in which he has violated the proprieties of the situation and has expressed his opinion with reference to or in connection with a settlement then pending, the courts have avoided releases on the ground of mutual mistake, where subsequent experience has shown that the physician was in fact wrong. But it does not at all follow that in every case wherein there is a subsequent discovery of mutual mistake made by the defendant's physician as to the subsequent course of the plaintiff's injury, that a release executed after the mistake has been made is void. Into which class a particular case under consideration should properly fall must depend on its peculiar circumstances. Where an attending physician in the course of treatment expresses a mistaken, but honest, opinion as to the period within which the injured person, suffering from a known injury, would recover, and where that expression of opinion, when made, had no connection whatever with a settlement, or with negotiations for a settlement, a release executed in reliance on his statement, may in certain cases properly be held valid.

Society Proceedings

COMING MEETINGS

Hawaiian Territorial Med. Assn., Honolulu, November 26-28.
Southern Surg. and Gyn. Assn., Nashville, Dec. 13-15.
Western Surg. and Gyn. Assn., Chicago, Dec. 19-20.

MINNESOTA STATE MEDICAL ASSOCIATION

Annual Meeting, held at Minneapolis, Oct. 6-7, 1910

The President, DR. W. A. JONES, Minneapolis, in the Chair

Address of the President: The State Medical Association and Its Relationship to the Problems of the Day

DR. W. A. JONES, Minneapolis: The first problem suggested for consideration is how to secure a live interest and discussion on the yearly program. The men in the country are either over-modest or indifferent, and the burden of preparing papers falls on a few men from the chief cities in the state. The man in the country is often a man of ideas, gleaned from hard-earned experience and worked out without assistance, and the busiest man is the man who usually finds time for literary work outside of the hours devoted to practice.

Another problem is suggested by the inability of medical men, organized into associations or societies, to secure the creation of a national department of health. This is an illustration of the need of further systematic effort to impress legislators and congressmen with the necessity of safeguarding the public health. The opposition to this movement is composed of a cosmopolitan crowd, who fear restraint or loss of their illegal means of livelihood by the manufacture and sale of fraudulent remedies, nostrums or appliances. It is further supplemented by narrow-minded people, who through ignorance or superstition exploit the new fads and cults incidental to the century, including opposition to vaccination, vivisection and other methods of advancing scientific information. The national and local League of Medical Freedom, supported by a few sensational newspapers, is striving to arouse public sentiment against medical, sanitary and hygienic progress. In spite of this opposition, a campaign of education by medical men must go on relentlessly. Much good has already been accomplished by the exposure of fraudulent remedies and fakers, who live on the misfortunes of the sick. The greatest difficulty is to get this information before the laymen. Physicians know of these frauds, but cannot always present proofs to their patients. The only remedy lies in the education of the masses to separate the good from the bad.

I strongly urge the employment of a journalist, who will acquaint himself with the fundamental needs of the people as advocated by physicians, and who will use his journalistic attainments and become a medical press agent. As physicians, we must learn to attend strictly to our own professional

work and suspend personal abuse of fakers and newspapers, until we have the confidence of the people and the press. Legislators should enact laws for the protection of the sick against cults, charlatans and nostrums. Indecisive fear on the part of the law-maker is responsible for the present unenviable condition that so widely prevails.

All departments in the state which have to do with public health measures should be asked to send representatives to confer with a legislative committee composed of representatives from the state medical association, the board of health, the university alumni and the sanitary conference. The members of the Minnesota State Medical Association should take more active interest in and familiarize themselves with the work of the state hospitals and institutions. The medical school of the state university deserves the support of all of Minnesota's medical men.

Case of Metastatic Gonorrheal Conjunctivitis

DR. WILLIAM R. MURRAY, Minneapolis: This was a case of a simultaneous bilateral conjunctivitis occurring in a patient the subject of gonorrhea. There was no involvement of the intraocular structures. The lids were considerably swollen, there was a moderate conjunctival discharge, the bulbar conjunctiva was edematous, and an arthritis of the wrist joint accompanied the conjunctivitis. The first attack of conjunctivitis lasted ten days and subsided and after an interval of several days was followed by a second attack of conjunctivitis, involving both eyes, which was also attended by an arthritis. There was no intraocular involvement during either attack of conjunctivitis. No gonococci could be found in the conjunctival discharge. A diagnosis of the metastatic origin of a gonorrheal conjunctivitis is based on the bilateral involvement of the eyes, moderate amount of discharge, slight swelling of the lids, chemosis of the bulbar conjunctiva, comparative mild course of the disease, tendency to recur, absence of gonococci in the conjunctival discharge, and evidence of a systemic gonorrhea.

