cent. associated with adenoids alone and 7 per cent. in which neither form of growth was present. If present and past suppurative troubles be considered together it is evident that one-third of all the children examined were affected. Of the children in group 3. 88 suffered from chronic suppuration in one or both ears.

Correspondence.

Short Cuts to Nursing.

NEW YORK CITY, June 23, 1902.

To the Editor:—Dr. Helen C. Putnam's article on "Attendants and Nursemaids," in THE JOURNAL, opens up to the consideration of the medical profession a large subject which trained nurses have been discussing for some time. Naturally, from the limitations of their professional initiative there is little that nurses can do in the matter of new fields of training, but I would be grateful for the privilege of presenting their views on this subject to THE JOURNAL and through its pages to the medical profession, who have not only influence (which we earnestly desire to see used for what we feel to be the best good of our work) but also direct initiatory power which we sometimes are forced to think they use, in nursing matters, in ways which we feel to be detrimental not to us only, but ultimately to the safety of the patient.

In a recent editorial you say: "It is not only right but a duty to discourage short cuts into the medical profession, and so far as any kind of schools have this aim they deserve only condemnation." May I use this as a text to define and defend the general attitude of trained nurses in regard to the work of nursing; that short cuts are to be regarded with doubt at least, possibly with concern?

My purpose is not to criticize Dr. Putnam; I feel that she has done us a service in pointing out the inadequacies and pitfalls of what we may call philanthropic nursing courses; I understand her attitude as being one of friendliness, and appreciate her effort to define lines which would remedy the confusion now existing in nursing matters. There is no doubt that at present these "Courses for Training Attendants" or whatever they are called, are a serious clog on nursing education of a thorough kind, and also a distinct injustice to the graduate nurse. My experience has shown me that these so-called attendants are not really reserved for the chronics, old people and minor ailments for which they are supposed to be taught, but that they are continually being called upon for acute cases, pneumonia, and other serious illnesses, simply because they are cheap; and, often, by people who can afford the trained nurse and her prices. This is a three-fold injustice; to the nurse of full training, to the patient who is in the care of an incompetent person, and last, but not least, to the attendant herself, who often finds herself on twenty-four-hour duty with critical conditions for which she has not been instructed. I have heard these women complain of this injustice and felt that they were justified in raising their terms to those of the graduate nurse.

I am convinced that the nursing profession feels a sincere care and anxiety for people of small means. None of us would disapprove any sound and genuine method of preparing good women to care for cases not requiring the full ministry of the trained nurse, but the training must be genuine, not shoddy, otherwise we can not but resent it. Dr. Putnam's suggestion that sanatoria should educate such helpers is a good one, because based on practical work. Her idea of the trained nursemaids, also an excellent one, has been in practice for some years in the Babies' Hospital of New York City, and is most successful. These nursemaids earn twenty-five dollars a month with their cases.

The specious quality about all short cuts to nursing is that the education given is almost entirely theoretical, not taught by the bedside of the patient, and this, may I say with frankness, is sometimes overlooked by the medical profession, in whom we can not excuse the fault as easily as we excuse it in our philanthropic friends. There are at present being carried on, in Philadelphia and in Chicago, prominent examples of so-called nursing courses which are taught by theory, and following

their bad example, many smaller places are adopting the same methods in a less pretentious manner. Nurses feel that the names of medical men ought not to be found on the prospectuses of such educational plants, as they should know as well as we do that the peculiar essence of nursing lies in the personal relationship—that almost sacredly intimate and close relationship of nurse and patient. The art of gentle handling, the cultivation of sympathy, the psychical comprehension between the feeble and the strong, can only be learned by the bedside. It is not enough to know technic; there is a need of daily practice, of repetition of detail, of subtle discipline, also of patience and sureness, which cannot be learned in laboratory or lecture room.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, as well as Dr. Putnam, will earn the gratitude of nurses, if its influence is used in behalf of genuine methods of teaching only, for the nurse as well as for the physician.

I am very truly yours,

LAVINIA. DOCK,

Secretary, The American Society of Superintendents of Training Schools for Nurses.

Morton's "Genito-Urinary Diseases."

BROOKLYN, N. Y., June 20, 1902.

To the Editor:—In looking over THE JOURNAL for May 31, 1902, on page 1459, I notice that the reviewer of my book on "Genito-Urinary Diseases and Syphilis," published by F. A. Davis Company, has misquoted me on certain points. He has also criticised the omission of certain matters which I had mentioned, but which he has overlooked in a hurried reading. The points are as follows:

1. With regard to the Harris segregator, I have mentioned its use on page 237 of my book, as an alternative to catheterizing the ureters in pyelitis, in order to determine whether the right or left kidney or both, are diseased, but by a typographical error the instrument is spoken of as the "Harrison Segregator."

2. I did not mention the relief of kidney tension by nephrotomy, because the book was in press at the time that the first articles on that subject appeared.

