CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

HARRY H. WILSON.....President
HENRY S. ROGERS.....President-Elect
LOWELL S. GOIN.....Speaker
PHILIP K. GILMAN.....Council Chairman
GEORGE H. KRESS.....Secretary and Editor

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CALIFORNIA COMMITTEE ON MEDICAL PREPAREDNESS*

State Chairman and Representative

Philip K. Gilman, M. D., 2000 Van Ness Avenue
San Francisco

County Chairmen and Representatives

Alameda County: C. H. Church, M. D., 2082 Center Street, Berkeley.

Alpine County: Max Isoard, M. D., 1127 Eleventh Street, Sacramento.

Amador County: Max Isoard, M. D., 1127 Eleventh Street, Sacramento.

Butte County: J. O. Chiapella, M. D., 131 Broadway, Chico.

Calaveras County: Philip V. Lamb, M. D., Angels Camp.

Colusa County: Benjamin F. Miller, M. D., 439 Central Street, Yuba City.

Contra Costa County: Leopold H. Fraser, M. D., 134 Tenth Street, Richmond.

Del Norte County: Francis M. Stump, M. D., Crescent City.

Eldorado County: Max Isoard, M. D., 1127 Eleventh Street, Sacramento.

Fresno County: H. M. Ginsburg, M. D., Fresno General Hospital, Fresno.

Glenn County: J. O. Chiapella, M. D., 131 Broadway, Chico.

Humboldt County: Charles C. Falk, Sr., M. D., 507 F Street, Eureka.

Imperial County: John L. Parker, M. D., Bank of Italy Building, Brawley.

Inyo County: C. L. Scott, M. D., 609 Elm Street, Bishop.

Kern County: Roderick Ogden, M. D., 354 Haberfelde Building, Bakersfield.

Kings County: Charles T. Rosson, M. D., 208 North Douty Street, Hanford.

Lake County: Charles Craig, M. D., Lakeport.

Lassen County: James D. Coulter, M. D., Western Pacific Railway Hospital, Portola.

Los Angeles County: Walter A. Bayley, M. D., 4546 Circle View, Los Angeles.

Madera County: Smith A. Quinby, First National Bank Building, Madera.

Marin County: F. M. Cannon, M. D., Albert Building, San Rafael.

Mariposa County: Hartley G. Dewey, M. D., Yosemite National Park.

Mendocino County: Walter Rapaport, M. D., Talmage.

Merced County: Edward A. Jackson, M. D., Atwater.

Modoc County: James D. Coulter, M. D., Western Pacific Railway Hospital, Portola.

Mono County: C. L. Scott, M. D., 609 Elm Street, Bishop.

Monterey County: W. Rollin Reeves, M. D., 32 East San Luis, Salinas.

Napa County: Dwight H. Murray, M. D., 320 Franklin Street, Napa.

Nevada County: J. Gordon MacKay, M. D., Box 1032, Auburn.

Orange County: Fred E. Earel, M. D., 1712 North Main Street, Santa Ana.

Placer County: J. Gordon MacKay, M. D., Box 1032, Auburn.

Plumas County: James D. Coulter, M. D., Western Pacific Railway Hospital, Portola.

Riverside County: N. K. Bear, M. D., 3655 Fourteenth Street, Riverside.

Sacramento County: Max Isoard, M. D., 1127 Eleventh Street, Sacramento.

San Benito County: L. E. Smith, M. D., Hollister.

San Bernardino County: J. H. Titus, M. D., C and Euclid, Ontario.

San Diego County: Ralph Kaysen, M. D., 1301 Medico-Dental Building, San Diego.

San Francisco County: George K. Rhodes, M. D., 490 Post Street, San Francisco.

San Joaquin County: Arthur C. Boehmer, M. D., 315 West Pine Street, Lodi.

San Luis Obispo County: Fred R. Mugler, M. D., 1170 Marsh Street, San Luis Obispo.

San Mateo County: Carl D. Benninghoven, M. D., Mills Memorial Hospital, San Mateo.

Santa Barbara County: H. J. Ullmann, M. D., 1520 Chapala Street, Santa Barbara.

Santa Clara County: R. Stanley Kneeshaw, M. D., 404 Medico-Dental Building, San Jose.

Santa Cruz County: Avery Wood, M. D., 335 Main Street, Watsonville.

Shasta County: C. C. Gerrard, M. D., Redding.

Sierra County: J. Gordon MacKay, M. D., Box 1032, Auburn.

Siskiyou County: A. H. Newton, M. D., Yreka.

Solano County: John W. Green, M. D., Box 539, Vallejo.

Sonoma County: T. E. Albers, M. D., 600 B Street, Santa Rosa.

Stanislaus County: Hoyt Raymond Gant, M. D., 1024 J Street, Modesto.

Sutter County: Benjamin F. Miller, M. D., 439 Central Street, Yuba City.

Tehama County: Frank J. Bailey, M. D., 736 Main Street, Red Bluff.

Trinity County: William A. Rowell, M. D., Trinity Center.

Tulare County: Ray Edward Cronemiller, M. D., 160 South E Street, Exeter.

Tuolumne County: Henry C. Rixford, M. D., Jamestown.

Ventura County: Arlo A. Morrison, M. D., 705 Main Street, Santa Paula.

Yolo County: J. Homer Woolsey, M. D., Woodland Clinic, Woodland.

Yuba County: Benjamin F. Miller, M. D., 439 Central Street, Yuba City.

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†For complete roster of officers, see advertising pages 2, 4, and 6.

* For editorial and other comments, see pages 53, 54, 90 and 100.

CALIFORNIA STATE COUNCIL OF DEFENSE†

Complexion of Local Boards.—Each local board is to consist of seven members as follows: a surgeon; an internist; an eye, ear, nose, and throat specialist; an orthopedist; a neuropsychiatrist; a radiologist; and a dentist.

Cities in Which the Headquarters of the District Boards Are to Be Established.—There will be nineteen district or local boards. In the list which follows, there will be one such board for each of the districts named, with the exception of San Francisco, which will have two separate boards, and Los Angeles, which will have six separate boards: Eureka (1); Redding (1); Sacramento (1); Oakland (1); Napa (1); Stockton (1); San Francisco (2); San Jose (1); Fresno (1); Salinas (1); San Diego (1); Los Angeles (district) (6); and Riverside (1).

