have an open mind about it and treat the case just as you would write a prescription.

One cause of objection to gastric lavage is that the laity and a large part of the profession think all the gastroenterologist does is to wash out the stomach. The gist of the whole thing, the virtue of lavage, the indications for lavage, and the good results of lavage come from the tube you use, the reason you use it, the time you give it, and the purpose for which you use it.

Dr. A. W. Calloway, Asheville, N. C.—Doctor Niles stated that advanced pulmonic tuberculosis was one of the contraindications for lavage. Of course the danger would lie in the type of case. A hemorrhagic case in its primary stages, and of course an advanced case, would be subject to danger. As a matter of fact the large majority of pulmonary hemorrhages take place while the patient is lying quietly in bed, outside of a few single fatal ones. Of course it would be unfortunate if we use the stomach tube at a time when a blood vessel was soon to rupture from ulceration, but I see no reason why in tuberculosis that is either safely healed or in the early stages we may not use lavage when necessary. I have been doing this for a good many years, even in advanced cases, and while I am cautious, I have never yet seen a case of pulmonary hemorrhage follow the use of the stomach tube.

Dr. Niles (closing).—The reason I wrote a paper on this somewhat dry subject was, as Dr. Johnson expressed it, because gastric lavage to an extent has reached a stage of prejudice on the part of some of the profession and many of the laity, principally on account of inexperienced technic in introducing the tube. Those who introduce the tube often are careful about it. They do not delegate it to an assistant or nurse, and they inflict a minimum of discomfort. I know doctors who have it done by a nurse or by some green assistant, and consequently the patients go through the tortures of the damned with it. Instead of being a matter of seconds it is a matter of minutes, which to the patient seems hours. Within the last week a man came to me who had had the tube introduced badly, and when I told him it would be necessary to do it again he demurred. I told him not to be afraid, but he came back with much trepidation. Fortunately, I got through with it easily and quickly, and when I had finished he looked up at me and said: "Doctor, I realize that when I had that tube introduced before I was in the hands of an amateur." If this had been done easily and quickly he would not have spoken of it as an "ordeal." It is as easy to do it rightly as wrongly, and if we give our patients unnecessary discomfort they will spread the evil tidings. I have read this paper to re-orient gastric lavage. It is an old subject that has been threshed out many times, but it is a good procedure. Why relegate it to the rear when we can get out of it relief for our patients? The main thing is for us to do our part in a quick and efficient manner.

PREVENTIVE PEDIATRICS IN THE SOUTH*

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The result of the draft examination demonstrated that a large number of men were unfit for military service on account of defects which, if they had been recognized and corrected in early life, would have added man power to our army. It was found that only fit man power can win a war or successfully man a nation. This has awakened renewed interest in the baby. He has therefore, been placed on a pedestal as the potential hope of a nation. Since the baby has come to be recognized as a national factor, the child, irrespective of social and financial standing, is to be given protection, in order that his efficiency, and in turn that of the nation, may be promoted.

This has given an impetus to the study of all phases of child life, especially the heretofore most neglected period, the pre-school age. The mother has usually cared for the baby until after his second molars. Now, having erupted his temporary teeth or on account of the advent of a new arrival, he graduates to a period of child life, only recently under any supervision. It was during this pre-school period that he was expected to have his childhood diseases. Tonsillitis, otitis media, toothache, and similar complaints were looked upon as the ills of early childhood; to be sympathized with, but not prevented. Having reached the age of six years, he now enters school, where he receives some supervision, inspection, examination, and discipline, but frequently too late to accomplish the greatest good for the future welfare of the child. Mental hygiene and the formation of proper health habits, so essential during this formative period of the child's life, have also been neglected.

The students of delinquency and criminology tell us that the present method of treating the class of citizens with which they deal is wrong. Rather than begin-

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ning at the starting point, the child, we now wait until he is beyond control, or a criminal: that, in childhood, where there is an inherited criminal taint, or a mental defect in a bad environment, coming events will so cast their shadow that with almost mathematical certainty, a criminal, delinquent, or a state charge may be prophesied. The crowded city, the apartment life, the indulgent parents, the neurotic mother and father are giving a problem in a progeny which must be looked upon as a social responsibility, an opportunity for the psychologist and psychiatrist to add an asset to the state rather than a liability. The child is the ward of the state if not cared for by the family. For best results these cases must be observed and classified early. In no class of cases is it so essential that a child should be born well, nor are preventive measures more applicable than here. It should be that only those of sound mind and body should be privileged to add a citizen to our community.

Mortality statistics and the result of the influence of preventive measures are available to warrant the statement that health is purchasable and that any community can fix its own death rate. That which is true of the whole is also applicable to a part, be it nation, state, municipality, or family. As one-fifth of the population deals with infancy and childhood, the need of efficient, constructive child welfare for all is apparent.

