the blood was taken for examination, the intervals between the different experiments are passed over without a word. It is very improbable that amounts of hydrated chloral varying from $1\frac{1}{2}$ to 2 grains, amounts having no noticeable effect on a dog, would cause a reduction of 16.02 per cent. in the number of red blood corpuscles.

In the absence of any proof, the statement on page 4 of the booklet "Somnos," that Somnos produces sleep by causing a contraction of the neurons and that it is the only hypnotic known possessing this property, is an insult to the intelligence of the physician.

CONCLUSIONS.

To sum up our results on the physiologic action of Somnos: We have been completely unable to verify the claims of the manufacturers that Somnos is less toxic than hydrated chloral, or that it has a less depressing effect on temperature, respiration or circulation. On the contrary, the physiologic effects are indistinguishable from those of hydrated chloral, doubtless because the action of Somnos is simply the action of hydrated chloral. We can see nothing in the animal experiments or in the chemical composition which would suggest that Somnos would possess therapeutic advantages over an elixir of hydrated chloral of corresponding strength.⁴

It is to be hoped that physicians who have been blindly using Somnos without even knowing the strength of the preparation, much less what it is, will compare its effects with those of a 5 per cent. elixir of hydrated chloral.⁴

The Vice of Generalizing.

According to Rupert Hughes, writing in the current *Harper's Weekly*, says a lay exchange, the habit of generalizing from single sentences is far too general and influential. One would think, from some of the generalizations, he says, that the monopolists of money, for example, had also monopolized wickedness. "Yet the news of the day will tell of preachers caught in plagiarism or adultery, of druggists selling poisoned soda water, of bakers vending unclean bread, of theological students cheating." Each trade, he says, has its graft. The fact is that "drawing indictments against classes is as insane and illogical as drawing indictments against nations." There are "burglars who are chaste, and parsons who are sots; there

4. The booklet on Somnos, "Somnos, a Pharmacological Report," which is referred to here, contains a "Therapeutic Index to the Usefulness of Somnos." We give below a list of diseases mentioned in this index to show the wide range of usefulness (?) that is claimed for this chloral compound. Abortions. Abscess—of brain, kidney, liver, tonsils, parotid gland, mediastinum; In appendicitis, glanders, perinephritic, retropharyngeal, pyemic, pelvic, ovarian. Somnos lessens pain and quiets nervous state. Tablespoonful, repeated once or twice. Use liberally. Alcoholism—full doses, repeated often. Gives calm sleep. No blood changes like those produced by chloral. Anemias—progressive and secondary. Somnos has no deleterious action on blood as is common with other hypnotics. Aneurism. Angina. Apoplexy. Appendicitis. Arthritis. Arsenical poisoning. Arteriosclerosis. Asthma. Biliary colic. Bright's disease. Carbuncle. Carcinoma. Catarrh. Cellulitis. Cerebrospinal fever. Chlorosis. Cholecystitis. Chordee. Chorea. Cirrhosis. Coccydynia. Colic. Colitis. Concussion. Confusional insanity. Contusions. Convulsions. Coryza. Cough. Cramps. Cystitis. Delirium. Diabetes. Diarrhea. Diphtheria. Dropsy. Dysmenorrhea. Dyspnea. Ear. Empysema. Empyema. Endocarditis. Endometritis. Epididymitis. Epilepsy. Erysipelas. Fevers. Fistula. Gallstones. Gastralgia or Gastrodynia. Gastritis. Gonorrhea. Goiter. Gout. Hallucinations. Hay fever. Headache. Heart Disease. Hemiplegia. Hiccough. Hydronephrosis. Hydrophobia. Hydrothorax. Hyperesthesia. Hysteria. Indigestion. Inflammation. Insomnia. Kidney disease. Laryngitis. Liver abscess. Cirrhosis. Lobar pneumonia. Lockjaw. Locomotor ataxia. Lumbago. Mal de mere. Malarial fever. Meningitis. Migraine. Melancholia. Metritis. Morphineism. Muscular rheumatism. Myelitis. Myocarditis. Myositis. Nephritis. Nervous dyspepsia. Neuralgia, occipito-cervical, etc. Neurasthenia. Neuritis. Night sweats. Orchitis. Otitis media. Paresthesia. Paralysis. Parotitis. Peliosis rheumatica. Pericarditis. Perimetritis. Perihepatitis. Perichondritis. Peritonitis. Pertussis. Petit mal. Pharyngitis. Phthisis. Pleurisy. Pneumonia. Post-epilepsy. Proapsed uterus. Pseudo angina pectoris. Purpura. Rabies. Rheumatic fever. Salpingitis. Sarcoma. Scarlet fever. Smallpox. Spasms. Stomach. Stomatitis. Sunstroke. Tenesmus. Tetanus. Tonsillitis. Trauma. Trismus. Typhoid fever. Typhus fever. Ulcers. Urticaria. Varicella. Vomiting. Vulvitis. Yellow fever.

