eliminate syphilitic food handlers in his community. The enforcement of San Diego inspection ordinance made it possible for him to learn the names of food handlers afflicted with syphilis, and all such persons were notified to report to the department clinic for instructions. There, an earnest effort was made to learn from whom the disease had been contracted, with penalty of loss of position if information was refused. When the food handler gave coöperation, he was sent to his physician for treatment, and, through the medical reports, a consistent check was maintained concerning the patient's progress. If, however, the food handler discontinued treatment before release by his physician, he was promptly notified to come to the department's syphilis clinic for examination. If further treatment was indicated, and the patient refused it, he was informed that if he continued in his occupation as a food handler, the penalties prescribed in the city's ordinance would be instituted. Prompt coöperation was the usual result. One other point, as regards success in work of this kind, and stressed by Dr. Lesem, was the importance of the health officer working in thorough understanding and accord with the members of his county medical association, a factor of importance, worthy of remembrance, not only by all public health officials, but also by physicians in private practice.

As regards the decrease in syphilis incidence, many physicians are skeptical of good results being possible; and well they may be, if the old methods of attack are to be used. However, if we can learn who are the citizens who have syphilis; and if then a real endeavor is made to reach the person responsible for the primary infection, so that this important person in the casual relationship may also be placed under observation and treatment, and if procedures exist through which the treatment may be properly maintained, with penalties for noncoöperation, then real progress in overcoming syphilis may be attained. Of course, in private practice, the problem takes on more difficult aspects than in the supervision of food handlers, where ordinances with penalty provisions make it possible to initiate disciplinary action along lines above indicated.

* * *

Educational Campaign Will Bring Results.—The outlook, however, is not disheartening. We need only remind ourselves that less than a half-century ago it was the vogue in many communities for certain families to attempt to conceal or deny the existence of tuberculosis when it was present, in order to avoid the stigma of having a consumptive in the family! The morbidity and mortality rates of tuberculosis of fifty and twenty-five years ago were much higher than those of the present day. Why? The answer is found in the educational campaign—in which Christmas seals have played no small part—that has created a new approach to tuberculosis for both physicians and lay citizens. So, also, equally good results in overcoming syphilis and gonorrhea may be realized, if adequate educational and other necessary measures are inaugurated.

State and County Fairs a Logical Place for Public Health Exhibits.—To return, however, to the value of state and county fairs as measures of educating the citizenry of California on matters pertaining to the public health. More than ten years ago, Doctor Hay of Nebraska, at a meeting of secretaries and editors of state medical associations, held in the American Medical Association headquarters at Chicago, told of the good results through exhibits at fairs held in his state. Since then, comment has been made on this subject in the OFFICIAL JOURNAL on a number of occasions, and it is to be hoped that at an early day adequate funds and appropriations may be secured for the development and maintenance of public health exhibits in the state and county fairs of California. These fairs are annually visited by hundreds of thousands of citizens, and their splendid buildings make easily available the dissemination of information on public health matters, so much needed by the six million citizens of the state. If the industrial and agricultural interests of California find the state and county fairs worthy of such continued support, why should they not be an equally good field for salesmanship in the dissemination of public health knowledge?

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Public Health Exhibits at Golden Gate International Exposition.—In this connection, plans of broad scope should be made for public health exhibits at the Golden Gate International Exhibition in 1939; along lines, or better, if possible, than those which excited so much favorable comment at the Century of Progress Exposition in Chicago. Members of the Association who have suggestions to offer on the nature and scope of public health exhibits are requested to send the same to the offices of the California Medical Association and to the California State Board of Public Health, the addresses of which are always printed in the rosters which are given place in each issue in the front advertising section of the OFFICIAL JOURNAL. The officers of both organizations will appreciate such coöperation.

THE PASSING OF A GREAT EDITOR: GEORGE H. SIMMONS, 1852–1937

Essential Elements in the American Medical Association's Reorganization Plan of 1901.—The death, on September 1, of the editor and general manager emeritus of *The Journal of the American Medical Association* brings to the minds of the older members of the medical profession the important services which the late Dr. George H. Simmons rendered to organized and scientific medicine. Few physicians, in their day, have been subjected to the attacks he went through, and it is to the credit of the American Medical Association, that in 1894, when Doctor Simmons laid down the responsibilities of the offices of editor and general manager of the American Medical Association, the American Medical Association trustees maintained his name in the *Journal of the American Medical Association* as editor and general manager emeritus. For to his great influence with

other leaders, the American Medical Association is largely indebted for the reorganization plan adopted at the St. Paul session of the American Medical Association in 1901, under which the medical profession of the United States today functions through one strong national organization, made of constituent state associations (one. and one only, for each commonwealth), these in turn composed of component county societies (one, and one only, for each county). The passing years have emphasized the value of this centralized recognition and authority vested in one single national association as the representative organization of the entire medical profession of the United States; the same plan operating with equal efficacy in each of the states of the Union, and, also, in every one of the counties that make up the respective commonwealths. The adoption of that simple but far-reaching plan in St. Paul in 1901 made for the automatic demotion and elimination of many organizations which, up to that time, imagined themselves possessed of prestige and rank equal to that of the American Medical Association.

