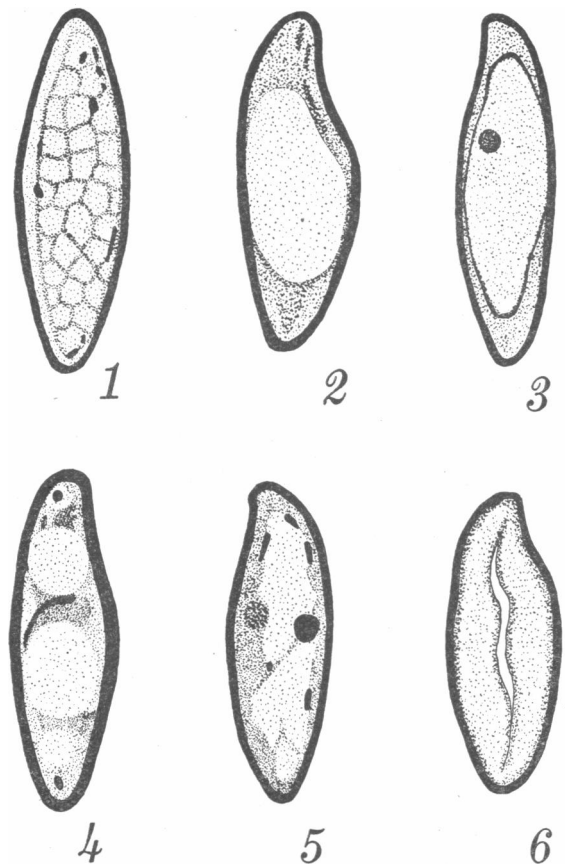


Figures 1-6. Eimeria butka, n. sp. Typical spores showing typical shape and successive stages of development of sporozoites. X 3000.

18.0 microns long, and 36.0 to 7.2 microns wide, averaging 14.5 by 4.9 microns. Oöcysts and other stages unknown. Parasitic in intestine of man.

The patient had the curious habit of eating raw rabbit livers, and a spurious infection of *Eimeria stiedae* was suspected. The size of the spores strengthened this view, although the spores were quite unlike those of *E. stiedae* in form. On the hypothesis that the spores of the latter, derived from the raw rabbit livers, might have been distorted by the digestive fluids, fresh oöcysts from rabbit feces were allowed to develop in water. Such developed oöcysts, each containing the four mature spores, were placed in 0.2 per cent HCl for several hours, and then the mixture made slightly alkaline. No observable change in shape or appearance was seen, nor were immature oöcysts affected. The latter do not develop under such conditions. Prolonged exposure to both the acidic and alkaline solutions failed to cause distortion, and it was concluded that the shape of the spores was not due to any action of the digestive fluids, and were not those of *E. stiedae*.

Dobell and O'Connor (1921), in their discussion of coccidiosis in man, term it "a subject about which very little is known." Again, they say: "No clinically recognizable disease, due to their presence, has yet been observed in man. Even in those cases in which, from the number of oöcysts passed in the stools, a heavy infection appears to have been present, no definite symptoms referable to the infection have been elicited. . . . Apart from such inferences as can be drawn from similar examples of coccidiosis in animals, nothing definite can yet be said about the pathology, morbid anatomy, pathogenesis, or symptomatology, of intestinal coccidiosis in man." Later, in the same work, they report: "No substance has yet been discovered which appears to have any action upon coccidial infections of the human intestine—or, for that matter, upon coccidial infections of any organ of any host."

This discussion of a parasitic infection or infestation without symptoms, and which does not respond to medication, makes it desirable that any available material, particularly from autopsy in known cases of coccidial infection, be carefully examined. So far as our knowledge at present goes, human coccidiosis cannot be regarded as other than a curiosity.