are rich women who are nuns of asceticism, and poor women who are so vilely extravagant as to bankrupt their ditch-digging keepers; there are poets who are domestic models, and plumbers who are voluptuaries; there are rich men who overwork, and poor men lazy enough to beg; there are millionaires' sons who are normal and athletic, and self-made men who are degenerates; there are robust athletes who are abnormal, and cigarette fiends who are leaders of progress; there are Sicilians who never saw a dagger and Puritans who seek vendetta with a knife or with poison; there are policemen who would reject a bribe, and senators who are devoted to their country; there are chorus girls of unimpeached repute, and Sunday-school teachers who commit infanticide."

The above is interesting to physicians, in so far as the comparison would apply with equal force to medicinal agents, whether official or proprietary. In the crusade against nostrums, some are inclined to go to the extreme. All nostrums are proprietary medicines, but by no means are all proprietaries nostrums. Just as the laborer is worthy of his hire, a fair reward should be allotted to the discoverer of a medicinal agent; but this reward should not be made perpetual. A coined word, trademarked, grants a perpetual monopoly, and hence should not be encouraged. But a patented article, or a patented process of manufacture gives protection for a limited time only, and is not necessarily to be condemned.

In a recent letter in *THE JOURNAL*, the following appeared in parenthesis: "I regret to say that this is also a proprietary remedy, but it seems to work well; possibly other silver compounds would do as well." Our correspondent evidently did not know that the preparations he had previously referred to in his communication are also proprietary. Universal condemnation of proprietary preparations will not help the work of ridding the medical profession of nostrums. We, therefore, appeal to our readers to use judgment, tempered with patience, in dealing with this troublesome question.

Correspondence

The Walker Resolutions.

KANSAS CITY, Sept. 6, 1906.

To the Editor:—After reading Dr. Carstens' letter in *THE JOURNAL*, September 1, I desire, as the mover of the motion to lay the Walker resolutions on the table, to correct some erroneous impressions that have gained circulation regarding the reasons for tabling these resolutions.

In the first place, I had no knowledge that such resolutions were to be introduced, nor had I been asked by any one to take any position relative thereto. When they were read, however, they at once impressed me as a covert attack on the honesty of the members of the Board of Trustees, and of the officers of the Association. I consider it necessary in any organization that a few men of capacity should have the main work fall on their shoulders. Such an organization would always be called by others a "machine." I do not object to this name, as a machine is understood to be an instrument for the accomplishment of work through improved methods. Admitting that there is a machine in the American Medical Association, in this sense, I would certainly find in that fact nothing objectionable. I fully believe that every member of the Board of Trustees and all the officers of the American Medical Association are perfectly honest, untainted by the slightest suggestion of personal graft, and it is, therefore, a machine in which I have full confidence.

In the second place, I was impressed with the idea that this resolution was introduced for ulterior purposes by influences which were antagonistic to the present policy and conduct of our Association and its journal. In this particular, I must fully support the course pursued by the Board of Trustees and the management of *THE JOURNAL*, and I believe that

their course is approved by 90 per cent. of the profession. I was unwilling, therefore, to countenance any scheme, under any mask, whose chief purpose was to thwart the wishes of the American medical profession and to stop the good work which had been well begun.

Finally, it struck me as the height of impudence that the mover of the resolution should lack sufficient confidence in the House of Delegates to permit it to name its own committee, should such a committee be desired. I certainly think, with no reflection on the names therein suggested, that a committee selected from the House of Delegates itself, where each member was more or less familiar with the matter in hand, would have been a more competent committee in every way. On the whole, therefore, the entire resolutions seemed to me to be uncalled for, improper and insulting, and for these reasons I made the motion to lay them on the table. I would judge that this same impression was produced on most of the members of the House of Delegates, since my motion was immediately seconded by several and unanimously carried.

It was evident that the principal desire in the minds of the members of the House of Delegates was to dispose of the resolutions in the quickest and most effective manner possible. The idea that the Trustees or the officers of the Association opposed or in any way hindered the adoption of the resolutions is absolutely contrary to the facts of the case, and palpably absurd.

JABEZ N. JACKSON, M.D.

State Board Results in the Educational Number.

SPRINGFIELD, Sept. 1, 1906.

To the Editor:—The data collected and tabulated in the Educational Number of THE JOURNAL (Aug. 25, 1906), gives to the medical profession a compact arrangement of facts not obtainable elsewhere, but it is to be regretted that existing conditions are not such as to render the results of your immense labor more generally satisfactory. Much may be learned by any person by a careful analysis of your figures, but at the same time many of your deductions and conclusions would convey most erroneous impressions to the casual reader. Inasmuch as the great majority of your readers will glance at your results rather than consider the conditions surrounding the origin of your data, I feel that it would be wise more emphatically to impress the fact on them that deductions based on figures which are not uniform in significance are very apt to be misleading.