Counties Included in the Various Districts.—From a map which was received, the districts, with their city headquarters, are as follows:

1. *Eureka District.* (Headquarters of this district will be in the city of Eureka.) Includes the following counties: Humboldt, Del Norte, and Mendocino.
2. *Redding District.* (Headquarters of this district will be in the city of Redding.) Includes the following counties: Siskiyou, Modoc, Trinity, Shasta, Lassen, Tehama, Plumas, Butte, and Glenn.
3. *Sacramento District.* (Headquarters of this district will be in the city of Sacramento.) Includes the following counties: Sierra, Nevada, Placer, Yuba, Sutter, Colusa, Yolo, Sacramento, and Eldorado.
4. *Oakland District.* (Headquarters of this district will be in the city of Oakland.) Includes the following county: Alameda.
5. *Napa District.* (Headquarters of this district will be in the city of Napa.) Includes the following counties: Napa, Solano, Sonoma, and Marin.
6. *Stockton District.* (Headquarters of this district will be in the city of Stockton.) Includes the following counties: San Joaquin, Stanislaus, Tuolumne, Calaveras, Amador, and Alpine.
7. *San Francisco District.* (Headquarters for this district will be in the city of San Francisco.) Includes the following counties: San Francisco City, San Francisco City.
8. *San Jose District.* (Headquarters for this district will be in the city of San Jose.) Includes the following counties: San Mateo, Santa Cruz, and Santa Clara.
9. *Fresno District.* (Headquarters for these districts will be in the city of San Francisco.) Includes the following counties: Merced, Mariposa, Madera, Fresno, Kings, Tulare, Kern, Inyo, and Mono.
10. *Salinas District.* (Headquarters of this district will be in the city of Salinas.) Includes the following counties: Monterey, San Benito, and San Luis Obispo.
11. *San Diego District.* (Headquarters of this district will be in the city of San Diego.) Includes the following counties: San Diego and Imperial.
12. *Riverside District.* (Headquarters of this district will be in the city of Riverside.) Includes the following counties: Riverside, San Bernardino, and Orange.
13. *Los Angeles District.* Headquarters of these districts will be as follows:

In Santa Monica or Beverly Hills, to handle Santa Barbara and Ventura counties; Long Beach or Compton; Burbank, Glendale, or Pasadena; Los Angeles City or Hollywood; Los Angeles City; Los Angeles City.

C. M. A. COUNCIL

Abstract of the Minutes of the Two Hundred and Eighty-Eighth (288th) Meeting of the Council of the California Medical Association*

Held in Room 309, Sir Francis Drake Hotel, Sutter and Powell streets, San Francisco, Saturday, June 29, 1940, at 9 a. m.

† For editorial and other comment, see pages 53, 86 and 90.

* Complete minutes of the Council are available for inspection to any member of the Association upon request.

1. Roll Call.

All members of the Council were present, except as noted: Speaker Lowell S. Goin, O. D. Hamlin (ill), A. E. Anderson (out of state), Dewey R. Powell (out of state).

2. Chairman of Committee on Public Relations.

A mail vote resulted in the election of Dr. Donald Cass of Los Angeles as chairman of the Committee on Public Relations.

3. Resignation of C. O. Tanner.

Resignation of C. O. Tanner of San Diego, Councilor-at-Large, was accepted with regret and thanks for past services.

4. Election of Councilor-at-Large.

Dr. Sam J. McClendon of San Diego was elected councilor-at-large, until the 1941 annual session, to fill the vacancy caused by the resignation of C. O. Tanner.

5. Minutes of Council.

Minutes of the Council meetings (282nd to 287th, inclusive), were approved.

6. Financial Statements.

Financial statements were placed on file.

7. Expenses of Officers.

Concerning the by-law included under Resolution No. 16 adopted by the House of Delegates at Del Monte in 1939, and relating to expense of officers, it was voted that expense items which were not submitted within sixty days after indebtedness was contracted should not be paid.

8. Woman's Auxiliary Roster.

The cost of the separate roster of the Woman's Auxiliary to the California Medical Association was stated to be $313.01.

9. Special Assessment of June 1, 1939.

Discussion was had concerning procedure in relation to members who were liable for the special assessment of June 1, 1939, who had not paid the same. It was agreed that a letter should be sent to all such members, urging payment, since the expense of the work inaugurated by the Committee on Public Health Education should be proportionately borne by all California Medical Association members, share and share alike.

10. Publications Committee.

Editor's request for transportation expense for a meeting of the Committee on Publications was approved.

11. California Physicians' Service.

Report was made that the mail vote for an additional loan of $5,000 had been in favor thereof. It was stated that California Physicians' Service had not found it necessary to ask for the loan, up to date of June 29.

12. Indemnity Defense Fund.

A report on the Indemnity Defense Fund inaugurated in the year 1917, and possible procedure in relation to future custodianship of the funds, was made. It was voted to transfer the custodianship from the group of three trustees to the nonprofit corporation, "Trustees Of The California Medical Association." The former trustees were given a vote of appreciation for their past services.

The Legal Counsel was authorized to carry out the instructions of the Council.

13. Recess.

(To permit meetings of the following organizations):

1. Members of "Trustees Of The California Medical Association" (to elect members of the Board of Directors).

2. Board of Directors of "Trustees Of The California Medical Association" (to elect officers of the Board of Directors).

3. Executive Committee (to elect a chairman of the Executive Committee. Charles A. Dukes of Oakland was elected).

14. Reconvening of Council.

15. Reinstatement of Members.

It was voted that all 1939 members who had paid their dues subsequent to April 1, 1940, be reinstated to membership.

16. Retired Membership.

Retired membership was granted to Robert L. Miller and J. E. Vallee of Los Angeles County.

17. Membership Dues.

Legal Counsel was instructed to prepare an amendment providing for payment of amount less than annual dues, to apply to new members admitted after July 1 of any calendar year.

18. Membership.

Reports were submitted regarding several membership problems.

19. Reorganization of County Medical Societies.

Official names in the reorganized counties of the Eighth District shall be: Butte-Glenn County Medical Society; Yuba-Sutter-Colusa County Medical Society and Yolo County Medical Society.