The great progress made in American medical organization work in the last thirty-six years may be said to have its basic strength in the above plan, and in its correlated factor of a representative legislative body, the House of Delegates, through which the business of the national and state associations is carried on. That we have this beneficent organization plan, and that the medical profession has been able to lift itself out of the confused organization set-ups in existence some four decades ago, is largely due to the late Dr. George H. Simmons and the group of men who, in those earlier days, worked with him to bring order out of chaos in organized medicine, in order that through better methods more efficient service and progress might also be carried on in the domain of scientific medicine.

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Organized Medicine Renders Its Tribute to a Great Leader.—CALIFORNIA AND WESTERN MEDICINE, for the California Medical Association, joins with the official journals of other constituent state medical associations to pay tribute to the memory of the late George H. Simmons. From the *Journal of the American Medical Association* some paragraphs concerning his work are given below:

The Journal of the American Medical Association was established in 1883. When Doctor Simmons took over the editorial supervision and management, its total subscription list was approximately ten thousand. From that time it showed continuous improvement. Furthermore, under his leadership it became a significant weapon in the initiation and progress of great movements for the advancement of medical education and medical science. In 1901 *The Journal* began the annual publication of information concerning the medical schools of the country. In 1903 it undertook publication of the results of the examinations of graduates in medicine for licensure by state examining boards. The next step was the organization of the Council on Medical Education and Hospitals in 1905. At the same time the Council on Pharmacy and Chemistry was developed, and in association with it the chemical laboratory and the Department of Propaganda for Reform, which eventually became the Bureau of Investigation. Thereafter came other councils and departments. . . .

As an editor, Dr. George H. Simmons was alert and fearless. His attacks on quackery and fraud in the field of medicine brought on his unwearying head and shoulders the counter-attacks of those who saw their unscrupulous exploitations exposed and their incomes discontinued. It was his policy never to reply to any of the personal attacks made on him in the course of his service. . . .

This, then, is briefly the record of Dr. George H. Simmons as an executive and administrator. His work for the American Medical Association was characterized by intelligence, unselfishness, initiative, honesty, and righteousness. In his personal life he had his share of physical and mental suffering. He weathered storms of unjust criticism and false characterization of his administration. He devoted himself almost objectively and completely devoid of personal interest to the public career which he had chosen. Unquestionably, he was the greatest factor in his generation in the development of the American Medical Association and the profession that it represents. . . .

GOVERNMENT MEDICINE

Senator James Hamilton Lewis' Joint Senate Resolution 118.—In the August issue, on page 75, under the above caption, some references were made to the address of Senator James Hamilton Lewis of Illinois, given by him at the June 10 meeting of the House of Delegates of the American Medical Association. We stated that Senator Lewis' remarks, as printed in the *Journal of the American Medical Association,* seemed somewhat vague. That criticism applies likewise to Joint Resolution 118, introduced by the Honorable Senator from Illinois at the session of Congress recently adjourned; his resolution being referred in regular form to a Senate committee (Finance). In what dress it will make its appearance at succeeding sessions of Congress is difficult to forecast. Some of the provisions in the draft of Joint Resolution 118 imply that they cannot be taken seriously at this time. However, as one of the modern-day expressions of a form of proposed "state medicine," it is worth perusal, and for reference and historical purposes is here given in full:

SENATE JOINT RESOLUTION (118)

To provide medical aid for the needy and the stricken with illness who are unable because of poverty to provide treatment and hospitalization; also to establish all licensed medical practitioners as civil officers of National Government.

WHEREAS, The Federal Government has recognized its social responsibilities to its citizens by the enactment of the Social Security Act; and

WHEREAS, An extension of such responsibilities is necessary to provide adequate medical care and attention for the impoverished and needy to assure the full enjoyment of social security; therefore be it

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That all physicians and surgeons who practice the profession of medicine or surgery in the United States or its territories are hereby declared to be civil officers of the United States for the purposes of this joint resolution.

Sec. 2. Any such physician or surgeon shall render such medical or surgical aid requested of him by any impoverished individual who is in need of such aid, and, where necessary, to order the hospitalization of any such individual. Any hospital to which such an order is directed shall, in so far as its facilities permit, provide for the hospitalization and care of any such individual in the manner best adapted to accomplish his recovery.

Sec. 3. Any physician, surgeon, or hospital rendering aid to impoverished individuals as provided in Section 2 are authorized to make such charges for such aid as are reasonable and just. Bills for such charges shall be submitted to the Social Security Board, which is authorized