The peculiar results to which we may be led by figures and statistics may be illustrated by the following brief instances: In your Table E, page 590 (Colleges Grouped by States Showing Numbers Examined and Percentages of Failures), we find that graduates of Arkansas colleges of the years 1900-1905, were successful in 100 per cent. of cases in state board examinations, while the Arkansas graduates of 1899 and previous years failed in 50 per cent. of cases. We might infer from these percentages that in mental and educational attainments, recent Arkansas graduates stood at the highest possible place in the list of all states, and infer further that the marked difference in standing between old and recent Arkansas graduates indicated an astonishing improvement in Arkansas' educational institutions. These deductions are, of course, set at naught when we find that the total number of 1900-1905 Arkansas graduates examined was one and of those of 1899 and previous years but two. Had the 1900-1905 graduate failed on examination, Arkansas would have fallen to the lowest place on the list, 46 per cent. lower than any other state. Had the one who failed of the graduates of 1899 and previous years, been successful, Arkansas would have gained the topmost place for all years, with only Connecticut and Maine in the sisterhood of supremacy. Of course, these percentages have not the slightest weight in showing the relative standing of Arkansas colleges as compared with those of other states. The same is true of Connecticut, which is given an equally exalted place. Of graduates of 1899 and previous years, Connecticut had one. He passed on examination. The effect of his failure on the percentage of Connecticut colleges in your table is obvious.

Table G (Comparison of Results Obtained by the Graduates

of Colleges in Their Own States and Elsewhere), shows Dearborn Medical College with 100 per cent. of successes in Illinois and with 100 per cent. of failures in "other states." The 100 per cent. of failures in other states represents the failure of one graduate in one other state. Without consideration of this latter fact, it might not unreasonably be surmised that Illinois had licensed all graduates of a college not one of whose alumni had proven acceptable to any other state.

In the system you have adopted to facilitate comparison of the different state boards in passing or rejecting applicants, figures are used which, it would seem, are hardly susceptible of comparison. You state editorially that in Kentucky and Colorado a number of applicants have been admitted without examination and that "these are included in figuring the percentage of rejections." Those so admitted in Colorado and Kentucky, seem, however, to have been included as successful. It would appear to me that to include these applicants either as rejections or as being successful renders more confusing a table which the casual reader, at least, had assumed to be for the purpose of showing results of examining boards.

Without burdening your columns with additional details, I should suggest the following points which must be given due consideration in comparing the results of the various state boards or colleges: 1. It is impracticable to compare the showing of a college whose graduates were examined exclusively by one board with the showing of another college whose graduates were examined exclusively by another board. It is impossible to tell whether the school or the board is responsible for the results. 2. The great majority of graduates in practically all schools are examined, first at least, in the states in which the individual colleges are located. Hence, the character of the schools in each state is an important factor in considering the severity or laxity of the examining boards of the state. 3. We may as well eliminate from our data the showings of colleges whose graduates have appeared before only a small number of boards, as these showings indicate little as to the ability of the graduates of such schools to pass the average state board examination.

The importance of these points may be briefly illustrated in the following: Of the 104 colleges listed by you, there were but 10 whose graduates had appeared before as many as twenty state boards. Of this group of 10, but two are found in your Table 1—those whose candidates were rejected in less than 10 per cent. of cases before all boards. The 8 colleges are located, 1 in Maryland; 1 in Michigan; 1 in New York; 2 in Pennsylvania and 3 in Illinois. In Maryland, Michigan, New York and Illinois, from 75 to 80 per cent. of all applicants examined were graduates of schools in those states. Michigan rejected but 1.6 per cent. of her own graduates. New York 1.9 per cent. of New York graduates and Illinois 2.8 per cent. of Illinois graduates. These low percentages of rejections of the graduates of the states' own schools were due to the fact that these states have the largest number of graduates of colleges who have received high recognition in the largest number of other states. Maryland, on the other hand, rejected a much larger percentage of her own graduates, but in Maryland it is noted that the three largest schools come in your Table K—having over 20 per cent. of failures. Without the foregoing facts, it might be assumed that these states dealt with undue leniency with their own graduates.

As to the standing given by your tables to Illinois, on which the foregoing figures have considerable bearing, I desire to say a word.

Illinois does not pretend to be a state in which exactions in medical examination are unusually severe. The statutes require that the examination "shall be of a character sufficiently strict to test the qualifications of the candidate as a practitioner," and the State Board of Health endeavors to carry out the provisions of the law. If the candidate shows sufficient evidence of his ability as a practitioner, it becomes the duty of the board to grant him a certificate.

The showing that Illinois rejects a smaller percentage of Illinois graduates than of those of other states is largely due to the fact that the board is called on to examine so