which prevents a magistrate from hearing testimony as to the prisoner's condition, or from determining the question as to her condition contrary to the report of the physician. It is true that the mandatory word "shall" is used rather than the permissive word "may," or "has authority to" commit. But the instances are many in which courts have treated the mandatory word as merely permissive when necessary to sustain an act or accomplish the purpose which was clearly intended.

Considering all the provisions of this article of the statute, it seems to the court that they are provisions for the health of the community, and were intended to ameliorate the condition of one suffering from one of the most terrible diseases, and to protect the community from infection.

Then, the objection was made to this act that it relates to women only, and not to men, who are suffering from these diseases; but it was clearly a question for the legislature to say whether the public interests or the public health required that a woman afflicted with a venereal disease should be treated differently from a man. Moreover, public prostitution applies only to women, and every person convicted of public prostitution is within the act. Nor does the court think that this can be said to be an unreasonable exercise of the police power.

Large Damages Approved for Personal Injuries

(*Zibbell vs. Southern Pacific Co. (Cal.), 116 Pac. R. 513*)

The Supreme Court of California affirms in this case a judgment for the plaintiff for \$70,000 for damages for personal injuries. The jury's verdict in favor of the plaintiff was for \$100,000, but from that \$30,000 was remitted. At the time of his injury the plaintiff was 27 years old, in perfect health, and earning about \$2,500 a year in the breeding and training of horses. By the accident his right heel was crushed and torn to such an extent as almost to sever it from the foot. His right leg was fractured between the knee and ankle, and the flesh on that leg between the thigh and ankle was torn, cut, bruised and lacerated. His back, sides and shoulders, face and head were cut, bruised and wounded, and he sustained a severe nervous shock. Moreover, by reason of his injuries his left arm had to be amputated below the shoulder, his right hand at the wrist, and his left foot a short distance above the ankle. So the court declares that, while the damages awarded in this case were very great, the shocking character of the injuries, the loss of both arms and one leg, the permanent loss of earning capacity, the inevitable disabilities and the suffering endured, and necessarily to be endured for more than 38 years, which the mortality tables showed was the expectancy of his life, presented a case in which the injuries were as grave as the damages great, or, at least, a case in which there was no such marked disproportion between the character of the injuries and the award made for them as to suggest at once that the award was influenced by prejudice, passion or corruption.

Society Proceedings

COMING MEETINGS

American Physiological Society, Baltimore, Dec. 27-30.
American Public Health Association, Havana, Cuba, Dec. 4-9.
Southern Surg. and Gynecol. Assn., Washington, D. C., Dec. 12-14.
Western Surg. and Gynecol. Assn., Kansas City, Mo., Dec. 18-19.

MINNESOTA STATE MEDICAL ASSOCIATION

Forty-Third Annual Meeting, held at St. Paul, Oct. 4-6, 1911

The President, DR. J. W. ROBERTSON, Litchfield, in the Chair
A list of the officers elected was published in THE JOURNAL, Oct. 14, 1911, p. 1296.

Medicine in Minnesota

DR. J. W. ROBERTSON, Litchfield: It seems to be the consensus of opinion among the members of the profession in Minnesota that medical education shall consist of, first, graduation from a state high school; second, two years in science and arts in some college or university; third, four years in the study of medicine; fourth, one year in hospital training. I

think that this course of study will meet the approval of a large majority of the medical men of the state. I also believe that it is to the best interests of humanity that we have a physician in every county of the state to be supervisor of health in schools so that the many abnormalities and physical defects of children can be observed, tabulated and treated during the growing period of childhood.

Carcinoma of the Lip, Mouth and Pharynx

DR. E. H. BECKMAN, Rochester: Of 210 patients operated on for carcinoma of the lip during the past six years, only fifty-two presented themselves within six months of the beginning of the disease. The extensive "block dissection" of Crile should be done at an early period in the disease before glandular involvement has taken place. We have performed 25 "block dissections" in the past three years with no operative mortality, so that the operation is not so dangerous as at first supposed. Better results in the treatment of carcinoma of the lips, mouth and pharynx seem to lie in a realization of the hope for an earlier diagnosis and a more extensive removal of the lymphatic glands into which the area of the cancer drains.