20. Resolution No. 14—Expert Witnesses.

The Department of Public Relations was requested to study Resolution No. 14, adopted by the House of Delegates at Coronado, and make recommendations thereon.

21. Resolution No. 33—Aid to Needy Members.

It was voted that the present Committee on Aid to Needy Members (A. E. Anderson, chairman, Elizabeth Mason Hohl, and Robert Peers) be continued until the next annual session.

22. Resolution No. 30—County Hospital Fees and Accident Cases.

A special committee, consisting of Doctors Cass, O'Neil, and Reinle, was appointed for this work.

23. Date of Del Monte Annual Session 1941.

Date of the next annual session will depend upon the date of the 1941 session of the American Medical Association. It was agreed that Council Chairman Gilman should confer with President Harry H. Wilson and President-Elect Henry S. Rogers as soon as the date of the American Medical Association meeting is set, and they shall have authority to determine the dates for the 1941 California Medical Association session at Del Monte (probably in May, 1941).*

24. Annual Session Equipment.

The chairman of the Committee on Scientific Program, Doctor Kress, was authorized to purchase additional projection apparatus, view boxes, time clocks, etc., for the twelve scientific sections, so that each section may be provided with proper equipment at the next annual session.

25. Annual Session Programs.

For the Committee on Scientific Work, Chairman Kress requested approval of the plan to continue the general meetings on each of the four mornings of the annual session; to give up the Tuesday afternoon entertainment features to permit scientific sections to hold their meetings on each of the four afternoons; to notify collateral and affiliated organizations that their meetings must be held on meeting days prior to or subsequent to those of the annual session (owing to the limited meeting-room accommodations).

26. Basic Science Act.

Discussion of possible action in regard to the Basic Science Law was had. It was voted to recommend to the Committee on Public Health Education that it strive to expedite the work of securing signatures and to take other necessary steps for the enactment of a Basic Science Law.

27. Report of Delegates to the American Medical Association.

Delegate Best reported on the recent meeting of the American Medical Association held in New York. Attention was called to the fact that the American Medical Association 1943 session will be held in San Francisco; also that, under the reapportionment of the House of Delegates of the American Medical Association, California will be entitled to an additional delegate, this delegate to be elected at the fall meeting of the Council.

The American Medical Association Committee on Medical Preparedness was discussed by Doctor Dukes, who is a member of the American Medical Association Committee of Ten, and the Council voted that P. K. Gilman of San Francisco be appointed chairman of the California Committee on Medical Preparedness, with power to select district and county representatives to work with his committee in coöperation with the American Medical Association program.

28. Wagner-George Bill, Senate 3230.

It was felt that the proposed Wagner-George hospitalization law now before Congress was not altogether satisfactory; and the California Medical Association Council was in agreement with the opinions expressed by the American Medical Association.

29. Compulsory Health Bill.

It was reported that the proposed compulsory health bill could not be placed upon the ballot of the November, 1940, state election, but that it would probably be submitted to the California Legislature in January, 1941.

30. Legislation.

Mr. Read called attention to the amendment to the Relief Bill passed at the special session of the California Legislature whereby it would be possible for California Physicians' Service to coöperate in giving medical care to citizens of certain income groups.

Attention was also called to the fact that the primary elections for legislative candidates would be held on August 27, and the importance of physicians being alert to their civic obligations was stressed.

31. Committee on Public Health Education.

Mr. Marshall made a report on the status of the Essay Contest, and on other activities of the Committee on Public Health Education.

32. Doctors' Day.

It was stated that the American Medical Association had taken no action thereon.

33. Resolution No. 2—Basic Hospitalization Cost.

It was voted that Resolution No. 2 be referred to the California Medical Association standing committee on Hospitals, Dispensaries and Clinics, J. Normal O'Neill, chairman.

34. Resolution No. 23—Proposed Pound Law.

It was voted that Resolution No. 23, in relation to unclaimed dogs in pounds, be referred to the special committee of which Dr. P. K. Gilman is chairman.

* Date has since been set as May 5–8, 1941.

35. **Resolution No. 24—Traffic Exemptions to Physicians.**

Resolution No. 24, relating to exemption of physicians from traffic laws, was referred to the California Medical Association Legal Counsel for study and report.

36. **Speakers' Bureau.**

It was announced that Dr. Charles A. Noble of San Francisco had been appointed chairman of the Northern Division of the Speakers' Bureau, to take the place of Dr. John W. Cline, resigned.

37. **Publication of Nevada Papers.**

The problem of publication of papers read at the annual session of the Nevada State Medical Association was discussed.

38. **Members' Endowment Fund.**

The donation received from Dr. Brett E. Davis was placed to the credit of the Members' Endowment Fund.

39. **Medical Preparedness.**

A report was made concerning the need of physicians to aid in the medical care of civilians in the British Isles.

40. **California Federated Athletes' Association.**

Concerning fees established by the California Federated Athletes' Association, it was voted that this matter be referred for consideration to the Committee on Industrial Medical Practice.

41. **Recess for Luncheon.**

42. **Reconvening.**

43. **Expert Witnesses.**

Legal Counsel Peart discussed certain phases having to do with expert witnesses.

44. **Goodall vs. Brite.**

Legal Counsel Peart reported concerning this case.

45. **Smith vs. Kern County Medical Society.**

Legal Counsel Peart reported concerning this case.

46. **Council Meeting.**

It was voted that the next meeting of the Council be held at Los Angeles on Sunday, October 6, 1940.

47. **Executive Session.**

Executive session of the Council was called to order by Chairman P. K. Gilman, John W. Cline acting as secretary.

(*a*) Report was made by President Harry H. Wilson on reorganization plans.

(*b*) Pension of $40 per month, subject to revision from time to time, granted to Miss Bradford.

(*c*) Salary of secretary-treasurer was fixed at $300 per month.

(*d*) A special committee was appointed to submit to the Council plans for possible revision of standing and special committees as basis for report to the House of Delegates in 1941. (Chairman Gilman appointed as committee: Doctors George D. Maner, R. Stanley Kneeshaw, and Elbridge J. Best.)

(*e*) Minutes of the Council to be no longer printed in full in the OFFICIAL JOURNAL, but instead an abstract only with statement, "Complete minutes of the Council are available for inspection to any member of the Association upon request."

