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ANIMAL EXPERIMENTATION AND MEDICAL PROGRESS

Ever since William Harvey discovered the circulation of the blood, more than three centuries ago, animal experimentation has been the basis of medical progress.

The achievements of modern medicine are largely the result of investigative work on dogs and other animals, such as: the production of experimental diabetes in depancreatized dogs and the discovery of insulin; the development of special surgical procedures, particularly in abdominal, chest and vascular surgery; the determination of the proper dosage of vaccines, therapeutic sera and antibiotic remedies; experimental anemia in dogs and the introduction of liver therapy in pernicious anemia; and distinctly enhancing our knowledge of the

functions of the liver, the adrenals, the sympathetic and endocrine systems. Furthermore, in our educational system, animal experimentation has an important part in the training of medical students in both the basic and the clinical sciences.

Dr. Carlson in the interesting article, published in this issue, forcibly contrasts the recognized benefits of animal experimentation in promoting the welfare of mankind with the persistent misleading propaganda of the antivivisectionists; each year legislative attempts are promoted to hamstring biological experimentation designed to extend the frontiers of medical knowledge.

All intelligent students of medicine and biology will be in agreement with Dr. Carlson that this challenge can only be met by the continued education of the public with factual information of animal experimentation and in this great crusade there must be the fullest cooperation of all professional interests concerned.

The implications of any limitation of animal experimentation on the future of medical practice must be evident to all, and thus practicing physicians and licensing bodies should be in the forefront of this fight against ignorance and deception.

Nobel Prize Winners in 1946.—At a ceremony in Stockholm, Dec. 10, 1946, King Gustav of Sweden awarded the Nobel Prize in Medicine and Physiology to Herman Joseph Muller, Ph.D., professor of zoology at Indiana University, Bloomington, Ind., and formerly professor of biology at Amherst College, Amherst, Mass., for his research in genetics. The award in chemistry was shared by three men, one half going to James Batcheller Sumner, Ph.D., professor of chemistry at Cornell University, Ithaca, N. Y., for his research on enzymes; the other half was awarded jointly to John Howard Northrop, Ph.D., and Wendell M. Stanley, Ph.D., of the Rockefeller Institute, Princeton, N. J., for their research on virus proteins. The Nobel prize in physics was awarded to Percy Williams Bridgman, Ph.D., formerly professor of physics, Harvard University, Cambridge, Mass., and since 1926 professor of mathematics and natural philosophy, for his research on atmospheric pressure. About 500 persons, including the entire royal family, witnessed the ceremony in the Concert House and attended the prize dinner in the Town Hall. Each of the Nobel prizes was worth \$34,000.

THE NECESSITY OF ANIMAL EXPERIMENTATION FOR PROGRESS IN MEDICINE

A. J. CARLSON, Ph.D., M.D.
President, National Society for Medical Research
Chicago

THE PERENNIAL PROPAGANDA AGAINST MEDICAL SCIENCES

It is a serious reflection on the intelligence or on the integrity of our fellow citizens, that the propaganda and the attempts by legislation to prohibit or impede animal experimentation in medicine and biology are on the increase in our land. This propaganda, these antivivisection bills in our Federal Congress, in our State Legislatures, in our City Councils, in state wide referendums, say in effect that all experiments on animals are cruel and futile and of no benefit to man. It seems almost inconceivable that members of Congress, members of our State Legislatures, members of our City Councils can be so poorly informed, or so hungry for publicity, that they can sponsor such legislation. But they do. Last year a bill prohibiting all medical experiments on living dogs was passed by the senate of the New York State legislature by a majority of 39 to 9. Also last year a similar bill was nearly passed by the legislature of the state of Massachusetts, being defeated by 1 vote. Such antivivisection bills are pending in Congress, and in the legislatures of New York, Massachusetts, Maryland, and maybe other states. The anti-medical bill pending before the legislature at Albany, N. Y., would even prevent experiments on dogs for the study and the prevention of cancer, heartworm, rabies, etc., in the canine species. The petitions in support of this bill, signed by over 100,000 people in the state of New York, describe medical and biological investigators as defending animal experimentation "by false and interminable pseudo scientific arguments seeking to condone vicious practices reminiscent of the Dark Ages." The Medical Society of the State of New York opposes this legislation. Thus public service of the society is described by the antivivisectionists as "an effort to perpetuate the torture of dogs." The stock argument by the antivivisectionists against animal experiments in medicine and biology is that all such

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experiments are cruel and futile. Another bill has just been introduced in the New York State Legislature at Albany. This second bill puts scientific experiments on dogs under the authority of the State Health Department. The Health Department may license medical students and medical and biological investigators to conduct such experiments on payment of an annual fee of \$1,000, and posting of a bond of \$5,000. How, if such experiments are cruel and futile, will licensing by the State Health Department make them any less cruel and futile? And what about the state of New York charging medical students, medical and biological investigators an annual license fee of \$1,000 for doing their best to advance medicine and biology?

WHO ARE THE ANTIVIVISECTIONISTS AND HOW
DO THEY GET THAT WAY?

Before we proceed to "look at the record" as to whether animal experimentation in medicine and biology is cruel and futile, let us take a brief look at the opponents of animal experimentation. I speak here with over 50 years experience. First I will admit, in all humility, that the antivivisectionists include or have included some of the quacks, the dumb, and the blind of our profession of medicine and biology. But the largest segment in this "anti" group is made up of average, normal citizens, kind to animals, lovers of dogs and cats, but pitifully ignorant of modern medicine and biology, and misled by the perpetual propaganda that animal experimentation is cruel and futile. My only criticism of these people is this. Before taking a stand on the issue, they should look at the record. Are all medical students, all physicians, all medical and biological investigators sadists, liars, or stupid fools? How did we learn the causes of disease, the prevention of disease? How did we discover such drugs as insulin and penicillin? How does the medical student, the doctor, the surgeon get his understanding and skill? Is it a fact, or is it a lie, that the fundamental processes of life, growth, health and disease are essentially identical in man and other animals? The answers are clear in the record, so why rely on propaganda?

The dynamic core of the antivivisectionists is made up of a collection of a relatively small number of peculiar people who for various reasons or lack of reasons are antimedicine and antiscience. According to some of

these peculiar people man has biologically nothing in common with animals. Others deny the existence of disease, of pathogenic bacteria, of disease producing viruses. To some of them vaccination against smallpox is an error perpetuated by the medical profession, and the same for rabies, and other infectious diseases in dogs. On my visit to China ten years ago, I discovered a Buddhist antivivisection society in Peiping. These peculiar people opposed the use of dogs in medical research on the basis that the street dogs of Peiping may harbor the souls of these peoples' ancestors. Some of these peculiar people appear to think more of dogs and cats than of the human race, since they will their wealth for care of the canine and the feline species.

This dynamic antivivisection core is opposed to modern medicine. It is opposed to all animal experimentation. The current attempts to prohibit scientific experiments specifically on dogs is merely political strategy. There are many dog owners, and most normal people like fine dogs. When these people are led to believe that scientific experiments on dogs are cruel and futile their number make an impression on the politician. Excluding the dog is just the first step, for experiments on other species are, by theory, just as cruel and futile. Make no mistake about it. This core, this small group of peculiar people are definitely antimedicine and antiscience.

The moral code of civilized man, as I understand it, reads thus: As between man and animals, man comes first. This is the law of life. But when man uses or destroys animals for man's own protection, aid, and other needs, such use must be conducted without cruelty. Certainly it cannot be immoral to use animals humanely to mitigate human suffering due to disease, as long as we believe animals may be sacrificed for human food and clothing.

If man is not worth more than the dog, then our efforts to improve man is an error. And we had better start raising more dogs and destroying more men, women and children for the good of the dog, so that the canine species may inherit the earth.

THE CHARGE OF CRUELTY

Cruelty is useless or wanton infliction of pain. Are experiments on animals in modern medicine and biology cruel as thus defined? Are the students, teachers,

investigators in these fields sadists who for their own joy or amusement inflict pain on helpless animals? That is the charge. And that charge of cruelty and sadism makes up 90 per cent of the volume of the current antivivisection propaganda. This propaganda is often bolstered up by faked or misinterpreted pictures. And when it comes to dogs, it is always someone's pet that the medical investigator selects to torture.

