		VIII.		
Case. No.	Hammerschlag.	Mm.	Free HCl.	HCl deficit.
32	75	2	..	50
9	70	10	58	..
25	67	10.8	42	..
36	67	5	66	..
30	60	6	32	..
33	59	5.4	64	..
13	50	1.5	12	..
14	50	0.7	12	..
6	46	9.5	22	..
23	43	11	52	..
20	33	3.8	6	..
5	25	0.1	..	32
7	20	0.5	..	18
24	17	0.2	..	58
8	16	0.25	8	..

15 cases.

From the above list, the following conclusions are drawn:

1. The normal values for the pepsin digestion are, according to Mett's method, 5.5 to 5.9 mm. (List I and III.)

2. With Mett's method, sub- and an-acidity have lower values than normal or superacidity (1.9 mm. is the average). They do not reach the average values of superacidity.

3. The diminution of pepsinogen does not run proportional with that of HCl. Even with a deficiency of HCl, the value of pepsin can be higher than that of mild subacidity. (List II.)

4. Superacidity, generally speaking, has high and highest values of pepsin, yet there are cases of unusually high HCl figures with disproportionately low pepsin values. This points distinctly to a pepsin question. Large quantities of HCl after a Boas test breakfast do not always include a free secretion of pepsin.

5. According to the method of Hammerschlag, 60 seems to be the normal figure of pepsin secretion. (List IV.)

6. With Hammerschlag's method in opposition to Mett, the values of sub- and an-acidity reach the average of that of superacidity. The average values approach each other more with Hammerschlag's method.

5.5 Superacidity: 1.9 Subacidity Mett.

60 Superacidity: 45 Subacidity Hammerschlag.

7. Besides, with Hammerschlag, we see no proportion of the HCl diminution and the pepsin secretion in cases of subacidity. (List V.)

8. The methods of Hammerschlag and Mett show the same proportions in 66 per cent. of the cases. (Lists VII and VIII.)

9. In five cases out of 15 the two methods give different results. In Cases 6 and 23 it is question of normal and superacidity. Hammerschlag's figures do not correspond to the high millimeter readings but only show medium values. On the other hand, Cases 32, 13 and 14 have proportionately high Hammerschlag figures with low millimeter values. The corresponding HCl values are subnormal. In other words, in all those cases in which Mett's method differs from Hammerschlag's, the former seems to approach closer to the values of HCl. Generally speaking, this may be considered as an advantage of Mett's method.

10. It will be necessary in future to examine not only sub- and an-acid juices for their digestive strength, but also superacid juices which heretofore were considered as having *eo ipso* good digestive capacity.

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A VOLUNTARY BOARD OF NATIONAL EXAMINERS.

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At the recent meeting in Washington of the Committee on National Legislation representing the American Medical Association, the subject of reciprocity between the several states was very generally discussed, and considered practically impossible with so many states and territories, each with its own standard and no two alike. More than half of the states were represented at the conference and the interchange of opinion was free. The committee appointed one year ago made a majority report through its secretary, Dr. Emil Amberg, advising against reciprocity, and in favor of a National Board of Examiners. The committee had, however, been working upon the hypothesis that such a board could be created and sustained by act of Congress. Letters read from Senator Burrows and others caused the committee to drop the idea of a national board created by act of Congress as such legislation would certainly be unconstitutional and in conflict with the several states. The states are sovereign and can not be coerced by the general government.

There is, however, nothing to prevent, or seriously in the way of a Voluntary National Board of Examiners, whose examinations shall be of such a character and high standard as to command the respect of the several states and cause them to issue license to any one who has successfully passed such an examination. To fail to do so, as was said by Professor William Welch in the discussion, would make such state ridiculous. I therefore offered this amendment to the report of the committee, which was promptly accepted and unanimously approved after full discussion. I then suggested that this board consist of six members, viz., the Surgeons-General of the Army, Navy and Marine-Hospital Service and three equally representative civil practitioners; two to be elected by the House of Delegates of the American Medical Association and one by the American Congress of Physicians and Surgeons. A seventh might be added to represent the National Board of Examiners. This board would at once have the confidence of the profession as it would be comprised of able men absolutely above suspicion. The time of

meeting should be from June 1 to July 1, so as to accommodate the graduates of all schools.

The examination should be both theoretical and practical. Applicants should be taken into the wards of hospitals and be given opportunities to make diagnoses and examine urine, sputum and blood, as well as outline courses of treatment.

The place of meeting should, as a rule, be in Washington; provided its hospital facilities are adequate. It is desirable, however, to vary the place of meeting from time to time so as to make the board truly a national one, and to subserve the interests of the greatest number of applicants.

