specialty, this aggregation of medical men to employ a laboratory worker, so that a patient can come and be properly, thoroughly and quickly examined and treated for a reasonable amount of money; and where, because of the laboratory being handy, or the X-ray being accessible, all these methods will be more often used, to the benefit of the patient and to the credit of the doctor. We believe that the fame of a number of Eastern men rests upon just such organizations, and know of such combinations recently formed, working most successfully in several Western cities. R. B.

UNIFORM MEMBERSHIP.

When medical societies were few in number and small in membership and had no direct relationship, the one with any other, it did not matter much how any particular society conducted its affairs; it might be as business-like or as slipshod as happened to be the case. Now, however, conditions have changed. Medical societies have taken definite shape and have formed into a definite organization with certain definite purposes. It became evident several years ago that some uniformity in the matter of membership was absolutely necessary. County units composed or made up state societies; they in turn made up the governing body, and more recently the actual membership, of the American Medical Association, and aside from all business considerations, the eternal question was: "When is a member not a member?" And it was a puzzler. Last year the A. M. A. called together the secretaries of state societies to discuss this and other problems, and the meeting was one of the most successful on record. Some fundamental conclusions were reached and agreed upon unanimously. All societies should have the fiscal year coincide with the calendar year; all memberships should automatically terminate on December 31st of each year; all members of a previous year who pay their dues within 60 or 90 days of the first of the current year should be considered members as from January 1st of that year, while those who pay after the fixed date (in California it is March 1st) should be recorded as members only from the date of payment of dues. Pennsylvania, as we judge from the report of their last meeting, is having some little trouble in changing its by-laws to meet these changed conditions, for apparently some members are ultra-conservative and do not want to change—just because it is a change. To such members in Pennsylvania we can only say that this plan of compelling reports and payments to be made before March 1st and of terminating all memberships on December 31st, has proved to be of the greatest value here in California. It has eliminated two-thirds of the trouble formerly experienced in checking up membership and has brought order out of chaos. One person, under sufficient bonds and with a reliable audit of his affairs, should collect and handle funds; two persons at two different places are not in close enough touch to do business satisfactorily. Transfer of membership from state to state was considered long and carefully but it was agreed to be quite out of the question, because of the lack of uniformity in the requirements and benefits attaching to membership in the different states. Between counties in the same state, however, the reverse is the case and transfer is universal. One thing is certain: a state medical society is now a business organization and should be conducted on business principles. Dues must be paid promptly and membership must terminate on a definite and specified date; there can be no such thing as a "delinquent member"; a physician must be a member or not a member.

Pay your dues promptly in January and take no chances of forgetting!

WHAT NOW?

Largely because of the advertising propaganda of a single firm, the Council on Pharmacy and Chemistry was obliged to undertake a comprehensive investigation of the altogether improbable claimed superiority of the "natural" salicylic acid and sodium salicylate over the regular "synthetic" kinds. The investigation has shown:

1. Contrary to certain statements in the older literature, there is no difference in the toxic dose for animals between "natural" sodium salicylate, the most highly purified synthetic, and the cheapest commercial sodium salicylate now found on the market.

2. The evidence for the claimed clinical differences, as found in medical literature, is extremely unsatisfactory and inclusive.

3. No significant chemical impurities are present in commercial synthetic salicylate.

4. No difference can be detected clinically, either in the therapeutic or toxic effects, if the comparison is made under conditions which strictly exclude personal bias.

What now? Are we at last rid of the "natural" salicylate superstition? As a refrain to comprehensive and conclusive scientific investigations we ordinarily hear the protest, "But clinical tests are the thing—and these show the insufficiency of the scientists' conclusions." "We are concerned with the patient, and careful bedside trials have proven the value of the remedy." But in this case, careful bedside trials, made by men of recognized standing and under precautions which are possible only in hospitals, have tested the disputed question and have given an answer which we believe cannot be seriously questioned, namely, that the two kinds of sodium salicylate had an identical and undistinguishable action.

Of course the promoter will find some excuse for not accepting this clinical verdict, for acceptance would mean the loss of a paying line of proprietaries. But will the profession continue to listen to his "tales"? We hope not.