If our universities, our medical schools, and our research hospitals in every city and state were permitted to use, in teaching and research, some of many hundred thousand unclaimed dogs killed every year in our dog pounds, there would be practically no possibility of somebody's stolen pet reaching the research laboratory. Now, what are the facts?

1. I think every state has laws providing fine and imprisonment for cruelty to animals. Medical and biological students and investigators are not exempt from these laws. To my knowledge, no medical and biological investigator or student has ever been arrested and convicted under these laws. One of the antivivisection leaders in this country, Irene Castle McLaughlin, said, under oath, Jan. 7, 1946: "Scientists, to their discredit, may have a permit through legislation in some few states, to torture, mutilate and cruelly kill an animal." Mrs. McLaughlin's oath does not establish such legislation; there is, to my knowledge, no such legislation in any state.

2. The service records and the social records of medical students, physicians, medical and biological investigators do not convict these people of sadism. I have been engaged in animal experimentation for nearly fifty years. I should know something about both its process and its fruits. I know the biological and medical research laboratories in this country and abroad, and can state as a fact that in animal experiments involving pain the same anesthetics are used as in surgical operations on man. Neither man nor the animal needs an anesthetic to stand a mosquito bite or the passing of the hypodermic needle through the skin. Moreover, an animal in distress usually cannot answer the questions put to him by the medical investigator. When animals under anesthesia are used in medical teaching, they are not allowed to come out of the anesthesia. Death by anesthesia is probably the

least uncomfortable. There is inflicted on animals more pain in one hunting, trapping, and fishing season than in all the centuries of animal experimentation. The pain inflicted by the hunter, fisherman, and trapper is not wanton, to be sure, and yet inevitable. For what purpose? For the most part for the joy of chase, the possession of furs (as ornaments often), for food, or for reduction in the numbers of an animal population not helpful to man.

We use animals, by common consent, for food, for clothing, for labor, for pleasure. How can it be wrong to use animals humanely to increase our understanding of life, our control of disease, both of which contribute to human happiness? We must retain the sense of proportion. Man survives only by destruction of plant and animal life for his food. Man's welfare demands either death control or birth control of animals, but these must be carried out humanely. When the animal dies as a part of biological and medical investigations, the death is humane. We cannot indict or convict of cruelty to animals our universities, medical schools, and hospitals on any evidence so far brought forth. Biological and medical investigation and teaching, guided by the humane behavior of the sane and civilized man, must remain free, must not be restricted, lest a hundred years hence our descendants will foregather, not to celebrate progress in biology and medicine, but to condemn dreary decades of medical and biological stagnation.

3. Obviously in some studies, such as those in nutrition, metabolism, kidney disease, stomach ulcer, cancer, pneumonia, etc., anesthesia is not and cannot be used. The animals suffer some discomfort but never more and probably less than a human being afflicted with such diseases. The results of such studies are among those which are most immediately applicable to the mitigation of disease in man and animals. A few animals suffer that millions of human beings and animals may not suffer in the future.

The horrors that the antivivisectionists portray simply do not exist. Much of the "suffering" alleged in antivivisection literature is imaginary; the authors of their literature do not testify from first-hand experience, and their training and prejudice does not qualify them to interpret intelligently the scientific articles they

read. Hence, medical scientists and biologists are shocked by the travesties committed by antivivisectionists and are maligned by the tacit and openly expressed charges that animal studies are conducted for personal amusement to satisfy idle curiosity. Back in the twenties, the "Vivisection Investigation League" of New York City grossly misrepresented Dr. W. J. Mayo's position on animal experimentation in medical research and medical education. Dr. Mayo replied: "The trouble with the antivivisectionists is that they are wilfully dishonest. They picked one sentence from one paragraph in my address and exploited it for their purpose, ignoring the fact that the impression thus produced was contrary to the views I expressed."

These people would change their tune if they would spend a few days making rounds in a large hospital. They would cease trying to prevent the universities from obtaining condemned stray dogs at the city pound when the dogs can be used to gain knowledge and skill for the good of man.

4. We must retain the sense of proportion. Rev. John Haynes Holmes has stated, "To accept the charges of cruelty against scientists of this type, which are usually preferred by the ignorant . . . who know no more what is going on than I know what is going on in the laboratory of an Einstein or a Steinmetz, this is a thing impossible to me." Cardinal O'Connell has stated, that "the opponents of vivisection base their chief arguments on neither reason nor morality." President Angell has concluded that, "We find no obstacle to the practice of animal experimentation in any intuitive moral convictions, nor in the traditional morality of our race." President C. W. Eliot has said, "The humanity which would prevent human suffering is a deeper and truer humanity than the humanity which would save pain or death to animals." John Dewey has concluded that, "Scientific men are under definite obligation to see to it that physicians and scientific men are not needlessly hampered. . . ."

5. We can assume that even the most intelligent dog grasps very little of the totalitarian philosophy and ethics, or the science and ethics of our development and our use of the atomic bomb. Despite that, I do not think history will decree those medical colleagues cruel in using hundreds of dogs, monkeys, and other animals

in protecting the health of the thousands of workers on the Manhattan project. Again, the trained dog sent to the front, was not sent there for the good of the dog, but to aid and possibly save the life of our boys. In my judgment such uses of the dog was not cruelty and sadism.

HAS ANIMAL EXPERIMENTATION PROVED FUTILE IN THE WELFARE OF MAN, IN THE UNDERSTANDING OF HEALTH, IN THE CONTROL OF DISEASE?

1. I have patience with antivivisectionists who just do not know, who are misinformed and mislead. But the fanatical leaders of this group are not ignorant of the great and continuous achievements through animal experimentation. But they still persist in lying. In support of their misleading propaganda they usually cite the erroneous opinions of a few doctors of the distant past, and of contemporary physicians who have turned faddists or quacks. We have a striking example of the latter in the current antivivisection drive in the state of New York. Our efforts towards prevention and control of infantile paralysis would be hopeless, except for the use of some species of monkeys and rodents in detecting and following the polio virus. And yet, the Antivivisection League of Los Angeles publicly proclaims that "it does not support the March of Dimes Campaign" in interest of infantile paralysis.

2. As for the claim of futility, these are the facts: (a) There is an essential unity of all life. Informed laymen know that animals are built on the same plan as man; they have the same organs working by the same nervous and chemical machinery. They subsist essentially on the same kind of food and the same kind of air as men, and are subjected to essentially the same kind of disorders and diseases as man. The causes and effects of disorders of the heart, the stomach, the lungs, the eyes, the nerves, or the brain are essentially the same in animals and man. When the experimental method was introduced in science, including the science of medicine, experiments on animals resulted in rapid progress of our understanding of the nervous and chemical machinery operating in the body in health and disturbances of this machinery that lead to disease. Thus, animal experimentation has played a very great role in the development of our knowledge of infections, of

anesthesias, of disturbances in nutrition and in dietary deficiencies, in growth, in the development of new and valuable drugs and their continued refinement.

There were more than 30 years of intensive research on animals—mainly on the dog—before we had the substance insulin in sufficient purity to warrant its trial on people sick with diabetes; and even now every new lot of insulin must be tested on animals before it is safe for the sick man, the sick woman, or the sick child. Every informed layman now knows the value of insulin in diabetes in man. These facts are obvious. I sincerely believe that if every man and woman in this country knew the inspiring story of the discovery of insulin, their voices would be raised in approbation of such fruitful medical experimentation. Would the commonwealth care to live under the health conditions and be treated for sickness by the empirical and often harmful methods that obtained before animal experimentation laid down the laws for personal and public health and hygiene, which minimized the incidence of epidemics and made the physician a real diagnostician, surgeon, and healer? Would our fellow citizens want to be deprived for one day of the fruits of animal experimentations in the realm of health and disease of man as well as of animals?

(b) Free and intelligent experiments on animals during the last 300 years have been the greatest factor in our present achievements in knowledge of life and control of disease. It was not till the great William Harvey began to observe and experiment on animals that we started to understand the heart, the blood, the circulation. We began to make real progress in the understanding, if not in the control of cancer, when the malady was discovered in animals and experimentally produced in animals. The lowly mouse, not to mention many other species, has served man well in research on cancer. But we cannot say today what animal will yield the hoped for answer to cancer prevention or cure. Animal experimentation has been a great factor also in giving us better knowledge and control of anemia, digestive and kidney disorders, glandular disturbances, nervous diseases, hookworm, scurvy, pellagra and malaria. But we have not as yet defeated such serious diseases as cancer, infantile paralysis, tuberculosis, influenza, hypertension, arterial sclerosis and other impairments to the health and happiness of older people.

