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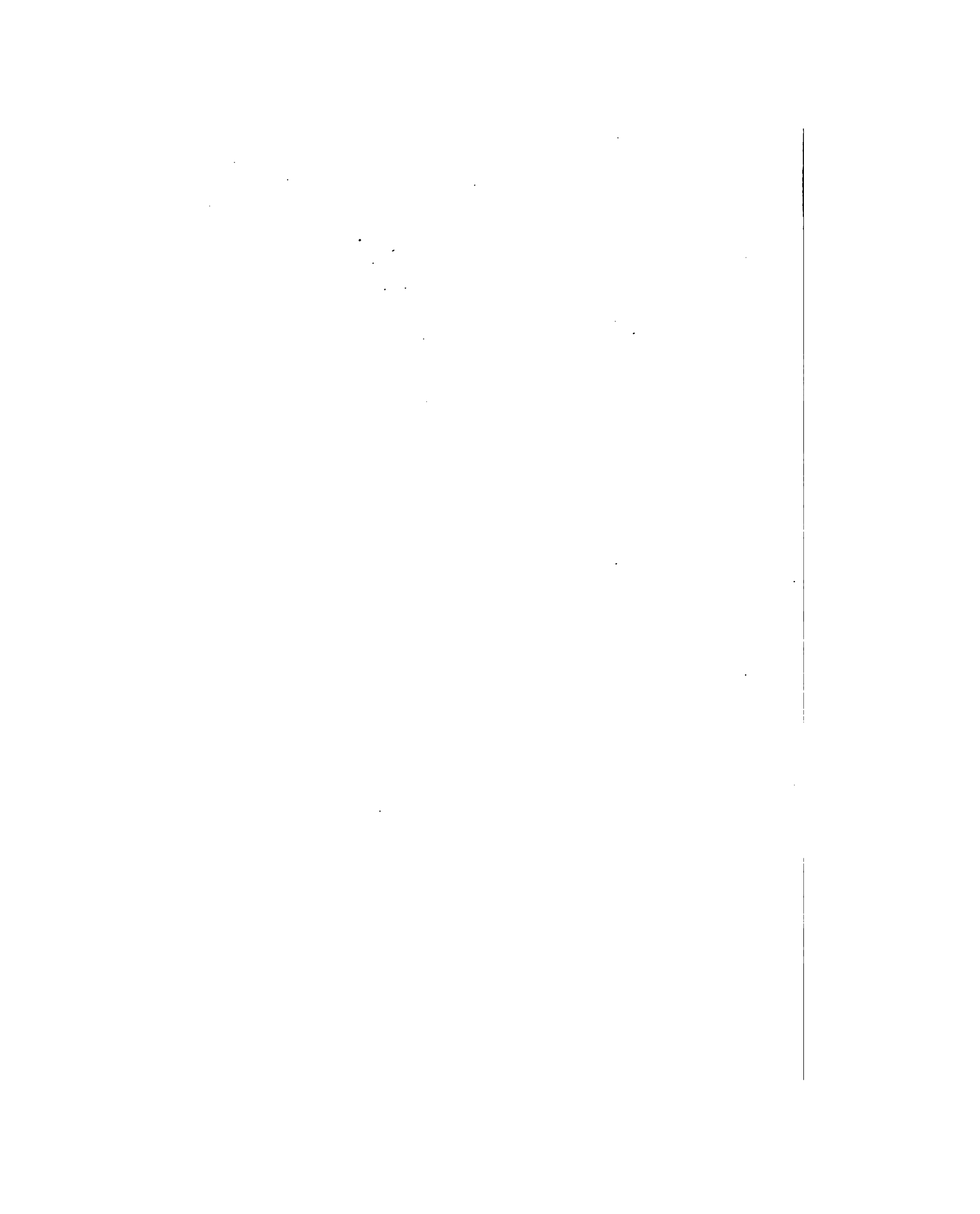
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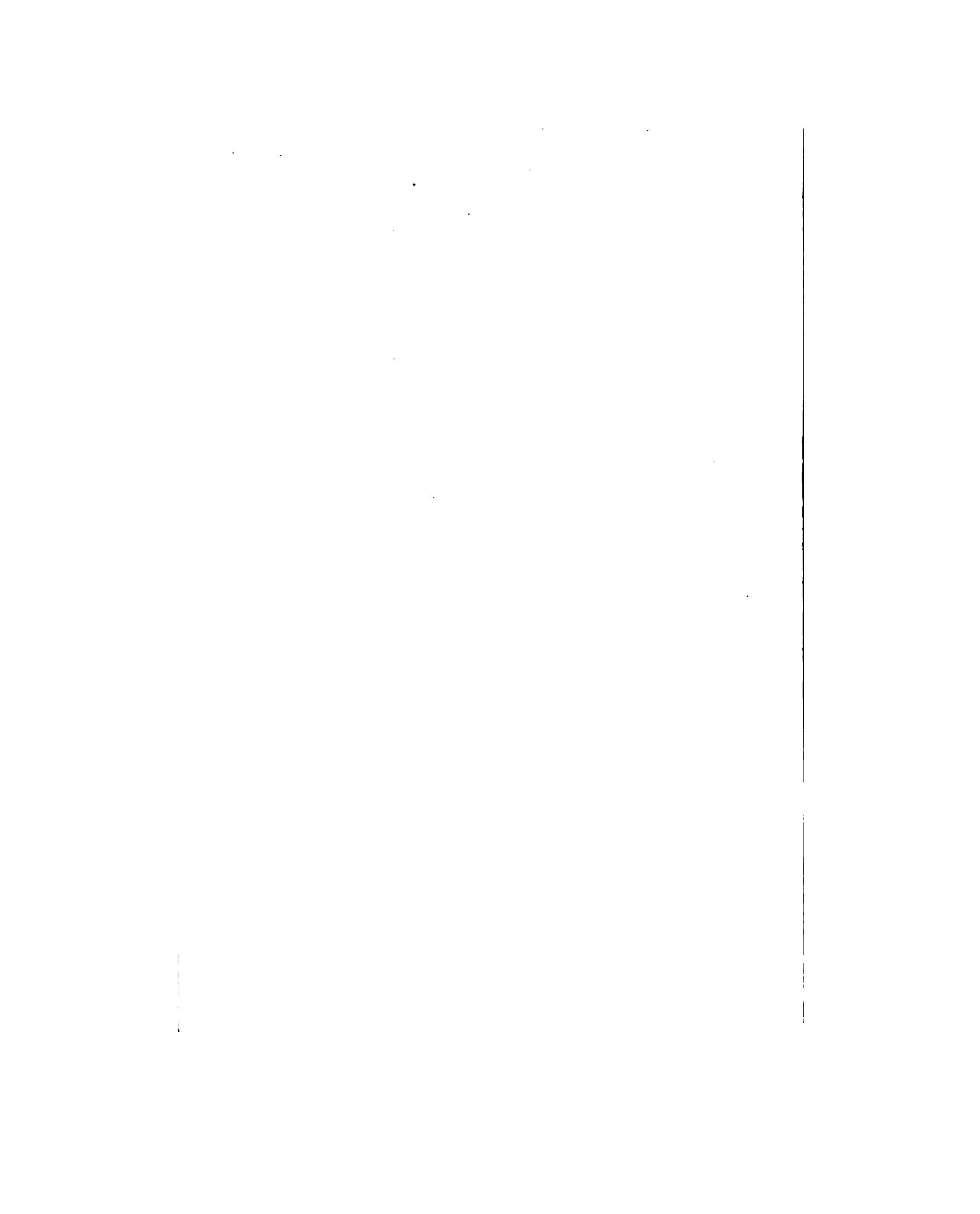
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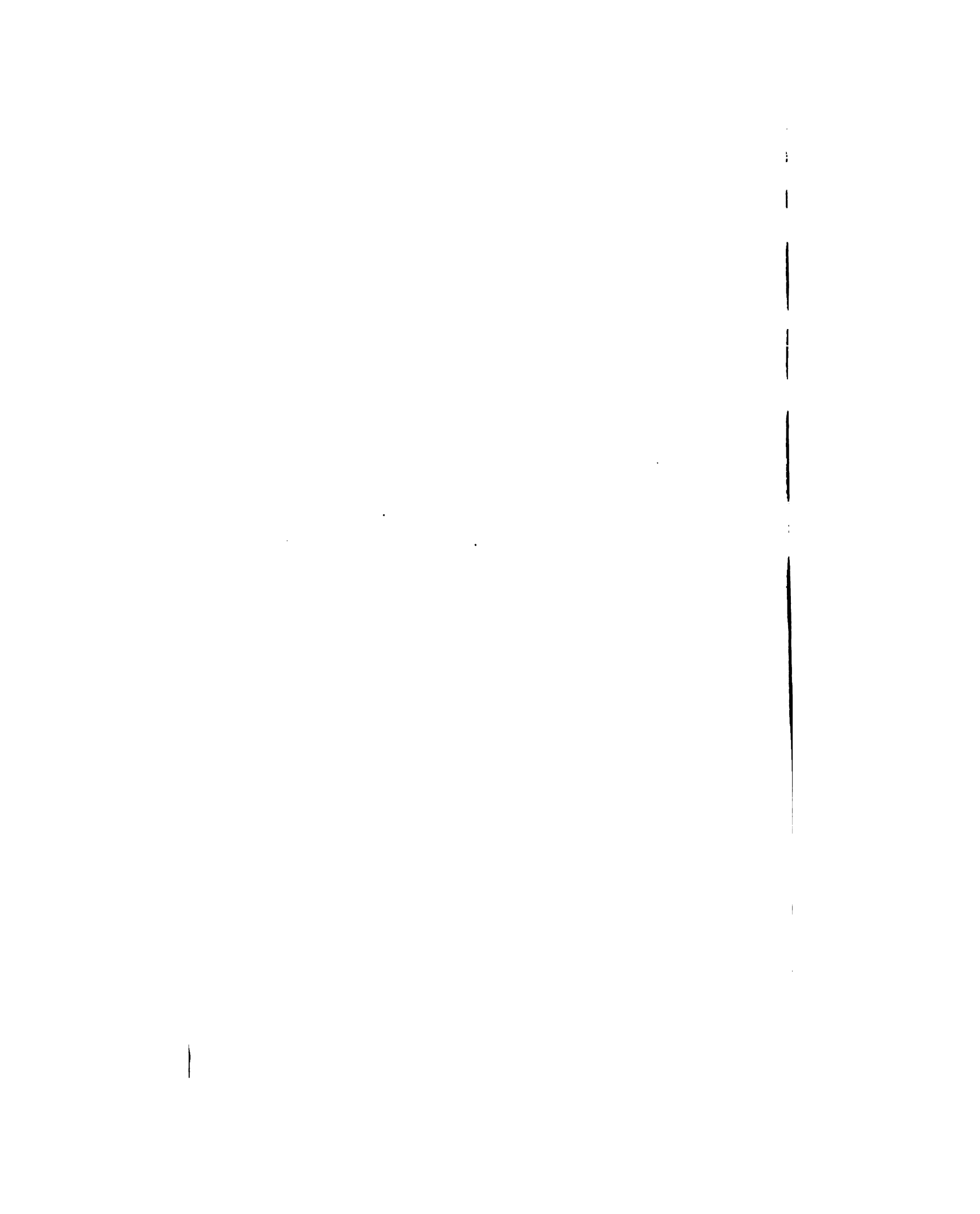


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TRANSACTIONS
OF THE
MEDICAL ASSOCIATION
OF THE
STATE OF ALABAMA.
THE STATE BOARD OF HEALTH.