Forces have been at work for years, but only recently has national and world-wide interest arisen. Now, national, municipal, and lay organizations are keenly alert and active. Woman is earning and should receive national recognition, and she will force probably her first demand, that of the proper health protection for her baby and the education of her child, to qualify him for equal rights in our democracy.

The doctor has faced this problem in many ways. The health officers, if selected for merit, are enthusiastic. Many pediatricians are limiting their efforts to preventive pediatrics, which is child welfare in private practice. Many doctors are interested, and many are but passive. There is a flood of potential energy in every community needing only the medical mind to direct it for the improvement of child life.

If the medical profession does not harness and direct this energy, it will be done either by the nursing profession or lay organizations. The public is alive to preventive measures, public and private. It will be done, and nothing should stem the tide of the flood of interest in child life, but for efficiency, it must be properly directed. Who shall assume control, the doctor, nurse, or lay organizations?

There are four governmental departments in Washington doing child welfare work: the Treasury Department through the United States Public Health Service, Department of Agriculture, through the States Relations Service, the Department of Labor through the Children's Bureau, the Department of Interior through the Bureau of Education, and in addition, the Red Cross. I understand there are in the National Government some 46 Government agencies asking Congress for money for health work, many having some child welfare program; of these 36 are now doing health work. There are about 130 lay organizations having measures influencing child life. Is there any wonder that there is overlapping and consequently friction? As this work is barely at its inception, how can efficient and harmonious work be done without a head responsible? Would not Congress have more respect for this and all other health measures if under a department of health? If we had a National Department of Health under a secretary or cabinet officer, with a bureau of child welfare, there would then be a clearing house and distributing center for all information, plans and advice. Through this bureau, each section could plan its own problem. The state, under the national organization, would act as an advisor, aiding in educational propaganda and stimulating work and interest; assisting in solving local problems, as each community has its own requirements.

I wrote to the secretaries of health of all the states in the Southern Medical Association, asking for the result of their work and the outline of their program. Of the sixteen states, eleven had active or tentative child welfare programs, one state making a survey. Four I have not heard from, and they are not on the list furnished by the Children's Bureau. Over

half of the states have a Children's Division and are planning constructive work. Six of the states have their division under a nurse. While we cannot proceed without the nurse, I cannot believe that her efficiency or the best interest of the department can be fostered by her playing the major role. On the state's present budget, it is either this or no department, but it will take an unusual woman to tell a doctor what he can or should do. The state board of health must let the doctor feel that the nurse, if continued as the director of the division of Child Hygiene and Public Health Nursing, is only a temporary arrangement due to lack of funds. It should be made clear that the division of Child Hygiene, or a better term Preventive Pediatrics, can best be, and will be, when funds are available, under a trained physician. In his community the doctor must stand either for or against. With the proper machinery, organized medicine, which he respects, behind the movement, and the local direction of his county medical society's committee on public health and legislation, he will no doubt give the cooperation necessary to advance the work, which will make for a better condition in our Southland.

A great advance has been made to give the doctor of tomorrow a preventive viewpoint. The American Pediatric Society has recommended and outlined a course to be given all medical schools on preventive pediatrics. While this has no doubt, been done along with didactic work a distinct course with training and observation in health centers, school inspection, milk stations, nutrition clinics, etc., will give a vision that the average young doctor heretofore has not experienced.

The proper mental attitude can best be produced in the doctor, be he pediatrician or general practitioner, by his actual participation. In one Southern state this has been accomplished by the formation of a state pediatric society, not a society limited to those whose practice is exclusively among children, but to all doctors interested in the practice of medicine among children. The purpose primarily was to interest all doctors in better pediatrics for

the state. An annual dinner has encouraged social intercourse, a place on the State Medical Societies' program presided over by the officers of the pediatric society has added dignity and a prominence to the organization. Definite work has been outlined, and the executive officers of the society are termed the advisory committee to the state board of health in all child welfare matters. The society can be a great stimulus to the state department, and if properly organized can prevent or adjust any misunderstanding, should any arise between the doctor and the state.

Preventive pediatrics is here to stay. It is logical, constructive, and plans for the best interest of the nation. At present the national program is largely in the hands of lay organizations and the nursing profession. If this is the place for it, we should give them our moral and active support. On the other hand, if we should take the initiative in this important work, we must at once become active to reorganize and direct the various organizations so that efficient plans, free from friction, may be promulgated for the upbuilding of our future citizens.