(c) Biological experimentation is essential for the practical application of a great deal of present medical knowledge in the prevention or cure of disease. Animals produce antitoxins for us; they are essential in the discovery and standardizing of new remedies. They are necessary for the diagnosis of some forms of tuberculosis. They are of great service in some aspects of human pregnancy. The modern story of foods, nutrition, and the known disorders of nutrition would be largely gaps and guesses, except for the services of the rat, the pigeon, and the dog. In brief, we would be greatly hampered in applying the known facts to society were society to stop the doctor and the biologist from the humane use of animals in the scientific service of man.

(d) Animal experimentation seems essential for further progress in biology and medicine. Experimentation has certainly proved its value in the biology and medicine of yesterday and of today. But what about tomorrow? Do we know it all? Or, if not, cannot we find the missing answers by intuition, inspiration or logic? I see no hope in that direction. These methods failed in the past. I see no greater value for them in the future. After nearly fifty years of service in biology, it seems clear to me that intelligent and humane use of all species of animals will be necessary on the road to a fuller understanding and attainment of better health, of control of heredity, growth, immunity and of nervous, glandular, and nutritional disorders.

Furthermore, the use of animals is of continuous and increasing importance in the training of the doctor and the biologist of the future. Unfortunately, parents do not transmit their individually acquired knowledge and skill to their children. Each generation must learn for itself, mainly by the old, slow, and painful method of trial and error. How did we acquire today's knowledge and skill in blood vessel, chest, bone, abdominal and brain surgery? By aid of experiments on animals, including the dog. How did we attain our present knowledge and skill in the prevention and control of shock, in the value and safety of blood transfusion, and blood plasma substitutes? Largely through experiments on dogs. In recent months the daily press has carried many stories of "blue babies" from all over this land restored to health by surgeons at Johns Hopkins Medi-

cal School. These surgeons secured their understanding and skill partly by experiments on dogs. If the press knows this important fact, this knowledge is not transmitted to the reading public. Before the work of Drs. Whipple, Minot, and Murphy, pernicious anemia was as uncontrollable and as fatal as inoperable cancer. What had led to the discovery of the effective liver therapy of pernicious anemia in man? Dr. Whipple's experiments with liver therapy in another type anemia in dogs. One of the great discoveries in medicine of all times is the approximate causes of pernicious anemia and the control of pernicious anemia by the liver and gastric principles. I glory in the fact that this discovery was made in this country, our country, these United States. The first steps were taken by experiments on dogs in the city of San Francisco in the University of California. Then the ball passed to the Atlantic coast, to Harvard. And now the world cheers California and Harvard, and Dr. Whipple, and Dr. Minot, and Dr. Murphy. Fellow citizens remember that cheer when you are confronted with proposals to shackle your great universities and research hospitals, proposals which say in effect, that good doctors cannot be trusted to treat unclaimed stray dogs humanely! If society of tomorrow needs the services of doctors and biologists, common sense seems to say that their training is a matter of importance, a training in nature as well as in books. That means we need animals in the training of doctors and biologists, and animals can be so used, and are so used, without cruelty.

WHAT IS OUR RESPONSIBILITY IN THIS MIS-
UNDERSTANDING. THIS PROPAGANDA, THIS
THREAT TO HAMSTRING MEDICAL AND •
BIOLOGICAL PROCESS?. AND WHAT
CAN WE. DO ABOUT IT?

1. If man's social responsibilities parallel his understanding, our burden as to the folly and tragedy of antivivisection is great indeed. I am about to propose that we change one little word in the classical oath of Hippocrates, that is, in the sentence where we pledge to teach our science and art to our own children and to our teacher's children, and to no others. I propose that we change the *no* to *all*. It seems clear to me that the antivivisection pressure calls for a persistent adult education on the fundamentals in medicine and biology.

That means: we must step down from the "Ivory Tower." It will not suffice to shrug our shoulder and call these antis "crackpots." We will not get far with the core of peculiar people but I think the misinformed and misled majority of antivivisectionists will recognize facts and listen to reason. I think that is what the Association of American Medical Colleges had in mind at the recent meeting in Pittsburgh when it sponsored the organization of "The National Society for Medical Research," and assigned it the following functions: "(a) Education of the public relative to the necessity, humane character, and accomplishments of animal experimentation in medicine and biology, through all available channels of information; (b) aid in preventing enactment of national and local legislation restrictions to animal experimentation, (c) promotion of legislation providing for protection of animal experimentation in medicine and biology."

2. But this society will be a futile gesture unless it shall have the most complete cooperation and assistance of all the members of our medical schools and our research hospitals, particularly in (a) the role of animal experimentation in published research; (b) the necessity of animal experimentation in research under way or projected; (c) the necessity of animal experimentation in the training of specialists.

3. To effectively reach our adult fellow citizens with factual education on animal experimentation in medicine and biology, the society should have, yes, must have the cooperation of (a) all individual physicians, dentists and doctors of veterinary medicine as well as the local and national organizations of these professions; (b) national organizations of teachers and investigators in biology and agriculture; (c) high school teachers of biology and health; (d) national organizations of nurses; (e) national organizations of teachers and investigators in nutrition; (f) national organizations of educators and of scientists; (g) the science editors or writers for the daily press.

4. The task confronting this society is staggering. But it is also worth while, for most of our fellow citizens are reasonable, once they understand. When they do understand they will aid, not hinder our battles at the endless frontiers of medicine and biology.

THE CROLEYS OF DENVER ACCUMULATE FRAUD ORDERS

Sex-Weakness, Baldness, Painful Feet, Constipation and What Not "Cured" By Mail

In Denver the Victor Croleys—man and wife—have figured in sundry fraudulent deals. They have kept the Post Office Department busy tracking down and suppressing their mail-order schemes.

Victor Croley's first venture into the realm of medical fakery appears to have been some "Secrets from India" which he promoted for sexual rejuvenation. The "secrets" wouldn't work; the Post Office Department accordingly debarred the scheme from the mails by issuing a fraud order against Croley and his high-sounding trade styles. The action was reported in this department of THE JOURNAL May 5, 1945, page 51.

THE FEMININE TOUCH

Next were two additional fraud orders against mail-order enterprises promoted by Croley, along with his wife, who used her maiden name, Dale Hilden, and was also known as Adelia H. Croley. These were the Harmore Company and the Arden Press, both doing business from Denver. The first-named sold what it represented as a complete course of instructions for using a "tested method" to restore hair, as set forth in a forty-page booklet, "How To Have a Full, Healthy Head of Hair." There was the usual "unconditional money-back guarantee," accompanied by "before-and-after" pictures which Croley later admitted were photographs of himself, the former showing shorter hair and a hair line which had receded from the forehead, and the latter showing longer hair, without such receding. The booklet seems to have consisted largely of generalizations on the hair, plus a few specific dietary instructions, particularly as to eating foods rich in iron, sulfur and silicon. There were also instructions for brushing the hair, giving it sunlight and avoiding tight hats, besides applying hot and cold packs to the head to "improve circulation," and exercising the head and neck.

At the hearing of the case in Washington a senior medical officer of the Food and Drug Administration, in lengthy testimony, pointed out the various causes for thinning hair and baldness which, when once entrenched, cannot be easily counteracted, even by enriching the diet with minerals. The hearing brought out further that though the Croleys claimed that the booklet in question was sold only on approval and that hence any possibility of false or fraudulent pretenses, representations and promises in that connection would be unlikely, nevertheless the courts have held that fraudulent representations made through the mails are no less a violation of the mail-order statutes because of a guaranty to refund the purchase price if the purchaser is dissatisfied. Croley and his wife neither appeared at the hearing nor sent counsel to represent

them. Dale Hilden, the Harmore Company and their officers and agents were accordingly debarred from further use of the mails on Feb. 20, 1945.