ORGANIZED 1847—SESSION 1893.

SELMA, APRIL 18-21, 1893.

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PREFACE.

In presenting to the members of the Association the present volume of "Transactions," we wish to say that we have endeavored to make it as nearly correct as possible. Some of the reports from the county societies will very likely be found to contain many errors; for this we cannot be responsible, as we were compelled to rely upon the data received.

Though we were ready to go to print on May 15th, we were delayed until June 1st, by the inability of the publishers to obtain the proper grade of paper, owing to an accident at the mill at which the paper is manufactured. All of this was unavoidable and no one is culpable for the delay.

The labor incident to the preparation of a volume the size of the present one, is appreciable only by those who have had the experience, and while we hope the present volume is not inferior to its predecessors, we beg that the few errors that it may contain will be looked upon with charity.

Very respectfully,

JAMES REID JORDAN, M. D., Montgomery,

WOOTEN MOORE WILKERSON, M. D., Montgomery,

GEORGE PLATT WALLER, M. D., Montgomery,

Publishing Committee.

Winter, Dec. 1/13 \$1.00



THE MINUTES OF THE PROCEEDINGS
OF THE
MEDICAL ASSOCIATION
OF THE
STATE OF ALABAMA.



THE MINUTES OF THE PROCEEDINGS.

SESSION OF 1893.

PROCEEDINGS OF THE FIRST DAY.

SELMA, TUESDAY, APRIL 18.

OFFICIAL COMMUNICATIONS.

The Association convened in the Hall of the Young Men's Christian Association at 12 M., Tuesday, April 18th.

The following Counsellors, Delegates, Health Officers, members of County Societies and visitors appeared and registered :

GRAND SENIOR LIFE COUNSELLORS.

COCHRAN, JEROME, Mobile, Mobile county.
JACKSON, ROBERT DANDRIDGE, Summerfield, Dallas county.
JACKSON, WALTER CLARK, Montgomery, Montgomery county.
KETCHUM, GEORGE AUGUSTUS, Mobile, Mobile county.
MICHEL, RICHARD FRAZER, Montgomery, Montgomery county.
Total 5.

GRAND SENIOR COUNSELLORS.

BALDRIDGE, MILTON COLUMBUS, Huntsville, Madison county.
CROSS, BENJAMIN FRANKLIN, Decatur, Morgan county.
DUBOSE, WILDS SCOTT, Columbiana, Shelby county.
FLETCHER, RICHARD MATTHEW, Madison, Madison county.
FRANKLIN, CHARLES HIGGS, Union Springs, Bullock county.
FURNISS, JOHN PERKINS, Selma, Dallas county.
GOODWIN, JOSEPH ANDERSON, Jasper, Walker county.
HOGAN, SAMUEL MARDIS, Union Springs, Bullock county.
JOHNSTON, WILLIAM HENRY, Birmingham, Jefferson county.
JONES, CAPERS CAPEHART, East Lake, Jefferson county.
LUCKIE, JAMES BUCKNER, Birmingham, Jefferson county.
MCKINNON, JOHN ALEXANDER, Selma, Dallas county.
MOODY, JOSEPH, Franconia, Pickens county.

PETERSON, FRANCIS MARION, Greensboro, Hale county.
 PRITCHETT, JOHN ALBERT, Hayneville, Lowndes county.
 ROBERTSON, THADDEUS LINDLAY, Birmingham, Jefferson county.
 SANDERS, WILLIAM HENRY, Mobile, Mobile county.
 SEARS, JOHN WILLIAM, Birmingham, Jefferson county.
 SHOLL, EDWARD HENRY, Birmingham, Jefferson county.
 STARR, LUCIUS ERNEST, Camden, Wilcox county.
 THETFORD, WILLIAM FLETCHER, Talladega, Talladega county.
 THOMAS, JAMES GREY, Mobile, Mobile county.

Total 22.

SENIOR COUNSELLORS.

BRAGG, SHIRLEY, Lowndesboro, Lowndes county.
 GOGGANS, JAMES ADRIAN, Alexander City, Tallapoosa county.
 GOODWIN, ALBERT, Eufaula, Barbour county.
 HUGGINS, JACOB, New Berne, Hale county.
 LOWRY, SAMUEL HICKMAN, Huntsville, Madison county.
 SEARCY, JAMES THOMAS, Tuscaloosa, Tuscaloosa county.
 WHELAN, CHARLES, Birmingham, Jefferson county.
 WILKERSON, WOOTEN MOORE, Montgomery, Montgomery county.

Total 8.

JUNIOR COUNSELLORS.

BARNES, BENJAMIN SHIELDS, Suggsville, Clarke county.
 BLAKE, WYATT HEFLIN, Lineville, Clay county.
 DEWESE, THOMAS PETERS, Gamble Mines, Walker county.
 DOWLING, OSCAR, Columbia, Henry county.
 DUGGAR, REUBEN HENRY, Gallion, Hale county.
 GOODE, RHETT, Mobile, Mobile county.
 HARLAN, JOHN JEFFERSON, Hackneyville, Tallapoosa county.
 HEACOCK, JOHN WILLIAM, Alpine, Talladega county.
 HILL, LUTHER LEONIDAS, Montgomery, Montgomery county.
 LEGRAND, JOHN CALHOUN, Anniston, Calhoun county.
 JORDAN, JAMES REID, Montgomery, Montgomery county.
 PURDON, JOHN EDWARD, Cullman, Cullman county.
 RAND, EDGAR, Leighton, Lawrence county.
 TOOLE, BARCLAY WALLACE, Talladega, Talladega county.
 WILKINSON, JOHN EDWARD, Prattville, Autauga county.
 WILKERSON, CHARLES A., Marion, Perry county.
 WHEELER, WILLIAM CAMP, Huntsville, Madison county.
 WHITFIELD, BRYAN WATKINS, Demopolis, Marengo county.

Total 18.

DELEGATES.

Barbour County Medical Society—Hugh Lee Brannon, Harris.
 Blount County Medical Society—Joseph Franklin Hendricks, Clarence.

Bullock County Medical Society—Benjamin Franklin Darnell, Inverness; and Henry Mitchell Hunter, Union Springs.

Calhoun County Medical Society—Thomas Wilbourn Ayres, Jacksonville.

Chambers County Medical Society—Benjamin Franklin Rea, Jr., LaFayette.

Cherokee County Medical Society—Thomas Noel White, Spring Garden.

Clarke County Medical Society—James Grey Jeffrey, Whatley.

Clay County Medical Society—Thomas Northen, Ashland.

Cleburne County Medical Society—William H. Bell, Hefin.

Coosa County Medical Society—William Henry Moon, Goodwater.

Crenshaw County Medical Society—William Ree Belcher, Brantley.

Dallas County Medical Society—James Asbury Groves, Brown's Station; and Clement Ritter, Selma.

Elmore County Medical Society—James Thomas Rushin, Tallassee.

Etowah County Medical Society—Robert Franklin McConnell, Attalla.

Franklin County Medical Society—Louis Willoughby Desprez, Russellville.

Greene County Medical Society—Alexander Hamilton Byrd, Eutaw.

Hale County Medical Society—Rufus Jackson Griffin, Carthage.

Jackson County Medical Society—Andrew Boyd, Scottsboro.

Jefferson County Medical Society—Wyatt Hefin, Birmingham; and Henry Nollner Rosser, Birmingham.

Lamar County Medical Society—William Arthur Burns, Vernon.

Lee County Medical Society—Charles Breckenridge McCoy, Opelika.

Lowndes County Medical Society—William Barton Crum, Farmersville.

Macon County Medical Society—Clarence Lee Crawford Atkeson, Notasulga.

Marengo County Medical Society—Robert Bell McCants, Faunsdale.

Marion County Medical Society—Simeon Davis Beville, Guin.

Mobile County Medical Society—Franklin King Kowalowski Beck Mobile; and Joshua D. Terrell, Mobile.

Monroe County Medical Society—James Monroe Wiggins, Monroeville.

Montgomery County Medical Society—Charles A. Thigpen, Montgomery; and George Platt Waller, Montgomery.

Morgan County Medical Society—John Murray Kitchens, Danville.

Perry County Medical Society—John Milton Sadler, Uniontown.

Pike County Medical Society— — — — Sanders, Troy.

Russell County Medical Society—William B. Hendrick, Hurtsboro.

St. Clair County Medical Society—Eugene Presley Cason, Ashville.

10 ALABAMA STATE MEDICAL ASSOCIATION.

Sumter County Medical Society—Matthew Bunyan Cameron, Sumterville.

Talladega County Medical Society—John Thaddeus Donaldson, Eastaboga; and Albert Gallatin Sims, Renfro.

Tuscaloosa County Medical Society—William Glassell Somerville, Tuscaloosa.

Walker County Medical Society.—Charles Beaufort Jackson, Horse Creek.

Wilcox County Medical Society—Rufus Hall Kilpatrick, Camden.

Winston County Medical Society—William Riley Bonds, Houston.

Total number of counties sending delegates 39.

Total number of delegates 47.

HEALTH OFFICERS.

Calhoun County—Thomas Wilbourn Ayres, Jacksonville.

Coosa County—Albert James Peterson, Hanover.

Cullman County—Marquis LaFayette Johnson, Cullman.

Dallas County—William Wade Harper, Selma.

Hale County—Jacob Huggins, New Berne.

Lowndes County—Shirley Bragg, Lowndesboro.

Total 6.

VISITORS.

Abernethy, J. C., Birmingham, Jefferson county; Adams, B. C. Safford, Dallas county; Andrews, Glenn, Montgomery, Montgomery county; Barnwell, Rev. R. W., Selma, Dallas county; Bibb, W. G., Montgomery, Montgomery county; Browder, Wm. M., Gallion, Hale county; Brown, G. W., Pratt Mines, Jefferson county; Buford, W. L., Mt. Willing, Lowndes county; Carson, S. C., Bessemer, Jefferson county; Cochran, A. M., Eleanor, Dallas county; Collier, A. M., Chadwick, Perry county; Cunningham, R. M., Pratt Mines, Jefferson county; Curtis, C. C. Lower Peach Tree, Wilcox county; Davis, W. E. B., Birmingham, Jefferson county; Dickerson, Rev. J. A., Selma, Dallas county; Donald, J. M., Harrell's, Dallas county; Duvall, Rev. J. W., Selma, Dallas county; Gaines, W. D., Milltown, Chambers county; Gay, Samuel G., Selma, Dallas county; Glass, E. T., Birmingham, Jefferson county; Hill, R. S. Montgomery, Montgomery county; Howard, S. G., Selma, Dallas county; King, Goldsby, Selma, Dallas county; Lamar, Rev. A. J., Selma, Dallas county; Marlette, C. E., Gordonsville, Lowndes county; McDairmid, A. K., Hollins, Clay county; Moore, John T., Orville, Dallas county; Nunnellee, J. H., Summerfield, Dallas county; Parke, Thomas D., Birmingham, Jefferson county; Payne, John, Hillman, Jefferson county; Pearson, Benj. R., Montgomery, Montgomery county; Phillips, Wm. C., Selma, Dallas county; Ransom, W. W., Birmingham, Jef-

erson county; Robinson, E. M., Birmingham, Jefferson county; Stewart, Hon. H. H., Selma, Dallas county; Sims, ———, Atlanta, Georgia; Smith, H. M., Selma, Dallas county; Watkins, I. L. Montgomery, Montgomery county; Williams, R. S., Mount Meigs, Montgomery county.

Total 40.

SUMMARY.