3. The reviewer's statement of my views of the value of castration and vasectomy in enlarged prostate, is entirely erroneous. Castration has a certain limited field of usefulness, and I have endeavored to point out the small class of cases to which it is applicable. On page 215 I say in regard to vasectomy that "Albarran and Motz conclude that vasectomy temporarily lessens the congestion of the prostate and an improvement in the symptoms occurs. There is nothing to prove that the operation causes an atrophy of the hypertrophied prostate or that the residual urine is diminished if the operation is made when the prostate is not congested. There are also no records to show that after the operation the bladder is able to empty itself."

If the reviewer had differed from me in some of my views on questions which are still under discussion, I should have accepted such a criticism without comment, but as the review now stands, the work which I have done has been misquoted and my conclusions misinterpreted, as a result of the careless, hasty and incomplete reading of the reviewer.

If you will kindly print this communication in the pages of your valued JOURNAL, it may serve to correct some false impressions in regard to my book in the minds of your many readers. Very truly yours,

HENRY H. MORTON.

40 Schermerhorn Street.

Desires No Change in the Code of Ethics.

SHELBYVILLE, IND., July 4, 1902.

To the Editor:—Feeling rather patriotic to-day, with my trust unshaken in the old flag, and the old Code, as a humble member of the regular medical profession, and having been governed by its teachings for nearly fifty years, I enter my protest against any revision of the old Code.

This proposed revision does not revise, but only clothes in slightly different language the various articles and sections of the old Code, which some of us still cling to, and believe that it is almost sacrilege to lay hands on.

As usual, with all those who are dissatisfied with the old Code, Section 4 is the one that the author of this alleged revision stumbles over; and if any reader of your valuable journal can tell us old regulars just what we are to do in reference to consultations, after reading Section 2 and Section 3 of Article IV of this proposed new Code, I would be pleased to hear from him. Very respectfully,
W. G. McFADDEN.

State Boards of Registration.

The Kansas State Board of Medical Registration and Examination at Topeka, June 10 and 11, 1902, examined 14 candidates, in 11 subjects and 110 questions, all of whom passed. The examination was written and 70 per cent. was required.

Candi- date.	Sch. of Pract.	College.	Year Grad.	Per- cent.
1	H.	Hahnemann Medical College, Chicago	1902	79
2	R.	Laura Mem. Woman's M. C., Cincin.	1902	79
3	R.	Northwestern U. Med. Coll., Chicago	1898	85
4	R.	Barnes Med. Coll., St. Louis	1902	82
5	R.	Coll. Phys. and Surgeons, Chicago	1901	78
6	R.	Northwestern U. Med. Coll., Chicago	1902	86
7	R.	Northwestern U. Med. Coll., Chicago	1902	85
8	R.	Kansas Med. Coll., Topeka	1902	82
9	R.	Indiana Med. Coll., Indianapolis	1902	82
10	R.	Rush Medical College, Chicago	1902	91
11	R.	Coll. of Phys. and Surgeons, Chicago	1902	79
12	R.	Rush Medical College, Chicago	1899	79
13	R.	Northwestern U. Med. Coll., Chicago	1902	85
14	R.	Univ. of Michigan, Ann Arbor	1895	89

The New Mexico Board of Health has just closed its semi-annual meeting at Santa Fe and made radical changes in the rules for issuing licenses to practice after July 1. The board will recognize the diplomas of only five medical schools: Harvard, Johns Hopkins, Columbia, and the Universities of Pennsylvania and Missouri, and only diplomas of these institutions issued after July 1, 1902, will admit to practice in the Territory without examination all of the applicants appearing therefor at Santa Fe the first week in June or the first week in December of any year. The resolutions of the board state that other colleges will be added to these five as the board receives satisfactory information concerning the requirements, but in case of any additional colleges recognized later, only diplomas issued after July 1, 1902, will be recognized. The board feels that they have had undue trouble in getting satisfactory information concerning various medical institutions of reputation, and, therefore, the initiative for recognition will have to be taken up by the colleges that wish to be recognized.

New Jersey Examination.—The annual meeting of the State Board of Medical Examiners of New Jersey was held at Newark, July 5, and licenses were granted to the candidates who successfully passed the state medical examination at Trenton on June 17-18. Dr. E. L. B. Godfrey of Camden, secretary of the board, reports that 48 candidates were examined; 40 were licensed, 1 was expelled and 7 failed to pass, making a rejection of 16.6 per cent. Twelve midwives were examined, 5 were licensed and 7 rejected, making a rejection of 58 per cent. Physicians were examined in 9 subjects; 2 hours were given to each section, and 10 questions were submitted in each. A total average of at least 75 per cent., or 675 points out of a possible 900, was required to obtain a state license. The policy of the board in establishing and maintaining reciprocal relations with other states whose examining and licensing requirements are at least equal to those of New Jersey, has met with the approval of the profession. The number of states which have entered into reciprocity of medical license with New Jersey is steadily increasing. The following officers were elected: President, Dr. John J. Baumann, Jersey City; secretary, Dr. E. L. B. Godfrey, Camden; treasurer, Dr. A. Uebelacker, Morristown. The next examination will be held in September.