FROM HEAD TO FOOT

On the same day a fraud order was issued against the Arden Press of Denver (another promotion of the Croleys) for selling by mail a course of treatments represented to eliminate foot difficulties, as set forth in a booklet entitled "Successful Home Treatments for Troubled Feet." The booklet was said to represent that the treatments included "a simple and sure way to raise fallen arches," to do away with the necessity of arch supports, to offer a permanent cure of bunions and permanently remove "abhorrent foot conditions," thus making "lame feet once more strong, normal and free from pain," regardless of the age and concomitant physical condition of the persons afflicted.

At the hearing of this case held in Washington a senior medical officer of the Food and Drug Administration testified for the government that there are many diseases and disorders, such as arthritis, gout, diabetes, syphilis, varicose veins and other generally debilitating conditions, which cause pain and discomfort in the feet, and that without the removal of these causes the foot disorders cannot be cured. He testified further that the exercises and other treatment prescribed in the booklet would not be effective for fallen arches, bunions or other more serious foot disorders. The Croleys did not attend the hearing but did reply to the charges by letter. Since this, however, contained no single statement which attempted to justify the misrepresentations that their advertising literature made for the treatments and did not disprove the charges against them, the Arden Press and its officers and agents were declared to have promoted a fraudulent scheme and, on Feb. 20, 1945, were denied further use of the mails.

AND MORE OF VICTOR

Croley's name also figured in a fourth fraud order, dated May 13, 1946, though it was not issued against him but against the trade styles of Consol Company and Vita-Service, also of Denver. These were two names for a single business which was run by one Katherine Grinstead. Under the Consol trade style she sold through the mails a book, "How to Have Lasting Relief from Constipation," and as Vita-Service she similarly promoted another work, "Auto-Hypnosis." Persons who inquired about the first named were sent descriptive literature, soon followed by material on the second-named work.

The book on constipation, according to Miss Grinstead, was written by one Charles B. Roth and sold to her by Victor A. Croley, which is not surprising, considering his record as a promoter. The Post Office Department produced evidence that the sale of these two books by various misrepresentations

constituted a scheme to defraud, and the Consol Company and Vita-Service and their officers and agents were debarred from further use of the mails.

So far, Victor Croley's name has figured in four mail-order frauds ranging from sex rejuvenation through hair-growing and treating fallen arches to curing constipation, and his wife has been party to two of these. Hint to the Croleys: In case you've run out of ideas, there are still lush possibilities in fake "bust developers," "fat reducers" and "wrinkle removers"—until one gets caught!—J. A. M. A. (Oct. 26, 1946)

American Board of Surgery.—At a meeting of the American Board of Surgery in Philadelphia Dec. 13-14, 1946, the following resolution was adopted

The organization of the American Board of Surgery was completed on Jan. 9, 1937. A plan of this organization had been carefully studied by a general committee representative of certain general and sectional surgical societies called together through the initiative of the American Surgical Association. As a result of the deliberations of this general committee a tentative plan of organization was adopted. This plan was reported to the cooperating surgical societies and was approved with the understanding that the board, when organized, would have the power to change or modify the proposed plan as it saw fit. This board has been created in accordance with the action of the Advisory Board for Medical Specialties as approved by the Council on Medical Education and Hospitals of the American Medical Association, which has named certain specialty fields as being suitable to be represented by such boards. These boards have the twofold purpose of certifying those found to be qualified after meeting reasonable requirements and of improving existing opportunities for the training of specialists within the field concerned. This is to be done for the protection of the public and the good of the specialty.

The cooperating surgical societies selected jointly to form the board appointed their representatives as follows: American Surgical Association, 3; surgical section of the American Medical Association, 3; American College of Surgeons, 3; Southern Surgical Association, 1; Western Surgical Association, 1; Pacific Coast Surgical Association, 1; New England Surgical Society, 1, total, 13.

The term of membership is for six years. Each cooperating association has the appointing power of its representatives subject to the approval of the board. During the ten years in which the board has functioned, twenty-seven different surgeons have served full or partial terms of membership. The board has discharged its responsibilities by conducting examinations and has issued certificates of qualification to those surgeons who have met certain clearly specified educational requirements and have passed successfully its examinations. In discharging its responsibilities, the primary purpose of the board has been to establish and maintain a high standard in the education and training of the young surgeon. The American Board of Surgery is not concerned with measures that might gain special privileges of recognition for its certificants in the practice of surgery. It is neither the intent nor has it been the purpose of the board to define requirements for membership on the staffs of hospitals. The prime object of the board is to pass judgment on the education and training of broadly competent and responsible surgeons—not who shall or shall not perform surgical operations. The board specifically disclaims interest in or recognition of differential emoluments that may be based on certification.

FROM OUR EXCHANGES

MEDICAL SCHOOLS OF SPAIN AND OTHER SCIENTIFIC DEPARTMENTS AND HOSPITALS

At present the medical schools are functioning normally, though they do not seem to hold the high scientific rank they attained in the years before the civil war. Results too are rather below the former standard, owing chiefly to the lack of sufficiently trained and experienced educators. The filling of posts made vacant by the death, exile or political disqualification of their previous holders is still provided for by the outworn system of competitive examinations, now complicated by the fact that the ideological tendencies of candidates are taken into account and by the inadequate constitution of the boards of examiners, whose members are often not sufficiently trained in the specialties in question to be qualified to judge. Too often also recourse has to be had to the younger generation of teachers just out of school themselves and not fitted for the task of making a judicious selection, having furthermore only just occupied their own chairs. Notwithstanding all this, the voids are being gradually filled. Yet it is sad to see that men like J. F. Tello, T. Hernando, M. Varela Radio, J. Casas, B. Landete, E. Trobo (to name only a few from the Madrid Faculty of Medicine) and others who in the last twenty years had contributed by their high reputation abroad to the prestige of the Spanish medical schools are still excluded from the universities, although they are not absolutely deprived of their other civic rights. In recent months the hopeful rumor has got about that some who are living in Spain are to be reinstated, and Professor Marañón's return to his old functions seems to constitute a happy omen.

The aforementioned drawbacks are not so apparent in the hospitals in Madrid which are not attached to the university. True some old professors have been deprived of their posts—like Professor Manuel Tapia, and Professor I. Sanchez Covisa, who died recently—and they have not been replaced by really satisfactory men. However, some other excellent and already famous masters have entered the service, among them Professor C. Jimenez Diaz, Professor E. Oliver Pascual, Dr. J. Lopez Ibor (who has taken the place of the distinguished exile Professor G. R. Lafora), Dr. Benzo and Dr. R. Garcia Tapia, and from nearly all of these we are warranted in expecting

fruitful work even if anything changes the political situation. Nevertheless, it is painful to think how scarce is the scientific production of the National Hospital for Infectious Diseases (the former Hospital del Rey) which, before the civil war, under the direction of Professor M. Tapia, did such great honor to Spanish medicine by its publications.

The most notable event in the field of medicine in the year 1945 was the return to his chair of endocrinology in the Madrid Faculty of Medicine of Professor Gregorio Marañón, who went into exile in 1936 but returned to Spain in 1943, not however, without having overcome some difficulties. During his stay abroad he was one of the most eminent exponent of Spanish medical culture in various countries of America and Europe, where he has left, as a trace of his passage, a series of important books. The returning to him of his department in the Madrid General Hospital was gratifying, but his reinstatement in his chair in the university has caused joy to all in that corporation who so greatly deplored the lack of good teachers as well as in all intellectual spheres in the country. His masterly lectures in the past academic year gave a real impulse to the university: the clinical and scientific sessions began to grow in interest as a sign of work resumed in relatively poor circumstances and needing a powerful stimulus. The attendance was extremely large and, among others present, were many old masters and some of the present professors: a good proof of fraternal feeling. A course of weekly lectures was given by the best Spanish and well known foreign professors, including the Portuguese Professors Reynaldo Dos Santos and J. Cerqueira Gomes; while among the Spaniards were Professors T. Hernando, G. Marañón, J. Morros Sarda, E. Oliver Pascual, M. Tapia, J. Sacristan, J. Germain, P. Barceló, A. Duque Sampedo, Rodríguez y Pérez and F. Vega Díaz. But among all these lectures, two given by Professor M. Tapia, now director of an important tuberculosis institution in Portugal, stood out being imbued with their author's great clinical and pathologic experience; particular interest attaches to one on bronchial tuberculosis.

