pain in the neck, and the pus penetrated down along the sternal mastoid muscle, so that it became necessary to make an incision down in the neck to drain out the pus through this counter opening. In the ordinary open method I don't think this complication would have occurred. Consequently, I feel rather chary about trying this method again, but it appeals to me so strongly, and the arguments in its favor are so great that I am going to see if it is possible to improve my technique if the fault has been mine. I don't think it is possible that my cases have always been the unfortunate cases, the other doctors getting the favorable ones, and if there is anyone who can suggest where I have been faulty in my technique I should be glad to hear from him.

Dr. Homer Dupuy, New Orleans, La.—I have had sufficient experience with the blood-clot method to know its absolute limitations. When we think of the objects to be accomplished by the mastoid operation in acute mastoiditis, namely, the protection to life, and not less important, possibly, the protection of the hearing, we can see, therefore, that there must be but the very smallest number of cases in which the blood-clot can be safely applied. The mastoid antrum is now regarded as the accessory cavity of the middle ear. In sub-acute mastoiditis some cases are operated because, plus other symptoms, they have a free otorrhea. The object of the operation, plus the protection to life, is to drain the middle ear from behind, and we must make sure to keep the antrum open as long as possible, so as to freely drain the middle ear from behind, and thus protect the delicate middle ear's structures from the constant presence of infected secretions. Therefore, the more experience I have with this method the more I limit my cases purely to those in which there is a slight discharge from the middle ear and they are mighty few and to those in which possibly only the antrum is involved. Of course a sinus exposure either pathological or operative would, to my mind, be a contraindication for the blood-clot. It certainly is not a safe procedure as a routine measure.

Dr. John L. Burgess, Waco, Texas.—My experience in mastoid surgery having been almost wholly private practice, and practically no clinical work, is more or less limited. We who practice in Texas, I don't believe, get the same proportion of mastoids as those of you who are in, especially, the larger cities and have large clinics. I did my first blood-clot operation some twelve years ago, following the operation of Blake, of Boston, and I followed his technique, and in doing this I was particularly careful in choosing the sclerotic mastoid. As you know, the percentage of sclerotic mastoids is very few. I have used it in special cases. I used it in one acute case which was a complete failure. Now, I don't feel that we should condemn when we have not had sufficient experience to develop a perfect technique in this case. As to drainage of a mastoid, if we had a perfect mastoid operation in acute mastoids, we clear and cleanse that cavity. We leave no infected cells or debris from infected parts, and we have a surgically clean cavity. There should be no hasty condemnation of the blood clot, I speak from a scientific point. We judge everything from a surgical point, by re-

sults, and I must say that Blake, of Boston, and Wright, of Boston, his principal follower, have certainly got results. I believe it was Dr. Wright who last year showed us and reported a series of cases running into quite a number, hundreds, and he tells me he does his blood-clot operation in practically all mastoids, that is, simple mastoids, regardless of infection, and his results are beautiful, and I feel that it is at least worthy of investigation; and then the rapidity with which they heal, when you are successful, when you can dismiss from the hospital with a closed wound, and practically clean, within seven days after the operation, I think it is at least worthy of consideration. I want to thank Dr. Boyd for hearing his valuable paper.

Dr. Boyd (closes)—I wish to state that the greatest importance in the beginning is to do a complete extirpation of all the diseased parts, as you would in any mastoid operation.

Of the 25 cases that I have mentioned, there is only one that was broken down, and that, of course, was treated as you would an ordinary operation, namely—the open method.

The great point to be gained is the very early recovery, and, to do away with the horrible condition of packing these cases from day to day until they are well. As I stated in my paper, this is only done in selective cases; especially is it performed in acute conditions, found so much among children. I wish to commend it to you.

REASONS FOR OPPOSING THE OPTOMETRY BILL.

