not waived by the provision quoted concerning the proofs of death. That contained nothing to indicate that the answers of the physician might disclose information acquired by him from the insured while attending her in a professional capacity, and necessary to enable him to prescribe for her as a physician; nor that they were to relate to the medical history or cause of death of the insured. The insured might well have believed from the nature of the instrument which was to contain the answers that they would be confined within the proper scope of mere "proofs of death," and relate to nothing else than the fact of death.

Tuberculous Throat and Representation for Life Insurance

(Cole vs. Mutual Life Insurance Co. (La.), 56 So. R. 645)

The Supreme Court of Louisiana holds that a life insurance company sued on a policy has the burden of showing that the insured's throat was tuberculous, as affecting a defense that he misstated in his application that he was in good health. A statement by an applicant for reinstatement of life insurance that his health has remained good and unimpaired since his examination under the original application does not amount to a warranty, but is a mere representation, needing to be true only to his best knowledge and belief. That an applicant for reinstatement of life insurance was treated by a physician for what was regarded as a common temporary inflammation of the throat did not constitute "consultation" of a physician within a statement in the application that he had not consulted a physician since a certain time, though it later appeared that applicant had tuberculous laryngitis.

Society Proceedings

COMING MEETINGS

AMERICAN MEDICAL ASSOCIATION, Atlantic City, N. J., June 4-7.

American Academy of Medicine, Atlantic City, May 30-June 2.
Amer. Assn. of Genito-Urinary Surgeons, Philadelphia, June 7-8.
American Association of Medical Examiners, Atlantic City, June 3.
American Climatological Association, Hartford, Conn., June 10-12
American Dermatological Association, St. Louis, May 23-25.
American Gastro-Enterological Association, Atlantic City, June 3-4.
American Gynecological Society, Baltimore, May 28-30.
Amer. Laryngolog., Rhinolog. and Otolog. Soc., Phila., May 13-15.
American Medico-Psychological Association, Atlantic City, May 28-31.
American Neurological Association, Boston, May 30-June 1.
American Ophthalmological Society, Atlantic City, June 12-13.
American Orthopedic Association, Atlantic City, May 30-June 1.
American Otological Society, Atlantic City, June 10-11.
American Pediatric Society, Hot Springs, Va., May 29-31.
American Proctologic Society, Atlantic City, June 3-4.
American Society of Tropical Medicine, Atlantic City, June 3.
American Surgical Association, Montreal, May 29-31.
American Therapeutic Society, Montreal, May 31-June 1.
Arkansas Medical Society, Hot Springs, May 13-16.
Association of American Physicians, Atlantic City, May 14-15.
Connecticut State Medical Society, New Haven, May 22.
Illinois State Medical Society, Springfield, May 21-23.
Maine Medical Association, Portland, June 12-13.
Massachusetts Medical Society, Boston, June 11-12.
Missouri State Medical Association, Sedalia, May 21-23.
Nat. Assn. for Study and Prev. Tuberculosis, Washington, May 30-31.
National Association for Study of Epilepsy, Vineland, N. J., June 3.
New Jersey Medical Society, Spring Lake, June 11-13.
North Carolina Medical Society, Hendersonville, June 18-20.
North Dakota State Medical Association, Valley City, May 14-15.
Rhode Island Medical Society, Providence, June 12-13.
South Dakota State Medical Association, Mitchell, May 22-24.
Wisconsin State Medical Society, Wausau, May 22-24.

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA

Annual Meeting, Held at Birmingham, April 16-19, 1912

The President, DR. LEWIS COLEMAN MORRIS, Birmingham, in the Chair

Officers Elected

The following officers were elected for the ensuing year: President, Dr. H. T. Inge, Mobile; vice-president, Dr. H. W. Blair, Sheffield; secretary, Dr. J. N. Baker, Montgomery. Mobile was chosen as the place for next year's meeting.