One more fact which contributes to the value of the resumption of work in Professor Marañón's clinic is the appearance of the *Boletín del Instituto de Patología Médica*, similar in its purpose and contents to the *Proceedings of the Staff Meetings of the Mayo Clinic*, in which the basic work of this center is reproduced as well as certain novelties in clinical endocrinology—*J. A. M. A.* (Feb. 1) 1947.

THE PARIS CONFERENCE OF THE UNITED NATIONS EDUCATIONAL SCIENTIFIC AND CULTURAL ORGANIZATION

In 1921 on the proposal of Léon Bourgeois (France) the Society of Nations appointed a commission, of which Henri Bergson was president, to examine international intellectual cooperation. In Paris the International Institute of Intellectual Cooperation, with which forty national commissions and numerous committees of experts collaborated, was created. In 1942 in London the Allied ministers for education met periodically to discuss the cultural reconstruction of occupied and devastated Europe. Then in 1945 in San Francisco the creation of a special organization was completed. On Nov. 1, 1945 UNESCO was organized in London and to its program were added sciences and information of the masses; forty-four nations signed the UNESCO convention.

The Paris Conference took place from Nov. 19 to Dec. 10, 1946. The French government put at the disposal of UNESCO the Majestic Hotel, former head office of the Paris Gestapo. Forty-eight national delegations were present. The chief of the United States delegation was William Benton, under state secretary to the foreign office, with four delegates, five deputy delegates and thirty-three counselors. Other countries were represented by similar delegations. Seven nations of the United Nations Organization which have not signed the UNESCO charter, Russia, the Ukraine, Bielo-Russia, Costa Rica, Ethiopia, Honduras and Paraguay, did not send delegations.

PROGRAM, AIM AND WORKING METHOD

The secretary to the executive committee of UNESCO, Dr. Huxley, author of the book "UNESCO, Its Purpose and Its Philosophy," has indicated in his report to the conference the two main aims of UNESCO: first to contribute to peace and then to work for the happiness of humanity regardless of races, sexes, languages and religions, against every racism theory, by conforming oneself to the principle of equality, to guarantee to everybody full and equal access to education and the mutual respect between men and nations. An important task is reconstruction in the sphere of culture and science. One problem of prime importance in the direction of liquidating inequality is the fight against illiteracy. During 1947 a conference will establish throughout the world the ten UNESCO centers. They will partake of the same roof as the regional United Nations organizations for health, civil aviation, food and agriculture.

SUBCOMMISSION FOR NATURAL SCIENCES

The program of this subcommission has been prepared under the leadership of Joseph Needham, assistant professor of biochemistry at the Cambridge University and foreign professor of physiology at Stanford University. This subsection has been in communication with eighty-four international scientific organizations

NATURAL SCIENCES PROGRAM

This program covers a wide range of projects, some of which are to be put into operation forthwith and others only to be studied and reported on to the next general conference

FIELD TEAMS FOR THE STUDY OF NUTRITION

The highest priority was given to the important plan of establishing field teams for the study of nutrition problems, one in India (where already a small institute for researches on food is located at Coonor, it will also deal with the role of fish as food, which nourishes 60,000,000 of Bengalese), one in Hylean Amazon, one in China and later, when conditions permit, one in Africa. The aim of the field teams is to investigate all aspects of food production and utilization, deficiency diseases and other problems with the ultimate object of raising the standard of living for large masses of people in those great regions of the world now suffering from malnutrition.

OTHER NATURAL SCIENCE ACTIVITIES

Four field science cooperation offices will be set up in China, India, the Middle East and Latin America, staffed with scientific men engaged on every type of liaison work with the scientists of the region

Assistance will be given in the scientific rehabilitation of the war devastated countries. The restoration of scientific libraries throughout the world will be facilitated through photographic reproductions and microfilms

Grants-in-aid will be given for scientific work of international importance, such as type culture and collections of bacteria, algae, fungi and genetic mutants.

Grants will be allotted selected scientific expeditions and to aid existing international laboratories, such as the Marine Biological Station at Naples and the research laboratory on the Jungfrauoch.

Essential research equipment and material exchanges will be disseminated, notably by operating a scientific apparatus information bureau and by taking measures to overcome difficulties arising out of currency restrictions. A group of experts has already prepared a list of scientific instruments which includes

already 20,000 items. The cost of equipment of various standard laboratories in various fields has been calculated.

The possibilities will be explored of creating new international laboratories for astronomy, applied mathematics (computing machines, for instance, to organize an exact method for a demographic survey), tropical diseases, oceanography and the migration of birds. The compilation of a world register of scientific institutions and scientists will be begun.

A plan is being urged to assist scientists in crossing national frontiers with their documents and scientific instruments.

Moreover, it has been decided, in agreement with the International Council of Scientific Unions, to resume the publication of scientific periodicals interrupted on account of the war. On the proposal of the Economic and Social Council of the United Nations Organization, UNESCO is to prepare a report on the organization of an international observatory, of a meteorological station in the Southern Hemisphere and of an international laboratory for studies on tuberculosis and another for food.

RELATIONS WITH OTHER SCIENTIFIC ORGANIZATIONS

The collaboration with other scientific organizations is of prime importance in order to avoid work on parallel lines and also in consideration of the restricted budget of UNESCO. A convention between UNESCO and the International Council of Scientific Union has been prepared. It consists in reciprocal consultation and representation, exchange of information and work in common for definite purposes. As regards relations with the World Health Organization, UNESCO contemplates taking over the purely scientific part of this organization and negotiations are in progress. A budget of \$6,000,000 has been fixed covering the activity of all sections.

STRUCTURE OF ORGANIZATION

Every nation which is a member deposes a delegation of five representatives to the conference, which takes place every year; the next one will be in Mexico City in 1947—*J. A. M. A* (Feb 1) 1947

ORGANIZATION FOR NATIONWIDE
MEDICAL RESEARCH

The Congress of the United States has designated the National Advisory Health Council, the National Advisory Cancer Council and the National Advisory Mental Health Council to make recommendations to the Surgeon General, U S Public Health Service, regarding means necessary to carry out his responsibilities (Public Law 410 section 301,

78th Congress, and Public Law 487, section 7, 79th Congress) with respect to the use of funds for research. In order to provide these advisory councils with expert advice on applications for research grants, the Public Health Service has organized nineteen special study sections, consisting mostly of civilian scientists, in surgery, pathology, public health methods, pharmacology, tropical diseases, antibiotics, bacteriology, biochemistry and nutrition, cardiovascular diseases, gerontology, hematology, malaria, metabolism and endocrinology, physiology, radiobiology, sanitation, syphilis, virus and rickettsial diseases and dental subjects.

Research projects approved by these councils will receive grants in aid. Applications for grants may be made by schools of medicine, hospitals, public or private institutions and individuals. The plan inaugurated by the Public Health Service calls for complete academic freedom and unrestricted opportunity to carry on productive research.

At a recent meeting of the study Section on Metabolism and Endocrinology, Dr. Joseph H. Barach of the University of Pittsburgh was elected chairman. The other members of this section are:

Dr. Charles H. Best, University of Toronto
 Dr. Jerome Conn, University of Michigan.
 Dr. Herbert M. Evans, University of California
 Dr. Roy Heitz, National Institute of Health, Washington, D. C.
 Dr. F. D. W. Lukens, University of Pennsylvania
 Capt. W. F. Loftin, United States Navy.
 Dr. Alexander Marble, Baker Clinic, Boston.
 Col. Charles R. Mueller, United States Army
 Dr. Henry B. Mulholland, University of Virginia
 Dr. Lester J. Palmer, Mason Clinic, Seattle.
 Dr. Elaine P. Rall, New York University.
 Dr. Henry T. Ricketts, University of Chicago
 Dr. Randall G. Sprague, Mayo Clinic, Rochester, Minn.
 Dr. Cecil Striker, Cincinnati
 Dr. Hugh L. C. Wilkerson, executive secretary, U. S. Public Health Service, Washington, D. C.

—J. A. M. A. (Jan 18) 1947.