Councilors to continue to receive mimeographed copies of minutes and galley proofs of the abstracts.

(*f*) A special committee, consisting of President Harry H. Wilson, President-Elect Henry S. Rogers, and Chairman P. K. Gilman, was appointed to interview candidates for the new position in headquarters office, and make recommendations to the Executive Committee in regard to the candidates. California Medical Association Executive Committee to have power to appoint and to determine the salary.

Prior to any appointment being made by the Executive Committee, informative data concerning the various candidates to be submitted to the members of the Council.

48. **Adjournment.**

P. K. GILMAN, *Chairman.*
GEORGE H. KRESS, *Secretary.*

COMMITTEE ON PUBLIC HEALTH EDUCATION†

Direction of the campaign to enact a Basic Science Law in California was assumed by the Committee on Public Health Education during the past month.

At the request of the Council, and pursuant to instructions voted by the House of Delegates at Coronado, the Committee took the first steps toward securing this legislation, which has been desired by the medical profession over a long period of time.

Every member of the California Medical Association will be asked by the Committee to do his or her share toward accomplishing this desirable objective with the utmost efficiency and the least cost.

At the present, activities are with the legal department, preparing the exact form of the measure, which must be enacted as an initiative by vote of the people. The draft of the Special Committee on Basic Science Law, as revised by the Committee on Public Relations last year, will again be carefully studied and further revised. When the proposed act has been properly titled by the Attorney-General and the petitions for circulation among the voters have been prepared, members will be advised of the manner in which they can help in this undertaking.

The Committee on Public Health Education reports progress both on the essay contest now open to students in high schools and junior colleges and on the motion picture, which will depict the advance of medical science in the manner calculated to most appeal to the public.

In anticipation of a busy season starting after the vacation period, the Committee is urging intensified efforts on the part of all speakers' bureaus and additional organization of the same. The Committee also has launched efforts to increase the radio programs now being devoted to medical speeches, which through the coöperation of various county societies have been made available at little or no cost to the medical profession.—R. M.

† The Committee on Public Health Education was established through Substitute Resolution No. 6 at the Del Monte annual session, May 3, 1939.

The Committee on Public Health Education consists of Frank R. Makinson, chairman, Oakland; Philip K. Gilman, San Francisco; Samuel Ayres, Jr., Los Angeles; Thomas A. Card, Riverside; Lowell S. Goin, Los Angeles; Junius B. Harris, Sacramento; Dewey R. Powell, Stockton; Harry H. Wilson (ex officio), Los Angeles. Mr. Ross Marshall is the Public Relations Counsel of the Committee, and may be addressed at 408 South Spring Street, Los Angeles (telephone TUcker 2312), or 244 Kearny Street, San Francisco (telephone YUkon 2212).

C. M. A. DEPARTMENT OF PUBLIC RELATIONS†

Health and Medical Preparedness*

The problem which concerns each of us today is what we can do to contribute to the safety of our country. Traditionally, as doctors and nurses, we have been servants of peace. When war did come, it was our job to patch up the wounds, ease the suffering of the wounded, and repair as best we could the damage done by shot and shell.

We are not at war. If we have time enough—if we are swift and wise enough in the time that we have—war in this hemisphere may be prevented. But the old rules of war, and the preparation for it, have been demolished. The whole task of national defense is different from what it was twenty-five years ago. . . .

Today I would discuss with you the aggressive action which you and I, by virtue of our calling—because we are the servants of peace—must take to build up national strength. The needs to be met are enormous in scope, yet simple in analysis. National strength can be built up only by the adequate application of all the sciences to the provision of armament, munitions and supplies, food, and manpower. Our job is manpower.

Our defense plans, for the immediate emergency, are still young. There is much in the way of organization and coördination yet to come. But as a first step in meeting the vital needs of manpower preparedness, I propose that a coördinator of medical and health preparedness for national defense be appointed under the National Defense Council. There is much for him to do. He would work with and through the Surgeons-General of the United States Army, the United States Navy, and the United States Public Health Service, other Federal agencies, and the national voluntary organizations concerned with the prevention, diagnosis, and treatment of disease.

A first task is the need for listing and classifying professional and technical personnel in the country; for planning and aiding, if and when necessary, the recruitment and mobilization of medical and health personnel.

Another urgent task involves the protection and promotion of the health of industrial workers. . . .

Certain diseases have particular military importance. The venereal diseases are at the top of the list. They caused more disability in the last war than anything except wounds and influenza. Fortunately we have been forehanded in building some machinery in every state to deal with this problem. We need to intensify these efforts, especially in those areas of military and industrial mobilization.

The importance of tuberculosis is accentuated by the current situation. . . .

Of the many military medical and health problems in the tropical Americas, the most important is malaria. . . .

Another strategic medical material, for which we are dependent upon foreign sources, is opium. For four years I have prescribed the total annual amounts which could be imported into the United States. Before and after Munich, I aided our commercial importers to build up a war chest of opium and morphin. In the vaults at Washington, formerly used to store gold, we have stored enough morphin for at least three years. Our regular source has been from the eastern Mediterranean, now closed. Before this supply is exhausted, we can if necessary grow in certain areas of the United States the pain-relieving poppy plant. But it must be planned now.

Other diseases require our attention. Next to the venereal diseases, mumps is the most disabling of the acute infections among recruits. Meningitis was a great hazard during the last war. Influenza still is a major threat. . . .

When armies are mobilized certain proved immunizations are used. Typhoid fever, yes. Smallpox, yes—since Jenner's discovery of more than one hundred years ago. A recently developed toxoid against tetanus is of proved value and will be used routinely. Effective immunization against gas gangrene would be another great aid. By a few months of coördinated effort on the part of commercial, university, and governmental groups, a practical protection against this major war hazard should be perfected. Here is another job for the coördinator.

Our first concern may be in tropical America. I have discussed malaria. What about yellow fever? Prevalent throughout large areas of South America, a constant threat to the southern half of the United States, we do not have in this country enough of the effective vaccine against it to immunize one regiment! In spite of the requests from year to year, I have not been able to secure funds with which to produce a reserve supply.

These examples, among many I could cite, illustrate my major thesis. There are many diseases, of great military importance, which we could control if we were given the will, the authority, and the money to do it.