Grand Senior Life Counsellors.....	5
Grand Senior Counsellors.....	22
Senior Counsellors.....	8
Junior Counsellors.....	18
Delegates.....	47
Health Officers.....	6
Members from County Societies and other visitors.....	39
Visitors from other States.....	1
Total.....	148

The following ex-presidents attended the meeting of Association: Milton Columbus Baldrige, Huntsville, Madison county; Charles Higgs Franklin, Union Springs, Bullock county; Richard Fraser Michel, Montgomery, Montgomery county; Francis Marion Peterson, Greensboro, Hale county; William Henry Sanders, Mobile, Mobile county; Edward Henry Sholl, Birmingham, Jefferson county.

Total 6.

The Association was called to order at 12 m. by the President, Dr. James Thomas Searcy, of Tuscaloosa, and opened by prayer by Rev. J. A. Dickerson, of Selma.

The President then introduced Hon. H. H. Stewart, Mayor of the city, who proceeded to deliver the following—

ADDRESS OF WELCOME.

Mr. President and Gentlemen:

Your attention is claimed but for a few moments, as no attempt to make a formal speech will be made.

The delicate relation of host and guest has given culture to the noblest feature of human character in every age, and among all civilized people.

The enjoyment of the host is only measured by the freedom taken and the cheerfulness with which the guest accepts hospitality at the home and hand of a genial friend, stranger, or community.

Congenial spirits love that social friction commanding reciprocity of mind and heart, but the greater joy obtains with the privileged host.

This Southland of ours has always been as generous in this higher life as her sunny skies have been bright, her women beautiful, and her men chivalrous.

None in all this country but claim allegiance to this charm to life.

History gives record of but one renowned character that seemingly denied its power, yet he fled legal, not social, restraints—for no one when occasion was enjoyed entertained a guest with greater soul around his forest fires, nor protected the life of his friend with truer aim, than did—Daniel Boone.

No potentate was ever entertained as was the first Queen of earth, by that Lord of creation, at whose command God had placed the wealth of his power. Nothing that would contribute to taste, or luxury, nothing conducive to ease or comfort was lacking.

The golden plumage of winged songsters reveling in the branches of the perfumed trees; the majestic tread of the kingly beast; the soft rippling of the limpid waters, as they bordered the unparalleled promenades, moistened the "Lily of the Valley," or imparted sweet flavor to the luscious fruit, and the sweet accord of nature's music, made up the harmony of Adam's paradisaal home.

Perfect health reigned there, but through a mistaken code of dietetics at the prolonged feast indulged in by this royal pair, doctors became a necessity, and from that mistake the pleasure of receiving you as the guests of Selma was vouchsafed to us this day.

Mother Eve made the mistake, but from her error sprang the science of medicine that to-day TRIUMPHS in its spirit of discovery, analysis and remedy, stands unequalled by other achievements of man.

From the date of the fatal lunch in Adam's lovely home, all through the priestly ministrations of remedial extracts, potted herbs, or bitter roots, down to the Homeric era, your science had its successful devotees.

In fact, so marked was their success, that you, to-day, admit that the skill in the prognosis of disease as practiced by them, without even the knowledge of the pulse or its guide to the science, has not been excelled in any age. Notwithstanding this and other achievements of eminent practitioners, it nevertheless required the glamour of the fabled Æsculapius and his sons, with the deep researches of the Greek Hippocrates, Galen, Aristotle and other learned dignitaries of your profession to hew the science to a point where Roman civilization, under the tutelage of Archagathus, 218 B. C., would accept your theory and practice, or that you were enabled to properly diagnose a case.

From the system of Hippocrates, with a small apothecary of only 265 drugs, with but few attainments of record to the Roman epoch of medicine, you have, by a God-given genius, your study, and your experiments, made steady progress, until now your science of Thera-

peutics, your knowledge of Toxicology, and your skill in Pharmacology, have become the remedial agency for all the physical ailments of every clime in all the world, while your compounds are almost without number, only requiring a Latin hieroglyphic for its immediate manufacture by any youthful pharmacist.

But, gentlemen, we are ignorant concerning your medicines. We will not discuss your methods. We can not; we would not, if we could, attempt a resume of your progress and achievements. Our duty leads us in another direction.

Winter has just removed its icy finger from the pulse of Selma and allowed the sluggish blood of the recent past to course with joyous leaps through every artery of its impulsive body. Every heart-beat brings it in rapid unison with nature's change, and crying aloud: "Peace on earth, good will to man!" it seeks recreative joys with the outside world.

Spring, modestly apparaled in changeable green, is gently wooing us with seductive voice to have others share the health and beauty of our City-on-the-Alabama, and I am here, delegated by an honored host, to greet and to welcome this distinguished assembly of scientists.

I greet you, gentlemen, not as strangers, but friends; those of a profession who are with us in the beginning and generally with us at the end of life. I am here to greet most cordially those whom most of us, at one time in our experience, regarded with terror; those from whom, at one time, we did flee, but to whom all of us have now learned to fly. I welcome those of a profession who to all of us at one time in our lives are the most unwelcome of all visitors.

I come to welcome you, gentlemen, to the hospitalities of one of the most healthy cities in the South; assuring you that your presence is the more enjoyable by reason of your scientific shrewdness in granting the healthy citizens, of a healthy city, the pleasure of your company, inasmuch, that while in Selma, you have perfect refuge from your own medicines, and the services of your own practitioners.

The wisdom of our few local doctors in acquainting you with the good health of Selma is also commendable, for Selma has grown to be the most unhealthy place for doctors in the South. I would welcome you in their behalf, but they can better express their feelings than I; allow me to say, however, that although at a pecuniary loss to the profession, it is through their skill in preventive and sanitary science that the health of Selma is what it is, and I am happy to say that no corps of doctors in the State have greater record, none have endeared themselves to their people more than they.

As the representative of Selma I bid you welcome to our city and to our homes. This welcome is extended in the name and for the sake of every inhabitant, from the new born babe who, at this moment, with its tiny note is heralding its easy egress to a bright world

through the skill of your obstetrics, to the oldest man whose feeble voice in this hour is whispering gratitude to you for softening the pillow of death. From the patient whose poverty and inability to pay, has never checked a professional visit, to the richest patron whose wealth never "quickenened" your conscience nor improved your prescription.

I welcome you, gentlemen, as representing the highest type of physical and mental culture. The intellectual soul of this body is burning with incandescent brightness through the individual eye and lighting up the face with such intelligent beneficence as to assure me of that flow of thought that will feast the literary mind of Selma. This presence also assures me of the truthfulness of the old adage, that to be a successful doctor or skillful surgeon, one should have "An eagle's eye, a lion's heart, and a woman's hand."

I tender you the freedom of the city, and place the keys at your command.

I shall indulge the hope of that perfect liberty on your part to draft on our time and service that is always expected of a personal friend on a personal visit.

Accept the freedom, and grant the wish, and we shall rejoice in having shared the honor of welcoming to our borders this assembly of doctors.

Now, gentlemen, we leave you to the deliberations of your convention.

The deep currents of thought, and the learned discussions of the subject-matter under your consideration, will doubtless so polish the mind and sharpen the blade of your science, as that, when the Great Physician shall summon you to the clinic above, you will carry the testimonials of your patients that you practiced successfully, and lanced with incisive accuracy.

Dr. SAMUEL G. GAY, President of the Dallas County Medical Society was then introduced to the Association by President Searcy, and proceeded to deliver, on the part of the Society, the following address :

Mr. President and Gentlemen :

It is with a deep feeling of satisfaction, as President of Dallas county's Medical Society, that I face the high honor, and accept the pleasant duty, which as its President, devolves upon me of welcoming you, gentlemen, one and all, in the most cordial manner, ever characteristic of the brave, liberal, and cultured citizens of Alabama's Central City. Selma, Dallas county, and the whole State of Alabama may well feel proud of the signal honor conferred on her by the gathering

within her bounds of the leading lights, and members of Alabama's "State Medical Association," for within the bounds of its membership we may fairly claim to exhibit a type of all that is best, highest and grandest in manhood's aspirations, exemplifying by these characters, virtue, courage, gentleness and kindness, ever standing out, and shedding lustre and brightness as from a towering beacon to pilgrims striving for perfection in the brotherhood of mankind. And as a tribute to the nobility of our State Association, the Dallas County Medical Society in its integral capacity and in behalf of the friends in whose midst your deliberations are to take place, cordially offers you its hand in friendly grasp, wishing for a happy and successful interchange of professional ideas, views and experiences, and which as they are unfolded in convention may add new and resplendent lustre to the conquests in Medical Science. Of the illustrious heroes whose names and fame are intimately associated with the historical city under whose canopy and sunny skies your work will be transacted, let us place a laurel on the brows of honored heroes of medical science, whose lives make sacred the surroundings, and enroll on the scroll of honor and fame the names of Parke, Clark, Riggs and Tipton, whose hallowed footsteps resound on the Eternal Shore. Selma, "Our Central City," conscious of her pride has other jewels of intellect gleaned from martial sources, whose fame is indelibly linked with the sacred memories of the "Lost Cause," Hardee, Johnson, whose martial souls have answered to the roll call of the Eternal bivouac of the dead. But still linking the military glories of the past with the victories of peace of the present, we have the cynosure of all eyes "Our Morgan," whose every culminating year adds new laurels and renown to "Our Central City" and "Our Alabama."

In the midst of this period of rejoicing, and where nature in answer to its recurring law, decorates with green leaves and colored blossoms the face of the "Sunny South," it is well to recall another anniversary, which is also occurring on this auspicious occasion, namely, the twenty-fifth Anniversary of this Association, or what might be called the "Silver Jubilee." Just twenty-five years ago, seventeen physicians of this State met together here and organized this Association, which under wise guidance and superior generalship has grown in power and influence until it may stand with conscious pride, the peer of any like Association in this Union of States. In conclusion, allow me to express the fervent hope that the grand intellect and fraternal brotherhood founded twenty-five years ago may continue its accretions of power for good, beneficence and usefulness to humanity until it shall stand as a monument of adamant for all ages to come.

THE ANNUAL MESSAGE OF THE PRESIDENT,

JAMES THOMAS SEARCY, M. D., TUSCALOOSA,

Senior Counsellor and member of the Board of Censors and Committee of Public Health of the Medical Association of the State of Alabama.

*Gentlemen of the Medical Association
of the State of Alabama:*

In accordance with our custom and our Constitution, we have met again in annual session. I do not know anything that increases the consequence of the individual doctor more, nor the consequence of the Profession within the Association, nor outside, abroad in the State more than these annual sessions. They do us all good. It is a pity more can not attend them. They serve to revive the profession more than anything else.

I welcome you all to this meeting in this good city, and congratulate you on the prospects of the occasion. We have met here before; we know Selma of old—no better place for us.

The magnitude of our Association in its aggregate of doctors; the objects we have in view in thus banding ourselves together; the complexity and efficiency of our organization, all contribute to make the position I have held among you for the past year one of self-mistrust and embarrassment.

Within the endeared circle of our own fireside, among the number of my nearest friends, in the steady run of my professional life, sad, startling events and radical changes have occurred in the last year, that have tended to afflict, shock, and even bewilder me in the rapidity and magnitude of their evolution. "The unexpected happens". I feel like one who has run the gauntlet of trying [and dangerous rapids, and

am just now clearing the embarrassments that have beset my course. I think it proper that I offer this as an explanation of the short comings you may have witnessed on my part as your chief executive officer; and I take the occasion to thank you for your kind and friendly expressions, your sympathy and forbearance, and your generous support.

