THE MALPRACTICE INDEMNITY FUND.

Over three hundred members having sent in their subscriptions, the Malpractise Indemnity Fund became operative on December 7, 1916. Contributing members, and contributing members only, are entitled to its benefit and protection on claims made against them arising out of and originating from professional services rendered by them on and after December 7, 1916.

No doubt, now that the plan is in operation, and that the State Society not only defends its members, but stands ready to assume the burden of settling all claims, subscribers to the Fund will rapidly increase in number. For their benefit, we must state that no contributing members shall be entitled to its protection as to claims arising from services rendered prior to the receipt by the Society of their subscription to the Fund.

Remember! Malpractise Defense is separate from the Indemnity Fund. Membership in the latter is purely voluntary. But members so protected need no other insurance. The last argument for carrying protection other than that afforded by the State Society has been nullified.

MEDICAL EDUCATION BY NEWSPAPERS.

The unfortunate death of a child in San Francisco, almost immediately following a prophylactic dose of diphtheria antitoxin, has caused much discussion in the lay press and among the people at large. The autopsy revealed a marked status lymphaticus, so that it is evident that the death is in nowise chargeable to the antitoxin, but to the shock of its administration, which the child was unable to resist.

We extend to the press our unstinted praise for its sincere exposition of the facts and for the incalculable value it has been in helping properly to educate the public to interpret the findings; and to make clear that this deplorable incident should not jeopardize the lives of other children by restriction in the use of the antitoxin as a prophylactic in the case of those exposed to diphtheria.

This is the kind of medical education the public needs and should have. Let it be encouraged!

THE MEDICAL PRACTICE ACT.

The present law regulating the practise of medicine divides all practitioners into two classes: "physicians and surgeons" and "drugless practitioners," and avoids any reference to sects or cults. It outlines very definitely the scope of practise for the two classes. Physicians and surgeons are authorized "to use drugs or what are known as medicinal preparations in or upon human beings and to use any and all other methods in the treatment of diseases, injuries, deformities, or other physical or mental conditions." Drugless practitioners are authorized to practise "without the use of drugs or what are known as medicinal preparations and without *in any manner severing or penetrating any of the tissues of human beings except the severing of the umbilical cord.*" Reasonable educational requirements are demanded of applicants for either class of license and they must also present diplomas from schools *approved by the Board,* and certificates of good moral character. This "approved by the Board" clause in the law is a most important feature, for it subjects all medical teaching institutions to frequent inspections by the Board, thus compelling them to do good work. Already several institutions unable to meet the Board's demands for radical improvements have "gone out of business." The value of this feature of the law cannot be over-estimated. The present Medical Practise Act has many other good features and, although it has some defects, it would be extremely undesirable to see it weakened in any way. Get in touch at once with your senators and assemblymen and make them realize that the regular medical profession demands that standards be *not lowered.*

Elsewhere in the JOURNAL appears a complete list of the members of the California legislature arranged by districts for your information. If any of these men are your patients write to them at once!

A CRYING NEED—A STATE PSYCHOPATHIC HOSPITAL.

At last it looks as if the people of the state of California have been aroused to the point of doing something big and sensible in the matter of removing the disgrace attending the methods of examination and commitment of the insane and the prevention of mental diseases in general. The state has excellent hospitals for the insane, which unfortunately are filled to overflowing, and nothing is being done upon the broad scientific scale that the situation demands, to prevent insanity nor to inquire why California has so much more of it than other states. Our medical schools are without facilities for teaching mental diseases,—most medical students in California graduate without ever having seen an insane patient. Johns Hopkins, Harvard Medical School and the University of Michigan have research psychopathic hospitals which act as clearing houses for the insane for their respective states, and in Michigan under the direction of the professor in charge of the psychopathic hospital of the University there have sprung up throughout the state numerous psychopathic clinics which provide treatment and care for many cases which should never enter an insane asylum. The number of insane in asylums has been reduced 25%; the insanity commissioners throughout the state receive the skilled assistance of the staff of the psychopathic hospital in coping with their problems; the police departments receive assistance in dealing with drug habitues and the criminal insane; the medical profession of Michigan have near at hand a place where they may receive excellent postgraduate courses in mental diseases and something is being done to prevent mental wrecks in the next generation as well as giving better care to those already lost.

