

practical value. We have a case now under observation recovering from its use, and know of two or three cases of the fatal form in which life was prolonged very much beyond the ordinary limit by its application. It is the impression now that if the iodoform inunction treatment is used early in tubercular meningitis, the proportion of recoveries will be much larger. To allay the intense motor and sensory disturbances, opium is indicated, and the bromide of potassium. To relieve the congestion of the blood vessels of the head, elimination by the bowels is indicated, and laxatives, diuretics, etc., may be given.

## ORIGINAL ARTICLES.

### STATE REGULATION OF THE PRACTICE OF MEDICINE—ITS VALUE AND IMPORTANCE.

*Read in the Section on State Medicine, at the Thirty-Eighth Annual Meeting of the American Medical Association, June, 1887.*

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Experience has demonstrated that genuine scientific culture is everywhere productive of a cast of mind averse to abrupt innovation or the acceptance of an unproven principle or theory. This characteristic as existing in the body of the medical profession, has in the past operated adversely to the acceptance of a belief in the principle or practical wisdom of a legal or State regulation of medical practice in any form. While by no means an experiment or a new political expedient—as its potent success abroad fully proves—it receives the aspects referred to when applied to States having the peculiarities of social and political systems possessed by those whose citizens we are.

Irregular and criminal practice has so intrenched itself, and become so closely interwoven in our social fabric, that only the most judicious and united effort, presents any hope for the erection of a legal barrier adequate to the accomplishment of its object, which latter is the protection of the public.

The aggregation and concentration of population is productive of danger to life and health, the removal of which is the unquestioned duty of the State. To those familiar with the subject it is scarcely necessary to state that the history in various of our States of attempts to secure legislation for the regulation of the practice of medicine, presents little other than a long panorama of heroic endeavor and humiliating defeat. For several years a small number of philanthropists from the ranks of scientific medicine have maintained the unequal contest with the hosts of ignorance and charlatanism—while the main body of their professional brethren have with folded arms, and frequently with open criticism, declined to render the assistance upon which success depended. The chief obstacle obstructing a proper view of their duty, and more especially that of the public at large,

is, in its influence, a most serious misconception of the actual object of the legislation in question. Even at the present time it is no uncommon thing to hear from the lips of members of the profession who, in ability and usefulness, are high in rank, the remark that it is only a question of "the survival of the fittest"—that "scientific medicine deserves disgrace and defeat if unable to stand against quackery." This terse expression of the belief of our brethren betrays the inexplicable erroneousness of their idea of the absolute purpose of this legislation. That its object is the furtherance of class and even of school interests, is a misconception of the animus of the champions of this legislation which its opponents have discovered to be their most powerful weapon.

That medical men, by virtue of their calling, are alone competent to measure the evils against which this legislation is aimed, should be its chief promoters, is but commendatory, rather than aspersive, as is alleged, of their championship. The conditions of modern life necessitate the expansion and broadening of the historic self-sacrificing exercise of charity by medicine toward the individual sufficient to include the public. Rightfully or not the latter holds the regular profession responsible for its security against imposition and fraud. State regulation of practice implies the responsibility of the former to institute the method best suited to secure its success. The best light available directs us to that system which invests a Commission or Board to examine, decide, and grant or refuse, as the applicants fitness may determine, a permit to practice. Upon the fitness of the material composing a Board of the kind, much but not all depends. The inadequacy of result may, and will rest in the imperfection of the law under which they act should such imperfection exist. So strongly intrenched is medical error that it can be overcome only by gradual approaches. The danger of failure is lack of patience and caution. All depends upon securing the first advantages. So salutary are the effects of this legislation that public approval attests, but will always await their display.

That guilt makes cowards of medical pretenders found ample verification in the exodus of hordes of this ilk to adjacent States upon the adoption by the State of Illinois of its present medical practice act. Iowa has more recently enjoyed a similar experience. As by a miracle towns awoke to find themselves wholly destitute of medical talent. No better endorsement of the law is possible than the resignation exhibited by citizens under such affliction upon being apprised of *the cause*. Uniformity of the standard of qualification adopted by the licensing power of the different States, should enable the certificate of any one to be honored by all. A central or interstate commission, chosen by the President, equally from the army and civil ranks of practice will be ultimately required. No more is a department of justice than of medicine demanded in our State and National governments.