From the prominence of the position I hold, the outlook is encouraging and favorable. The Association has passed another year in safety and evident progress. The dangers that have beset it throughout the State and particularly on the floor of our General Assembly have been more easily overcome than usual. We had our new charter granted without opposition; and judging from the ease with which adverse legislation was suppressed, we can reasonably consider ourselves more firmly secured in the confidence and good will of the people of the State. Political dissensions and diversions to some extent tended to weaken the work in our county societies, and to draw attention from the objects of our Association, as in fact was the case in all other lines of business, but these distractions have now blown over, and we all, I am assured, feel confident that there are better times ahead, even for the "poor doctor," who in times of pecuniary depression, along with the preacher, draws his pay last, out of the surplus left in the pockets of the people, after other obligations have been attended to.

This Association may now be considered an assured fact. It has come to stay. Each year makes more and more secure its foundations and its connections. It is proving itself one of the essential elements of this Commonwealth, and is growing more and more a necessity in the economy of the State's management. All we have to do is to deserve more and more the confidence imposed in us, and we will raise higher and higher our prestige. We will only get our rewards as we earn them.

As society in the world civilizes, its growth and progress are made up by additions of new vocations and lines of work; all, however, harmonized into a general community of

interests, working together for individual profit, modified by, and dependent upon public welfare.

In the earliest conditions of society, even of our society, which we now call civilized, the individual considered alone his own interests. Every man's hand was against his neighbor. In the struggles of life the competitions were between individuals. As society advanced, there was less and less of this life of the savage, and men organized and banded themselves together for common good, suppressing individual contests for that object. As soon as organization began, divisions of labor set up, which have grown steadily more and more numerous and more and more complex.

Men naturally grade occupations as they grade individuals, according as they partake more of the elements and characteristics that tend to public good, and less to selfishness. Altruistic principles in opposition to selfish egoism prevail more and more as parts of the world civilize. For this reason, efforts for the benefit of others and for the general good always rank high; and professions that have these objects prominent in their practice are always estimated highest in society. The medical profession for these reasons has always been rated among the highest—none higher. And just as much as we suppress selfishness in our work we rise in the good opinion of our fellows.

"The proper study of mankind is man." The doctor more than any other profession, literally makes man his study; and all other lines of thought are collateral branches which in the end contribute to this central study.

The study of medicine, not confined to the treatment of disease, but on its broadest base, is therefore one of the most important lines of human work. All other philosophies contribute to it, and it relates to them. More than any other profession, the science of medicine has advanced the study of man; and medical men always have been persons of authority on anthropological questions.

Except in the medical profession, very little natural study of man and mankind has been done. Medicine more than any other profession holds theories and philosophies in ref-

erence to man, down in accordance with nature. More than any other student of man, the doctor sticks close to nature.

Many reasons therefore contribute to render the doctor a man of weight and influence in his community. He more than any other, has as his part not only to combat the egregious ignorance respecting the functions and diseases of the body, on which quackery flourishes, but he also has a vast field of other unnatural errors and superstitions to overlook and investigate. And he does not do his full duty unless he instructs on all questions that relate to the natural man.

There are some peculiarities of our profession that tend to our disadvantage, and yet would contribute most advantageously to our association work if managed properly. So far as his work goes, no man in any community has greater influence, and is trusted with more confidence than the doctor. No man is more intimate with his patrons, and knows them better in their homes, at their firesides. He goes in and out among them with familiar assurance. He is acquainted with the skeleton that is said to hang behind every man's door. No worker in society makes as clean a sweep of the field he works as the doctor. Still, the trouble is, in the majority of cases the doctor's power and influence ceases with the circumference of the circle of his practice. He is not known beyond it. Each man works excellently in his own severalty, but stops there; public and professional good feel him only that far. We are too much given to this sort of individual work. Too much for our own good, the good of the profession, or for public good, we confine our labors to our own spheres.

It is true the peculiarities of professional work tend to beget these characteristics, but they are that much to our disadvantage. We are very much inclined to pull apart and divide out the ground with each other, instead of combining for our own or for general good. This tends to give opportunity to the low grade and the unethical to work underhandedly, and tends to beget an opinion in the eye of the public that we work selfishly with each other. It ought not to be so.

Another effect of our single handed and isolated work is to beget the habit of reticence, and not to cultivate the habit of expression. The doctor as a rule is not a public speaker. He does not make his living in that way, so it is not a professional accomplishment. Still, when it comes to giving an opinion that embraces every-day, out-door observation of nature and the natural man, and is founded on common sense, none can excel him.

We need a school to make us talk more, and express ourselves better. Our Societies and our Association help in this direction. They are about the only places of practice of this kind we have. All this is said to emphasize the fact that the medical profession, more than any other, needs organization.

Our Association should have three leading things in view; the benefit of the individual doctor, the benefit of the profession as a whole, and the benefit of the people of the State. As we take, in order, these three objects, we widen the scope of our endeavors. The most selfish view to take is our own individual profit. A better, because a broader view, is professional profit; the best, because the broadest, is the good of our fellow men, ourselves included.

We grade and estimate work in the world on these principles. Indeed, human ethics is pyramidal in shape, only it stands on its apex, and broadens as it grows.

Competitive life exists every where; it cannot be avoided. Competition has made, and continues to improve, men and mankind. On the other hand, ethics tend to harmonize complications and competitions. As ethics ascend from the principles of savagery to those that govern the highest grades of society, they broaden in their scope. Altruistic rules, as they have been gradually evolved, have tended to organize and harmonize society, so that the competitions of men may all be adjusted and regulated, and be made to run with the least harm and conflict. High grade ethics are broad ethics. Those are the best that include most in their application.

Any organization, therefore, our organization included, is

rated and graded, and is eventually successful, only so far as it makes broad the principles that govern it. Individual profit and advantage must be made subservient to the good of the association; and the profits and advantages of the association must be made subservient to the public good. We will survive and continue and state privileges be granted us only so far as these principles are observed. If our association shows itself to be actuated by motives not confined solely to the interests of its individual members or not even solely to the interests of the medical profession, it will not be able to maintain its position and its credit in the State. Even though the general public are indirectly profited by the elevation and the advantage of the medical profession, it will not do to show our work stopping there. Our charter is allowed us by the authority that grants it, more, as is implied on the face of it, for public benefit than for professional profit. We had to promise that much in order to obtain it. The State has to be profited by our work. If on these broad ethical principles we study, criticise and manage our workings, we will build up an Association to a degree of stability unrivaled. We gained our present height solely on these grounds.

As I have shown, we have abundant and excellent material scattered throughout the State in our profession; what we want, in the first place, is closer union, still more efficient organization. An organization such as we have prospectively in view cannot be built, any more than Rome, in a day—it is the work of steady effort through years, all actuated by high motives; whenever selfishness can be seen to creep or work into it, there will be weakness.

I think we have much to congratulate ourselves for; but there is still more unaccomplished—we have but touched the borders of the field.

In any community, in any society, in any association, nothing governs more than a high-toned public opinion. All government in fact rests upon it; it makes and it enforces government at its own level. But the level of public opinion always tends to vary; it ebbs and flows. Nothing keeps

it high but the eternal vigilance of the ethical. As soon as indifference or laxness sets in, public opinion runs down like the barometer; pressure alone keeps it up. Public opinion and moral sentiment vary with the diligence used in promulgating and enforcing broad-gauge ethical principles.

We ought to denounce with a precision that cannot be avoided, and that shall be felt, every attempt within our lines to advance the selfish ambition or the individual interests of any single member. All our government ought to be in the hands of men who are big enough, and broad minded enough, to have no selfish motives, but to look continually to the good of the profession, and the good of the State. Just as we allow selfish motives to have the ascendancy, just so much will disintegration and weakness ensue. Human associations of all kinds fail and fall to pieces because of the selfishness that arises within their ranks. I do not mean to imply now that there are indications of any growing weakness on our part from these causes; but our strength, so far as it goes, comes solely from the exercise of these principles; and it is well often to study our safety and future security by announcing the rules that should govern us.

The highest evolved man is the highly ethical one. He has intellectual ability to so understand the complexities of human society, as to be able to devise rules to harmonize and adjust the rivalries and complications that naturally prevail. A keen sense of what is right in the first place involves the intellectual capacity to think rightly; and as a consequence, in such persons, comes the habit of adjusting conduct firmly and consistently in accordance with right. Both elements, intellectual and ethical ability, constitute the best man. We all have an intuitive, instinctive habit, as soon as we look at a person, of estimating him in these particulars. It is not hard to recognize in any organization the men who are in this way working disinterestedly and unselfishly. Just as much as we follow such leadership will we make our foundations secure.

The more, the better—but even half a dozen men of high ethical ability and practice are worth their weight in gold in any such organization as ours. They keep the barometer of public opinion high. Others easily recognize high ethics, whether they follow them or not.

Offices and places of trust should seek the man. For this reason, nominating boards and committees have arisen. The machinery of every organization is planned and introduced for the good of the many in opposition to the selfishness of the one or the few. Let us keep our machinery of a high type. Failure to do this has disrupted hundreds of associations, and can disrupt ours.

In our association the controlling and principal governing body is the century of counsellors. We have an efficient Board; still we need improvement. Many—I liked to have said most—of our counsellors apparently cease their activity when they see their names placed on this honor roll of the Association. On the contrary, our counsellors ought to be workers, alert and active to maintain and advance the interests of the Association, not to sit idle, and listlessly observe the working of the Board of Censors, or of the Senior Censor, as single-handed he often is seen to tug at the helm. Representative bodies are the popular methods of government of today. They are the best when they represent the best principles of the day. From our counsellors all our officers are selected. It is an honor to be a counsellor; it is not hard to make it more and more honorable. The tendency has been upward since we began, now twenty years ago. We will pass at this session a number of grand senior to the rank of grand senior life counsellors. Twenty years of service as counsellors entitle them to this distinction. A vast deal of valuable experience has been gained in that twenty years, and they have well earned the promotion. Twenty years more of equal progress will, I trust, witness our Association at the highest in the comparative rank of such organizations.

Nothing profits better than employment; work alone begets strength. While the doctors of the State probably

work individually in their several spheres, as hard as any other class of men, they do not by any means do enough associated work. One of the most needed reforms in our organization is to institute some methods of getting up more society work in the counties. Men will not meet on pure sense of duty. You cannot run either a prayer meeting or a medical society on nothing to do—on no profit. Men have to see and feel the good of meeting together. If some general plan of work were devised for our county societies, that would more attractively bring them together, they would grow in efficiency. It may be claimed that there is enough now devised to give employment. But it is not followed up.

Few doctors know how to run a meeting. They get together once a month, or once in six months in some places, and see nothing gained by it, because they do not know how to take hold. If some means could be devised to increase the scientific work, the reading of papers, and the recital of cases and experience, then the average doctor could see the profit to himself in increase of information and in increase of influence and prestige among his fellows and his patrons; and more society, county and state work would follow as a consequence.

Can we not make our county meetings more profitable? Can we not send out from this meeting more enthusiasm and life, which will affect the whole profession in the State?

It is true, much depends upon the individual doctors who compose the separate societies; but much influence and energy can be diffused from the central organization. We need it here in order to have it there. Every doctor who comes to these meetings should go back a revivalist in his own county. We can make it so easily. Let every counsellor consider himself in duty bound to make this Association and this meeting a success, and it will be so, and its influence will affect the State.