If or when war comes, every 1,000,000 men mobilized need 7,500 doctors drawn from civil practice. Dentists, nurses, sanitary engineers are need, too. In the mobilization of four million during the last war, more than a fourth of the effective medical men of the country were called to the colors. Whole counties were depleted of doctors. Many medical schools were almost put out of business, because the best men left for military duty. We should not repeat these mistakes. Today we should investigate who should go, who should stay to practice, to teach, to operate an essential civilian service. We have no machinery now to do this. A coördinator of medical and health preparedness should create the machinery, working with the public health agencies, the schools, and the medical profession itself.

We have a shortage of laboratory technicians. Intensive courses would provide more. Universal training would deplete the ranks of medical students; yet we need doctors each year to replace obsolescence. . . .

Further, let us consider the whole problem of national fitness. The President has recommended that all youth give one year to public service—be trained during this time in some skill. How fit are they from a physical and mental viewpoint? Enrollment should include a careful examination. All correctable defects should receive prompt attention. As yet, there is no organization, no planning of an organization to do it. This is a task projected.

Let us consider two tasks immediately before us. The National Youth Administration employs 300,000 young people. Here is a measurable group, beneficiaries of the Government. After five years no plan has been worked out to appraise their physical status. Should not we take this group of underprivileged youth and apply our proved medical science to relieve their correctible defects?

Employed by the Work Projects Administration are nearly two million people. The nation wants to use their services; they themselves want to serve in the ways they

† The complete roster of the Committee on Public Relations is printed on page 2 of the front advertising section of each issue. Dr. Donald Cass of Los Angeles is the chairman, and Dr. George H. Kress is the secretary. Component county societies and California Medical Association members are invited to present their problems to the committee. All communications should be sent to the director of the department, Dr. George H. Kress, Room 2004, Four Fifty Sutter Street, San Francisco.

* By Thomas Parran, Surgeon-General, United States Public Health Service.

Read before the New York State Conference of Health Officers and Public Health Nurses, Saratoga Springs, June 25, 1940.

For other comment on medical preparedness, see pages 53, 86, 87 and 100.

can best contribute to national safety. What is their physical status? No one knows. I propose that each of them be examined; that we use methods comparable to those of the Draft Boards of twenty-two years ago, and classify the Work Projects Administration employees physically into three or four classes. . . .

Not through any pity for their working people, but because their scientists proved to them that it was an essential to national power, the Germans began several years ago to provide for the working masses a diet better than ours have now. We have made a beginning in this direction through the food-stamp plan. What we need is an intensive national drive, with rigid scientific controls, to use the food we have to improve the fitness of our manpower.

Though I would not presume to draw up a blueprint for the whole effort of health preparedness, each of the problems mentioned needs prompt attention. With authority from the National Defense Council, several committees of experts, both official and professional, should undertake special responsibilities. What seems now a huge, illimitable job is, in reality, a composite of measurable tasks. . . .

In the past there has been division of opinion and occasional dissension among our professions concerning methods proposed to bring better health and a higher standard of medical care to our people. In the face of danger it is the democratic way—even the herd instinct—to unite for the agreed objectives of safety. We cannot now afford controversies. The preparedness of our manpower for national safety is not controversial. Given a hand in the planning, all of us together, official and professional, can work out methods in which we all believe. . . .

In the dictatorships, the state is served by sacrifice of the individual and enslavement of the men of science. If our democracy is to stand, we—as doctors, as health officers, as health workers, as citizens—of our own free will, because we know it is necessary, must put medical science to work now, fully, to make our men as good as our machines.

* * *

Exhibit at Golden Gate International Exposition: "The Human Eye"*

Most physicians are well aware of the political, economic, and social pressure that is being directed against the best interests of medicine and the public health at the present time. This pressure has led certain groups and individuals within the profession to pay, perhaps too late, some attention to a subject, the importance of which was long ago recognized by progressive commercial organizations, viz., the subject of public relations.

Businessmen know that they can obtain from the public a favorable hearing of their viewpoints once they have gained public attention and interest through some entertainment medium. The medical profession, probably wisely, is beginning to utilize the same approach through radio, popular magazines, and other media.

In 1939 an attempt was made to include an ophthalmological exhibit in both the San Francisco and New York Fairs, but both projects were given up. This year, on April 24, Mr. G. L. Bowe, Director of the Exhibits Division of the Golden Gate International Exposition, appeared at a meeting of the Eye, Ear, Nose and Throat Section of the San Francisco County Medical Society to ask if it would be possible to design and assemble an exhibit on ophthalmology for the Science Building on Treasure Island. The response of the members present was so encouraging that Dr. Matthew N. Hosmer, chairman of the section, appointed a committee to consider the proposal, and, if it were found practicable, to arrange the exhibit. The committee consisted of Doctors George N. Hosford (chairman), Joseph Crawford, David Harrington, Robert Irvine, and Dohrmann Pischel.

Within two weeks, sufficient funds had been pledged by individual ophthalmologists and societies and by the California Association of Dispensing Opticians and the manufacturers of ophthalmic supplies so that an exhibit was assured.

The exhibit was completed in time for the record-breaking Exposition attendance of July 4. On this day nearly 12,000 persons tested their vision and inspected the educational features of the exhibit.

Treasure Island's visitors are lining up to work the machine that shows them "what the physician sees inside your eye with an ophthalmoscope." They await their turns to see if they are color blind. They show great interest in learning their visual acuity ratings. They are finding out that the eye is a medical problem and that there is a difference in the diagnostic abilities of ophthalmologists and a group of laymen who, under the name of optometrists, have invaded the field that belongs to the ophthalmologist. They are learning that proper treatment brings with it worth-while results and should not be feared or avoided. Best of all, some of these spectators are going

* Article contributed by George N. Hosford, M. D. For editorial comment, see page 55.

A view of the exhibit, The Human Eye, at the Golden Gate International Exposition.

away with the feeling that a group of physicians is trying to do something to explain what scientific medicine is.

While the exhibit was planned for laymen, much of the material is very good; the explanations are, as far as possible, pictorial, and we hope the exhibit will be interesting also to doctors who do not specialize in diseases of the eye. The Committee would appreciate having the exhibit called to the attention of patients when there is an opportunity.

