

## THE AMERICAN MEDICAL ASSOCIATION.

Next month the annual meeting of this great Society will be held in Detroit. We urge upon all the importance of attending. Of this Association it can be said more truly than of any other, that it is of our profession, for our profession, and by our profession. Its growth and prosperity have been continuous till now it stands first in authority and place in all America.

With all of its grand record it is more than ever needful that its friends should be solicitous. Success in the past does not of itself insure success in the future. Those who depend upon the *vis a tergo* will soon be minus momentum, and those who are satisfied by membership in, and casual attendance upon, the American Medical Association without individual effort, will contribute largely by neglect, to its failure.

What is needed now more than ever is work, downright, upright, honest, intelligent work. If we are not careful, the many special societies will sap the scientific strength of the Association in no small degree. They are well organized, are not unwieldy and hold out inducements to the best men in the several departments. They are all of them, worthy organizations and possibly one of their best results may be to make the workers in the American Medical Association more earnest and effective.

If the time should ever come when the best scientific work should be done mainly in special societies, it will be the fault of the present membership of the A. M. A. There is no grander medical organization on earth, and each Section is representative if rightly conducted. The loyalty of every reputable physician to his profession may well be called in question if the interest in the Medical Association is in any way permitted to lapse.

We do not greatly fear this, however, for already upon the horizon are the indications of renewed life and strength. The medico-political member has been branded. Combinations in and about the nominating committee are better understood. The itch for office is fast disappearing under proper local treatment. Even the most obtuse are beginning to understand that better is he who readeth a good paper than he who secureth only an office.

We would again urge upon all who can, to go to Detroit and join hands with those who are endeavoring to increase the usefulness of the different Sections. The very foundation of the Association is the scientific work done in these departments, and this work must not be hampered either by indifference or by barter and sale of "the push and the pull" in the rush for place.

We would like to see the rule adopted and enforced that no man should hold an office either in a Section or in the general Association, until he has shown some personal interest in the scientific work of the Association. An office in a medical society should be desired because of the opportunity it gives for serving the best interests of the society, and not because of personal advancement.

Membership in the American Medical Association is in itself a high honor. Having attained that, let each one endeavor to make that membership more valuable, and to do that, he must do all he can to help along the legitimate work of the Association.

We understand that the physicians of Detroit, under the leadership of Dr. Walker, the Chairman of the Committee of Arrangements, with the aid of the State Society, are making preparations for a grand meeting. They must not be disappointed.—*Clinique, May, 1892.*

## DOMESTIC CORRESPONDENCE.

## "The Leprosy Question."

To the Editor of the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION:

In your issue of May 14, Dr. D. C. Newman, referring to my paper on "The Leprosy Question," states that had I followed up Dr. Arning's researches I "would have learned that Dr. Arning made many cultures of the germ as early as 1884. So this is anything but a new discovery."

The reference to be drawn from this statement is that it is a well-known fact, and has been since 1884, that the germ of leprosy is susceptible to cultivation.

That Dr. Arning has attempted to cultivate the bacillus lepræ I am well aware, and I am also cognizant of the fact that others have claimed to have done so. But these claims have not been accepted by the scientific world as final, for their cultures have not been proven to be *pure cultures*.

If I am ignorant of Arning's work and its results, I am surely in good company, for on April 30, 1890, Professor Virchow (*La Revue Médico-Pharmaceutique*), in formulating certain conclusions regarding leprosy, took occasion to state that "attempts to cultivate the bacillus outside the human body have so far been attended with negative results. Animal inoculations furnish no positive data."

But the foregoing reference is unnecessary, as Dr. Arning speaks for himself in a letter to the secretary of the Leprosy Investigation Committee (No. 2, p. 117): "I feel positively sure that before long, somebody or other working in this direction will succeed in raising pure cultures of the bacillus lepræ, and in studying its biology and chemical relations. There is no difficulty whatever in growing it profusely by simply letting pieces of leprosy tissue macerate and decay in ordinary water at ordinary temperature, giving but sufficient time (several months); but the resulting growths are not pure cultures in strict sense."

We see from this quotation that while Dr. Arning states that he has been growing leprosy bacilli in an imperfect way, he frankly acknowledges that "*the resulting growths are not pure cultures in strict sense.*"

It goes without saying that in speaking of the discovery of the British Committee, I meant the discovery of a way to make *pure cultures*, for those that are not *pure* can be of very little use to the experimenter.

In closing, let me say that it has not been my intention to cast any reflections upon the very meritorious researches of Arning and others in this interesting work, but simply to present the bare facts in the case. Respectfully,

HENRY WM. BLANC.