We receive our charter from the State and are assigned our part in state work and government by no means solely for our professional benefit. The general benefit of our fel-

low men in the State is the key-note—the foundation plank on which all such privileges and franchises are granted. In this State we have exceptional and unique advantages which we hold in trust. They were obtained in the first place upon the promise that the whole State would be benefited; and they are continued and have been enlarged because this spirit and purpose have been shown in this work. The State is always jealous and suspicious of privileges of this sort, because men most frequently combine together with the intention of profiting their own combination at the expense of others. Distrust for this reason is frequent against all associations, and it is generally a most plausible accusation to raise by the enemies of our organization. "Monopoly," "Trust," "Ring," "Combine" are the names ready to be hurled at the head of any association which gives the least foundation for them. We have not escaped these missiles; they have been thrown at us repeatedly; and only because we show that we have the general interests of our fellow men in view do we maintain our position. On these general principles it is always well to study our management and criticise our work.

With this object, in considering professional benefit, within the workings of our association, one of our principal aims is to beget and maintain a high *esprit de corps*. This can only be accomplished by proving there is more professional benefit and profit within the Association than outside of it. The first thing and one of the hardest has been to obtain in a few of the counties the confidence of our professional brethren. We are gradually growing in this direction; I hope we will earn the confidence of all after a while.

The raising of the standard of medical education in the State is ostensibly and correctly one of our duties. We have done much good work in that direction, and gradually the examinations of our county boards have risen in character and scope. But we need still more improvement to bring us abreast with what is being done in some other parts of the country. We compare favorably and our methods

have the advantage of giving general satisfaction; but still we are behind many states. The very fact that the late House of Representatives voted to grant a license to practice medicine to a man who could not pass a simple county examination is a pointer which indicates that we should bestir ourselves. Our profession is not doing its full duty when such an occurrence can happen. When we ourselves show by a more decided stand and policy that half-taught men ought not to be allowed to practice, the public will imbibe the spirit and not before.

Throughout all civilized countries, as a part of their civilization, higher and higher requirements to practice medicine are constantly being added; and as a condition following, not preceding this move, those medical colleges and schools that contribute to these sections, have had to raise their methods and grades of instruction to correspond. Just as we in this Association keep pace with the best progress of the world in this particular; just as our expressed opinion declares each year for a high and higher level of acquisitions in order to practice medicine, just so much will the standards of teaching in the schools that contribute to our ranks be adjusted to suit the demand. The sentiment that should govern, and that does govern in this matter in this State, originates on this floor. There is too much indifference on this question amongst us. Much, very much more profitable talk can be had along this line.

Throughout civilized countries now-a-days there are being organized "Boards of Charity," whose objects are the inspection and the improvement of all the institutions that relate to the care of the weak, the unfortunate, the disabled and the criminal classes of society. These boards are in many or most cases, in the beginning, voluntary associations, composed of benevolent and charitable persons, who for the sake of doing good, of benefiting others, are willing to devote a portion of their time to such work. In some of the civilized countries, and in some of our states, they have finally become regularly legalized bodies, appointed by state authority. They are every where doing good. They are

named differently in different places. They go generally under the names of "Boards of Charities and Corrections," or "Boards of Charities and Custodies," or "Boards of Charities and Lunacy," etc., etc. In some states they are empowered with legislative and mandatory powers; in others, they are only advisory. They generally have, as I say, begun as voluntary organizations, then have risen to the grade of legal advisory, and finally of legal executive bodies; in some cases they have control and management of all the beneficiary, reformatory and penal institutions of the State.

It is a fact but little appreciated—hardly as yet recognized by our Association, that we are a legal advisory Board for the State on all such matters. We have risen above the grade of simply advisory, and have legal powers for inspection, and high advisory functions already granted us by law. We hold in this particular a rather unusual and anomalous position—one not often granted to medical men alone; still one, for that very reason, most appropriate. No class of men in this State are better prepared and better posted for such work; and within our easy reach lies a large field of most efficient action of this kind.

We have the material for facts and information, and we have the workers already in hand. If some easily devised means of collecting statistics were instituted, as to the condition of our pauper and criminal classes, I am ready to assert we would bring together a mass of information that, classified and published, would arouse the sympathy and surprise of the State throughout its whole extent.

Our county doctors know the poor-houses and prisons of the State, and through the county boards the necessary facts and information could be collected. From the position I now hold in one of the large eleemosynary institutions of the State, information reaches me of neglect, of bad treatment, of willful abuse, done to many of the unfortunates of the State, such as would shock the sensibilities of a savage. To keep pace with the progress of the world, it is high time some move were made in this direction. It is already made one of our legal endowments by the laws of the State.

Shall we take up the task? Facts are needful first; and as I say, they are within easy reach.

The coming season, it is apprehended by many, will be one which will possibly test our quarantine and general sanitary powers.

It is much to be desired that a general harmony of action shall be attained throughout the State in these particulars, and still more throughout the whole country. The signs of the times point in that direction.

Extended movements are always slow to get into shape unless something hurries them. In times of war lessons are rapidly learned of practically fighting the enemy; the same is the fact in time of pestilence. The late epidemic of cholera in Europe has awakened a demand in this country for some general legislation to avert a possible approach of that disease. Somewhat more advanced legislation has been obtained in Congress in the shape of the "Harris Bill," which, though, altogether relates to maritime quarantine and ship sanitation. And it will affect our management as a State Board of Health but little, because the execution of the quarantine laws at Mobile, our only seaport, as they now exist by the legislation of our State, is divided between the Health Board of Mobile county, which belongs to our organization, and that of the quarantine plant which is under a separate management; so that the practical working of the "Harris Bill" and maritime quarantine as now regulated under that bill by Mr. Carlisle, the Secretary of the Treasury, will not directly bring our Health Board into contact with it, but more directly the management of the quarantine plant. It is to be hoped that in the near future some general measure will be adopted to harmonize all the existing laws, and make uniform all the sanitary and quarantine legislation of the State and the United States.

A step largely tending towards bringing this about would be the adoption by our general government of a health department, as recommended by the American Medical Association and approved by our State Board, with a Secretary of Public Health in the President's cabinet. It will prob-

ably require, however, the experience and lessons of a general calamity like a wide-spread epidemic in the country, to force attention to the necessity of such measures.

I may say, in passing, that the relationship between our State Board of Health and the management of the quarantine station at Mobile remains *in statu quo*. The report of the committee I appointed at your direction soon after our last session, can be seen on file with the Secretary, and has been published in our transactions, in which they highly commend and approve of the construction and arrangement of that plant. Nothing was accomplished, however, towards bringing it under the control of the State Board. The indications are, I believe, we will, in time, see all the sanitary and quarantine interests of the State under the management, or, at any rate, under the advisory control of our State Board of Health; and, eventually, I have no doubt, we will see the general government and the several state boards working under a uniform system throughout the whole country; an end much to be desired.

To return more particularly to the condition and internal management of our Association during the past year: As I have said, there has been a steady trend towards improvement in our Association throughout the year—we are another year further along. Notwithstanding the general pecuniary depression, which has seriously affected our section of the country during the year, and the consequent dispirited and disaffected state of public feeling, which also has pervaded the medical profession, we have had a fairly prosperous year.

The Vice-Presidents have kept in constant communication with me, and have done in my opinion what could be accomplished in the way of suggestion and supervision. They have visited several of the counties in their departments. The Senior Censor, with his usual diligence and vigilance, has also visited many societies, and has used a constant, persevering effort to keep up the lines of duty of the different officers.

During the year I have made the following appointments:

On the Committee to inspect the Quarantine Plant at Mobile, I appointed from our Health Board, Drs. Cochran, Gaston, Seelye, Baldwin, and Whelan, whose report I have already referred to.

On the Publishing Committee I appointed Drs. Means, Michel and Jordan, all of Montgomery. Their report will appear in order.

I appointed Dr. W. H. Sanders, of Mobile, Monitor of the Association, who will read his address.

I appointed as regular reporters Dr. T. W. Ayers, of Jacksonville, on the Progress of Medicine; Dr. E. D. Bondurant, of the Alabama Bryce Insane Hospital, on Insanity; Dr. R. W. Cunningham of Pratt Mines, on the Negro as a Convict; Dr. L. L. Hill of Montgomery, on the Progress of Surgery; Dr. T. D. Parke, of Birmingham, on Continued Fevers; Dr. J. A. Pritchett of Hayneville, on Tuberculosis in the Negro; Dr. L. L. Watkins, of Montgomery, on Gynæcology.

In August last, I appointed Dr. C. H. Franklin, of Union Springs, Censor, to fill the vacancy occasioned by the death of Dr. Bryce.

Owing to the resignation of Dr. T. A. Means, of Montgomery, from the Secretaryship, in February I appointed Dr. J. R. Jordan, of Montgomery, to fill the vacancy.

Last Fall, Dr. J. A. Goggans, of Alexander City, represented our Association as fraternal delegate before the Georgia Medical Association. He can report his reception.

Dr. T. L. Robertson, of Birmingham, and Dr. Jerome Cochran, of Montgomery, were appointed delegates of this Association to the *American Medical Association* in Detroit.

Dr. Cochran was also a delegate to the *Health Conference* which met in Lansing, Michigan, in June.

The Reports of the Secretary, and of the Treasurer, will show in detail the condition of their departments. The failure of Moses Brothers, Bankers, of Montgomery, still embarrasses our finances; though we have been able to "pay as we go" during the year.

It becomes my sad duty to mention the names of two of our Counsellors, who have died since our last meeting; Dr.

Daniel Edgarly Smith, of Mobile, and Dr. Peter Bryce, of Tuscaloosa.

Dr. Smith was elected Counsellor in 1882, in Mobile, and was one of our Grand Senior Counsellors at the time of his death.

Daniel Edgarly Smith was born in Mobile, Alabama, in 1838, and died in that city in February of this year, at the age of 55. He lived in Mobile all his life and was decidedly one of the most successful practitioners of medicine. He received his academic education in his native city, and graduated in the University of Mississippi as Bachelor of Arts, in 1859. He immediately began the study of medicine under Dr. J. F. Heustis as his preceptor. He attended the first course of lectures delivered in the Medical College of Alabama, and was one of its oldest Alumni, having graduated in 1861. He served through the war as an assistant surgeon in the Confederate army, and began practice in Mobile soon after hostilities ceased in 1865.

Dr. Smith was, for a number of years, one of the Board of Censors of Mobile county, and held many positions of trust in that Society. He at one time filled the Chair of Professor of Materia Medica and Therapeutics in the Medical College of Alabama.

His brethren of the Alumni Association of the Mobile College, mention Dr. Smith as "an eminently practical man, faithful and efficient in the discharge of every duty entrusted to him." "As a practitioner," they say, "He was eminently successful; by energy and labor he built up a large and lucrative practice." In his death the Medical Association of Alabama lost one of its distinguished and faithful Counsellors.

Dr. Peter Bryce needs no encomium from me in this presence. He was well known to you all. No medical man was more generally and more favorably known in the State, both in the Profession and outside of it.

He was last year present with us in our meeting at Montgomery. As he himself recognized and expressed it, it

proved to be "for the last time." He well appreciated the possible risk attending his journey and the fatigue of participation in the proceedings of that meeting, still, when the time came, the old spirit arose in him, and he went to his wonted place of duty on the Board of Censors and made his regular report on Paresis on the floor of the Association. I don't think, under the circumstances, his memorable dissertation on that remarkable disease of spinal cord and brain, will ever be forgotten by us. His weakness forbade his remaining throughout the meeting. That was the last public duty he ever attended to.

He died on the 14th day of August last, in his Hospital at Tuscaloosa, with his mind clear to the last, and with his hand still on the machinery of that much loved institution, the product of his life work.

