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MEMBERSHIP IN THE AMERICAN MEDICAL
ASSOCIATION.

We print in this issue a communication and an official announcement, each of which is of importance at the present time. The communication is a letter from the President of the American Medical Association to a New York physician and bears directly on the present condition of affairs in that state, and indirectly on membership in the American Medical Association throughout the United States.

As stated by Dr. Billings, a committee was appointed by each of the New York state bodies for the purpose of considering the possibility of uniting the two into one organization. For a time it seemed that the efforts of the committees would result satisfactorily and a union be consummated. Then matters came to a standstill and the prospect for a settlement was as far off as ever. At this point President Billings, hoping against hope, asked for a conference with the two committees. The result of the conference is to be found in his communication. In brief, it appears that the proposition of the committee representing the New York State Medical Association was at first accepted, but later refused by the committee representing the society, viz., that the Medical Society of the State of New York should be the name of the reorganized body, that the general plan of organization of the New York State Medical Association should be adopted, that the New York State Medical Association should cease to exist, and that a committee representing both should go before the legislature for a new charter.

While at the recent conference objections were made by the society committee to certain business and legal obstacles, the code, without doubt, was the one thing that blocked the efforts for union. Considering that a revised code had already been introduced and is in the hands of a committee to report at New Orleans, that an informal agreement relative to certain changes in the code was made at Saratoga between men representing the society, the association and the American Medical Association, and that affiliated societies are not now required to formally adopt the code, it does seem that the committee representing the society was not governed in its action by a too great amount of liberality.

The official notice regarding membership needs no further comment or explanation than is contained in the circular letter signed by the Secretary and the preamble,

with its decisions, signed by the President and the Secretary. The medical profession is being organized on a definite and systematic principle, a principle which is the basis of all organizations, viz., that membership in the lower is necessary for membership in the higher body. This principle has always been the one governing membership in the American Medical Association, although it has not heretofore been enforced.

ANOTHER STEP IN THE RISE OF SURGICAL
PHYSIOLOGY.

Physiology, and by necessity experimental physiology, is by its nature the basis of restrictive and constructive surgery in so far as this is scientific and other than empirical. Physicians and surgeons are beginning at last to realize this principle adequately, although, of course, it has been always obvious to anyone who consciously defines to himself physiology as the science of normal organic function. Surgeons seem recently to have acted on this hopeful idea more than have physicians proper—and they have reaped corresponding benefits. One has heard for many years what one is sometimes tempted to term a surfeit of pathologic anatomy, whereas at present the signs certainly suggest physiology as the systematic science likely to add most to medicine during the succeeding years.

The latest contribution of experimental physiology to surgery and medicine is by Crile¹ of Cleveland. By more than two hundred experiments on dogs (conducted without pain) Crile has been privileged to explain more satisfactorily, at least, the physiology of collapse and shock, and to show how these may be prevented or overcome in fact, as formerly they have been in theory. Collapse, less dangerous than shock, appears to be a condition of very low systemic blood-pressure, whatever be the cause, whether hemorrhage, poisoning of the vasomotor center, serous effusion, extreme peripheral stimulation, or what not. Shock, on the other hand, seems to depend on low pressure of blood in the tissues when this depression is due to exhaustion of the vasomotor center, supposedly in the medulla oblongata. Of the three neurons in the vasomotor path, the uppermost is probably the one which is exhausted in shock. In this condition the ordinary cardiac stimulants, such as strychnin, digitalin, alcohol, are proven either useless or positively harmful, for these stimulate the heart, and mere heart action, however vigorous, can seldom overcome the low blood-pressure in arteries no longer kept in tone by the exhausted center. Alcohol, it is found, does not produce even the momentary rise which strychnin and digitalin afford. The infusion of normal saline is beneficial for a very brief time, raising the pressure, but the injected liquid in a few minutes finds its way into the intestine; it is in collapse, then, and especially that from hemorrhage, that the injection of salt solution is of so great use.

1. See preliminary note in THE JOURNAL, Jan. 24, p. 244.