Carcinoma of the Gastro-Intestinal Tract

DR. WILLIAM J. MAYO, Rochester: From Oct. 1, 1897, to Oct. 1, 1911, 1,230 patients with carcinoma of the gastro-intestinal tract were operated on at St. Mary's Hospital. Of these 848 involved the stomach, and the radical operation was done in 296, or 34.9 per cent. of the cases. The mortality is 5 to 8 per cent. at present. Statistics in this series show that over 25 per cent. of patients who recovered from the operation and whose present condition is known, are alive and well over five years. There were fourteen cases of cancer of the small intestine, and five, or 35.7 per cent., were submitted to radical operation. Of the 214 cases of cancer of the large intestine nearly three-fourths were operated on radically. Fifty per cent. of those who recovered from the operation and whose present condition is known, are alive and well over five years. The operative mortality in these cases is now less than 10 per cent. Thirty per cent. of the 163 patients with cancer of the rectum, who recovered from the operation and whose present condition is known, are alive and well over five years. The mortality is now less than 10 per cent. Cancer, as cancer in the stomach, does not early produce definite symptoms; only when its situation makes a palpable tumor, or causes obstruction, can a probable diagnosis be made in the beginning of the disease. Malignant disease in any part of the large intestine proximal to the middle of the transverse colon is best treated by removal of all the large intestine up to the growth, doing ileocolostomy, beyond the middle of transverse colon resection in continuity. In cases of cancer of the ampulla of the rectum, a permanent colostomy should be made at the primary operation, and at a second operation after the lower segment has been properly cleansed, the entire rectum should be removed from behind. This procedure gives the patient moderate control and the best chance for a permanent cure. For high rectal or recto-sigmoid cancer the abdominal combined method is preferable. The perineal operation should be reserved for cancer of the anal region. In five instances we have discovered rectal cancer early enough to permit a purely local operation. The pessimism of the medical profession as regards malignant disease of the gastro-intestinal tract is not justified by the facts. Failure to make a diagnosis while the disease is still local, and not any peculiar malignant tendencies in the presence itself, accounts for the fatal character of cancer in this region. Lack of examination rather than lack of knowledge is responsible for mistakes in diagnosis.

DISCUSSION

DR. J. E. MOORE, Minneapolis: I heartily endorse the principles laid down and the treatment advocated in Dr. Beckman's paper. The erroneous opinion has widely prevailed that carcinoma of the face is not so malignant as in other parts of the body, and that radical treatment is not necessary. This is due to the fact that cancer of the face is recognized earlier than in any other part of the body, and earlier operations have been performed. This strengthens the contention of the surgeon that carcinoma is originally a local disease. Fortunately for

the surgeon and humanity, carcinoma of the small intestine is comparatively rare, for results of surgical intervention are not nearly so good here as in other parts of the intestines. The mortality of carcinoma of the stomach without operation is 100 per cent., and if, as Dr. Mayo has demonstrated, 25 per cent. can be saved by operation, it surely requires no argument to establish its value. Carcinoma of the large intestine is an encouraging field. The diagnosis is not so difficult, and results are remarkably good. The large bowel is remarkably tolerant of surgery. There is one point made by Dr. Mayo that I wish to endorse most emphatically, because all surgeons do not agree with him, and that is in reference to the value of colostomy in carcinoma of the rectum. This comparatively simple operation gives immediate relief and enables us to perform radical operations on the lower bowel that we could not do otherwise.

I have patients living and well to-day on whom I performed colostomy fifteen years or more ago who could not have been saved in any other way. There is another point in this paper that should encourage those who are disposed to be pessimistic on this subject, and that is the large percentage of tumors of the cecum and sigmoid presumably malignant that prove to be benign when put under the microscope.