At his death the sense of a great loss pervaded the whole State. In accordance with the general sentiment, and as a mark of public respect, the Governor ordered the flag at half-mast on the Capitol at Montgomery, and the people and the press of the State uniformly mourned his loss.

Peter Bryce was a native of South Carolina, born in Columbia in 1834. He was, therefore, at his death in his fifty-eighth year—comparatively not an old man. He received his school education in Columbia. His father died when he was still a youth; and with the same high aims that always influenced him, he prevailed upon his guardian to spend the money left him in giving him a higher education. He graduated in the State Military School in Charleston, usually known as "The Citadel," and afterwards took his course in medicine in the University of New York, where he graduated in 1859.

He graduated with distinction both in Charleston and in New York. At the University of New York he took "the Metcalf prize" for scholarship, which, in that old medical school, was a most distinguished honor in that day.

On returning to South Carolina he received the appointment of assistant physician in the Hospital for the Insane at Columbia. While in the Columbia Asylum he attracted

the attention of Miss Dorothea Dix, the great philanthropist for the insane in this country, who wrote to the Trustees of the Hospital, about being completed at Tuscaloosa in this State, strongly recommending him, and urging his election to the superintendency of that institution. So great was the confidence of the Trustees in the wisdom and good judgment of that great woman, they promptly elected him, although, personally, unknown to any one of them, a young man of only twenty-six, and at that time unmarried. The excellence of their choice was never questioned afterwards—on the contrary, it received a steadily increasing approval throughout the whole State from the day his connection with the Hospital began until his death. Before he directly assumed charge of the Hospital at Tuscaloosa, he visited and spent much time in other institutions in the country; then came, with his bride, to Tuscaloosa in 1860. To maintain and support his Hospital during the war, which came on directly, and hold it undisturbed during the vicissitudes of "Reconstruction days," put to a severe test the excellent qualities of Dr. Bryce as a manager of men and finance. He came out of those troublous times with his Hospital still in his own hands, and in excellent condition. I know no other man who could have done it.

Dr. Bryce was pre-eminently a man of energy, alert and alive on all questions, independent and self-reliant; and while abundantly self-confident, he was never offensive in it. On the contrary, he possessed great social flexibility, and readily adjusted himself to any person or society; pleasant, genial, large-hearted, courteous, gentle and sympathetic, he was beloved by his patients and admired by his friends; he was uniformly attractive; he had few or no enemies; an omnivorous reader, he kept abreast of the day, not only in his professional literature, but especially in lines of advancing philosophical thought. He was truly an "advanced man." His ready ability to judge men and character, carried further, made him quick to appreciate truth and principle. I never knew a person more apt and ready to

recognize and appropriate new thought, all done with excellent discrimination.

He held many positions of trust and honor. At his death he was a member of the State Board of Censors, which he had held with few intermissions since the adoption of the new constitution. He was Orator at Mobile in 1882, and was President at Eufaula in 1878. At the time of his death, he was President of the American Medico-Psychological Association, composed principally of Superintendents of Insane Hospitals, with other prominent alienists and neurologists, in this country and Canada. He was elected to the Presidency, evidently as a special mark of honor and respect, for he was not present at the meeting in Washington when he was chosen, being too unwell to attend. And next month, if he had lived, he would have presided at Chicago, over one of the most notable associations of specialists of nervous and mental troubles that has ever gathered before in the world. He was also vice-president of the New York Medico-Legal Association, and a prominent member of the National Society of Charities and Correction.

His principal life-work, however, was the building up and the management of his Hospital at Tuscaloosa. No man was better fitted for his chosen field. Both the scientific and administrative departments of that now immense institution were efficiently and successfully conducted by him. The every day and ever varying interests of its outside management and maintenance did not suffer in comparison with the well conducted details of the scientific care and treatment of the patients in the wards. Every end was kept under constant supervision, and there was a general touch of all the departments uniformly kept with his central office. His Hospital became exceptional and noted among other institutions for its excellent industrial system, in which employment, so essential in their treatment, was found for the patients; a great deal of it out of doors, and to a proportion seldom seen; patients of a lower grade than are kept employed in other institutions, are made to do some kind of

work in this institution. "To keep everybody busy" is the motto of the house.

Also, the Hospital is especially noted over the world for the entire abolition of all means of mechanical restraint. For ten years there have been no such instruments used in this Hospital as camisoles, strait jackets, manacles, or crib bedsteads in control of the excited insane.

The name of Bryce deserves mention along with those of Pinel and Tuke in the humane management of the insane. In the notable recent discussions over the world, that have taken place on the mechanical restraint of the excited insane, principally published in the *Medico-Legal Journal*, his name stands foremost.

I have not time nor space in this notice to speak even properly or sufficiently of my departed friend. I feel, however, I have no need to sing his praises in this Association, or in this State. Our last General Assembly honored his memory in incorporating his name in that of his Hospital. It will hereafter be known as the ALABAMA BRYCE INSANE HOSPITAL.

No man ever approached his end with more philosophical composure than did Dr. Bryce. He recognized to the fullest extent all the conditions of his approaching demise, and arranged for it with consummate care and completeness. The welfare of his devoted wife and the future of his Hospital were apparently the only matters of his anxious concern. He has left a notable example and a remarkable record for us to imitate and admire.

THE ANNUAL REPORT OF THE SENIOR VICE-
PRESIDENT.

BY JACOB HUGGINS, M. D., NEWBERNE.

Senior Counsellor of the Medical Association of the State of Alabama.

Shortly after the Medical Association adjourned, last Spring, I began the work which devolved upon me as Senior Vice-President, by addressing letters of inquiry to the Vice-Presidents of the County Societies which were known to be in an unsatisfactory condition, as evidenced by my report as Junior Vice-President. I also, when necessary, wrote to the Secretaries and other officials of the medical societies. My correspondence was then directed to other counties, until every one in the Second Division was embraced in my investigation.

In most instances my communications received prompt and respectful attention, but in others, I had to write letter after letter, before I could get any information at all. I also visited several counties in person, and conferred with officials of medical societies and others in regard to their work. Those counties were Marengo, Perry and Sumter. I regret that circumstances prevented me from visiting other counties that needed encouragement and attention. Though I cannot say that I am fully satisfied with results, yet I am gratified in being able to state that, after much writing and persistent effort, I at last succeeded in hearing from, and will make a report on the status of every county in my division—a result heretofore unattained, I believe, by any of my predecessors. The information in some instances is somewhat meagre, yet I was glad to get any at all. I now proceed to give a synopsis of the information obtained, beginning with Autauga, and going through the list in alphabetical order.

AUTAUGA.—From all the information I could gather about this county, I regret that I cannot give a favorable report. I learn from the vice-president of the medical society that there is but little interest felt in the work. The society meets quarterly, with about sixty per cent. of the membership in attendance. One name was added to the roll of membership during the year. As the health officer receives no pay, he does not make any great efforts to collect vital and mortuary statistics.

BALDWIN.—From this county it affords me pleasure to give a most gratifying account. All the physicians in the county, with a single exception, are members of the medical society. During the year one examination for license to practice was made and certificate granted. The society meets four times a year, with a called meeting occasionally, when there is any work on hand that needs attention. With rare exceptions, every member is present at the society meetings. The health officer is succeeding admirably with his work, and has the county thoroughly organized. Dr. Lovelady, the worthy secretary, from whom I get my information, writes as follows: "The status of our medical society was never better—not from our numbers, but from its compactness and working condition. No jealousies—no bickerings—a perfect brotherhood, each vieing with every other, in doing perfect work." If every county in the State was in as fine a condition as Baldwin, in regard to her medical organization and professional harmony, we would soon be in a sort of medical millennium.

BARBOUR.—From Dr. L. J. Simpson, vice-president of Barbour county medical society, I learn that "in most respects the status of the society is good. The writer says, "We have grown fast numerically in the past year." "We have now quite a large and strong society, and we are going to grow straight on." I learn that four new members have recently been added to the society. Society meets quarterly with a fair attendance. The board of censors made one examination for license to practice—passed. As the county has had three health officers during the past three or four

months, I could get no definite information in regard to the management of this department. From the general tenor of information received, I would infer that Barbour is moving forward.

BULLOCK.—This county still holds its place in the front rank of the organized counties of the State. The membership is a little less than last year—one member having resigned, and one dropped from the roll, he not being a resident of the county. The health officer reported as doing excellent work. He has assistants in every beat, who are vigilant and prompt in discharge of their duties. The society meets once a month, with fair attendance, and papers of interest are read at every meeting. Every doctor in the county, with one or two exceptions, is a member of the society.

BUTLER.—From a letter received from Dr. Job Thigpen, I infer that the status of Butler medical society is about the same as last year. This society has for years been considerably above the average in good standing—and it still holds a high rank in the list of organized counties. The society meets monthly. Three young men were granted certificates to study medicine, and two stood examinations for practice, and all acquitted themselves satisfactorily, and certificates were granted. The health officer is reported as doing fairly well in collecting statistics, vital and mortuary.

CHILTON.—As reported heretofore, this county is still in a demoralized condition. I will quote from a letter received from the Secretary, Dr. W. E. Stewart; "Our society" says Dr. S., "is just what it has been for the past ten years, held together by about six of us, some of whom meet occasionally, and make an effort to get things in better working order. No progress is being made—our membership about the same as for years. Our board of censors have discharged their duties very well. No examinations for the practice of medicine, but will probably have two applicants soon. About fifty per cent. of the doctors in the county are members of the society. We have no H. O.," continues Dr. Stewart, "I tried to discharge the duties of H. O. until a regular

meeting, but as month after month passed, without getting any reports from the doctors, notwithstanding frequent and urgent requests sent to each physician, I gave it up as a hopeless task." "Only two M. D.'s ever reported." "The midwives reported regularly. We have been censured for the deplorable condition of things, but I can assure you that every effort has been made, every appeal a professional man can make has been made, and we have only failure." "There seems to be no hope for a better condition of affairs until a new set of men come in, who will take more interest in their profession."

CHOCTAW.—I am sorry I cannot report some improvement in this county. It is about the same as last year. At least 80 per cent. of the doctors practicing in the county are members of the society, yet, strange to say, but little interest is felt or taken in the work. The society meets twice a year, and usually has a slim attendance. From the information received, I would judge that the H. O. is doing moderately well. He has assistants in nearly every beat. Doctors, with few exceptions report regularly, but midwives are very negligent; one examination made for the practice of medicine. From a letter received from a member of the board, I would infer that the censors are zealous in the discharge of their duties.

CLARKE.—The status of this county is about the same as last year—not very good. There is but little interest manifested by a majority of the members. The roll of membership about the same as one year ago. One examination made for the practice of medicine. I was not informed whether the applicant passed or not. Society meets quarterly with about 50 per cent. of members usually present. The H. O. is said to be endeavoring to do his duty, but the doctors do not stand up to him as they should, and thereby encourage him. Dr. C. E. Pugh, a member of the board of censors, says, that "with just an effort on the part of the entire membership, the H. O. would do credit to the society. He has but few assistants in the beats, yet midwives report

promptly." Dr. Pugh expresses the hope of a better condition in the county in the near future.