## Malarial Fever.

To the Editor of the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION:

Having been in St. Augustine, Fla., in April, when the cases of so-called typhoid fever to which you refer in THE JOURNAL of the 7th inst. were under treatment, I am able to say that your doubt whether they were cases of genuine typhoid is fully justified. I saw none of them personally, but from statements made to me by the local physicians it is plain that they were simply cases of the common malarial fever of the country, occurring in persons of feeble constitution, and presenting typhoid symptoms in their final stages.

It is stated that the number of persons traveling for health and pleasure in Florida during the past season has been greater than ever before, and it is not strange that in the hotels crowded by these visitors malarial fever of a severe type should have declared itself. But every one knows that the specific malaria in which that fever has its origin is quite different from the poison of typhoid, and there is no reason to suppose that these cases were due to defective sewerage. Moreover, I was for several days at the Hotel Cordova, and could discover nothing which would lead me to suspect the sewerage system of this and the other great Flagler hotels to be any less perfect than the plans of the architect promised.

The fact is, that a great part of Florida is still virtually a new country, and no unacclimated traveler can go everywhere, through its swamps and forests, without danger, especially if he is in feeble health. Its winter climate is much more equable than that of southern France and Italy, and its mild sea-breezes, both from the Ocean and the Gulf, are very different from the chilling mistral which so often prevails on the shores of the Mediterranean. Nor is it difficult

to find proper places for a winter residence in this nearly perfect climate, or to reach them without danger from malaria of any kind. Only let it be remembered that travel in Florida for its own sake should be strictly forbidden to invalids.

L. A. TOURTELLOT, M.D.

Utica, N. Y., May 14, 1892.

### Widows and Orphans of Medical Men.

To the Editor of the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION:

In the issue of the JOURNAL for April 16, is an interesting communication from Dr. F. Horner, of Marshall, Va., which, however, is somewhat in error in certain respects. I refer particularly to the statements concerning the New York Society for the relief of the Widows and Orphans of Medical Men. This society is entirely distinct from the Physicians Mutual Aid Association, having been founded May 14, 1842, and being patterned after a similar organization in London which is now nearly or quite a century old. The objects of the society are stated in its rather long name, and it has also upon certain occasions extended relief to its members. Its fiftieth year of existence will be completed this week. Its relief work has extended through forty years and during that period it has aided 27 widows and 23 orphans of members, and has disbursed among them \$99370.31.

It has invested funds amounting to \$178,150.28, and has never lost a dollar of the money which has been entrusted to its care. Its funds have been derived almost entirely from its members, and it now has upon its roll of annuitants 11 widows and 3 children.

Its annuitants have received relief for periods varying from 1 to 30 years. Five of those who are still receiving relief have been annuitants respectively 11, 13, 16, 20, and 30 years.

A widow who is without income receives an annuity of \$400 per year, each orphan boy under 16, and each orphan girl under 18, receives \$100 per year. Yours truly,

ANDREW F. CURRIER, M.D., Secretary.

New York, May 9, 1892.

### NECROLOGY.

DR. CHARLES FREMONT CLARK, of Brooklyn, died April 21, in his thirty-sixth year. He was a promising young man, with a liberal training and an interne's experience, who was called upon to lay aside life's duties after about eight years of arduous participation therein. An anatomical abnormality accelerated the fatal issue of a chronic inflammation of the appendix vermiformis, which might have been in abeyance for some time to come, as it had already been for months, if not years. The malformation consisted in a deficient development of the mesocecum; to that extent was it deficient that the caput coli was permitted to swing or float outwards to the left side. The appendix was the seat of a concretion and chronic inflammation, and this had been aggravated or converted into an acute appendicitis. This latter condition, it is thought, might have been delayed considerably, and possibly indefinitely postponed, save for the adverse influences superadded by the floating caput coli. The almost undescribed complications, which progressively endangered this young physician's life, were not suspected during his life. The strange facts were only made known by autopsy. For eight years past the patient had treated himself for malarial infection. During the last week of his life, only, did he seriously seek for medical counsel. In that week his bodily temperature, at times, rose to 106° and over, and the abdominal pains became so much more marked that the sick man felt that a typho-malarial fever had been grafted upon his long-standing paludal troubles. In this view, the consultants seemingly concurred. The pathologist who made the post-mortem is reported as saying that the result of the examination leads him to believe that there was no probable means of obviating the fatal issue. It cannot properly be said that there was an error in diagnosis on the part of the attendants, for they could not look into the recesses of their patient's body; and there is not basis of knowledge sufficient to build up a hypothesis of anomalous development in a person of the age of Dr. Clark. The loose caput coli is very rarely met with, and still more rarely has it been seen to suddenly precipitate so grave results, acting as the chief cause of trouble.