Visceroptosis

DR. LEROY CRUMMER, Omaha: This is a condition and not a disease, symptoms occurring in this condition are dependent on changes in function and not on changes in structure. The physical stigmata are the phthisical chest, the long abdomen and the narrow pelvis. On abdominal examination, the colon can be palpated as a narrow, tender cord in more or less of its entire extent from the cecum to the rectum. The right kidney can always be palpated and generally the left. The stomach on inflation is found vertical and not dilated. These signs are found in the routine examination in the large percentage of women, many of whom present absolutely no symptoms of any kind.

Following, however, a period of stress with its attendant malnutrition and loss of weight, the symptoms become manifold. The usual symptoms which first present themselves are in the stomach and are described as a sensation of "chronic grief." The bowels soon become affected, and in early cases an alternating diarrhea and constipation and finally persistent constipation, and ultimately attacks of colica mucosa occur. A secretion of mucus in the bowel is practically a constant symptom. Many other symptoms occur in the course of the condition and any form of abdominal distress, palpitation, backache, coxalgia, or any symptoms of so-called neurasthenia demand an examination for the physical signs of this condition.

These patients should never be operated on for anything except definite pathologic conditions, as the ultimate results of operative interferences of visceroptosis itself are bad. The diagnosis should be made directly by finding these stigmata in cases having vague abdominal symptoms. Differentially tuberculosis and hyperthyroidism must be considered. There is no direct line of separation between hyperthyroidism and this condition, as many symptoms exist in common. It is very difficult to pick out those cases in which there is a real surgical lesion and this diagnosis must be made only on indisputable evidence.

Etiologically, a past history of chlorosis is found in a large proportion of cases, but of most importance is an exact history of stress followed by malnutrition. The prognosis is good when the cases are recognized during the early period and even in the severe cases under proper treatment there is a return to a comfortable existence without, however, there being any indefinite changes in visceroptosis. As far as treatment is concerned, the principles of the Weir Mitchell rest treatment with forced feeding give the best results. Belladonna is practically a specific in most cases.

DISCUSSION

DR. J. E. MOORE, Minneapolis: Many years ago Glenard enlightened the profession concerning visceroptosis, but the average physician paid very little attention to the subject.

With the development of abdominal surgery, surgeons began to take note of these physical defects and very naturally concluded that these defects were the cause of the patients' suffering, and that the best means of treatment would be mechanical; hence, all the scars mentioned by the essayist. It is necessary in surgery, as in everything else, to go to extremes to find what the happy medium is. These operations did only temporary good, and on the whole were very disappointing, but they did not kill people, and while they were rather hard on the present generation, they have enabled us to demonstrate that operations are not curative in these conditions, and we have relegated these patients to the physician where they rightfully belong, and have very materially helped the physician to establish the ground on which he now stands. In this way these operations, now discredited alike by surgeons and physicians, will prove of untold value to future generations. These scars should not be placed to the discredit of surgeons but should be looked upon as milestones of his progress, for, having demonstrated the inefficiency of surgery, he honestly turns these patients over to the physician. Real surgeons no longer perform these operations. It is only the "would-be" surgeon, the one without personal experience, or the honesty or ability to profit by the experience of others. Our worst difficulty now is that half-baked physicians are still referring these cases to us for operation.

Polycystic Disease of the Kidney

DR. DONALD C. BALFOUR, Rochester: In the series of six cases observed in St. Mary's Hospital, four were females and two were males. In the majority of cases symptoms are absent in the early stages, but as the process advances signs of renal insufficiency become evident, such as pain of a varying character, frequent micturition, bloody urine, and, occasionally, temporary retention. In the later symptoms constitutional disturbances occur, e. g., loss of weight, reflex disorders of the stomach, secondary cardiac hypertrophy, arteriosclerosis, uremia and general failing health. The diagnosis rests mainly on the presence of tumor in one or both flanks. If both kidneys are involved, polycystic disease of the kidney may be diagnosed almost positively. Differentiation is made between this condition and hydronephrosis, pyonephrosis, and hypernephroma by means of ureteral catheterization. The affection is ultimately fatal from gradual destruction by pressure of the normal kidney tissue, although as the secreting structures of the kidney are markedly resistant to outside pressure, patients may live comfortably for some time after the cystic degeneration is fairly advanced. If the condition is diagnosed as bilateral, surgical measures are useless, and treatment along general lines should be instituted. If the kidney on the opposite side is grossly unaffected, nephrectomy may be indicated, but the mortality following this procedure makes it almost prohibitive. In doubtful cases, exploratory operation should be made. In two of the cases reported in this series some of the cysts had attained a size sufficient to make exploration advisable. One case was explored on a diagnosis of partial ovarian cyst; the other on a provisional diagnosis of partial rupture of the kidney, as the tumor was noticed immediately after a severe fall.