COFFEE.—After writing a number of letters, I was at last honored with a reply from Dr. B. A. Hill, the Secretary of the society. Though the status of Coffee Medical Society is not very encouraging, yet it is not by any means moribund. Dr. Hill's letter has generated the hope that Coffee Medical Society would soon put on new life. The society meets monthly, with an attendance of about 75 per cent. The roll of members has not increased in two years. The H. O. has done poor work, attributable, he says to the lack of support from the doctors and midwives. Dr. Hill has recently been elected H. O. and he says that "from this date I will prosecute all doctors and midwives who do not report to me." Since this was written, I have received two more letters, one from Dr. Garrett and one from Dr. W. W. Grubbs, the recently elected President. The latter wrote quite hopefully of the outlook in Coffee.

CONECUH.—Last year I made quite a favorable report for Conecuh. Recently there have been some changes made in the society officials. Dr. Andrew Jay has been elected H. O. in place of Dr. A. A. McKittrick, who has served quite a number of years with credit to himself and honor to the society. Dr. McKittrick's work the past year was fully up to that of the preceding, and we hope his successor will keep up the high standard erected by the zeal and energy of his predecessor. The Society meets quarterly as heretofore, and usually has a good attendance. About 70 per cent. of doctors in the county are members of the society. No recent accessions of membership reported.

COVINGTON.—When I made my report on this county, last Spring, I had reason to believe that another year would show considerable improvement in the status of the medical society. My hopes were not realized. The Vice President writes me that they try to meet every three months, but that he lived so far from the place of meeting, he did not attend often, hence he could not give full information about the medical society or its work. He says the board of cen-

sors made two examinations for license to practice, but he did not inform me whether certificates were granted or not. The Vice President, Dr. Stinson, informs me that there were a number of "quacks" in the county, who were great stumbling blocks to medical progress. Since the foregoing was written, I have received a letter from Dr. McNair, President of the medical society, who informed me that the two doctors who went before the board for examination were successful and received certificates. They were Dr. C. R. Rush-ton and C. Bozeman. Dr. McNair also informed me that "several non-graduates applied for license to practice, and being unable to get the board together for that purpose, they employed a lawyer to force the board to issue license." "The only way the attorney could get the board together was by a writ of mandamus." "That," says the doctor, "was the first and only full attendance since he came to the county." The doctor also states that he and Dr. Sentell made several unsuccessful efforts to get a full meeting recently, in order to elect officers. The H. O., receiving no support from doctors or midwives, threw up his office in disgust. This shows a most gloomy condition of affairs in Covington, and what was once written of an ancient classic city, might be appropriately said of Covington Medical Society, "Illium Fuit."

CRENSHAW.—After several unsuccessful efforts to get information from this county, I at last received a prompt and satisfactory letter from the Secretary of the medical society, Dr. J. E. Kendrick, who informed me that the status of the society was about the same as last year, perhaps a little better; one new member had been enrolled; society meets quarterly with a good attendance; one examination for practice made by board of censors. The H. O has made no attempt to collect vital and mortuary statistics. "The society has resolved to 'revive' that part of their duty," the Secretary writes, "yet doctors and midwives are hard to move in the matter."

DALE.—Last year I made quite an unfavorable report for Dale. This year I give a much more encouraging status of

affairs. Dr. R. F. Harper, Secretary of the Society, writes as follows; "Our Medical Society is gradually overcoming many of its obstacles. There seems to be more interest manifested now, than has been for a long time. In fact the present outlook is very encouraging." The society meets monthly and is fairly attended—one accession to society during the year. Two examinations made by board—one passed—one rejected. There are three illegal M. D's. and two "first course" students practicing in the county. The H. O. is not succeeding well with his work. Many of the doctors and nearly all the midwives refuse to report. Dr. Harper attributes the poor success of the H. O., "and the bad state of affairs, to the many illegal doctors," and winds up a very interesting letter with these words: "We are pushing the law on them, and we hope soon to put them all to flight."

DALLAS.—This county still holds its place in the front rank of organized counties. The status about the same—a few accessions to the membership during the year. One member, Dr. Hunter, moved out of county, two severed their connection with the society, by resignation. The society has sustained quite a loss by the death of two of its oldest and most highly esteemed members, Drs. Frank Tipton and L. L. Alston. Both had been in poor health for several years, and have taken but little part in society work, yet we all remember their fidelity to the work in the past, their devotion to their chosen profession, and to the Medical Association of Alabama. Let us honor their memory.

ELMORE.—The reports from this county are quite favorable. The meetings of the society are well attended. Eight were held during the past year. Dr. Justice, the H. O., is said to be zealous with his work; the doctors are sustaining him fairly well, but midwives do not report promptly. The members take quite an interest in their society, and have taken in several members during the year. Some complaint made against board of censors, but improvement in this department of society work is quite perceptible of late.

ESCAMBIA.—Last year Escambia was my "banner" county.

From information received both from the President of the Society, Dr. Henderson, and from the Secretary, Dr. Parker, I learn that "the status of the society is fully up to what it has ever been." "We have moved steadily on," says the Secretary, "though we have no accessions to membership, because there was no material to work on." One examination by board—certificate granted. The H. O. has assistants in every beat who report promptly, and his work is said to be most satisfactory.

GENEVA.—This county was the only delinquent one in my last year's report. During the past year I have received more letters from Geneva than any county in the 2d Division, yet the letters might be considered rather as obituary notices of their medical society, than vehicles of encouraging information. Dr. Latimer, the Secretary, writes: "I can not say that Geneva has a medical society. The board has not had a meeting in two years, and therefore are doing nothing." "I consider," the Doctor continues, "that we have no society at all." I wrote to Dr. Finney, the Vice President, and he requested Dr. Heath to reply and say to me, "that there was no regularly organized board in Geneva, so far as his knowledge extended." Dr. Heath in his letter asked me the question, "Is the old board the legal board, after it has been disorganized and has not met in a year or two?" On the advice of the Senior Censor, I replied: "Yes, the old board is still a legal board, and the majority of members can act in making examinations." I urged Dr. Heath to get a meeting, if possible, elect new officers, and delegates to State Association, and write me the result. I never heard from the doctor. I am afraid that the Trojan epitaph could also be appropriately applied to Geneva County Medical Society.

GREENE.—During the past two years there has been considerable improvement in the status of this county. The membership of this society has gradually increased and more interest is taken in the work. There has been in the past quite a feeling of antagonism against some of the laws and enactments governing the practice of medicine in Alabama by some of the M. D's. of Greene county, and other

agencies of discord that prevented professional harmony; but these obstacles are fast disappearing, and the outlook for the medical society, at this time is quite encouraging. Several names have been recently added to the roll of members, and three examinations made for the practice of medicine. Certificates were granted.

HALE.—I touch this county with some degree of delicacy, as it is my home county, and the Association will naturally expect a good report. I regret to say that the account of our medical status, which I am compelled to present will not be clad in rose colored tints. Take the physicians of Hale as a class, and they will compare favorably with any in the State, in moral standing, intelligence and professional pride. I, therefore, am at a loss in accounting for the apathy that has prevailed among them for several years. Many of them would scale mountains or swim rivers to assist a professional brother when in distress, but to aid a H. O., by collecting and forwarding vital and mortuary statistics, is a matter that gives them no concern, and they will not send in their reports in some instances, even when importuned in a most urgent way. I verily believe it would require the eloquence and logic of a St. Paul, the fiery phillipics of a Sam Jones or the versatile genius or combativeness of a Jerome Cochran to arouse some of them from their lethargy, and bring them to a full sense of the duties they owe to their society and the Medical Association of the State. At a recent meeting of our society, however, I am proud to say that there were signs of improvement. Some of the clouds of doubt and indifference are apparently drifting away, and a silver lining of hope is visible—at our recent society meeting, we had the best attendance we have had for several years. Three names were added to the roll of members with a probability of other accessions in the near future. Four promising young men entered upon the practice of medicine during the year, after satisfactory examinations. We have an efficient board of censors, who are prompt and faithful to their duties. The H. O. labors earnestly to get up creditable reports but frequently fails, on account of the indiffer-

ence, as before stated, of some of his brother M. D's., and from the fact that several beats have no doctors living in them. He hopes, however, another year will show a marked improvement in this line.

HENRY.—From information received from Dr. F. I. Moody, I feel safe in saying that the status of Henry county medical society is very good, and that the physicians composing it are wide awake, intelligent gentlemen. Almost every reputable doctor in the county is a member of the medical society. There are four illegal doctors in the county, and one of them is now being prosecuted in the courts. This suit, if successful, will be followed by others. Four examinations were made by the board of censors for certificates to practice. Two passed and two were rejected. I am sorry to learn that the health officer is doing very poor work. From what I learned from members of the society, a new health officer will be elected at their regular April meeting, and I feel confident that another year will show considerable improvement in this part of the work. This account of the present status of Henry county shows quite an advance over last year.

LEE.—Last year I gave a gloomy account of the condition of Lee county. The status is no better. The situation can be taken in, by quoting from a letter recently received from Dr. Bennett, an official of the society. He says, "Lee county medical society has done nothing in two years. Have had no meeting in a year. We have no health officer. Have made no examinations for practice. Don't think we will or can do anything, till we get some laws that will hold and help us out more than the ones we have had to work under." Judging from the tenor of this information, our diagnosis is that Lee county medical society is almost in a moribund condition.

LOWNDES.—This county has for years been one of the best organized counties in the State. During the past year, however, a hot political campaign engendered some bitter feelings, which extended to the ranks of the medical profession, and lessened the interest usually felt in the medical society.

The status of the society, however, is still considerably above the average. Out of thirty doctors living in the county, twenty-three are members of the society. There is one illegal doctor in the county, but the grand jury recently found an indictment against him. Two examinations were made by the board of censors for license to practice. One received a certificate, and the other withdrew before examination was finished. The health officer, as usual, is doing most excellent work.

MACON.—It affords me pleasure to state that Macon county has made great strides forward during the past year or two. The president of the medical society, Dr. L. W. Johnson, informs me that "the society is in better condition than it has ever been before." "The best of feeling and perfect harmony exists among the members of the profession." During the year, three new members were added to the roll of the society. Nearly all the doctors in the county have joined the society. They meet monthly, with good attendance, and valuable papers are usually read by some of the members. The work of the health officer is not very satisfactory. He gets no pay for his services.

MARENGO.—This county still shows signs of progress. In March, 1892, I visited this county in company with Dr. Cochran, and attended a meeting of the medical society. At that time there were in the county nearly as many illegal doctors practicing, as there were members in the society. In March, 1893, Dr. Cochran and myself again visited the county and attended their society meeting. We learned that the roll of membership had increased to nineteen, while the list of illegal doctors had fallen from nine to three. This is a creditable showing for one year's work. Dr. Wilson, the health officer, is working with commendable zeal, and has made quite a favorable change in the status of the county health office. Measures were taken at the recent meeting to prosecute one or all of the illegal doctors.

MOBILE.—It is hardly necessary to say that this county still holds the high position it has always held in the front rank of organized counties. Dr. Frazer, the secretary,

writes: "Our society is in a healthy condition, as evidenced by regular meetings every week, good attendance and earnest discussions on medical subjects." There were six accessions to the membership during the year. The society lost three members—one by death, and two by resignations—which leaves the roll a little larger than last year. The health officer, Dr. Frazer informs me, "succeeded admirably in collecting vital and mortuary statistics."

MONROE.—The status of this county about the same as last year—perhaps a slight improvement. The medical society meets twice a year, with a fair attendance. The board of censors, which is said to be an efficient one, made two examinations for the practice of medicine, but my informant did not give results. The health officer is said to be very diligent in the discharge of his duties, and is succeeding very well with his work. He has the county well organized.