[EDITOR'S NOTE.—This letter was the cause of Governor Henderson, of Alabama, vetoing the optometry bill. It so clearly sets forth the dangers of optometry as a profession that we believe that ophthalmologists generally will be interested in reading it and that many will press it for reference when similar legislation is sought in other states.]

MONTGOMERY, ALA., October 2, 1915.

Hon. Chas. Henderson,

Governor of Alabama.

DEAR SIR: Permit me, very briefly, to set forth some of the reasons why the bill purporting to regulate the practice of optometry in Alabama should not become a law.

The Supreme Court of this state has decreed that any person who essayed to correct abnormalities existing in human beings by any method or means whatsoever was, in truth, engaging in the practice of medicine and, consequently, must first measure up to certain prescribed requirements which would make him, at least, not an unsafe man to assume such responsibilities. These requirements are clearly set forth in the laws now in force regulating the practice of medicine.

The special field of work proposed to be covered by the so-called optometrist, who, in reality, is an optician, and an optician has ever been considered a tradesman—is a branch of ophthal-

mology, which, in turn, is a most important field of medicine.

Further, this bill specifically denies opticians the right to use drugs, and justly so; because the careful use of drugs requires a medical education, and the careless use of even one drop of atropin may destroy the sight in a glaucomatous eye. Yet there is complete unanimity of opinion among the trained scientific oculists the world over that vision cannot be accurately determined and defects therein properly remedied until the muscle of accommodation within the eye is first suspended by a drug. Practically all concede that a drug is *necessary* in *every* case where the eyes of children are examined, and all agree that in a majority of instances a drug is needed in the examination of the eyes of adults.

If this be true, then this bill should not become law; because the definition at the outset of the bill precludes the use of drugs. In my opinion, for this state to license men as qualified to examine eyes, when by the very terms of their license they cannot do the work, would result in putting the state itself in the position of being a party to a false pretense. It would be a gross betrayal of trust, on its part, to unloose on an unsuspecting public a horde of half-baked, inexperienced men to care for the abnormalities of the most delicate organ in the body, and yet to withhold from them the use of one of the most essential weapons of their warfare.

Again: Could the human eye be looked upon as an independent physical window, totally disconnected from the various other organs of the body, then one might see some justification for the claims of the adherents of this bill. But is this so? Every thinking person knows that the human body is so delicately attuned; each organ so correlated with the other as that disorders in one part of the system are likely to be reflected throughout the whole, or some other part of the system. Ask the sufferer from Bright's disease what was the earlier symptom of his trouble. Most often his reply will be: "Trouble with

my vision." Ask the sufferer with a beginning brain tumor what were his earlier symptoms. Most often the reply will come: "Trouble with my vision."

Many other examples might be cited; but these will suffice to show that bodily diseases manifested in the eyes need, and must have, early and proper diagnosis for their successful treatment.

The plea, in defense of this bill, is being fatuously made that the rural districts need protection from the itinerant spectacle vendor. There is no more reason for special legislation to prohibit the spectacle peddler than any other class of peddlers. If any restraint must be thrown around the itinerant vendors, it should properly be in the enforcement of existing laws, or else by the enactment of regulations which are not a direct thrust at the educational system of the state.

Another view of this matter demands careful consideration. It is safe to assert that a *commercial* feature is closely interwoven into the threads of this bill. Should the state place its stamp of approval upon it, not alone would it lull the innocent sufferer into a false sense of security by magnifying the importance of the so-called optometrist, but it would enable him to obtain prices for glasses far beyond their intrinsic value.

To say that other states have passed laws similar to the one under consideration—just as they have so passed laws licensing osteopaths, chiropractors, and other cults, which Alabama has not, as yet, done—is no reason why this state should permit to be battered to the ground the high standards of qualification to practice medicine now obtaining in Alabama.

Trusting that you, in your wise judgment, will see that Alabama makes no such mistake, I beg to remain, Very truly yours,

J. N. BAKER,

President Medical Association of the State of Alabama.