Texas Report.—The Board of Medical Examiners of this State examined 57 candidates at Waco, May 13 to 15. Of these, 45 passed, ten failed and 2 had an average on the 12 branches of more than 75 per cent., the amount required to pass; but they received less than 50 per cent. on one branch. The rules say that such candidates will be allowed another examination

on said branch, and if they obtain more than 50 per cent. they will have passed. The candidates are tabulated below, save those of whose educational preparation no data are furnished. The next meeting of the board will be held in Dallas, October 7. Information may be obtained from the secretary, Dr. M. M. Smith, Austin.

Candi- date.	Sch. of Pract.	College.	Year Grad.	Per- cent.
W. A.	R.	Univ. of Texas, Galveston	1902	94.4
J. A.	R.	"	1902	85.8
C. C.	R.	"	1902	87.9
J. J.	R.	"	1902	87.4
D. L.	R.	"	1902	94.4
W. R.	R.	"	1902	84
J. T.	R.	"	1902	96.9
J. T.	R.	"	1902	91.4
H. A.	R.	Sewanee (Tenn.) Medical College	1901	83.8
P. B.	R.	Barnes Medical College, St. Louis	1898	88.9
W. F.	R.	"	1899	91.2
G. B.	R.	Tulane University, New Orleans	1902	86
W. T.	R.	"	1902	75.1
J. W.	R.	"	19-2	88.7
L. C.	R.	University of Nashville, Tenn.	1900	87
S. L.	R.	"	1899	90.5
J. E.	R.	University of Georgia, Augusta	1890	75
M. G.	R.	Northwestern Univ. Med. Coll., Chicago	1900	87.2
E. H.	R.	Medico-Chirurgical, Kans. City	1899	77.5
I. J.	R.	Vanderbilt University, Nashville, Tenn.	1899	85.8
C. J.	R.	Hospr. College of Medicine, Louisville, Ky.	1901	80
B. K.	R.	Rush Medical College, Chicago	1891	94.2
E. K.	R.	University of Arkansas	1902	80.5
S. M.	R.	Memphis (Tenn.) Hosp. Med. College	1902	90.5
J. W.	R.	"	1902	79.9
L. L.	R.	Birmingham (Ala.) Med. College	1902	87.8
C. M.	R.	Medical College of Ohio, Cincinnati	1897	79.3
E. N.	R.	University of Louisville, Ky.	1891	75.3
R. S.	R.	"	1891	89.2
A. E.	R.	University of Dallas, Texas	1902	85.6
J. S.	R.	University of Tennessee, Nashville	1898	85.1
R. S.	R.	University of Virginia, Charlottesville	1901	81.6
R. W.	R.	Starling Medical College, Columbus	1902	89.8

CONDITIONALLY PASSED.

..	R.	Northwestern University, Chicago	1901	77.4
..	R.	Barnes Medical College, St. Louis	1898	76.2

FAILED.

..	R.	Cleveland (Ohio) Medical College	1873	71.3
..	R.	Tulane University, New Orleans	1883	69.9
..	R.	University of Tennessee, Nashville	1893	65.9
..	R.	Atlanta (Ga.) Medical College	1883	62.4

UNDERGRADUATES WHO PASSED.

Candi- date.	Sch. of Pract.	Student in College.	Courses of Study.	Per- cent.
F. A.	R.	Meharry Med. Coll., Nashville, Tenn.	3	80.1
F. E.	R.	"	3	75.9
J. B.	R.	Memphis (Tenn.) Hosp. Medical College and Louisville (Ky.) Med. Coll.	3	84.9
G. B.	R.	Fort Worth (Texas) Med. Dept.	1	78.8
T. B.	R.	Barnes Med. Coll., St. Louis	2	76.5
T. D.	R.	Louisville Ky. Med. Coll.	3	80.1
J. H.	R.	Univ. of Texas and Sewanee (Tenn.) Medical College	3	88.4
E. H.	R.	Coll. of Phys. and Surg., St. Louis	3	85.1

Miscellany.

The House of Delegates of the American Medical Association was created to be the legislative assembly of the medical profession of the United States. Its first meeting at Saratoga brought out prominently the possibilities for effective work that are inherent in its method of organization. That the work of this body at its first meeting was not perfect need hardly be said, as no new machine ever made its trial trip without developing some friction. However, it can truthfully be said that the House of Delegates at Saratoga so performed its duties as to encourage its friends and as to quiet its critics. One criticism somewhat frequently passed upon it was that its work was not deliberative. Matters were referred to various committees, whose report was adopted or rejected with but scant discussion. The reason for this is not far to seek. The men composing the House of Delegates were the same men who for years have been endeavoring to get the old general session to legislate intelligently upon various topics that demanded elucidation at the hands of the representative gathering of American physicians. Their experience with that method had taught every one of them that prolonged discussion meant always defeat or postponement. This lesson could not be readily unlearned, and so they were moved by a somewhat feverish haste to have important matters passed upon before they were killed by tiresome discussion. Because of the large membership of the House it is clear that much of its work