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## ABUSE OF "RECIPROCITY"

*By* Louis E. Mahoney *

*In his letter of transmittal Doctor Mahoney, who is a diplomate of the National Board of Medical Examiners, says: "Certain disagreeable and unethical practices with which I have recently been unfortunate enough to come in contact have convinced me that the reciprocity feature of the State Medical Practice Act serves merely as a loophole through which many poorly trained, and unscrupulous, medical men gain licenses to practice in this state."*

*In endorsing this article for publication, an Editorial Councilor writes: "The public, as well as the profession, is interested—in fact, we do not want to carry the idea that this is a subject for consideration of the profession alone."—Editor.*

Discussion *by N. N. Wood, Los Angeles; Walter A. Bayley, Los Angeles; Granville MacGowan, Los Angeles; Walter V. Brem, Los Angeles.*

RECENT developments have brought clearly into view certain injustices in the reciprocity provisions of the California Medical Practice Act. A reference to the directory for the current year, published by the Board of Medical Examiners, shows that by far more candidates for license in this state make use of the reciprocity features than of the written examination. In 1923, 183 candidates were given certificates on the basis of written examination, and eighteen licensed on presentation of government credentials, Army, Navy, and Public Health commissioned officers largely, making a total of 201. During this same year, 492 candidates were licensed by reciprocity. In other words, two men were given the right to practice in the state by reciprocity to every one that gained the right by successfully passing a written examination. In 1924, 249 were licensed on the basis of written examination, and sixteen presented government credentials.

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During this same year 375 candidates were licensed by reciprocity. Forty-one holders of licenses in California applied for reciprocity in other states during 1923. In 1924 nineteen made such application. Thus it will readily be seen that for every reciprocity certificate granted to California physicians in 1923, twelve such licenses were issued in California to men from other states. The year of 1924 shows an even greater disparity, as in that year for every California physician securing a license in another state on the basis of reciprocity, twenty out-of-state men were granted permission to practice in this commonwealth. A study of statistics furnished by the State Board of Medical Examiners shows that the majority of applications for reciprocity certificates come from those states which show the largest registration of practitioners of the healing art. It is well known that California is the *second* highest state in the union in the per capita proportion physicians to population. These figures do not take into account Osteopaths, Chiropractors, Christian Scientists or other cultists with whom California is overly well supplied. The available supply of physicians being so large, there does not seem to be any pressing necessity for the reciprocity feature of the Medical Practice Act.

The applicants for reciprocity in many instances are men of the highest scientific attainments and of excellent standing in their community. However, there is a large percentage of applicants who have lost sight of the scientific progress of medicine, who have failed to keep up with the march of progress and who add little or nothing to the profession. A large number of poorly trained practitioners tends to lower the standard of every man in that community, and leads to sharp and sometimes discreditable methods of practice. The individual who has neglected to keep abreast of current medical advances in Iowa, New York, Arizona or any other state is not likely to experience a radical change of heart upon moving to this locality. On the other hand the man who has been constantly in the forefront of medical progress, who has continued to work and study will be a source of pride and inspiration to his colleagues and makes a very desirable addition to any community. California has need of such individuals.

Poorly trained and unscientific practitioners are partially responsible for the growing distrust of the medical profession, of which we see so much evidence in California. Such men offer a great deal of indirect assistance to the cultist and not infrequently openly consort with such opponents of scientific advancement and high ethical standards. The itinerant physician who is willing to leave friends and practice of years standing in his own community brings nothing of value to the state of his adoption.

The settlement in any community of large numbers of older men who have lost that youthful enthusiasm and zeal for public welfare which is felt by almost every recent graduate works a decided hardship on younger men who are carving out their medical careers. The acquisition of a clientele is made much harder and it becomes trebly difficult to educate the public to the value of the newer scientific discoveries.