DR. C. D. CONKEY, Duluth: The case reported by Dr. Murray must have been of a metastatic nature, for microscopic examinations of the eye secretions were frequently made all through the attack without discovery of gonococci. The method of infection is probably by the direct entrance of the gonococci into the blood-stream from the urethral tract. I have under my care at present a case of gonorrheal iritis with an arthritis of the right knee in which I administered three injections, two of 25,000,000 and one of 50,000,000 gonococci. The larger dose was followed by a decided reaction, the malaise lasting for several days, the joint affection being decidedly bettered, but no effect was produced on the inflamed eye.

The Heart in Diseases of the Thyroid

DR. J. S. GILFILLAN, St. Paul: That a relationship existed between the thyroid and the heart has long been known. The credit, however, for bringing the subject prominently before the profession belongs to Professor Rose, who, in 1877, read before the German Surgical Congress a paper in which he established the influence of tracheal obstruction on the right heart.

Since a paper in 1899 by Professor Kraus it has been generally conceded that, aside from any respiratory obstruction, the thyroid may produce cardiac changes through certain toxic influences. Goiter-heart may be classified as: mechanical, or Rose's heart, and toxic, or the goiter-heart of Kraus.

The symptoms of the mechanical variety are those of dilatation and insufficiency of the right heart in addition to those of tracheal obstruction. This form of cardiac disease is not peculiar to goiter but may be produced by pressure by any tumor.

The type of heart described by Kraus is produced by the altered or increased secretion of the thyroid acting on the regulatory mechanism. This may occur in any form of goiter. Symptoms consist in strong and rapid heart action, with at times other evidences of hyperthyroidism. In many cases there is enlargement of the left ventricle, which can be seen with the fluoroscope to be due to an increased diastolic disten-

tion. Kraus tries to draw a distinct line between these cases and Basedow's disease. Kocher includes in the same class all cases presenting symptoms of thyroid intoxication. Cardiac symptoms are very common in goiter patients. Monnier found 25 per cent. showing distinct heart symptoms. Kocher calls attention to the fact that during or after the administration of iodine in any form for goiter, symptoms of thyroid intoxication may develop, due to hypersecretion of the gland stimulated by the iodine. In goiter heart the ordinary heart remedies are of but little value. Iodine should be used with great care if at all. Toxic cases may be treated with rest, diet, sodium phosphate, etc., but here as in mechanical cases operation should not be too long deferred.

Intraspinal Injections of Magnesium Sulphate in Tetanus

DR. CARL J. HOLMAN, Mankato: Two cases of tetanus were treated by magnesium sulphate injection. One came on nine or ten days after a crushing injury to the ring and middle fingers of the left hand, necessitating amputation. The symptoms of tetanus developed about the tenth day and the patient was given two doses of magnesium sulphate into the spinal canal, dying four hours after the last dose. Case 2 was an appendiceal abscess. The patient developed tetanus on the eleventh or twelfth day after the operation and received in all twenty-five doses of magnesium sulphate into the spinal canal. He made a good recovery and is now well, performing farm labor.

(To be continued)

IDAHO STATE MEDICAL ASSOCIATION

Eighteenth Annual Meeting, Held at Boise, Oct. 6-7, 1910

The President, DR. JOHN M. TAYLOR, Boise, in the Chair

Hon. J. T. Pence, Mayor of Boise, made an address of welcome, which was responded to by Dr. J. L. Stewart of Boise.

Officers Elected

The following officers were elected for the ensuing year: president, Dr. John W. Givens, Orofino; vice-president, Dr. George O. A. Kellogg, Nampa; chairman committee on arrangements, Dr. J. W. Gue, Caldwell; chairman committee on legislation, Dr. J. M. Taylor, Boise; chairman committee on nominations, Dr. J. C. Woodward, Fayette; chairman committee on public health, Dr. G. H. Coulthard, Idaho Falls; trustees for *Northwest Medicine*, Dr. R. L. Nourse, Boise (reelected); Dr. J. W. Givens, Orofino (reelected), and Dr. W. T. Drysdale, New Plymouth; delegate to American Medical Association, Dr. A. A. Higgs, Boise; alternate, Dr. C. L. Dutton, Meridian.