The fee should be not less than \$25, or the maximum amount charged by a state board, so as not to bring the national into too great competition with any state board.

Now, what would be the inducement to graduates to go a distance, assume greater expense possibly than they now do, only to get a diploma which *need* not be recognized by the states? My answer is that as every state and territory in the Union now recognizes the commission of medical officers of the Army, Navy and Marine-Hospital Service, so they would be glad to recognize the certificate or diploma of any one passing an examination conducted by able and distinguished men representing all sections of the country. A man with such a diploma should be permitted, like the Constitution, to follow the flag and practice medicine and surgery anywhere within our possessions. Now, if a man moves from Pennsylvania to New Jersey he must pay \$25 additional for the privilege, and in other states pass another examination as well. This is manifestly unfair to men who are excellent practitioners, but necessarily rusty in the theoretical branches, such as anatomy, physiology, chemistry, etc.

There would be another inducement to young men to appear before the national instead of a state board: there are many positions within the gift of the federal government, such as contract surgeons in the Army, Navy and Marine-Hospital Service; physicians to Indian agencies and members of pension boards of examiners in all parts of the country, requiring the services of more than average men. Any one holding the diploma or certificate of such a national board would at once have the advantage over any one else less fortunate. In truth, in nearly all such cases, a further examination could, with perfect justice to the government, be waived. So manifest are its advantages that each year there would undoubtedly be a larger number of applicants; and in time sub-boards would be necessary to accommodate the number applying—each to meet in some large city with abundant hospital facilities and accessible to many applicants.

There is but one serious question involved, and that is whether or not the expenses of such a board could be met for a year or two out of the fees of applicants. There would be only three or four examiners to pay, as I was told by each of the Surgeons-General that they would act, or detail some one from the service, gratuitously.

There is also, I take it, little doubt that suitable quarters for conducting the examinations could be furnished by the bureau of health which is almost certain to be established by this Congress.

Should the fees be insufficient to secure the services of the best men, the American Medical Association could well afford to pay for the two members appointed by it. Certainly, this great organization, with money in its

treasury to spare, can well afford to give something to a cause having behind it the best elements in the profession. It is unfair to ask that any one worthy of the appointment as examiner should give a month, possibly longer, to even so excellent a cause without compensation. So could the American Congress of Physicians and Surgeons provide, if necessary, for its appointee.

A voluntary board is better for the profession than a compulsory one, for its standard can reasonably be made higher, and its certificates be a diploma *cum laude*. Moreover, the profession will be elevating and purifying itself and not trusting to legislation to accomplish the purpose which under our form of government is impracticable, even though it were desirable.

I have little doubt, however, that the fees would be sufficient to pay the examiners well even the first year. If the examinations should be held in Washington it would be very accessible to all of the eastern schools, representing, we will say, a thousand graduates. There will be more, as Philadelphia alone has each year about 400. The eastern schools are of such standard that they would encourage their graduates to go before the Voluntary National Board, and it would be safe to count upon 10 per cent. (100) of the graduates of Washington, Baltimore, Philadelphia, New York, Richmond and Charlottesville (University of Virginia), and other cities adjacent to the capitol doing so. Twenty-five hundred dollars should thus be assured; the expenses would be nominal and all over and above expenses would be divided between the three examiners. I am informed that the officers representing the three public services would be estopped from accepting compensation. This 10 per cent. could be probably doubled by the board meeting in Washington a week, and then spending a week in each of the three large cities adjacent to it, viz., Baltimore, Philadelphia and New York. The medical schools in these cities would willingly furnish quarters and facilities for conducting the examinations, and the hospitals furnish all necessary clinical advantages. This plan has been unanimously endorsed by the delegates from the several states meeting with the Committee on National Legislation and will be recommended to the House of Delegates at the coming meeting of the American Medical Association. It is to be hoped that it will be carefully considered and either it or a better plan at once inaugurated, as something should be done to encourage a higher and better medical education and to give in return something in the way of privileges and professional standing to those possessing it.

THE NEUROLOGIST'S ART.

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Knowledge is an excellent drug.—Montaigne.

There is a widespread belief that the recognition, interpretation and treatment of diseases of the nervous system offer peculiar obstacles, and that many of them are entirely unamenable to therapeutic measures. Now and then it comes to the ear of the neurologist that when he has made the diagnosis his usefulness ends. It is often said, half in jest but more in earnest, "To what end is all your diagnostic acumen and your skill in differentiation when your prognosis is so gloomy?"

The physician who has had wide experience in the treatment of nervous diseases knows that there is no