To this end the one and all essential prerequisite is the united, earnest and cordial effort of the profession in the various States. The momentum

given by the movement of one should not be lost by the inaction of others. The path is thorny and those we labor to rescue too often chill us by that most cruel of wounds, the impugment of motive, and so slow must our progress prove that only those coming after shall enter the promised land of a redeemed practice. Experience has conclusively shown that at the present time public opinion in some of the States will not permit the suppression of a class of practitioners who, unqualified in various respects, have for a considerable period of time succeeded in concealing the fact from the public. This is more than compensated for in the fact that no difficulty is met in rigorously excluding from State limits all foreign incompetents, and as recently stated by the efficient Secretary of the Iowa Board of State Medical Examiners, who says: "we have put up the bars most effectually, and if nothing more were gained could afford to wait upon the gradual clearing by what might be termed precipitation by death of the somewhat turbid mixture which is now legally recognized as medical practice."

The Christian and moralist outside the medical ranks have yet to be convinced of the vital importance of this legislation to the purity and welfare of our social fabric. Everywhere the success of crime is promoted by insidious and concealed attack. So with foeticide and infanticide, and no prophetic vision is needed, especially by those of our calling, to see the effect upon the home and family of these at present unchecked crimes. Beneath the fair white folds of the emblems of the healing art the black flag of the abortionist has always found an easy concealment. To strip the mask from off these interlopers and drive them from the field is required the aid of legislation moulded by those whose knowledge of the situation equips them for the task. The numerical decline of the typical and peerless American family, finds fortunate compensation in the rapid increase of the average duration of the life of its members, and a brilliant triumph of our brethren, with others, in the field of sanitary science, and significant in this connection as having been largely accomplished by their wise invocation of efficient legislation.

Sanitary science, properly a branch of the healing art, at the present is the vine, medical apathy making itself the branch. The same *lusus naturæ* occurs in several States where our pharmaceutical branch has become not only the vine but the husbandman, having even an alleged disposition to set us down as cumberers of their ground. Through the influence insured by and resulting from compact organization, it is made the dictum of their law that a drug upon the shelf is more dangerous to the public than it is when occupying the interior of the victim of ignorant administration. For saith the law: Thou shalt not sell, but *all* may administer. The term "all" includes, when thus emphasized, our pharmaceutical friends, who appear unsatisfied with the glory resulting from an alliance with that army of conquerors of death and disease whose patented weapons, in glittering array, ornament the shelves of our "legally registered friends." Identity of interest, as that of medicine and pharmacy, admits of legislation in com-

mon, and of such only. Where the organization of each is adequate it would be wise, by delegated committees, to seek a plan for the restoration of the old-time unity of relationship the lack of which, as shown by recent experience, is most detrimental to both. States having as yet no proper medical practice or pharmacy law will, by adopting primarily an offensive and defensive alliance of the two callings, thus uniting their strength and interests, secure escape from many obstacles that otherwise would present themselves.

The success of the new "Practice Act" of Iowa fully equals the anticipations of its promoters, and has in numerous cases secured the approval of those previously doubtful of its wisdom. Before fully operative it induced numbers of those who in public esteem were as deeply rooted in practice as they were towering above other earthly beings, to accept urgent proposals to locate elsewhere. Many others determined to remove the rust of years from the once dazzling surface of their collegiate armor, but invariably selected for such polishing one of the colleges duly accredited by the Examining Board of the State of Iowa. It will be noted here, in passing, that this law necessarily establishes the much-desired scientific standard of medical institutions of learning. It will also lengthen the list of matriculants of meritorious schools and aid in the extinction of the crop of incorporated blotches whose nefarious avocation has made the exhibition or possession of a medical diploma little other, in the eyes of the public at least, than a cheap confidence trick. The number of medical pretenders driven from the State of Iowa since the adoption of the Practice Act, scarcely one year since, cannot, of course, be accurately ascertained—suffice it to state that it is satisfactorily large. The law is, in the nature of things, far from being perfect.

The objectionable but indispensable feature by which a term of practice in one locality entitles such practitioner to a legal status, is less an objection than its *prima facie* appearance indicates. The records of the Iowa Board show that four-fifths of this class of licentiates are certified to as reputable citizens—such being one of the conditions in the application to said Board—by members of the State Medical Society of Iowa. It is also true that prominent and efficient members of the same Society are of the class to which objection is taken. Some of these found themselves able to take but two out of three contemplated courses of lectures. Others were ill at date of college graduation, and thus were minus the degree which, until the present, was dispensed with at little inconvenience.

