when presiding over the deliberations of the council. Dr. Webster heartily approved of our desire to have our investigator appointed an inspector of the State Board of Health; he gave the chairman of the committee a letter to Mr. C. R. Chindblom, attorney for the board of health, who directly has supervision of the inspectors. The chairman assured Mr. Chindblom that any information which might be of service to the State Board of Health would be given promptly to the board by the committee. Dr. Webster stated that he would confer with Mr. Chindblom and Dr. Egan on this matter, as Mr. Chindblom asserted he would likewise seek advice with Dr. Webster and Dr. Egan. At a second conference Dr. Webster stated that the authorization would be given the inspector; on the second visit to Mr. Chindblom he agreed to mail the appointment. We waited some weeks, and at the next meeting of the council Dr. Webster again stated that the plan was to be given official recognition by the board. As no letter was received from the State Board of Health, the committee decided to make an independent investigation. If any accusations of dereliction of duty are due anyone, it would appear to us that the State Board of Health alone had omitted a public duty.

Who then is responsible for the ignorance and criminality of the midwives of Chicago? Of course, in the last instance the responsibility for all abuses comes back to the community. But the community, as a whole, can not control any situation, and, therefore, delegates its powers to certain appointed bodies.

The State Board of Health has been given charge of the practice of midwifery, and it can not rid itself of responsibility in the matter by claiming that it has too little power unless it can prove that it has made genuine but fruitless efforts to have these powers increased. Dr. Egan contents himself with a mere statement as to the impossibility of securing further legislation on this subject. It would seem rather that the board has merely acquiesced in a situation which it admits to be fraught with grave peril to the public.

According to Dr. Egan's letter, it is impracticable for the board to insist on an examination which will really test the training of the prospective midwife. Such an examination should include, as all will agree, evidence of attendance under proper instruction on a certain number of obstetric cases, and, further, should include practical tests.

Dr. Egan makes animadversion to our ideal conditions outlined in our conclusions. The increased requirements brought about by legislative enactment for the practice of medicine in Illinois surely permit us to expect that similar progress in the requirements for midwifery practice is not too utopian for suggestion, and clearly could be formulated into practical law. The enforcement could be secured by efficient executive function. Even as the law now stands it would appear to the committee that the sentence in Paragraph 3, of the act regulating the practice of medicine, in force July 1, 1899, was sufficiently elastic and comprehensive—to wit: "The examination of those who desire to practice midwifery shall be of such character as to determine the qualification of the applicant to practice midwifery." This surely gives the State Board of Health ample discretionary power to make the examination a reasonable test of ability. If prospective physicians are compelled to show evidence of, for example, obstetric experience by ruling of the board, then certainly the board may likewise compel candidates for midwifery license to show like evidence. We can not see why it should be found "impracticable" in the case of midwives. If dentists and undertakers are given practical tests, why is it "impracticable" for the midwife? There is nothing in the law to prevent the board demanding actual clinical experience, and practical demonstrations on the manikin from midwives.

It must be admitted that the practice of midwifery has been pretty completely neglected by the State Board, as evidenced, among other things, by the deplorable condition of the registry which Miss Crowell speaks of. It is true that the general public, the various philanthropic bodies in Chicago, and the medical profession are all under obligation to urge a reform in this department. But the initiative in such reform should have been taken by the State Board of Health long ago, as alone familiar with the existing evils, and as especially appointed to control this class of women. The board has not done its full duty when it deplores the present state of things and expresses its readiness to welcome any reform which outsiders may effect. In conclusion, the evidence is so clear that he who runs may read that the midwives as a class constantly violate the medical practice act by prescribing medicine and by often attempting serious obstetric operations. It appears culpable blindness when this state of affairs is tolerated with little or no attempt to check it.

RUDOLPH W. HOLMES, M.D.,
Chairman of the Committee on Midwives, Chicago Medical Society.

The Roentgen Ray Not an Unmixed Blessing to the Surgeon.

PHILADELPHIA, May 12, 1908.

To the Editor:—The warning contained in the editorial in THE JOURNAL, May 9, 1908, "The Roentgen Ray Not an Unmixed Blessing to the Surgeon," is timely and valuable. There are one or two other points that may be of value to the surgeon in warding off malpractice suits.

The Roentgenogram must, as you say, be interpreted by an expert, especially in court cases. In the case cited it must have shown not only how great the resulting deformity was after union, but also how serious the injury was and how impossible of reduction without open operation.

In malpractice suits the Roentgenogram should always be made to show how serious the original injury had been and hence the difficulties with which the surgeon had to contend, and the disability that was to be expected.

The safety of the surgeon lies in employing the Roentgenogram in all his cases to show the result of reduction and fixation, if not for diagnosis. When the surgeon suggests the employment of the Roentgen examination and is refused its aid by the patient, he is freed from its adverse testimony and is not bound by its standards.

In cases in which the Roentgenogram shows that the fracture can not be reduced or probably held by fixation dressings, open operation should be demanded. Exact coaptation of fragments and symmetrical bony union can not be demanded unless the surgeon is afforded the opportunity by open operation of fixing the bones themselves.

If the choice of Roentgen examination and of open operation are refused by the patient the surgeon is freed from much responsibility. It is much better to have the Roentgen rays employed before rather than after union has taken place. It is the most accurate method of diagnosis and if employed after fixation dressings are applied it furnishes positive evidence that the reduction, setting and fixation were proper and that any subsequent deformity resulted from the negligence of the patient.

Properly employed and expertly interpreted, the Roentgenogram forms the greatest safeguard that the practitioner or surgeon can have in the treatment of fractures.

CHARLES LESTER LEONARD, M.D.

Association News

Entertainment for Alumni of College of Physicians and Surgeons, Chicago.

The faculty of the College of Physicians and Surgeons of Chicago is making preparations for the entertainment of the alumni during the meeting of the American Medical Association, June 2-5. Headquarters will be at the Auditorium Annex and members of the alumni can gather there and meet their friends and renew old associations. An informal reception will be given at the Great Northern Hotel June 2, from 8 to 11:30 p. m., at which all members of the alumni will be entertained as guests of the faculty.

Banquet to Alpha Omega Fraternity.

An assembly and banquet of the Alpha Omega Alpha Honorary Medical Fraternity will be held June 3, 6:30 to 8:30 p. m., at the Great Northern Hotel. Each of the fourteen chapters will be represented on the program by a delegate.