of the Board to succeed Dr. W. A. Sawyer, resigned. Dr. Frank L. Kelly, Epidemiologist in the Bureau of Communicable Diseases, was appointed Acting Director of the Bureau of Communicable Diseases. A leave of absence was granted to Prof. Chas. A. Kofoid, Consulting Biologist and Director of the Division of Biology, Bureau of Communicable Diseases, such leave to extend during the period of the war. Prof. Wm. W. Cort was appointed to succeed Prof. Kofoid.

Upon recommendation of the Director of the Bureau of Communicable Diseases, it was determined that the Fresno Branch Laboratory should be discontinued March 1, 1918.

Upon the recommendation of the Director of the Bureau of Registration of Nurses, eleven training schools for nurses connected with hospitals in California, having been inspected and found to meet the full requirements of the Board, were placed on the accredited list for one year. Six nurses were given certificates of registration through reciprocity.

The Director of the Bureau of Registration of Nurses in a communication to the Board stated that the National Council of Defense urges co-operation in meeting the nursing problems that have arisen because of the war, such co-operation to be based chiefly upon the maintenance of a high standard of nursing education, urging hospitals to increase facilities for training nurses. The Council also asks that discouragement be given to short term hospital courses, since they tend to break down the organized machinery of training for nurses. The Board has instructed that the National Council of Defense be assured that every effort will be made to maintain a high standard of nursing in California.

Temporary permits to operate swimming pools were granted to the owners of seventeen such swimming pools, pending the personal inspection by the Director of the Bureau of Sanitary Engineering.

A permit was granted to the Banning Water Company to supply water to the inhabitants of Banning, with the provisions that the supply be kept safe and sanitary and that no modifications or additions to works or source be undertaken without the approval of the Board.

One hundred and two cases of alleged violations of the Food and Drug Acts were set for hearing. Fifty-three of these cases were referred to district attorneys for prosecution.

WILFRED H. KELLOGG,
Secretary.

State Board of Pharmacy

STATUTES REGULATING SALE OF POISONS

It shall be unlawful for any practitioner of medicine, dentistry or veterinary medicine to furnish or prescribe for the use of any habitual user of the same, or of any one representing himself as such, any cocaine, opium, morphine, codeine, heroin, or chloral hydrate, or any salt, derivative or compound of the foregoing substances or their salts, derivatives or compounds; and it shall also be unlawful for any practitioner of medicine or dentistry to prescribe any of the foregoing substances for any person not under his treatment in the regular practice of his profession, or for any veterinary surgeon to prescribe any of the foregoing substances for the use of any human being; provided, however, that the provisions of this section shall not be construed to prevent any duly licensed physician from furnishing or prescribing in good faith as their physician by them employed as such, for any habitual user of any narcotic drugs who is under his professional care, such substances as he may deem necessary for their treatment, when such prescriptions are not given or substances furnished for the purpose of evading the purposes of this act; provided, that such licensed physician shall report in writing, over his signature, by registered mail, to the office of the California State Board of Pharmacy, within twenty-four hours after the first treatment, each and every habitual user of such narcotic drugs as are enumerated in this section, whom he or she has taken, in good faith, under his or her professional care, for the cure of such habit, such report to contain the date, name and address of such patient, and the name and quantity of the narcotic or narcotics prescribed in such treatment; provided, further, that the provision immediately foregoing shall not apply to any licensed physician treating such habitue in good faith who personally administers such narcotics, enumerated in this section, after writing a prescription therefor; and provided, further, that the above provisions shall not apply to preparations sold or dispensed without a physician's prescription containing not more than two grains of opium, or one-fourth grain of morphine, or one grain of codeine, or one-eighth grain of heroin, or ten grains chloral hydrate or four grains of Indian hemp or loco weed in one fluid ounce or, if a solid preparation, in one ounce, avoirdupois.

Department of Pharmacy and Chemistry

REPORTING OF ACCIDENTS FROM LOCAL ANESTHETICS.

The Committee on Therapeutic Research of the Council on Pharmacy and Chemistry of the American Medical Association has undertaken a study of the accidents following the clinical use of local anesthetics, especially those following ordinary therapeutic doses. It is hoped that this study may lead to a better understanding of the cause of such accidents, and consequently to methods of avoiding them, or, at least, of treating them successfully when they occur.

It is becoming apparent that several of the local anesthetics, if not all of those in general use, are prone to cause death or symptoms of severe poisoning in a small percentage of those cases in which the dose used has been hitherto considered quite safe.

The infrequent occurrence of these accidents and their production by relatively small doses point to a peculiar hypersensitiveness on the part of those in whom the accidents occur. The data necessary for a study of these accidents are at present wholly insufficient, especially since the symptoms described in most of the cases are quite different from those commonly observed in animals even after the administration of toxic, but not fatal, doses.

Such accidents are seldom reported in detail in the medical literature, partly because physicians and dentists fear that they may be held to blame should they report them, partly, perhaps, because they have failed to appreciate the importance of the matter from the standpoint of the protection of the public.

It is evident that a broader view should prevail, and that physicians should be informed regarding the conditions under which such accidents occur in order that they may be avoided. It is also evident that the best protection against such unjust accusations, and the best means of preventing such accidents consist in the publication of careful detailed records when they have occurred, with the attending circumstances. These should be reported in the medical or dental journals when possible; but when, for any reason, this seems undesirable, a confidential report may be filed with Dr. R. A. Hatcher, 414 East Twenty-Sixth Street, New York City, who has been appointed by the Committee to collect this information.