Pellagra as It Exists in Alabama

Dr. M. B. CAMERON, Eutaw: Pellagra in Alabama has been gradually spreading, until in 1910-11 it reached the proportion of an epidemic. It has reached every county in the state, and caused nearly 1,000 deaths during 1911. About three females are affected to one male, and the disease is more common among the whites than among the blacks. The true etiology of pellagra seems to be shrouded in mystery. Studying its extensive spread over Alabama during the last few years from a causative standpoint we have many substantial reasons to sustain the maize theory. Prior to 1905 the production of corn in this state was ample to supply the food needs of the inhabitants. Since that time the corn production in this state has been greatly reduced by droughts and the increased price of cotton. Although our state in the past two years has increased her yield of corn sufficient to supply the food demands of her people, we are without the means to convert this grain into meal, owing to the abandonment of our grist mills during the non-production period. The method of curing the corn in shocks tends to make it unfit for use. The supreme treatment of pellagra is prevention. To accomplish this there should be a rigid inspection of all food-supplies shipped into the state, especially corn products, and there should be a standard of purity established that would exclude all products of questionable character. This inspection should be directly in the hands of the medical profession.

Certain Aspects of the Pellagra Question

P. A. Surgeon C. H. LAVINDER, U. S. P. H. and M.-H. Service. What is the cause of pellagra? The question to be solved—at present an unanswerable one—is whether pellagra is to be considered as a food poison derived from maize or whether it is a parasitic disease. It has been shown, notably by Alsberg, that during the past few years the corn-supply of the southern states has been affected by new and different conditions. Once growing and consuming her own product, the South, still a large consumer of corn, is now largely supplied with the corn of the Middle West. Agricultural conditions there have undergone changes also, and corn is now grown so far north as to jeopardize its proper maturing. It is often harvested green, badly stored and, in the absence of proper inspection laws, is transported under unfavorable conditions. It is a grain more or less subject to ready deterioration, and only too often reaches the South in a damaged state. In our fight for pure food it appears to me that the elimination of spoiled corn is a factor of great importance.

The diagnosis of pellagra in well-marked cases offers little difficulty to any one who has such a disease in mind. It is always to be kept in mind that the disease is essentially a disturbance of the central nervous system. The skin manifestations, being so prominently in evidence, have always attracted great attention and have given the disease its name, but their great importance is in diagnosis.

The treatment of the disease is not always satisfactory and the outlook is often unpromising. This, together with the great publicity given this disease in the secular press, has given rise to a wide-spread pellagraphobia. I think it is our duty to do all in our power to counteract this fear, but we cannot and should not conceal from ourselves the gravity of the situation confronting us. This question rises to the gravity of a national problem demanding the most serious attention.

DISCUSSION

Dr. W. W. HARPER, Selma: Is there any relation between pellagra and uncinariasis? How about salvarsan in pellagra? I have used it in some cases and it seemed to do good.

Dr. J. S. MCLESTER, Birmingham: About a year ago we had a typical case of pellagra in which we gave salvarsan. The recovery for the time being was remarkable. At the same time we had two other cases that showed improvement. Later the first patient was admitted to the hospital with a return of the trouble, and died there. We have given salvarsan in nineteen cases in all, and in a number it has had no effect. A few cases have shown improvement. The only explanation I can offer is that salvarsan will help almost any condition temporarily.

Dr. J. T. SEARCY, Tuscaloosa: Isn't it necessary for a person to have a nervous instability to have pellagra? We know that it produces insanity, and that the insane have pellagra. In nearly all cases seen outside of the hospital I can get a family history of insanity, alcoholism or epilepsy, and this has led me to believe that nervous instability predisposes to pellagra. The similarity between pellagra and ergot poisoning is so marked that the question arises, Why cannot corn smut produce pellagra if the smut on rye can produce ergot poisoning? In Iowa last summer I found that corn smut had been very common there for the last twelve or fifteen years, and that the method of gathering the corn favors the dissemination of this smut through the corn when it is milled.

Dr. M. B. CAMERON: As to uncinariasis and pellagra: Any patient with a chronic complaint is apt to develop pellagra. Patients with tuberculosis, bad condition of the blood and carcinoma are apt to develop it.

Dr. C. H. LAVINDER: Statistics show that salvarsan is not much better than anything else in pellagra. As to whether nervous instability predisposes to pellagra, I would answer in the affirmative. Pellagra is a secondary disease. I do not know the cause of pellagra; but there is no question but that the South is flooded with rotten corn, that it is not fit to eat, and that it is our business to get rid of it.