Written examinations, properly and fairly conducted, give a very efficient means of combating this unjust state of affairs. Any recent graduate of average training who has completed his hospital work within the last four or five years has little difficulty in passing such examinations as are now given by the State Board. They are just, fair, and require very little time spent in review. What is true of the recent graduate is likewise true of the well-trained professional man who has remained in touch with medical progress by attending medical meetings, reading journals and serving on hospital staffs. Such an individual will find no difficulty in passing the examination, after several weeks or a month spent in intensive study. However, on the other hand, the man who has neglected these essential features of a well balanced, well ordered and useful medical career will feel a decided reluctance toward taking any ordinary written examination. The oral examination now provided by the Medical Practice Act fails to give a satisfactory estimate of a candidate's educational qualifications or real medical worth. In order for a candidate of this kind to be successful in passing the written examination, an intensive review for several months would be necessary and there is nothing which would be so valuable to him and to the community at large as such an intensive and thorough review. He would find new inspiration in again resuming the habit of study. Written examinations work no hardship on those properly prepared, but they are very effective in discouraging and weeding out incompetents.

There is now and always will be room in the profession for young, aggressive, thoroughly trained men. The three Class A medical schools in California graduate on an average one hundred and fifty doctors per year, the largest proportion of whom remain in the state. These added to the numbers of recent graduates of first class Eastern institutions, who come here, plus a reasonable number of better qualified applicants from other states who might wish to take the written examination, would furnish a supply of new physicians sufficient to compensate for losses within the profession and to care for the increase in population.

The purpose in writing this article is to call the attention of the profession and the public to the disproportion existing between the number of licenses issued on the basis of examination and those issued by reciprocity, to show that California is the loser and not the gainer through the operation of this provision and to suggest a simple and effective measure for restoring medical standards and thus insuring more economical, up-to-date, scientific medical service to the public in general.

## DISCUSSION

N. N. Wood (Los Angeles General Hospital, Los Angeles)—I have read this paper with interest and have also asked the chairman of the medical board of the attending staff, Fitch C. E. Mattison, to read it, and I have discussed it with him.

It does look as if reciprocity was being over-worked in

California and as if there might be an advantage in somewhat reconstructing its operations.

Generally speaking, I believe that the principle of reciprocity is right and that any state could well afford, if it happens to be one of the more popular states, to give a little more than it receives in order to maintain the feeling of unity and hospitality which I feel a great profession should encourage—in other words, it is desirable, even at some cost, to assist in building up a real professional morale and esprit de corps.

WALTER A. BAYLEY, M. D., (802 Professional Building, Los Angeles)—I have read Louis E. Mahoney's letter entitled "Abuse of Reciprocity," with considerable interest.

It seems to me that a written examination for all applicants would have a tendency to keep out undesirable medical men. However, this would be a hardship to the capable experienced man who had been practicing for many years in one of the specialties, and who should be entitled to some credit for his experience.

If there are twelve doctors locating in California to one leaving the state under the provision of reciprocity, surely some change in the law should be made whereby this condition could be corrected.

GRANVILLE MACGOWAN, M. D. (Brack Shops Building, Los Angeles)—The presentation of the subject by Doctor Mahoney is quite interesting. I possess the right to practice medicine in four states of the Union, by reason of license—New York, Pennsylvania, Georgia, and California. I do not know how many states I am entitled to practice in, by reciprocity, for I have never given this subject a minute's consideration. I am possessed of the idea, that holding my diploma from a first-class college, I should be entitled to practice medicine, without examination, anywhere within the territorial limits of the United States government.

Under the law, there is no chance for a closed shop in the medical profession in California, because California is the most desirable of all places in the United States to live in, and consequently there must necessarily be more people who would take advantage of the articles and agreements of reciprocity to enter the state than there are, or will be, to use the privilege of reciprocity by moving to another state.

In attempting to inaugurate a change in the present custom, it is very well to consider that the standard of medical practice in California is probably as low as it can well get; that those whom we call "cultists" have the same legal right, in practice, that we have, for it has pleased the voters of the State of California to bring about this condition, after prolonged public discussion of the merits and demerits of the medical systems which have sought an equal recognition with the regular medical profession.