If desired, such reports will be considered

strictly confidential so far as the name of the patient and that of the medical attendant are concerned, and such information will be used solely as a means of studying the problem of toxicity of this class of agents, unless permission is given to use the name.

All available facts, both public and private, should be included in these reports, but the following data are especially to be desired in those cases in which more detailed reports cannot be made:

The age, sex, and general history of the patient should be given in as great detail as possible. The state of the nervous system appears to be of especial importance. The dosage employed should be stated as accurately as possible; also the concentration of the solution employed, the site of the injection (whether intramuscular, perineural or strictly subcutaneous), and whether applied to the mouth, nose, or other part of the body. The possibility of an injection having been made into a small vein during intramuscular injection or into the gums should be considered. In such cases the action begins almost at once, that is, within a few seconds.

The previous condition of the heart and respiration should be reported if possible; and, of course, the effects of the drug on the heart and respiration, as well as the duration of the symptoms, should be recorded. If antidotes are employed, their nature and dosage should be stated, together with the character and time of appearance of the effects induced by the antidotes. It is important to state whether antidotes were administered orally, or by subcutaneous, intramuscular or intravenous injection, and the concentration in which such antidotes were used.

While such detailed information, together with any other available data, are desirable, it is not to be understood that the inability to supply such details should prevent the publication of reports of poisoning, however meager the data, so long as accuracy is observed.

The committee urges on all anesthetists, surgeons, physicians and dentists the making of such reports as a public duty; it asks that they read this appeal with especial attention to the character of observations desired.

TORALD SOLLMANN, Chairman,
R. A. HATCHER, Special Referee,
Therapeutic Research Committee of the Council on Pharmacy and Chemistry of the American Medical Association, January 15, 1918.

Rules for Government of Maternity Hospitals

STATE BOARD OF CHARITIES AND CORRECTION.

(In accordance with Chapter 69, Statutes 1913.)

Physical Equipment.

1. All rooms and wards shall be outside rooms and the window space shall not be less than one-fifth of the floor space.
2. The rooms and wards shall be of sufficient size to allow not less than 1,000 cubic feet air space for each adult patient and 500 cubic feet air space for each infant kept therein; also 100 square feet floor space for each bed.
3. The heating of all rooms shall be of sanitary type.
4. The flooring and walls shall be in condition and of a character to permit of easy cleaning. All parts of a maternity hospital shall be kept in a cleanly condition.
5. The plumbing and draining or other arrangements for the disposal of excreta and household waste shall be in accordance with the best sanitary practice, subject to the approval of the State Board of Charities and Corrections, and in accordance with the rules and regulations of the local board of health or city ordinance. The water supply shall be pure.
6. A confinement room properly equipped shall be provided. Dressings and medicines for emergencies, clean bedding, body linen and towels shall be kept on hand in sufficient quantity. Means for sterilizing instruments shall be provided and a properly trapped and vented basin supplied with running water for washing the hands.
7. Provision for the isolation of contagious diseases must be made.
8. Sanitary accommodations for thorough bathing of patients and infants must be made part of the equipment of the institution.
9. Fire protection shall meet the approval of the State Board of Charities and Corrections, and shall be in accordance with the rules and regulations of the local fire commission or city ordinance.
10. There shall be a separate bed for each infant.

Care of Patients.

1. In each labor case, at the time of expected delivery, a legally qualified physician shall be promptly notified and shall be present and in attendance at the time of birth.
2. Prevention of blindness in infants.

Attention is called to chapter 724, statutes 1915, which requires the reporting of reddened or inflamed eyes of an infant, within two weeks after birth, to the local health officer of the county or municipality within which the mother of such infant resides. Further, the eyes of all new-born infants shall be treated immediately after birth with a one per cent. solution of nitrate of silver, two drops in each eye, or with other approved solution equally efficacious, and during the first few days cleansed daily with saturated boric acid solution.

3. After the birth of the child a legally qualified physician shall be in charge of the care of the mother and child, and shall superintend all after treatment.
4. If the child is kept in the hospital and is not breast-fed by the mother, the feeding and selection of food shall be under the direction of a legally qualified physician. If a wet nurse is provided, she shall meet with the approval of the physician. In every case where the mother is a proper subject she shall be urged to nurse her child. Under no circumstances will the use of nursing bottles which can not be readily and thoroughly washed be permitted (such as long-tubed nursing bottles). All nursing bottles and nipples must be boiled at least once a day and individual nipples must be provided for each child.

Disposal of Child.

1. Attention is called to section 224 of the Civil Code in accordance with which a child not retained by the mother must be legally relinquished before it can be adopted. This relinquishment must be expressed in writing, signed and acknowledged before an officer authorized to take acknowledgments or before the secretary of one of the organizations mentioned below. Before adoption can take place, a copy of the relinquishment must be filed with the State Board of Charities and Corrections.
2. Attention is called to chapter 569, statutes 1911, providing for the supervision and control by the State Board of Charities and Corrections of the placing of dependent children into homes, which makes it a misdemeanor for any person, association or society to engage in the work of placing children into homes without a license from the State Board of Charities and Corrections.

The following agencies have been licensed to place dependent children into homes and to arrange for adoption:

Charity Organization Society, 2120 Grove street, Berkeley.