Elimination of Preventable Disasters from Surgery

Dr. MAURICE H. RICHARDSON, Boston: Among the preventable causes of disaster is, first, failure on the part of the patient to recognize the necessity for surgical or medical advice. The physician or the surgeon, once the patient has come to him, may err in diagnosis so that the opportunity for timely intervention is lost. The remedy for the loss of opportunity is, first, the broad dissemination among the laity of a sound knowledge of the early symptoms of disease and the importance of reporting to the physician those symptoms. This effort is being made yearly at the Harvard Medical School by the establishment of popular lectures on medical subjects. Once medical aid is sought, the next thing is the establishment of the correct diagnosis and through our knowledge of the pathology an accurate prognosis. A sound basis of indications and contra-indications for or against operation is a natural consequence.

Most of our real preventable disasters in surgery come from ignorance and human fallibility. The remedy for this source of disaster is the cultivation of our powers of diagnosis through faithful and never-ending effort. The physician and the surgeon must ever seek to find the relation between cause and effect; must learn above all things to profit by their own errors in diagnosis and to teach others by the candid avowal and wide dissemination of their own mistakes. Haste, inadequate study and unquestioning acceptance of the diagnosis of others is responsible for many calamitous diagnoses, for on such interpretation of histories and physical signs preconceived and erroneous deductions are based, and on such deductions operations not only useless but actually disastrous are performed. A profound knowledge of pathology is requisite for prognosis.

A frequent source of disaster, and the most easily preventable of all, is that due to faulty technic. Our profession should make haste to insist on a technical education in surgery by which mechanical and technical disasters will be reduced to a minimum. The operator should combine a thorough knowledge of bacteriology and an intimate familiarity with human anatomy. Some of the preventable disasters in surgery are preventable only in theory. Such are the occasional, but fortunately more and more infrequent, contamination of operative fields apparently aseptic. To this group also belong such awful calamities as the pulmonary embolism, and the occasional inexplicable death from anesthesia.

Surgeons, like other men whose work is in practice purely mechanical, have their equation of error. By constant, tireless effort, intellectually and mechanically, the surgeon may reduce the contingency of error to low terms. There will ever remain the disasters that are unforeseeable, unpreventable, like the lightning and the earthquake, beyond human powers of prediction or prevention—the uninsurable.

The Removal of an Unusually Large Ureteral Stone

Dr. J. N. BAKER, Montgomery: A man aged 24, white, consulted me on account of a prostatic condition. Under appropriate treatment the local condition markedly improved, although the pus in the urine persisted. An attack of ureteral colic some two months later was attributed to infection extending up the ureter, but a skiagram showed a stone in the lower end of the ureter. Operation was advised and accepted. The usual incision for stone in the lower end of the ureter was made. The stone was located just above where the ureter enters the bladder. It was pushed up an inch or more, and a stone weighing 94 grains was removed. The opening in the ureter was closed by three fine chromic catgut sutures, and a cigarette drain put in. The drain was removed on the eighth day, and recovery was uneventful.

Nephritis: the Medical vs. the Surgical Aspect

Dr. JAMES E. DEDMAN, Birmingham: Clinically the various types of nephritis can often be differentiated, but as far as end results are concerned (excluding pyogenic infections) it makes but little difference in the treatment. One type of nephritis may later assume all the characteristics of another type by progression of the degenerative process. The diagnosis should be made as early as possible, and it should be remembered that some of the severest nephritides may at times exhibit no albuminuria or cylinduria. In any person under 55 or 60 who exhibits a high blood-pressure, hardened arteries, and hypertrophied heart, renal disease should be suspected. Some of the severest types may have their beginning in former septic infections. It is important to maintain the nitrogen and circulatory equilibrium by proper diet and regimen, and the intake of nitrogen, sodium chlorid and water should be in fixed relation to the excretion. By proper dietetic regimen and right living, patients who at times are hopelessly doomed to lives of invalidism may be rescued to a comfortable and useful life. The phenolsulphonephthalein test for functional activity has opened up a field which may further lessen the mortality in the surgical field. When all the methods at hand for restoring the circulatory equilibrium have been exhausted, and the patient is in imminent danger from uremia, decapsulation may give wonderful relief, and be a means of prolonging the patient's life many years. No surgical procedure should be instituted without a careful weighing up of all the symptoms present, and a preoperative test for the functional activity of each kidney. Finally, just as in tuberculosis of the lungs, no hope of relief can be offered when the degenerative process has destroyed the functionating structures, so in no form of nephritis where a similar destructive process has made its inroads, can either medicine or surgery be of any avail.