DISCUSSION

Dr. J. Buren Sidbury, Wilmington, N. C.—I wish to emphasize most emphatically one point that Dr. Funkhouser has brought out, that is, that every state in the Southern Medical Association should have a state pediatric society which meets with the state medical society and have a part of the time allotted to the general session. This, in my opinion, will do more for the advancement of pediatrics in the South than any other one factor.

In regard to infant mortality I wish to use the term "congenital disease," probably for the want of a better term. We all know what we mean by congenital disease better than I can define it. When we are told that over 40% of all deaths during the first year of life are due to congenital disease; that over 75% of all deaths during the first month of life, and that over 90% of all deaths during the first ten days of life are caused by congenital disease we may get some idea of the tremendous toll that is going this way.

During the past ten years there has been a decline in the death rate from gastro-intestinal and respiratory diseases but the death rate from congenital diseases has remained constant and high.

In New York City in 1918 the death rate from these three conditions was as follows:

Respiratory deaths	2,993
Diarrheal deaths	2,032
Congenital Diseases deaths	5,344
Total deaths	12,657
Congenital Diseases	5,344
Respiratory and Diarrheal	5,025

More women of childbearing age die from conditions associated with pregnancy than from any other cause except tuberculosis. From these two conditions we can learn why our maternal as well as infant death rate is too high. This emphasizes most emphatically the importance of looking out for the baby before the baby is born, which at the same time will be looking out for the mother. In every community of any size there should be a prenatal clinic and a baby milk station in conjunction with a baby clinic. These new born babies should be turned over to a district nurse who in turn will register them at the baby clinic or baby health station and who will see to it that the baby is followed up for at least its first year.

Dr. J. Ross Snyder, Birmingham, Ala.—I think it is unfortunate that Dr. Funkhouser's paper came at this point in our program, because it will not get the discussion which it so richly deserves. I have observed the time, money and energy that have been expended by the various agencies with rather poor results so far as child-welfare is concerned. This is easily explainable, and I think Dr. Funkhouser has explained it. There has been no cooperation between these agencies. In stead of getting the results that should have been obtained, many have resulted in nothing at all. Some results have been harmful and some have even been vicious. Dr. Funkhouser has offered us some practical suggestions as to how results can be obtained. I heartily agree with the idea for the creation of a new department of health under a secretary or cabinet officer. At the same time I believe when that department is created our fight has just begun. We want to be sure that that department starts right, namely, that it shall center its interest on the oncoming generation.

Dr. Funkhouser (closing).—I regret very much that the time limit was placed on the discussion of this paper for the very reason that I was anxious to get the impressions of the health men and pediatricians as to our attitude in this work. The present plans seem to be so very chaotic that I feel it is incumbent upon the medical profession to step in and assist in organizing so that all departments or agencies can work together. At present they are working at cross purposes, it is necessary that they be combined. In their enthusiasm some have done things which we as physicians cannot approve. It is our duty to develop some plan and see that it is worked out for the best interests of all departments and for preventive pediatrics in the country.

ROENTGEN RAY DIAGNOSIS OF GASTRIC AND DUODENAL LESIONS*

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The diagnosis of gastric and duodenal lesions with the roentgen ray is an established fact and its accuracy has few parallels in medicine. The praise of such eminent surgeons as the Mayos, of Rochester, Sir Berkeley Moynihan, of Leeds, and many others for the roentgen ray in diagnosis of peptic ulcers is most gratifying.

Moynihan, in speaking of the diagnosis of gastric ulcer, says:

"Chief among the methods of investigation which can help us to a decision, I now place the examination of the stomach after the barium or bismuth meal by the x-ray. Indeed the radiographic examination alone is more accurate than all the other methods combined, and a diagnosis which is proved by subsequent operation to be correct in indicating the presence of the ulcer or demonstrating its size and position can be made in 90 per cent of cases. The radiographic method is the one certain method of diagnosis and is now an indispensable addition to the older and far less accurate procedures."

Carman, of the Mayo Clinic, who has an enviable record in the diagnosis of peptic ulcers and other gastric and duodenal lesions, presents the following statistics:

"From July, 1918, to January, 1919, there were at the Mayo Clinic 343 cases of peptic ulcer diagnosed by the roentgen ray. Of these 337, or 98.21 per cent, were confirmed by operation. There were 255 cases diagnosed as duodenal ulcer, of which 246, or 96.47 per cent, were confirmed at operation. There were 88 diagnosed as gastric ulcer and 84, or 95.45 per cent, confirmed by operation."

These findings show that the roentgen ray was correct in the diagnosis of peptic ulcer in 98.21 per cent, while in localization of the ulcer it was correct in more than 95 per cent, clearly indicating that the roentgenologic examination has an exactness which the clinical findings lack.

Prof. Karl Walko, of Prague, in an article on spasms of the digestive tract, has this to say of the roentgen ray:

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