COMMITTEE ON POSTGRADUATE ACTIVITIES†

Eighth Councilor District Postgraduate Conference: At Tahoe Tavern, August 24–25, 1940

On Saturday and Sunday, August 24–25, at Tahoe Tavern, a two-day Postgraduate Conference will be held. The Eighth Councilor District is composed of the following county societies: Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Sutter, Tehama, Yolo and Yuba.

A preliminary notice has been sent to the physicians of the District by the local Committee on Arrangements: Councilor Frank A. MacDonald, ex-President Robert A. Peers, and Doctor George Briggs.

The Conference will open on Saturday, August 24, with informal luncheon at 12 o'clock noon.

During the afternoon, several papers will be presented. In the evening, at seven o'clock, there will be a dinner, with Doctor Peers presiding; this to be followed by dancing. Keep in mind that the ladies are invited and expected. An Auxiliary meeting will also be held. On Sunday morning, several papers will be given, to be followed by luncheon.

Guest speakers will give the talks and discussions on scientific topics, and officers of the State Association may make brief addresses on organization problems.

The C. M. A. Committee on Postgraduate Activities joins with the local committee in expressing the hope that physicians of the District will find it possible to be present at the Clinical Conference on August 24 and 25.

* * *

Stanford University School of Medicine: Postgraduate Medical Courses for Practicing Physicians

The Stanford University School of Medicine, in coöperation with the San Francisco Department of Public Health and the San Francisco Hospital, in the period September 9 to 13, 1940, inclusive, offers a series of courses for practicing physicians. Each physician may take one morning and one afternoon course, or a full-day course, and all physicians should attend the evening general meetings.

There will be a registration fee of $25. An additional fee of $10 will be made to cover the cost of materials used in Course 3, Surgical Anatomy and Operative Technique, and in Course 8, Otorhinolaryngology. Registration closes on August 31.

All fees are payable to Stanford University School of Medicine. Checks and applications for registration in these courses should be mailed to the Dean, Stanford University School of Medicine, 2398 Sacramento Street, San Francisco, not later than August 31.

Titles of courses follow:

I. MORNING COURSES

Monday, Tuesday, Wednesday, Thursday, and Friday, 8:30 to 12:00

Course 1—Pediatrics.

Course 2—Gastro-enterology.

Course 3—Surgical Anatomy and Operative Technique (limited to twenty-four physicians).

II. AFTERNOON COURSES

Monday, Tuesday, Wednesday, Thursday, and Friday 1:30 to 5:00

Course 4—Management of Hypertension and Nephritis.

Course 5—X-ray Diagnosis and Therapy (for doctors experienced in and practicing radiology, but not limited to those who are specializing exclusively in radiology—limited to twenty physicians).

Course 6—Proctology.

III. FULL DAY COURSES

Monday, Tuesday, Wednesday, Thursday, and Friday Mornings, 9 to 12; Afternoons, 2 to 5

Course 7—Surgical Emergencies, Traumatic Injuries and Fractures (at San Francisco Hospital).

Course 8—Otorhinolaryngology (for specialists only; general practitioners not eligible for this course).

Course 9—Anesthesiology (limited to six physicians. Only those whose practice includes anesthesiology will be eligible to this course).

* * *

Postgraduate Refresher Courses in Pediatrics and Obstetrics

Sponsored by the California State Department of Public Health (Social Security Act), approved by the Committee on Postgraduate Activities of the California Medical Association, and under the auspices of the University of California Medical School, a series of postgraduate refresher courses have been planned for the year 1940 and 1941. A series of three courses have been, or will be given during the summer months of 1940 as follows:

July 8 to 20—*Pediatrics.*

July 22 to 27—*Obstetrics.*

July 29 to August 10—*Pediatrics.*

Additional Courses.—Two courses are planned for the Christmas recess, beginning December 16, 1940. These courses are especially designed for health officers, but will be open to others who may be interested in attending.

A series similar to those recently given is planned for May and June of 1941.

An opportunity will be given to those physicians in the State who may be interested to apply for admission to the two forthcoming series of courses. Attendance at the courses is limited to fifteen physicians for each conference. The privilege of enrolling for both the pediatric and obstetric sessions will be granted as far as the limited number of registrants allows. Physicians who are interested in attending any of these conferences should, for the present, correspond with the State Department of Public Health, 306 State Building, 300 McAllister Street, San Francisco. At a later date enrollments may be transferred to the University of California Pediatrics Department.

An informative statement follows:

* * *

(COPY)

STATE OF CALIFORNIA: DEPARTMENT OF PUBLIC HEALTH, BUREAU OF CHILD HYGIENE

The State Department of Public Health announces a repetition of the postgraduate course in pediatrics for phy-

†Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

sicians coöperating with the Bureau of Child Hygiene.

Specific Information:

Opening Date—July 8, 1940.

Length of Course—Two weeks.

Place—School of Medicine, University of California, San Francisco.

In Charge—Dr. Amos Christie, Associate Professor in Pediatrics, Acting Head, Department of Pediatrics.

The Faculty—Members of the staff of the Department of Pediatrics.

Registration—Limited to ten physicians. The State Department of Public Health will pay the registration fee for the course and round-trip transportation of each registrant.

This practical course in preventive and clinical pediatrics is part of a series of postgraduate courses to be given at the School of Medicine, University of California, under the sponsorship of six western State Departments of Public Health.

Immediately following the course in pediatrics, a postgraduate course in obstetrics will be given. Following the latter, the course in pediatrics will be repeated for those who have been unable to attend the first two courses in pediatrics sponsored by the State Department of Public Health.

Please use blank below to register with the State Department of Public Health, Bureau of Child Hygiene, 300 McAllister Street, San Francisco.

I hereby apply to be enrolled for the postgraduate course in Pediatrics at the School of Medicine, University of California, beginning July 8, 1940.

Signed .....

Address .....

Town .....

Date .....

306 State Building, San Francisco.

CALIFORNIA PHYSICIANS' SERVICE†

As of July 1, 1,300 additional California State Employees' Association members were added to California Physicians' Service ever-increasing number of beneficiary members, bringing the present total to approximately 16,000.

There is now a representative of California Physicians' Service and Associated Hospital Service located in Fresno, Mr. H. B. Rector. He will cover Fresno, Kings, Tulare, and Kern counties, and it is the firm conviction of all those connected with both California Physicians' Service and the hospital association that there is a great deal of interest in the San Joaquin Valley and that new members will be rapidly acquired in that area.