It is a consideration of practical importance that every licentiate of this class becomes, by virtue of such benefit, a recruit for the further prosecution of the legal extermination of pretenders in medicine. It is found that the first step for the protection of the public against fraud and crime in medical guise is attended by a loud clamor for various school representation upon committees or boards created by the proposed legislation. Recognition of such claims or men is not their endorsement. There can be no true elevation of error, and the history of all successful phil-

anthropic and political methods for the extinction of giant and deep-rooted evils has this one feature of their inception stage, a feature often termed compromise, but which with more truth may be called "rational concession." Those whose duty is the framing or amending the terms of practice legislation can well afford to consider the problem of the execution of the terms of such legislation, when once enacted. Law is never self-enforcing, and but few of us relish the task of the informer and complainant, wherein our own interests play no part other than of the average citizen. It is this rock upon which some of the most dearly purchased and essential systems of legislation have foundered. A violator of the law or medical swindler might be treated in one respect as a nuisance whose existence, as that of an infectious disease or death-exhaling pool, needs only to be made known to the usual health officer of the district, town or city.

As a matter of economy to the State, not to mention that of necessity, the functions of Health and Practice State Boards should be combined. As a material portion of the machinery of a health department is the appointment in every township of a health official, it should be a provision of the practice act that such health officer should, upon being notified, institute proceedings for the arrest and punishment of violators of the law. Finally, whatever little of practical value may characterize the foregoing, it will have realized its purpose if any impetus or increased interest is added to this our new crusade for the expulsion from the sacred precincts of our several States of the vandal desecrators who, in the guise of true disciples of the healing art, would imperil and ruin home, health, and the happiness of our people and—not the least of all—craftily degrade in public esteem the fair fabric of medicine, over whose vestibule are the words: honor, science.

## A CASE OF RUPTURE OF THE INTERNAL CAROTID ARTERY WITHIN THE CAVERNOUS SINUS.

Pulsating Exophthalmus; Ligation of the Internal Carotid Artery. Death. Autopsy.

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This case is one of exceeding interest, not only because of its rarity but because of its intrinsic importance and gravity. The disease is so rare that in the combined experience of a dozen surgeons of a very large practice it might not be met with once; yet when it does occur it is highly important that it should be recognized and properly treated.

The distinguished author of the article on "Pulsating Exophthalmus" in Gräfe and Sämisch's "Handbook," H. Sattler, was only able to collect 106 cases in the literature of the world for a period of more than 70 years. In the table that he constructed a number of cases are included in which the probabilities

are that some other lesion was the disturbing factor, but in the majority of cases he has demonstrated that rupture of the internal carotid within the cavernous sinus was the foundation and origin of the exophthalmus.

In a certain percentage of cases the disease was practically allowed to take its course and resulted in death. This termination, it may be assumed, is the natural outcome of rupture of the internal carotid in this location, when things are left to themselves; or, what is the same thing, when any other treatment save the most radical is adopted. The conditions that govern the result of all surgical operations are, of course, in operation here, and the best directed efforts of the surgeon may fail, as was the case here, through no fault of the surgeon himself.

On February 8, 1887, Dr. J. A. DuBois, of Sauk Center, Minn., sent James Homm, æt. 27, to me for treatment. The patient was a man of large frame, good muscular development, had never had any venereal disease, had always been in good health, but by his own confession and from the statement of the physician, he has been a very hard drinker. About Christmas time he was awakened one night by a fit of violent vomiting and retching, which continued almost without interruption from 11 o'clock at night to 2 P. M. the next day. The retching was so violent that it seemed to the patient that every minute must be his last. Very soon afterwards he became conscious of intense pain in the left side of his head and ear, together with a whizzing, whirring noise which was so loud that it seemed strange to him that others did not hear it too. The patient, who lived on a farm near Sauk Center, was not seen by any medical man at the beginning of the attack, and when, after some days, he was seen by Dr. McMasters, of Sauk Center, the left eye was protruding, with the lid discolored. The man was drinking heavily, and so continued until I saw him.

February 8, 1887. Left eye markedly prominent, lids puffy and blue, the episcleral vessels enlarged and full, chemosis of conjunctiva, pupil dilated, media clear. Retinal veins enlarged and tortuous, neuroretinitis, no hæmorrhages.

V.  $\frac{3}{8}$ , Em. Right eye, V.  $\frac{3}{8}$ , Em. Auscultation of the eyeball and side of the head disclosed a loud bruit, continuous, with an accession that was synchronous with the first sound of the heart. The bruit was heard not only over the left side everywhere with great distinctness, but all over the head; with greatest distinctness over the left eye and next over the left temporal region; nothing of interest in the ear. The patient was seen at my request by Dr. Brisbane, Dr. Miller, Dr. Witherle, Dr. Carl Schulin, Dr. Wood, and a number of others, all of whom distinctly heard the bruit and felt the thrill that was appreciable when the ear was held to the temple. All bruit stopped on firm pressure applied over the common carotid. The patient was placed under observation in St. Joseph's Hospital. Some two weeks after his admission there, for the first time I was able to perceive pulsation of the eyeball, which was observed when the eye was examined in profile, and was perceptible to the touch when the eye was