I see no object of value to be gained by compelling those of the regular medical profession, who are entitled by reason of reciprocity, to be licensed to practice in the State of California, and who, either for economic reasons or on account of personal ill health, desire to practice the profession of medicine here, to be obliged to take a written examination, even though they be a "little backward in their medical attainments."

WALTER V. BREM, M. D. (Pacific Mutual Building, Los Angeles)—Doctor Mahoney has discussed a subject in which I have been deeply interested during the three years of my service on the State Board of Medical Examiners, and I find that I am in hearty accord with the views which he expresses.

Recently I had occasion to publish my views in a letter to the Journal of the American Medical Association on June 13, 1925.

It is my opinion that the efforts of the State Board of Medical Examiners to raise the average efficiency and integrity of the medical profession of California are considerably impaired by the reciprocity evil.

As chairman of the reciprocity committee of the State Board of Medical Examiners, I recommended that a bill be introduced at the last session of the legislature, abolishing the reciprocity sections of the Medical Practice Act.

This bill was introduced by Senator Lyons, and it passed the senate by unanimous vote. It was amended, however, when it reached the house, and finally died in committee, greatly to my disappointment.

DOCTOR MAHONEY (closing)—It has been a genuine pleasure to learn the personal views of the esteemed gentlemen who have discussed this treatise. The essential fact remains, however, that in 1923, for every California licentiate who was granted reciprocity in other commonwealths, twelve individuals were given the right to practice in California. In 1924, for every reciprocity certificate issued by another state, to a California licentiate, twenty licenses were granted on the basis of reciprocity permitting men to practice medicine in California. Were all such applicants of the forward-looking, progressive, scientific type of practitioner, there would be no particular menace in the situation, but it is an unfortunate truth that a great many of these applicants are not of high professional caliber. A written examination, while discouraging incompetents, would work very little hardship on the up-to-date and well trained medical man.

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## A MESENTERIC CHYLOUS CYST

*By* CHARLES G. LEVISON * AND MAST WOLFSOHN *
*(From The Surgical Service, Mount Zion Hospital)*

DISCUSSION *by John Francis Cowan, San Francisco; Leo Eloesser, San Francisco.*

MESENTERIC chylous cysts are comparatively rare, and the pre-operative diagnosis even rarer. The first diagnosis of these cysts was made in 1842 by Rokitansky at a necropsy. Since then there have been about two hundred cases reported. The cysts are usually found in the mesentery of the small intestine near the ileo-cecal valve, although any part may be the point of origin. The wall may be that of paper thinness to one of several millimeters in thickness; the inner surface is usually smooth and shiny. As a rule there have been no enlarged glands in the adjacent mesentery. The contents have been listed as cholesterin, fat globules and leucocytes. In the vast majority of cases a chemical examination was not made. There are no distinctive symptoms. The size and position of the cyst causing pressure or obstruction to nerves, vessels or viscera may resemble appendicitis, volvulus, cholecystitis, chronic dyspepsia, and many other diseases.

Treatments have included aspiration, incision and drainage and enucleation. Where the bowel has been involved, resection of adjacent bowel with excision of the cyst has been practiced.

The classifications of Moynihan and of Carter are complete and useful. Moynihan classifies them as:

1. Serous cysts — unilocular or multilocular — containing clear serous fluid. Cause: Questionable

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* **Mast Wolfsohn** (490 Post Street, San Francisco). M. D. Harvard University. Practice: General at present. Later to be limited to Surgery. Hospital connections: Mount Zion Hospital. Publications: Research on the Veins of the Head and Gill Region of Heptanchus Maculatus, Discovering of a Venous Sinus named the Danielian Sinus after J. F. Daniel (Professor of Zoology, University of California). Published in textbook "The Elasmobranch Fishes," by J. Frank Daniel, Ph. D. "Herniation of the Cecum Through Erosion of Muscle" is another article written, with x-ray discussion by Lloyd Bryan.