The study referred to in last month's article is still in progress, and it is hoped that within sixty days it will be possible to present to the profession some interesting statistics relating to the nature and extent of care being rendered to persons belonging to California Physicians' Service; statistics which will, without doubt, contribute materially to the intelligent administration of the Service in such a way as to increase the unit value.

Looking toward the simplification of paper work for doctors and their secretaries, a new form has been devised which eliminates the use of the small pink referral and initial report heretofore used for every patient who is a California Physicians' Service member. In lieu of this form, provision is made for a report on those cases involving more than three visits, hospitalization, or for cases requiring complete medical study or x-rays or laboratory examinations (beyond urinalysis or, for premarital examinations, a Wassermann). The new form has been in use in San Francisco since late in June, on an experimental basis, and since early in July in Alameda County. Indications thus far are that the form has been well received by doctors, and from the standpoint of the central office it is a great improvement. It is anticipated that within sixty days it will be possible to spread the use of the form to all other counties of the state.

† Address: California Physicians' Service, 333 Pine Street, San Francisco. Telephone EXbrook 3211. Alson Kilgore, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (20)

Fresno County (1)

Darrell Overpeck, *Fresno*

Merced County (1)

Harry R. Maytum, *Merced*

San Bernardino County (5)

Truman T. Ackerson, *Upland*
Leland C. Jacobson, *San Bernardino*
Frank C. Melone, *Redlands*
Henry Wiedow, *Twenty-nine Palms*
Rudolph P. Wipperman, *Patton*

San Diego County (1)

Ralph M. King, *San Diego*

San Francisco County (4)

Joseph H. Davis, *San Francisco*
Jay Jacobs, *San Francisco*
Ambrose P. Merrill, *San Francisco*
Alexander Petrilli, *San Francisco*

Santa Clara County (1)

Harvey S. Pinto, *Agnew*

Sonoma County (4)

Julius Lewis, *Santa Rosa*
Robert Lewis, *Santa Rosa*
Vincent Meyers, *Santa Rosa*
John Siemens, *Santa Rosa*

Ventura County (2)

F. William Cutts, *Camarillo*
Seymour Dudley, *Santa Paula*

Yolo County (1)

Webb D. Garcelon, *Esparto*

Transfers (1)

Homer R. Evans, from Kern County to San Bernardino County.

† For roster of officers of component county medical societies, see page 4 in front advertising section.

In Memoriam

Bond, Elmer C. Died at Hanford, July 8, 1940, age 66. Graduate of the California Eclectic Medical College, Los Angeles, 1899, and licensed in California the same year. Doctor Bond was a member of the Kings County Medical Society, the California Medical Association, and the American Medical Association.

✠

Bryant, De Witt Clinton. Died at Los Angeles, July 1, 1940, age 91. Graduate of the University of Wooster Medical Department, Cleveland, 1875. Licensed in California in 1917. Doctor Bryant was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✠

Condit, Joseph Dayton. Died at Pasadena, July 5, 1940, age 63. Graduate of Columbia University College of Physicians and Surgeons, New York, 1901. Licensed in California in 1904. Doctor Condit was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✠

Fitzgerald, William Wesley. Died at Stockton, July 7, 1940, age 72. Graduate of Jefferson Medical College of Philadelphia, 1895, and licensed in California the same year. Doctor Fitzgerald was a member of the San Joaquin County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✠

Frost, Edmund. Died at Stockton, June 26, 1940, age 59. Graduate of the College of Physicians and Surgeons, San Francisco, 1918, and licensed in California the same year. Doctor Frost was a member of the San Joaquin County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✠

Gottbrath, Norbert Joseph. Died at San Francisco, June 20, 1940, age 61. Graduate of Georgetown University School of Medicine, Washington, D. C., 1912. Licensed in California in 1916. Doctor Gottbrath was a member of the Santa Clara County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✠

Speik, Frederick A. Died at South Pasadena, June 30, 1940, age 58. Graduate of Rush Medical College, University of Chicago, 1907. Licensed in California in 1912. Doctor Speik was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✠

Thompson, Harry Douglas. Died at Los Angeles, July 3, 1940, age 48. Graduate of College of Physicians and Surgeons, Los Angeles, 1918, and licensed in California the same year. Doctor Thompson was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. A. E. ANDERSON.....President
MRS. WILLIAM C. BOECK.....Chairman on Publicity
MRS. KARL O. VON HAGEN..Asst. Chairman on Publicity

Inaugural Address of Mrs. V. E. Holcombe, President of the Woman's Auxiliary to the American Medical Association (1940-1941)

It is with a feeling of deep gratitude and indebtedness to my predecessors in office that I contemplate serving the Auxiliary in the capacity of president.

In the five years of service as a member of the National Board my opportunity has been unusual to appraise the value of its leadership. I am conscious at all times of the high attainment and unselfish service rendered by my predecessors.

The natural instincts of physicians' wives are not unlike those of other women of the present age. The essential function of woman is that of a helpmeet. When we, as doctors' wives, have that function expressed in moulding the sentiment of our contacts and communities in line with the program and platform of organized medicine, we experience the fruition of our Auxiliary ideals.

This is the opportune time for our supreme effort in reiterating and establishing on a firm foundation, which will withstand the onslaughts of adverse activity, the tenets and postulates of a great and humanitarian profession which have been evolved and perfected by the free and unhampered efforts of great souls, operating in the atmosphere of freedom since the inception of our national life.

In former years the moulding of public opinion was a slow and tedious process. Today, with our multiple means of communication, rapid and radical changes in thought and expression are the order of the day. Consequently, in order to intercept and circumvent false ideas and false conceptions regarding the practice of medicine, it is expedient for the Auxiliary, if it is to serve in its fullest capacity, to be more than ever on the alert to recognize any propaganda or subversive influence which is inimical to the purposes and traditions of the medical profession. We must be cognizant at all times of the changing impacts upon the consciousness of the present-day individual, which determines human opinion and reaction.

This is the age of unified effort. It is only through concerted action that the objectives for which the individual strives can be attained.