Fracture of the Elbow

DR. OWEN W. PARKER, Ely: Out of the last 4,600 injuries, 324 were fractures of which only seven involved the elbow. These fractures are much more common among children. Great care is necessary in examining all injured elbows; otherwise many fractures will be overlooked. On account of the irregularity of the lower end of the humerus, a large variety of fractures are met. In treatment, the position used by us in fractures of the elbow is either the right-angle position or that of acute flexion or hyperflexion. I prefer hyperflexion in all fractures of the lower end of the humerus, except the intercondylar. I always attempt to hyperflex the arm up to 30 or even 20 degrees. If the swelling is so great as to interfere with hyperflexion and the safety of the pulse, wait a few days and then hyperflex. Hyperflexion is maintained by dressing either with adhesive straps or by means of a roller bandage as used by Ashhurst, at no time using any splint. Splints are used when

ever treating in the right-angle position. Full flexion, the most valuable function of the joint, is fully preserved, whereas in a right-angle position there is more apt to be some loss of flexion. Extension is less valuable than flexion and is more easily regained. It may be regained early or not for several months. It is important to preserve the carrying angle. Do not use early forcible manipulation; wait until the third week when union is fairly firm and then begin gentle passive motion, extension having in the meantime been gradually increased.

Tuberculin in the Treatment of Scleritis

DR. C. N. SPRATT, Minneapolis: I have had one case of episcleritis and six of keratoscleritis treated with tuberculin. Five patients were women and two were men. The ages of the former were between 31 and 38 years. One man was 43, the other was 55 years of age. The right eye was the one affected five times and the left twice. Two of the patients had previous attacks in the other eye. All were in good health. The location of the infiltration was, two on the temporal, two on the superior temporal, one on the nasal side, one above and one below the cornea. In three cases the entire anterior part of sclera was involved. All patients gave a general reaction to Koch's old tuberculin. Lowest febrile reaction was 100.2; highest, 102.8 F. Maximum reaction was twelve hours in two cases, thirty-six in another and an average of twenty-four hours in the others. A local reaction in the affected eye followed in six cases. In two cases Denys' bouillon filtrate was used, the initial dose being 1/1,000 mg. In the other five the bacillus emulsion was used, with an initial dose of 1/100,000 or 1/1,000 mg. The dose was slowly and carefully increased, avoiding as far as possible signs of general or local reaction. Any redness about point of injection or rise of $\frac{1}{2}$ degree in temperature was considered an indication that the point of intolerance was reached. The dose was not increased or repeated until the temperature was normal for forty-eight hours. In one severe case cure was obtained in six months after forty-five injections, the maximum dose being 20 mg. bouillon filtrate. In a severe case of ten months' duration a cure was obtained in three months after twenty-two injections, maximum dose 1/50 mg. of B. E. In a case of seven weeks' duration the patient was cured in ten weeks after twenty injections maximum dose 1/50 mg. A fourth patient with trouble of eight months' standing and under treatment three months has received twenty-six injections and is improving. In a case of five months' duration the patient was cured in three months with eighteen injections of B. E., maximum dose 1/100 mg. In a sixth case of eight months' duration the patient was much improved after the diagnostic dose of 10 mg. O. T. He was sent home to have the treatment continued by his physician. The seventh patient, with episcleritis of one month's duration, is still under treatment and is improving.

