsic arteriolar spasm. (2) Arteriolar spasm is not due to an increased secretion of adrenalin nor is it neurogenic in origin. (3) The nature of the change in the arteries and arterioles is unknown. (4) The increased diastolic and systolic pressures are secondary manifestations, and may be looked upon only as a compensatory mechanism to preserve an adequate capillary circulation in the tissues.

It has been shown by Prinzmetal and Wilson[6] that the increased vascular resistance is not confined to the splanchnic area, but is generalized throughout the systemic circulation. Two other facts which also militate against a sympathetic origin of hypertension are: (1) Paralysis of the sympathetic ganglia by novocain infiltration produces no greater increase in blood flow in hypertensive than in normal individuals, as evidenced by sympathetic vasodilatation in an extremity, a test commonly used; and (2) it is well known that total exclusion of sympathetic control of the blood vessels in animals produces no lasting fall in blood pressure. These facts would seem to indicate no excessive activity of the sympathetic nervous system, which is the usual criterion for sympathectomy.

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

1 Danielopolu, D., quoted by Pereira, A.: Nervi Splanchnici, Tipografia Porto Medico, Portugal, 1929.

2 Crile, G. W.: Indications and Contra-Indications for Denervation of Adrenal Glands, Ann. Surg., 100:667-669, 1934.

3 DeCourcy, Carroll, and DeCourcy, J. L.: Essential Hypertension with Treatment by Bilateral Subtotal Adrenalectomy, Am. J. Surg., 25:324-326, 1934.

4 Adson, A. W., and Brown, G. E.: Malignant Hypertension: Report of Case Treated by Bilateral Section of Anterior Spinal Nerve Roots from the Sixth Thoracic to the Second Lumbar, Inclusive, J. A. M. A., 102:1115-1118, 1934.

5 Weiss, Soma: Recent Advances in the Treatment of Hypertension, M. Clin. North America, 19:1343, 1936.

6 Prinzmetal, Byron, and Wilson, C.: The Nature of the Peripheral Resistance in Arterial Hypertension, with Special Reference to the Vasomotor System, J. Clin. Investigation, 15:63, 1936.