Now comes the California State Board of Health with a bill in the present state legislature asking for half a million dollars for the establishment of a psychopathic hospital as a part of the

medical school of the University of California. The State Board of Health feels that it is wrong to continue doing nothing more than inflicting a jail sentence upon drug habitues and chronic alcoholics, and it feels that the methods in vogue for the examination of insane patients would be out of date in the dark ages; it feels that to expect insanity commissioners to make a diagnosis of their patients in from one to three days is unreasonable; it feels that the fact that there are no hospitals where mental patients can be sent for observation without having them first committed as insane is neglectful; it feels that to arrest a person and put him in a dirty cell in a country jail and to handcuff him to an iron cot there to wait as many days as may be necessary for the local examiner of lunacy to send him to a state insane hospitals is barbarous and not in accord with the desires of our people. The State Board of Health has quietly but systematically been studying this problem for over a year and the California State Journal of Medicine feels that the establishment of a research psychopathic hospital under the Board of Regents of the University of California would go very far toward the solution of the problem. The JOURNAL also urges that each of its readers write or telegraph to his respective representative in the state legislature, to the Governor, the Lieutenant-Governor and the president of the Board of Control urging the establishment of this hospital.

THE MEDICAL ASPECT OF COUNTY JAILS.

An interesting survey of the county jails of California has just been published by the State Board of Charities and Corrections. After perusing this report we wonder how many physicians are really in touch with the sanitary conditions of their county jails. Among the bad conditions found by the Board were overcrowding, lack of heating facilities, no towels, toilets out of repair, dark and dirty cells, insanitary beds and the insane were kept in 23 county jails. One feels that most of this arraignment deals with problems of health and sanitation which really reflect on the interest the medical profession takes in these quasi-medical institutions. With the rapid growth of interest in state medicine it would be not only of material assistance to the various counties but also of considerable advantage to physicians if they kept themselves in touch with these institutions. The problems of health and sanitation are always important and the public is more and more coming to hold itself responsible for the solution of these problems through trained sanitarians. Unless the medical profession takes an active interest in these matters our opinion will not even be sought when such positions are to be filled. Of course this problem of the county jail is far deeper than simply one of insanitary conditions in existence at the present time. As brought out by the report these institutions are breeding places for vice and crime and the State Board of Charities and Corrections very properly recommends that, as most of the misdemeanors are state offenses the state should create an institution for the care of these cases, making the county jails merely places for the temporary detention of prisoners awaiting trial and not places where sentences should be served. When we remember that a large percentage of these individuals are alcoholics and drug habitues the necessity for creating an institution or farm for their treatment rather than for their punishment is apparent. The problem takes on a very definite medical aspect. A number of states have already realized the advisability of creating such farms, notably Massachusetts, where they have been developed on a very remarkable scale. Their reports are most encouraging for the outcome of many of these cases. Now is the time to interest our California legislature in the passage of a bill for this purpose. Its need should be impressed on local representatives.

TRAUMA AND ITS SEQUELS.

The longer Accident Insurance is in effect the more apparent do its benefits become, not only its social benefits but its scientific ones. Anything that will conduce to accurate examination and the keeping of accurate records cannot fail to further that most difficult branch of medicine—the science and art of clinical observation.

The relation of trauma to certain forms of sarcoma, notably the so-called giant-cell sarcoma of the bones, has long been discussed and the opinion that these tumors are not sarcomas at all, but rather the sequels of an irritation of the cells of the marrow and of an inflammatory nature, has become more and more prevalent. Absolute proof, however, has been wanting. Patients presented themselves at a greater or lesser interval after a bone trauma with a swelling which at operation turned out to be this giant-cell "sarcoma," but in the absence of X-ray plates taken immediately after injury the question usually remained open whether the tumor was not present previous to the injury, and whether instead of the fracture being the cause of the tumor, the tumor was not the cause of the fracture, having previously so weakened the bone that a slight injury had sufficed to break it. Convincing cases—i. e., those having had X-ray plates taken immediately following the injury showing a bone intact except for the fracture and free of all suspicion of tumor, and with later X-ray plates showing a "sarcoma" developing at the site of injury—were rare. Such clear evidence of traumatic tumor formation is, however, multiplying under the provisions of the Accident Commission that demand early X-rays. This is but one instance of the many excellent opportunities for shedding light on obscure clinical problems that the Act affords; the relation of trauma to hernia, trauma to tuberculosis, the relation of syphilis to the healing of fractures, are others which observations made on patients treated under the Act are helping to solve. If Sickness Insurance becomes a fact we may expect more valuable information from periodical health examinations and from detailed State records.