KENTUCKY STATE MEDICAL ASSOCIATION

Fifty-Sixth Annual Meeting, held in Paducah, Oct. 24-26, 1911

(Concluded from page 1635)

President's Address: United We Stand, Divided We Fall

DR. J. G. CARPENTER, Stanford: We want better organization of the physicians of the country through their local organizations, that the advantage of cooperative study may be obtained; that the lot of the physicians may be made better; that better laws may be enacted; better sanitary conditions maintained; the science of medicine advanced more rapidly, and the mission of the physician as he sees it better fulfilled. Our conception of the physician is that he should be a leader in the community; the cleanest man in it; clean in speech; clean in his morals; a leader of opinion and the best cultured. The time is at hand when the physicians are to have the leading part in the destiny of the country. Now, the problems are social and moral and psychologic, and a different class of men should be sent to the legislatures. In this physicians and teachers must take a hand by impressing on their legislators the worth of health measures before them and helping to get men into the legislatures who will give proper consideration to these measures.

The organization of a weekly or bi-monthly graduate course in every town and county should be brought about by physicians. Every society meeting is a graduate course. This is the golden opportunity of the practitioner to gain knowledge from and impart knowledge to others.

The State Institutions and a Plea for a More Perfect Equipment

DR. H. P. SIGMUND, Hopkinsville: I would like to refer to one simple advancement in the management of the insane. This is the complete abolition of all forms of mechanical and medical restraint that were thought absolutely necessary in former years. The state institutions are conducting training schools in which the best methods of handling the insane by personal care are taught, gradually educating the people to the fact that an insane person is a sick-minded, not a deformed-minded person. Autopsies and laboratory work and study of cases will develop trained alienists who shall stand as a credit to the present methods of conducting state institutions. A psychopathic hospital is an absolute necessity to treat and care for patients, as it affords the best opportunity for recovery of the acute cases of insanity.

DISCUSSION

DR. BROOKS H. BEEBE, Cincinnati: If the legislators in their respective communities were approached in the proper manner and in the right spirit with regard to the better care and handling of the insane, I believe there is not one of them who will go counter to the physician. They are non-political when it comes to health laws, and you have control of the situation if you simply get together.

DR. W. E. GARDNER, Lakeland: While a great many improvements have been made in our asylums during the past few years, such as the abolition of non-restraint, more liberal amusements and recreation for patients, and the establishment of training schools for nurses, making provision for the care and isolation of tuberculous patients, and a more systematic examination and study of cases, yet all these things amount to very little so far as bringing the institutions up to standard is concerned and to what can really be called state hospitals for the insane. We want a hospital for the sick in each one of these institutions. We should have a psychopathic department in each one of the institutions.

DR. GEORGE P. SPRAGUE, Lexington: The number of attendants, the number of physicians and the number of employees generally throughout the institutions for the insane of Kentucky are too small, so that there is not enough supervision of patients. There is urgent need for reform in this respect. There should be more nurses, more physicians, more employees. It would be considered criminal in a well-managed hospital to have such conditions as obtain in our state asylums, and these things obtain simply because we do not know what the conditions demand, and do not voice that demand to our legislators.

Expert Testimony in Courts of Law

DR. DUDLEY S. REYNOLDS, Louisville: Expert testimony in courts of law is extremely variable. It is a well-known fact that hypotheses stated by different persons lose their original character and clearness, and are therefore well calculated to mislead the expert witness. Two or more experts may differ widely in their answers to a hypothetical question stated in the same language; when personal examination by them would lead to identical conclusions, and these conclusions might destroy the hypothesis relied on by the establishment of facts, wholly different from those on which the hypothesis was predicated. Much of the ill-repute of medical expert testimony in courts of law is due to the ignorance of the judges, and the unfortunate, not to say dishonorable methods of attorneys who are employed to contest the facts and pervert truth and justice.

DISCUSSION

DR. W. W. ANDERSON, Newport: Unfortunately, under the methods of conducting testimony and taking sides, the physician or witness is impelled to take sides, and unfortunately, physicians can be found who are willing to take sides in a case rather than go straight ahead with the truth in the case.