Some Lessons to Be Learned From Results of Treatment of Pulmonary Tuberculosis

Dr. W. L. DUNN, Asheville, N. C.: The post-mortem findings showing anatomic or absolute cures are, in nearly every instance, exceedingly small lesions which have produced few or no symptoms and which could have shown either no physical signs or so few that they might have been recognized only by the most painstaking examination. Autopsy findings showing cure of treated clinical tuberculosis are very few. Rational methods of treatment have exaggerated Nature's tendency to cure even in much more advanced cases, as manifested by a distinct lengthening of the periods of quiescence normally occurring in the course of the untreated disease. The earlier these methods are instituted, the more certain the bringing about this state of arrest and the longer the period before relapse. Only in the cases treated exceedingly early are we justified in anticipating a permanent result. From these observations we must conclude that if tuberculosis is to have a place in the list of curable diseases, either our methods of treatment must be greatly improved or the cases must be diagnosed earlier.

Some Contra-Indications to the Removal of the Tonsils

Dr. C. F. ACKER, Montevallo: The majority of operators in this country enucleate both tonsils as a routine procedure

in practically every diseased condition of the ear, nose and throat and several constitutional diseases presenting little or no upper air passage manifestations; and this despite the fact that there exists with reference to the physiology and pathology of these structures the most widely divergent and sharply conflicting ideas. On the treatment, however, they agree that, diseased or not, prompt and complete enucleation is the thing. The removal of the tonsils, except for absolute inherent disease, is a needless sacrifice of important guardians of the body against invasion by germs and infectious material. As lymph-nodes they are certainly entitled to protection where possible, and as mucus-secreting organs they perform a substitute service entitling them to conservative treatment.

MEDICAL SOCIETY OF THE STATE OF NEW YORK

One Hundred and Sixth Annual Meeting, held at Albany, April 15-18, 1912

(Concluded from page 1396)

Graphic Methods in the Diagnosis of Heart Lesions

DR. L. H. NEUMAN, Albany: Paroxsymal tachycardia, if associated with regular rhythm, is usually auricular in origin. This can easily be determined by the polygraphic tracing. We see two forms of tachycardia, one in which the normal rhythm is preserved, and second where the pacemaker of the heart is not acting properly. Included in the latter are cases associated with auricular fibrillation. Auricular fibrillation is important. Where, in place of normal contraction of the auricle, a quivering of this part of the heart is substituted, we get very marked irregularity of the pulse. While fibrillation of the auricle may continue for years, fibrillation of the ventricle promptly produces death. In diseased hearts the administration of digitalis can be controlled polygraphically, as where the *a-c* interval is lengthened, serious results may follow its administration, the drug having an identical effect. In advanced cases of cardiosclerosis, with increase of the *a-c* interval, digitalis should be given with caution as it lowers the conductivity of the auriculoventricular bundle. In a pulse which shows regularity, digitalis may produce irregularity by its effect on conduction, but it is probable that digitalis or vagal stimulation only affects hearts with impairment of conduction due to disease of the auriculoventricular bundle. In the ventricular type of jugular pulse, associated with dilatation of the heart, digitalis often gives marvelous results.