Dr. Clark was a native of Wheeling, West Virginia, having been born there in 1856. His literary education was obtained at the Washington and Jefferson College, graduating there

when he was twenty-one years old. He graduated in medicine at the New York College of Physicians and Surgeons, in 1883. He served as house physician of the Brooklyn Hospital for a year after his graduation. He was unmarried.

### MISCELLANY.

OFFICIAL LIST OF CHANGES in the Stations and Duties of Officers Serving in the Medical Department, U. S. Army, from May 7, 1892, to May 13, 1892.

Col. Joseph C. Baily, Surgeon U. S. A., is granted leave of absence for six months, on surgeon's certificate of disability, with permission to leave the Dept. of Texas.

First Lieut. William E. Purviance, Asst. Surgeon U. S. A., is relieved from duty at Ft. Riley, Kan., and will report in person to the commanding officer, Jefferson Bks., Mo., for duty at that post.

First Lieut. Francis A. Winter, Asst. Surgeon U. S. A., is relieved from duty at Jefferson Bks., Mo., and will report in person to the commanding officer, Ft. Riley, Kan., for duty at that post.

First Lieut. William F. Lippitt, Jr., Asst. Surgeon U. S. A., upon being relieved from duty at Ft. McPherson, Ga., will report in person to the commanding officer, Camp Eagle Pass, Tex., for duty at that post, relieving First Lieut. Ogden Rafferty, Asst. Surgeon U. S. A. First Lieut. Ogden Rafferty, on being relieved by First Lieut. Lippitt, will report in person to the commanding officer, Alcatraz Island, Cal., for duty at that post.

Major David L. Huntington, Surgeon U. S. A., is relieved from duty in New York City, to take effect on the final adjournment of the Army Medical Board, and will then proceed to Los Angeles, Cal., and report in person to the commanding General, Dept. of Arizona, for duty as Medical Director of that Dept., relieving Col. Joseph R. Smith, Surgeon. Col. Smith, on being relieved by Major Huntington, will proceed to San Francisco, Cal., and report in person to commanding General, Dept. of California, for duty as Medical Director of that Dept.

OFFICIAL LIST OF CHANGES in the Medical Corps of the U. S. Navy, for the Week Ending May 14, 1892.

Surgeons H. J. Babin and M. C. Drennan, ordered to Naval Academy, to examine the physical condition of candidates for admission to Naval Academy.

P. A. Surgeon Clement Biddle, ordered to Marine Rendezvous, Philadelphia, Pa.

Surgeon H. C. Eckstein, detached from Marine Rendezvous, Philadelphia, Pa., and wait orders.

Surgeon Howard Wells, ordered to the training ship "Portsmouth."

Asst. Surgeon James Stoughton, from the "Portsmouth," and to the "Constellation."

P. A. Surgeon E. H. Marsteller, from Naval Academy, and to the "Constellation."

Asst. Surgeon James G. Field, granted one year's sick leave.

OFFICIAL LIST OF CHANGES and Duties of Medical Officers of the U. S. Marine-Hospital Service, for the Three Weeks Ending May 7, 1892.

Surgeon P. H. Bailhache, detailed as chairman of Boards for physical examination of candidates for promotion and appointment, Revenue Marine Service. April 26 and May 3, 1892.

Surgeon F. W. Mead, detailed as chairman of Board for physical examination of candidates for appointment, Revenue Marine Service. May 5, 1892.

P. A. Surgeon P. C. Kalloch, to proceed to Providence, R. I., on special duty. April 29, 1892.

P. A. Surgeon J. J. Kinyoun, detailed as recorder of Board for physical examination of candidates for appointment, Revenue Marine Service. May 5, 1892.

Asst. Surgeon J. B. Stoner, ordered to examination for promotion. April 20, 1892.

Asst. Surgeon C. E. Decker, detailed as recorder of Boards for physical examination of candidates for promotion and appointment, Revenue Marine Service. April 26 and May 3, 1892.

Asst. Surgeon C. H. Gardner, to report to commanding officer, Revenue Steamer "Rush," for duty. April 18, 1892.

#### PROMOTION.

Surgeon W. A. Wheeler, commissioned as Surgeon by the President, April 20, 1892.