Boise was selected as the place of the next meeting.

President's Address: Principles in Etiology and Treatment of Disease

DR. JOHN M. TAYLOR, Boise, read his annual address on the above subject.

DISCUSSION

DR. W. T. WILLIAMSON, Portland: The profession has done much in developing the study of medical subjects among the laity. Public education along the lines of personal hygiene and unhealthful habits is of great importance. Physicians must reach the young through the teachers in the schools. A competent member of the profession should be in attendance at all gatherings of teachers and lose no opportunity of instilling these thoughts into their minds.

DR. GEORGE E. HYDE, Rexburg: It is evident to all that we are getting away from the era of superstition; medicine, through education, is less a mystery.

Spinal Anesthesia

DR. C. C. SNYDER, Salt Lake City: I have confined the use of spinal anesthesia to cases in which a general anesthetic was unsuitable. With the use of strychnin and atropin in connection with the spinal injections, there seemed to be less

headache and nausea following. I prefer tropacocain to other cocain preparations, but it does not act so well above the diaphragm as does the hydrochlorate of cocain. In my experience the chief contra-indication to spinal anesthesia is a possible idiosyncrasy to the drug.

DISCUSSION

DR. A. E. ROCKEY, Portland: In a series of 25 or 30 cases in which I used cocain, I had 2 cases of anuria. Subsequently I used tropacocain in about an equal number of cases, and found it to be safer, but it did not seem so active as an anesthetic.

Surgery of the Large Intestines

DR. A. E. ROCKEY, Portland, read this paper.

DISCUSSION

DR. E. K. SCOTT, Boise: Very few cases of malignant disease of the lower bowel are seen early enough to justify resection. I have seen many such operations, and know of but one case in which satisfactory results followed resection for malignant disease. In spite of the objectionable features of colotomy, I prefer to advise it in advanced cases. In treatment of colitis, irrigations and local treatment through the rectum can be done more easily and with the same good results as Dr. Rockey reports from appendicostomy.

DR. J. L. STEWART, Boise: I have done several resections for malignant disease of large bowel; I agree with Dr. Scott in believing that resection in these cases, unless the growth is low down, is not usually satisfactory.

DR. J. M. TAYLOR, Boise: Which incision does Dr. Rockey consider most advantageous, and would ptosis of the abdominal organs complicate the operation?

DR. A. E. ROCKEY, Portland: The remarks of Dr. Scott refer more to the older methods of operating. By the newer methods, posterior incision, removal of coccyx, etc., I have found it easy to get room for removal of the tumor and to bring the bowel down. Prolapse of the sigmoid does not complicate the technic; if anything, it makes it easier. I have been using the transverse incision for some time in all appendectomies, and only through accident discovered its advantages in exposing the large bowel.

Important Facts Concerning Myopia in Children

DR. EDWARD E. MAXEY, Boise, read this paper.

DISCUSSION

DR. R. L. NOURSE, Boise: Myopia is one of the penalties of civilization. Aborigines are not myopic. Students and those who apply their eyes closely for near work are apt to become myopic. Unless astigmatic, low degrees of myopia do not need glasses for comfort, as is often the case in low degrees of hyperopia; hence they are often undetected until fairly well advanced.

DR. W. T. WILLIAMSON, Portland: There are a considerable number of nervous conditions caused by errors of refraction, especially in school children. For various reasons, school inspection is of vital importance to the child, especially inspection into the condition of the eyes, and, it is needless to say, these examinations should be made by competent men and repeated at frequent intervals.

DR. E. VAN NOTE, Boise: In the examination of children's eyes we should emphasize the tendency myopia has of progressing, as very few parents understand its seriousness.

DR. J. W. GIVENS, Orofino: In almost all forms of insanity very little help is to be had by correcting defects of vision. However, the relation of errors of refraction to headaches should be constantly kept in mind in treating mental conditions.

DR. E. E. MAXEY, Boise: Children of myopic parents are predisposed to myopia. Such children, after they reach the school age, should be examined once or twice a year. Low degrees of myopia, especially if astigmatic, should be fully corrected and glasses changed as often as necessary. All examinations and reexaminations should be made under a reliable mydriatic, preferably atropin. If the myopia is progressing in spite of proper glasses, the child should be