PLAN FOR UNIFORM INTERN PLACEMENT

A new agreement for internship placement was formulated at a meeting of the Committee on Internships and Residencies of the Association of American Medical Colleges, at Edgewater Park, Miss., on Oct 28, 1946. Representatives of the Council on Medical Education and Hospitals of the American Medical Association and of the American Hospital and Catholic Hospital associations participated. Although it was not possible for the American Protestant Hospital Association to send a delegate, the plan as subsequently adopted was approved by the trustees of that association. Following unanimous approval at the executive session of the Association of American Medical Colleges, the Council on Professional Practice of the American

Hospital Association and the Council on Medical Education and Hospitals of the American Medical Association took confirmatory action. The plan has been submitted to the Catholic Hospital Association and it is hoped that its confirmation will be announced shortly.

DETAILS OF PLAN

1. That letters of recommendation by faculty members as a hospital requirement should be eliminated, all information about applicants being centralized in the deans' offices and credentials sent out from there. (This action was taken in an effort to relieve overburdened faculty members of the task of writing an increasing number of letters of recommendation to support internship applications. Also it was hoped that the information from the faculty might be assembled in the dean's office and then incorporated in one letter of recommendation. This should simplify the work of the hospitals in reviewing the records and recommendations on each case.)

2. That the hospitals be requested to eliminate statement from intern application blank that the student will agree to accept if appointed.

3. Date for filing applications and release of credentials by the medical schools set at Oct 15, 1947 (These dates are for internships beginning July 1, 1948.)

4. Appointment date by hospitals not before Nov. 15, 1947. (These dates are for internships beginning July 1, 1948.)

5. No specific waiting period following announcement of appointments. Hospitals will be requested to notify all applicants of acceptance, alternate position or rejection (with the understanding that notification of rejection may be made by the hospital at any time). (Rejection notices may be sent as soon as decision is made, any time before appointment date or as soon as possible after that date.)

6. Notification is to be sent to the hospitals that it is anticipated that dates for filing release of information and appointment will be moved further into the senior year in 1949. (For internships beginning in 1949)—J. A. M. A. (Jan 25) 1947.

Frank Calderone Heads Commission of World Health Organization.—The Interim Commission of the World Health Organization, a special agency of the United Nations, has announced the appointment of Dr. Frank A. Calderone as director of its headquarters office being established in the Empire State Building, New York City. Dr. Calderone is a graduate of New York University College of Medicine, where he also taught pharmacology and preventive medicine. He received a degree in public health from the School of Hygiene, Johns Hopkins University, is a member of the New York County Medical Society, the Harvey Society, Alpha Omega Alpha and the American Public Health Association. He was with the New York City Health Department for ten years.

NEWS ITEMS

California

Edward Rogers Appointed Dean of School of Public Health.—Dr. Edward S. Rogers will take over his duties as dean of the University of California School of Public Health in February. Dr. Roberts has been assistant commissioner in the New York State Department of Health. He is a native of Boston and a graduate of Harvard Medical School and Johns Hopkins School of Hygiene and Public Health. Dr. William McD. Hammon, who has served as acting dean, will continue as faculty member.

Connecticut

Personal.—Dr. John D. Booth, Danbury, has been appointed a member of the Connecticut Medical Examining Board to fill the vacancy caused by the death of Dr. Daniel C. Patterson.

Resigns from Medical Examiners Board.—Dr. John C. Rowley, Hartford, a member of the Connecticut Board of Medical Examiners since 1916, declined reappointment to the board December 31. Dr. Wilmet C. Townsend, Hartford, was appointed for a five year term beginning January 1. Dr. Townsend received his degree in medicine from Harvard Medical School, 1925. He has been engaged in the practice of internal medicine and is attending physician at Harvard Hospital. He served in the medical corps, A. U. S., from September 1942 until January 1946, when he was discharged as a lieutenant colonel.

Illinois

Record Birth Registration.—The Illinois Department of Health announced on December 20 a record breaking registration of live births in the third quarter of 1946 with 45,040 certificates filed. This number is 5,600 over the highest third quarter ever before recorded in Illinois. Births for the first nine months total 111,697 as compared with the 1945 figure of 98,204. Deaths associated with child bearing are at an all time low. Thus far a decrease of 15 per cent over the maternal death rate of 1945 has been recorded.

Galesburg Army Hospital Leased to State University.—The War Assets Administration on January 10 approved the leasing of the former U. S. Army Mayo General Hospital, Galesburg, to the University of Illinois for use as a branch. The university had taken over the hospital last fall under an interim permit and has been holding classes there for several hundred students. The leased property includes 155 acres and 128 buildings constructed by the government during the war at a cost of \$4,546,659. The 116 connected one story buildings used for classrooms can accommodate 2,000 students, the other buildings are used for infirmary, recreation, mess hall and laundry buildings.

Kentucky

Eight Scholarships Established.—Eight scholarships of \$2,000 each have been established for the \$100,000 Medical Scholarship Fund for medical students who agree to practice

in rural districts of Kentucky after graduation. The scholarships will be administered by the trustees of the fund for the Kentucky State Medical Association and the University of Louisville School of Medicine. According to H. Fred Willkie, Louisville, chairman of the General Fund Committee, Dr. Omer Forest Hume, Richmond, donated the first scholarship. Dr. Hume graduated from the medical department of the University of Louisville in 1917. The Dr. Van A. Stilley Memorial Scholarship has been set up by his heirs. The late Dr. Stilley served as field director for the state department of health in western Kentucky and was president of the state medical association in 1943. The Houston Memorial Scholarship has been granted by Mrs. Jesse Houston Roane, Drs. Hugh L. Houston and Hal E. Houston, Murray, in memory of their father, the late Dr. Edward Brent Houston, one of the leading physicians of Calloway County for thirty years. The scholarship is to be awarded to a premedical student of high standing from Murray State College. Dr. Carl Clifford Howard, Glasgow, present counselor of the association and chairman of the board of trustees of the Medical Scholarship Fund, has presented the Howard Clinic Scholarship. A scholarship was granted by Dr. Gathel L. Simpson, Greenville, member of the state board of health and board of trustees of the scholarship fund.

Three scholarships of \$2,000 each honoring Dr. Charles W. Jefferson, Louisville, have been set up at the University of Louisville School of Medicine by Joseph E. Seagram and Sons Company, distillers, which Dr. Jefferson serves as physician. The Dr. Charles W. Jefferson Scholarship for Surgery was donated by H. Fred Willkie, vice president of the company, and Mrs. Willkie. The Charles W. Jefferson Industrial Medicine Scholarship was raised by employees from cafeteria funds and recreational programs. The Charles W. Jefferson Scholarship for Rural Medicine was established by the company. About one third of the total fund has been subscribed. The revolving Medical Scholarship Fund, launched Dec. 12, 1945, was set up originally as a revolving fund of \$50,000 to \$75,000 and the first scholarship was awarded last spring. The trustees of the fund are Drs. John W. Moore, dean, University of Louisville School of Medicine; Gathel L. Simpson, Greenville; Carl Norfleet, Somerset; Philip E. Blackerby, Louisville; Senator Cass Walden, Edmonton; Joe Betts, Louisville *Courier-Journal*; Russell Dyche, London, and Mrs. Charles Shelton, Louisville.

Maryland

Appoint Radiologist for Johns Hopkins Hospital.—Dr. Russell H. Morgan, former associate professor of radiology at the University of Chicago, has been named professor in the newly created department of radiology at Johns Hopkins University, Baltimore, and will also serve as radiologist in chief at Johns Hopkins Hospital. Formerly a section of the division of surgery, radiology has been made an independent department of the two institutions in order to provide better clinical service to the hospital, improve instruction in the university and promote research in the field.

Michigan

Poses as Physician for Eight Months.—Howard Leslie Groves, aged 25, a Royal Oak High school graduate, was arraigned before Federal Judge Frank A. Picard on a fugitive warrant from Bay City recently, according to the *Detroit Free Press*, September 20. The warrant charged him with publishing narcotic prescriptions and illegal possession of drugs. He waived examination and was held in default of \$10,000 bond, the report stated. With no more credentials than the uniform of an army medical major and a convincing line of talk, Groves was said to be accepted as a full term doctor in a Windsor hospital. He was also accepted as a third year medical student in two Flint hospitals, it was stated. During his eight months of successful posing as a doctor of medicine, Groves is said to have assisted at major operations, although he never performed "deep surgery" alone. In his admissions in court, Groves is said to have spoken with pride of the children he delivered unassisted in Flint and of the minor surgical treatment he gave in accident cases while on night duty at the Windsor hospital. He was said to have had photographic copies made of doctors' diplomas in which he pasted his own name over the original. "My first hospital jobs were as laboratory technician in two Detroit private hospitals," Groves is quoted, and again "I learned all I know about medicine by observation and reading medical books." It was after he took over an office in Flint that he began making out false prescriptions to real or fancied patients, the *Free Press* reported. Groves also admitted that he used a portion of the drugs himself. When he was arrested, federal agents found printed announcements of a new office to be opened in Flint by "Howard L. Groves, M.D., psychologist."