DISCUSSION

DR. LOUIS F. BISHOP, New York City: After the introduction of the Mackenzie polygraph, I began to make pulse tracings of all my patients, and in 50 per cent. of the tracings something valuable was learned. We have learned that when the base of the heart is at fault, and the ventricles are fairly sound, digitalis gives wonderful therapeutic results. We have learned that the commonest and most serious form of heart trouble is a trembling palsy of the auricle. Each one of the tremors transmits to the ventricle an impulse to contract, and the ventricle responds as best it can. If the ventricle is absolutely healthy, which is seldom the case in advanced heart disease, it may respond in a perfectly rhythmic manner, but in most cases the ventricle is not absolutely sound, and it responds in a disorderly manner. We get a pulse varying from 120 to 160, and irregular. The proper administration of digitalis in a case like that produces artificial heart-block and cuts off from the ventricle a great many impulses, and the ventricle is able to respond to a sufficient number of them to take up its work again. These are the cases in which the efficient administration of digitalis—in the case of dropsy with irregular heart—causes disappearance of the dropsy in a week or ten days.

DR. JOHN M. SWAN, Rochester: The Uskoff instrument has enabled me to make an early diagnosis in a case of heart-block, and in another case to determine that the cardiac irregularity was due to the overadministration of digitalis. As soon as the digitalis was discontinued, the cardiac irregularity disappeared.

Treatment of Arterial Hypertension

DR. EDWARD C. TITUS, New York City: The dietary regulations in cases of arterial hypertension must be strictly individualized in accordance with the causative factors. Many of the subjects of hypertension are men and women who are overfed and underexercised. In advising exercise we must take this fact into consideration and counsel great moderation at the beginning of treatment.

To obtain the best results from the Nauheim baths, the patient should take them under the supervision of men who have made a specialty of this method of treatment. Massage in its various forms is particularly indicated in patients who are unwilling to take active exercise or are unable to do so until their hypertension has been brought under control.

Treatment of Arteriosclerosis

DR. JOHN M. SWAN, Rochester: Rest in bed with massage daily is capable of producing a marked reduction in the blood-pressure of a patient suffering from arteriosclerosis. The important details of the diet for patients with arteriosclerosis are, first, to reduce the total amount of food; second, to reduce the amount of protein in the dietary; third, to limit the amount of fluid ingested. Measures that will produce sweating—hot baths with blanket packs, Russian baths, vapor cabinet baths, and electric light baths—are capable of reducing the blood-pressure, ameliorating the symptoms in cases of arteriosclerosis with high blood-pressure. In thin patients the severer forms of treatment may be replaced by the administration of a neutral full bath of either fresh or salt water. Carbonated brine—Nauheim baths—should not be given in cases of arteriosclerosis with high blood-pressure, particularly when there are indications of nephritis. Faradism, galvanism, and the high-frequency current applied to the skin through the vacuum tube are valuable in relieving anesthesias, hyperesthesias, and the paresthesias which are met with in cases of arteriosclerosis. Autocondensation may reduce blood-pressure, but the treatment should be given with great care. The crown breeze, particularly administered at bed-time, is capable of relieving insomnia in some cases.

Hyperacidity

DR. GEORGE R. LOCKWOOD, New York City: In my own experience in private practice, 17.4 per cent. of cases of indigestion show hyperacidity associated with hypersecretion, while but 13.8 per cent. reveal hyperacidity alone without any increase in the quantity of the gastric juice either in the fasting or in the digesting period. My experience leads me to the conclusion that hyperacidity is about one-half as common in hospital cases as it is in private practice. Dietetic errors of various kinds have been and are still generally considered the most prolific causes for hyperacidity. This I cannot verify. In my cases the effect of diet has been practically negligible.

The Significance of an Acid Gastric Juice in the Fasting Stomach

DR. HAROLD BARCLAY, New York City: Chronic continuous hypersecretion in the fasting stomach is a symptom, and not a disease. The condition is due to some definite lesion of the gastro-intestinal tract, and is not dependent on a nervous irritability of the gastric glands, or the motor function of the stomach.

The Services of the Sciences to Rational Medicine

DR. HARVEY W. WILEY, Washington, D. C.: The studies into the causes of immunity from disease have been epoch-making in the last quarter of a century. The whole theory of immunity has been taken out of the realm of pure empiricism and based on scientific truth. The healthy, well-nourished individual has a marvelous power of resistance to infection. Even if we should not succeed in exterminating the sources of infection entirely, we may make the human race so immune to the ravages of infective diseases as to render their effects on the death-rate negligible. Fortunately, there is no creed or doctrine to which the true physician must subscribe.