Thus, the Auxiliary may best utilize group activities through discreet methods of propagating the knowledge necessary to mould public opinion and make it conversant with the objectives of organized medicine. The attainment of these objectives is to be consummated indirectly by the process of permeation through the laity and through the medium of an opportune word, or impetus to a thought in the right direction, or the judicious redirection of sentiment which may react unfavorably upon the medical profession.

To come from generalities to specific and practical thoughts, let us reiterate the aims of the National Auxiliary. They are:

1. To interpret the aims of the medical profession to

†As county auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Karl O. Von Hagen, Assistant Chairman on Publicity, 5867 Whitworth Drive, Los Angeles. Brief reports of county auxiliary meetings will be welcomed by Mrs. Von Hagen and must be sent to her before publication takes place in this column. For lists of state and county officers, see advertising page 6. The Council of the California Medical Association has instructed the Editor to allocate two pages in every issue to Woman's Auxiliary notes.

other organizations interested in the promotion of health education.

2. To assist in the entertainment at the sessions of the American Medical Association.

3. To encourage friendliness among the families of the medical profession.

4. To do work approved by the Advisory Council of the American Medical Association.

In order to carry out these objectives we must have a concrete workable program. We do not propose to institute a spectacular program, but we do propose to develop or work out a program according to the needs that arise, the tenor of which is now, as always, self-instruction in matters pertaining to individual and public health, so that we may become instruments in the transmission of this knowledge to the laity. In each community the Auxiliary, through its Advisory Council, should coöperate with its local medical society on the problems of local interest which might include any of the health problems in a long list.

The Auxiliary will continue its interest in *Hygeia,* and in supporting the radio broadcast by the Health Education Bureau of the American Medical Association, Public Relations, Health Education program and legislation.

I especially urge the National and State officers, before formulating plans for the coming year, to familiarize themselves with the platform of the American Medical Association and become conversant with the procedure during the present session of the House of Delegates, the addresses of the duly elected officers of the American Medical Association, and the reports made by the trustees and the scientific councils to the House of Delegates.

Nineteen hundred forty finds the Woman's Auxiliary to the American Medical Association entering upon the nineteenth year of its career. The history of an organization, if it is to be a record of forward movements and high achievements, depends on three factors: the ideals embodied in the purpose of the organization; the efficient, consecrated efforts of its leaders and members in the promotion of its plans and loyalty to its policies; and the ability to meet the exigencies of the times in its benefactions.

The years of serious endeavors, the straightforward facing of ever-changing conditions, the understanding of the importance of health and the difficulties in the professional field, and now the war, have brought to the members of this organization a conviction that the work of the organization, if it is to go forward, must be done in a spirit of "service to humanity." All selfish ambitions must be set aside; idealism become realism; and each phase of the Auxiliary's activities more closely correlated.

The growth in membership of any organization over a period of years would be of no particular value to the cultural, artistic, and educational development of a nation were it a matter of figures only. But the practical idealism of the high purposes of this organization, the constant effort of its increasing membership and the ability to meet the ever-changing forces with which profession and humanity has had to combat, has placed the Auxiliary in the front ranks of those organizations most helpful in creating a new and most vital recognition and understanding of authentic health information.

Body's Temperature Maintained by Delicate Inner Adjustments.—The human body is able to maintain a delicately adjusted internal temperature in spite of the fact that it operates under a much greater range of external temperature and much more severe conditions than any man-made machine endures, Dr. George A. Skinner, Berkeley, California, points out in *Hygeia, The Health Magazine.*

The air taken into the respiratory tract, he says, may vary from far below zero to much above 100 F. Such air must also be maintained at a relatively constant content of moisture or the mechanism fails to function properly. It is, therefore, a highly complicated problem to meet the necessary conditions, yet most of them are met right at the air intake of our respiratory system, for a marvelous "air conditioner" is located in the cavities of the head, connected with the nose.

"The air is taken from wherever we happen to be," the author explains, "it is warmed and filtered; then moisture is added, and it passes on through the voice box (larynx) into the largest tube of the system, which we call the windpipe or trachea. The main air tube soon divides into two tubes of about equal size, and these go to opposite sides of the body. Then begins a series of divisions and subdivisions until there is a large number of branches, much like the branching of a tree. The ends of the finest tubes expand so that each terminal looks like a tiny bunch of grapes. It is in these small expansions that the most important part of respiration takes place, for here the used gases are extracted from the blood, and fresh oxygen is substituted to keep the fires burning that maintain the vital processes.

"The little hairs that we can see in the nose do much to remove dust and keep other foreign matter from entering the respiratory system, unless we become careless and breathe through the mouth. The air filters on all modern automobiles perform a similar function by removing much of the road dust that tends to increase wear on the cylinders. Lining the nasal cavities is a pink membrane which secretes mucus, which captures much of the dust suspended in the air. But in addition to that the mucus is pierced with millions of tiny hairlike structures called cilia. They are constantly sweeping out foreign materials, and as long as they are active, germs have little chance of making a successful landing. If, however, the body temperature begins to go down, as after prolonged exposure to cold, the motion of the cilia begins to slow down, and if the body temperature falls as much as two degrees, the motion may stop entirely. Hence, there is then an opportunity for the millions of germs that always inhabit our upper air passages to find a camping place and start working.

"Heat may escape from the body in a number of ways. We lose heat with each exhalation and with the body excretions. But the organ of greatest heat loss is the skin. When the body heat gets too great, the blood rushes out to the surface of the body, and the glands excrete water, which carries off a large amount of heat. The amount of water thrown off is in direct proportion to the amount of heat to be eliminated.

"When enough heat has been eliminated so that the body temperature will not go above its normal (98.6 F.) the perspiration stops, the blood vessels again contract to normal size, and the body routine is resumed. If on the other hand heat losses are too rapid, instead of the blood vessels dilating and the skin becoming full of blood, the vessels contract, the skin tightens up and the blood is driven into the deeper parts of the body where it cannot lose heat so rapidly. If cold does not come too rapidly, the body will tolerate a prolonged and severe chilling without damage."

Single Syphilis Test Not Conclusive.—In discussing the discrepancies of syphilis tests, Dr. G. Marshall Crawford and Dr. Leon F. Ray, Portland Oregon, in *The Journal of the American Medical Association,* warn that neither a single positive nor a single negative test should be accepted as final. If a history suggestive of syphilis exists, tests should be done repeatedly until they are consistently positive or negative.