Faculty Appointments and Promotions.—Dr. James M. Winfield, associate professor of surgery, Wayne University College of Medicine, Detroit, has been appointed professor of surgery, attending surgeon and educational director of the department of surgery at the New York Medical College, Flower and Fifth Avenue Hospitals. During World War II, Dr. Winfield served as a colonel in the Army Medical Corps. He was surgical chief of the 36th General Hospital and Hospital Center consultant. He will have as deputies in each of the hospitals affiliated with the college the following, who will assist with the daily supervision and direction of the teaching program in those institutions: Dr. Walter L. Mersheimer, assistant professor of surgery, who will be assigned at the Metropolitan Hospital; Dr. Allan S. Graham, instructor in surgery, assigned to the Flower and Fifth Avenue Hospitals, and Dr. Nicholas Tiscione, assistant clinical professor, assigned to the Queens General Hospital. The assignment to the City Hospital has not yet been made. Claude M. McFall, Ph.D., who has been head of the anatomy department at George Washington University School of Medicine, Washington, D. C., since 1939, has been appointed visiting professor of anatomy for the current academic year. New appointments include Dr. Preston A. Wade, clinical professor of surgery, Dr. James H. Kidder, associate clinical professor of surgery; Dr. Wilfred F. Rug-

giero, associate clinical professor of surgery, and E. Lawrence House, Ph.D., assistant professor of anatomy. Promotions include:

Roger C. Gay, Ed.M., assistant dean
James W. Benjamin, Ph.D., professor of anatomy and assistant to the dean
Lois C. Lillick, Ph.D., associate professor of bacteriology and active director of the department
Dr. Francis D. Speer, associate professor of clinical pathology and director of the laboratory.
Dr. Lawrence B. Slobody, associate professor in pediatrics and associate attending pediatrician
Dr. Charles A. Turtz, associate clinical professor of ophthalmology and associate attending ophthalmologist
Dr. Herman Robbins, assistant professor of pediatrics and assistant attending pediatrician
Dr. Jerome G. Kaufman, assistant professor of medicine and assistant attending physician.
Dr. Samuel L. Sa'ltzman, assistant clinical professor of ophthalmology.

Mississippi

Legislature Grants Out of State Scholarship Loans.—Mississippi is the first state to grant scholarship loans to its young men and women to be used to study medicine in various other schools throughout the nation. The Mississippi State Medical Education Board recently granted forty-seven such scholarships. The University of Mississippi School of Medicine, the only medical school in the state, offers courses in the basic medical sciences but offers no clinical work. West Virginia offers its residents outstate medical scholarships for study in Virginia only.

New York

Medical Center Receives Grant.—A grant of \$150,000 from the New York Foundation has been received by the chairman of the \$15,575,000 campaign for the New York University-Bellevue Medical Center. One-half the amount is to be applied toward the work of the new Institute of Rehabilitation and Medicine.

Licenses Revoked.—The New York State Board of Medical Examiners has reported the following revocations of licenses, according to *Health News*:

Celano, Frank, 351 Madison Street, Westbury. Medical license issued through indorsement of his Maryland medical license and permitting him to practice medicine in the state of New York revoked, annulled and canceled as of Oct. 28, 1946.

Steuart, Frederick Charles, Sag Harbor, Long Island. Medical license to practice in the state of New York revoked, annulled and canceled as of Oct. 29, 1946.

Ohio

Professor of Psychiatry Appointed.—Dr. Maurice Levine has been appointed professor and head of the department of psychiatry in the University of Cincinnati College of Medicine, according to Dr. Stanley Dorst, dean of the college. He will also be director of the psychiatry service of the Cincinnati General Hospital. Dr. Levine was an instructor in psychiatry at the Phipps Clinic, Johns Hopkins from 1929 to 1932 and a student of the Chicago Institute for Psychoanalysis from 1932 to 1936. He is a training analyst and a member of the faculty of the Chicago institute. He is also author of the book "Psychotherapy in Medical Practice."

Narcotic Violations.—The Bureau of Narcotics reports that Dr. W. D. Maag, Jeffersonville, Ohio, pleaded guilty at Columbus, Ohio, to violation of the federal narcotic law and on Nov. 25, 1946 was sentenced to a term of three years.—Dr. Harry Alonzo K. Hill, Laverne, Okla., pleaded guilty to violation of section 2554(a) of the Internal Revenue Code in the U. S. District Court at Oklahoma City, Okla., and on Nov. 20, 1946 his sentence of five years was suspended and he was placed on probation for a like period. He was also fined the sum of \$500, according to an announcement from the Bureau of Narcotics, Washington, D. C.

Aid to Preventive Medicine Department.—A \$70,000 grant from the Cleveland Foundation has been made to Western Reserve University to aid in the operation of the Elisabeth Severance Prentiss department of preventive medicine. Of the total, \$25,000 is to be paid immediately and the remainder in the amount of \$15,000 a year for the next three years. The department of preventive medicine was created in 1945 by a gift of \$606,000 from the estate of the late Mrs. Elisabeth Severance Prentiss, Cleveland. In addition to laying plans for cooperation with the community in a program of preventive medicine, the department is organizing and equipping a large laboratory to carry on research in infectious diseases. Hundreds of specimens of viruses and cultures obtained by the staff members while in military service will be available for experimental work.

Pennsylvania

Dr. Engel Appointed Clinical Professor.—Dr. Gibson Colby Engel was appointed professor of clinical surgery at the University of Pennsylvania Graduate School of Medicine, Dec. 20, 1946. Dr. Engel also serves as chief of Surgical Service B at Lankenau Hospital and at Children's hospital of the Mary K. Drexel Home; is a trustee of the Medical Society of the State of Pennsylvania and district medical officer for the Medical Service Association of Pennsylvania. He is a graduate of Johns Hopkins University School of Medicine, Baltimore, 1926.

Washington

University Organizes Clinical Departments.—Organization of clinical departments in the new University of Washington School of Medicine, Seattle, is being conducted by Dr. Edward L. Turner, dean. Dr. Henry N. Harkins, associate professor of surgery, has been appointed professor of surgery and executive officer of the department. It is anticipated that Dr. Harkins will assume his new duties about July 1. Others appointed as clinical professors of medicine are Drs. Edwin George Bannick, now chief of staff, Swedish Hospital, Seattle; Edwin S. Bennett, associate clinical professor, University of Southern California School of Medicine; Byron F. Francis, former medical director of Riverton Hospital for Chest Diseases, Seattle; Lester J. Palmer, member of the staff of Virginia Mason Hospital, Seattle, and Charles Edward Watts, consultant in medicine at the U. S. Marine Hospital, Seattle. Roscoe L. Pullen, formerly of Tulane University, New Orleans, has been appointed associate professor of medicine and director of hospital planning.

Wisconsin

Appoint Professor of History of Medicine.—Dr. Irwin H. Ackernacht has been appointed to the staff of the University of Wisconsin School of Medicine, Madison, as professor of the history of medicine. Dr. Ackernacht comes from the staff of the American Museum of Natural History, New York. Born in Stettin, Germany, in 1906, he received his degree of doctor of Medicine at the University of Leipzig in 1931 and came to the United States in 1941 as a research fellow at the Institute of the History of Medicine, Johns Hopkins University. He has contributed extensively to the literature concerning the history of medicine, and his articles have been published in German, French and English.

New Professor of Preventive Medicine.—Dr. John W. Brown, director of clinical laboratories, University of California Hospital, and assistant professor of medicine, University of California Medical School, San Francisco, has been appointed professor of preventive medicine and director of the department of student health at the University of Wisconsin Medical School, Madison, effective November 1. Dr. Brown, who graduated at the University of California Medical School in 1935, was on war leave from the university from November 1941 to December 1945, serving variously as a member of the Commission on Influenza of the National Research Council, Army Epidemiological Board, and as a consultant in medicine, Letterman General Hospital, U. S. Army, San Francisco. Dr. Brown will utilize the student health service as a demonstration unit for closer correlation of clinical practices with preventive medicine in the broader field of public health. The University of California organized the first of the important health services for university students in this country in 1909, and the University of Wisconsin followed closely in 1910 when the health service was established with Dr. Joseph S. Evans as its director.

General

Ophthalmology Directory.—The American Board of Ophthalmology has announced that it will publish a directory of certified specialists to Jan. 1, 1947, the arrangement to be alphabetical and geographic. No biographic material will be included. Certified specialists who have not already done so should notify the American Board of Ophthalmology, Cape Cottage, Maine, stating their names and addresses exactly as they wish them listed.

Recommends Counter Antivivisection Legislation.—Dr. A. J. Carlson, Chicago, president of the National Society of Medical Research, advocates that medical scientists take the initiative on counter antivivisection bills with legislation of their own to guide the legislatures in their consideration of animal experimentation. It is expected from current newspaper reports that antivivisection legislation will be introduced in forthcoming state legislature sessions. The National Society of Medical Research, which was organized early this year under sponsorship of the Association of American Medical Colleges,

is taking the lead in counter antivivisection legislation programs. Members and endorsers of the society include the Chamber of Commerce of the United States, the American National Red Cross and many scientific groups. Officers of the society are at 25 East Washington Street, Chicago.

Narcotic Violations.—The United States Bureau of Narcotics, Treasury Department, has announced the following:

Dr. Wyman W. Harden, St. Petersburg, Fla., probation revoked for violation of the federal narcotic law and sentenced on June 7 to a term of two years.

Dr. Samuel R. Davis, Pittsburgh, convicted of a narcotic violation and on June 4 sentenced to serve a term of one year and one day at the Federal Correctional Institution at Milan, Mich., and fined \$1 and costs.

Dr. Elijah J. E. Evans, Kansas City, Mo., pleaded guilty in the U. S. Court at Kansas City, Mo., and on July 9 sentence was suspended and he was placed on probation for a period of three years.

Dr. John D. Latta, Jerusalem, Ohio, following his plea of guilty in the U. S. District Court at Columbus, Ohio, to a narcotic violation, has been sentenced to a term of two years in the penitentiary.

Dr. Stephen Alexander Peters Jr., Thomasville, Ga., following his plea of guilty in the U. S. District Court at Thomasville to a narcotic violation, has been sentenced to a term of eighteen months in the penitentiary.

Dr. Jessie Marvin Harris on July 19 was sentenced in the U. S. District Court at Oklahoma City to serve a term of one year and fined \$1,500 and placed on probation for five years for violation of the Internal Revenue Code. The commitment was stayed until August 19.

Official Number of Deaths.—Figures just released by the U. S. Public Health Service place the total number of deaths reported in continental United States, exclusive of deaths in the armed forces overseas, in 1945 at 1,401,719. This was a smaller number than was reported in the two preceding war years. The number due to tuberculosis was 3.3 per cent less than in 1944 and fewer than in any previous year. Deaths from pneumonia and influenza were 16.4 per cent fewer than in 1944 and 8.2 per cent less than the previous minimum in 1942. Heart diseases accounted for 30.3 per cent of the reported deaths as compared with 29.6 in 1944. Cancer claimed 12.7 per cent of the total as compared with 12.1 per cent in 1944. All accidental causes accounted for 95,918 deaths, which number includes 28,076 deaths due to motor vehicle accidents. The same ten causes which led the list in 1945 are those which headed the list in the two prewar years, and, with the exception of motor vehicle accidents, they rank in the same order. The ten leading causes of death in the United States in 1945 were

Heart diseases	424,328
Cancer and other malignant tumors	177,464
Intracranial lesions of vascular origin	129,144
Nephritis	88,078
Pneumonia and influenza	68,386
Accidents, excluding motor vehicle accidents	67,842
Tuberculosis	52,916
Diabetes mellitus	35,160
Premature birth	31,614
Motor vehicle accidents	28,076

Proposed Changes for Red Cross.—Fundamental changes in the organization structure of the American Red Cross were adopted by the present governing body, the Central Committee, at its September meeting in Washington. The changes were recommended by a nationally representative advisory committee appointed last March by Basil O'Connor, national chairman, to study the organization of the Red Cross in the light of the

tremendous growth in its membership and services to the people since 1905, when its present congressional charter was granted. Announcing the action at the recent meeting after transmitting the recommendations to the chapters, Mr. O'Connor said they are of greatest significance to the Red Cross organization at all levels. The recommended revisions to the charter of the organization, unchanged since 1905, provide at the national level for greatly increased representation from the chapters and from the public at large on the national governing body and provide at the chapter level for participation by the membership in all chapter operations. Most significant changes include:

Expansion of the present governing board from eighteen members to fifty members, thirty of whom would be drawn from local chapters under a system of nomination and election and twelve of whom would be elected to represent the national interests at large.

A system of regular rotation in office of the governing bodies in chapters as well as in the national organization.

Discontinuance of the Board of Incorporators provided for in the 1905 charter.

A provision enabling any twenty-five members to appeal to the national organization basic grievances as to matters of chapter procedure.

A provision allowing the establishment of committees chosen by the chapters within each state for the purpose of liaison with state relief, health and welfare agencies.

A new system of auditing separately all accounts of local chapters as well as of the national organization.

Elimination of present classification of memberships according to sums contributed.

At present the Central Committee or governing board of the Red Cross consists of eighteen persons. Six are chosen by chapter delegates, six appointed by the President of the United States and six named by the Board of Incorporators, a body of sixty-five persons initially named in 1905 for the purpose of bringing the corporate organization into being. The incorporators have elected their own successors since that time. The President of the United States appoints the national chairman as well as five other members to the Central Committee from the Departments of State, War, Navy, Treasury and Justice. Under the proposed changes, the Central Committee would be increased to fifty members and its name changed to the Board of Governors. Of the fifty members, thirty would be elected by delegates of the chapters at the national convention held each year, twelve would be elected by the Board of Governors itself as members-at-large, and eight would be selected by the President of the United States, of whom one would be designated by him as president of the Red Cross. Among those selected by the President of the United States from government departments and agencies, at least one and not more than three would be chosen from the armed forces. The election of the governors by the chapters at the national conventions would be under procedure insuring geographic distribution as well as representation of chapters of all sizes.

Indictment Charging Restraint of Trade in Surgical Dressings.—Attorney General Tom Clark announced that a federal grand jury at Boston November 21 returned an indictment charging four corporations and five individuals with conspiracy to restrain domestic and foreign trade and commerce

in the manufacture, sale and distribution of surgical dressings in violation of the Sherman Antitrust Act. The defendant corporations are Johnson & Johnson, New Brunswick, N. J.; Johnson & Johnson International, New Brunswick, N. J.; Parke, Davis & Co., Detroit, and Kendall Company, Boston. The individuals indicted are E. Briar, Detroit, Parke, Davis & Co. secretary and foreign sales manager; Arthur Clapham, New Brunswick, N. J., Johnson & Johnson director of overseas operations and president of Johnson & Johnson International; Earl E. Dickson, New Brunswick, N. J., Johnson & Johnson vice president in charge of hospital division; L. H. Nichols, Chicago, Kendall Company manager of hospital dressings, and Charles K. Perkins, Chicago, Kendall Company general sales manager. Attorney General Clark said that the indictment charges that the defendant corporations together produce and sell about 75 per cent of the total annual production of surgical dressings in the United States and that they agreed on the prices and terms for the sale of surgical dressings throughout the United States and in foreign commerce. Wendell Berge, Assistant Attorney General in charge of the Antitrust Division, stated: "Municipalities and the federal government are among the largest purchasers of surgical dressings. This case is part of the program of the Antitrust Division to eliminate the price fixing and to break up monopolies in the sale of those items purchased in large quantities by the federal, state and local governments. This case was instituted as a result of complaints made to the Department of Justice by municipalities."