MONTGOMERY.—As might be expected, the Capital City county holds the first place in the list of organized counties in the southern division of the State. The county medical society, as to ability, zeal, and good work in the cause of medical progress, is second to none in the State. In fact, the Montgomery medical society, for a number of years, has been a sort of bulwark and safe-guard against the assaults of the enemies of organized medicine, and deserves the gratitude of the Medical Association of the State. During the year, the society held thirty-three meetings, which were usually well attended. The board of censors and the health officer are active and vigilant in the discharge of their duties. Ten new members have been added to the roll of the society during the year, and many interesting papers were read at their meetings. In a word, Montgomery medical society seems to have adopted "Excelsior" for its motto, and is keeping pace with all medical progress of the age.

PERRY.—In my annual report last year, I had nothing very favorable to say of Perry county, and though I can't give a good report now, yet will say that from information received from physicians in different parts of the county, I feel en-

couraged, and I believe that a brighter day is about to dawn on the medical horizon of Perry. A number of young doctors have recently pitched their tents in this field of promise, and I feel confident that they will infuse new life into the medical society. About five new names have been added to the roll of membership, with the promise of a few more at an early day. Several examinations have been made by the board of censors, and certificates granted. In the early part of the year I visited this county with a view of attending a society meeting, but learned that the hour was at night, and so I had to forego that pleasure—yet I saw many of the members of the society; also some M. D.'s who were not members. I also visited Uniontown in the southern part of the county and conferred with the physicians there. The object of my visit was to arouse some interest in the work and ascertain their trouble, if any existed, and learn the cause of the back-slide in the status of the medical society. I could find no reasonable cause for the condition of affairs, except a state of apathy and inexplicable indifference among the physicians of the county. From Dr. G. R. Johnson, the health officer, I have recently received a most interesting letter, full of information, and knowing him to be a man of commendable pride in everything he undertakes, a man of intelligence and tact, I will be greatly surprised if he does not bring about, during the present year, a favorable change in the status of the health office of Perry county. In regard to collecting statistics, he writes: "The midwives (be it to their credit said) are prompt in reporting, but the Æsculapians are decidedly negligent." "In fact there are only three or four who report occasionally." "Under such circumstances, you will readily appreciate that the collecting of statistics, both vital and mortuary, is somewhat embarrassing." The doctor, I feel sure, will do his best to bring about a change. I hope his colleagues will help him.

PIKE.—I am sorry I can't give a favorable report from the prosperous county of Pike. Her county medical society is not on a par with her material prosperity and advances in

other matters. The H. O. and Secretary says, "The status of society not altogether as good as last year. The membership has not increased, nor has there been much interest felt in the society." The society meets monthly with about 40 per cent. of membership present. The H. O. says he has a good deal of trouble in collecting vital statistics in the county beats, yet, he thinks it is improving and that he will soon have full reports. At a recent meeting of the society the matter of collecting vital and mortuary statistics was fully discussed and means instituted, by which it was thought full reports would hereafter be received. In my report last year I reported an increase in membership of 50 per cent. This year, as before stated, there have been no new members enrolled.

RUSSELL.—The status of this county has not improved during the past year. No progress whatever reported. Membership about the same. One examination before the board of censors, for the practice of medicine, but when my information was received it had not been finished. Out of fifteen M. D.'s in the county, ten are members of the county society. The H. O. makes but little effort to get up statistics, because but few doctors send him reports or give him any encouragement. The President of society says "they are going to try to meet oftener," and hopes thereby to arouse more interest.

SUMTER.—During the past year I visited Sumter county and had interviews with a number of M. D.'s. I have also received several communications from physicians in different parts of the county. The tenor of the information received is that the medical society of Sumter county is not in a flourishing condition. During the past year several members of the society took a prominent part in politics, and the medical society was lost sight of for the time being, and suffered thereby. Yet I have assurances that more interest will be taken, and new life infused into the society during the present year. Sumter medical society has suffered in recent years by the loss of several prominent members, who

gave distinction to their society. Any county would feel the loss of such members as Webb, Sholl, Godfrey and others. But there are good men left, and Sumter will again come to the front.

WASHINGTON.—My report from this county last year showed it was in quite a disorganized condition in regard to the medical society. The Secretary recently wrote me that all the doctors in the county, with two exceptions, were members of the medical society, yet "they are doing nothing at all"—only one meeting during the past year and that poorly attended. The H. O. is virtually doing nothing, as he receives but little assistance from his confrères and no pay from the county. One member of the society, Dr. F. A. Webb, says he has made several efforts to get the board together to be examined. He has so far failed, but had assurances when he wrote that his wishes would soon be gratified. Dr. Webb says that the senior censor of the State had blamed him for the course he had taken, that is, practicing without a certificate, "but that he is going before a board in order to be in good fellowship with the State Association, and to show the senior censor that he is willing to comply with what he (Webb) regarded, in his case, an ethical point and not law." I hope the doctor will carry out his intention and infuse new life into his county society.

WILCOX.—I am happy to state that the status of Wilcox county medical society has greatly improved in the last few months. This happy change was doubtless due, to some extent, to a visit from Dr. Cochran. He usually brings order out of chaos and sometimes gives life to apparently moribund societies. The newly elected president of the medical society, Dr. J. P. Jones, writes in a most hopeful way, and says that "the society is in better condition than it has been in several years, and that Dr. Cochran's visit has resulted in much good."

This, gentlemen of the Association, ends my report as Senior Vice-President, and severs my official relations with you, so far as my supervision of the work in the counties is concerned. This trust you placed in hand two years

ago, and if the administration of the duties of the office has fallen short of your expectation, I will only say that I fully appreciate its short-comings. Although I might have accomplished more, yet I can safely assert that I have not been idle or indifferent, but have made reasonable efforts to discharge my official duties, to promote the welfare of the Association, and to uphold the dignity of my position. If no special merit or work has characterized my conduct of the office, I trust there has been no retrograde movement, while under my charge.

I would be quite remiss, did I not acknowledge my indebtedness to the worthy President of this Association, for many courtesies and generous encouragement. Our official relations have moved along pleasantly, like a gentle stream, without a single adverse ripple to mar its surface.

Allow me also to express my high appreciation and thanks to our Senior Censor, Dr. Cochran, for much valuable assistance in my work as Vice-President. He visited a number of counties in my division, and the improved status in some of them is doubtless attributable to those visits. Our senior censor must have a vision as comprehensive as the fabled Argus, for his eyes overlooked every county in the State, and he seemed to be familiar with the work of each. In a word, I received nothing but kindness from all the officials, both State and county, and the recollection of the same will in after years, constitute a bright page in the book of memory.

THE ANNUAL REPORT OF THE JUNIOR VICE-PRESIDENT.

By BARCKLEY WALLACE TOOLE, M. D., TALLADEGA.

Junior Counsellor of the Medical Association of the State of Alabama.

An ordinance of this Association defines as one of the duties of a Vice-President, that at the annual sessions, immediately after the reading of the President's message, he shall make a written report, containing detailed accounts of the work done by him, as an officer of the Association. This report shall include a special section "for every one of the county societies, giving a brief, but accurate and comprehensive account of its status and work during the preceding year. This report shall be devoted strictly to business, and should not be made the vehicle for sanitary and medical discussions."

Such being the law, I shall endeavor to conform as closely as I can to the text, and in doing so, your patience is invoked, while the effort is made to discharge this part of my official duty, dull and uninteresting as these statements and details will be to some present.

After a personal acquaintance for twelve months with the office of Vice-President, the conclusion is reached that the honor and dignity of the position seems insignificant and dwarfed when compared with the work it enjoins, and the disappointments experienced; *the latter* appearing to be the perquisites of the office. It is an official position of vast possibilities, but of meagre results.

In the discharge of my duties, I claim not to have been over zealous, or to have transcended in effort and labor my predecessors. I have simply endeavored to do my duty, and in doing this have given many hours, or rather days of work, and much thought in doing what was in my power for

the upbuilding and encouragement of the county societies in my jurisdiction.

I have done some personal visitation to a few of the societies, and have endeavored, by earnest correspondence with various officials and private members of the county societies, to ascertain their condition, and urge them to make progress in the work committed to them. To every one of the thirty-three counties in my division, have I sent as many as two written communications, and to some more than two. Some of the persons addressed responded more or less promptly; *others* after a long delay, and then giving me very imperfect and unsatisfactory information; and *some*, strange to say, never so much as noticed my letters.

As a result of my investigations, as to the present status of the various county societies in the first, or Northern Division, I will now bring them in review in as concise a manner as possible, and shall refer to them alphabetically.

BIBB.—The condition of this society is about the same as it was the year previous. Membership seven. There are a few physicians in the county not members. The society endeavors to hold quarterly meetings, but owing to the topography of the county, and the distance apart of the physicians, and inclement weather, sometimes a regular meeting is not held. The county commissioners decline to give any salary to the county health officer. There is no improvement in the work of collecting vital and mortuary statistics.

BLOUNT.—The condition about the same as it was the year before. Number of members, ten. Held three meetings in 1892. There are some ten or twelve physicians in the county eligible for membership who are not members. Dr. W. M. Cole is the county health officer, with a salary of \$75. He is making an earnest effort to discharge his duty faithfully. But some doctors refuse to send in any reports; and others are careless and very tardy as to their reports. Several of the members of the society became offended at Dr. Cochran, because of the views expressed by him in letters to them,

and withdrew from the society, and do not now make any reports to the health officer.

CALHOUN.—This society has been doing good work the past year. Its spirit and general condition are good, with the outlook very favorable for still greater progress in this year. The meetings have been instructive and profitable, and the attendance good. Number of members, thirty-one. Several members have removed from the county in the past year, which fact accounts for the present membership being less than the number reported last year. There are no illegal doctors in the county. Efforts are being made to induce physicians in the county who are not members to become members. The county health officer's salary is \$300. He is efficient and faithful, and the work in this department has been done as well, perhaps, as in any county in this division.

CLAY.—The condition of this society is very fair—as good, if not better than it was last year. Membership, eighteen or nineteen, which embraces about every physician eligible for membership. Meets quarterly. Average attendance, ten. County health officer's salary is \$20. Notwithstanding this inadequate compensation, the work of collecting vital and mortuary statistics is improving, and the physicians are responding more regularly to this work than ever before. The condition and work of this society, when the mountainous character of its territory is considered, is encouraging. The president of the society, Dr. Thomas Northen, is efficient and energetic.

CLEBURNE.—It is gratifying to be able to state that a wonderful change for the better has taken place in this society. For some two years or more, there has been no meeting of the society held. In August and September of 1892, after more or less correspondence which was largely done by Dr. Cochran, sufficient interest was manifested by some of the former members of the society to appoint a day to meet and re-organize. By agreement and invitation, Dr. Cochran and I went to Edwardsville, on the 20th of September, and met in the court room with eight of the doctors of the county. After discussing the status then occupied by the

physicians of the county and the necessity and value of a thorough medical organization to them and to the county, the society was re-organized and a complete set of officers were elected and installed. Since then, the society has held several meetings, and the prospects and outlook for this society are very fair. Number of members, sixteen, which includes all in the county eligible for membership, except one or two. No illegal doctors in the county. As yet the county health officer receives no salary. Much is due for the new and favorable change which has occurred in this county to the efficient, competent and energetic president, Dr. W. H. Bell.

CHAMBERS.—Wish the facts warranted me, in saying many pleasant words about this society. The year ending April 1st, 1893, was no improvement on the year preceding. Apathy, want of interest in medical work, and possibly professional discord have been, unfortunately, too prominent with a majority of the members of this society, and with those not members, during the past two years. Little work in any department was done last year. But there is hope yet. Only last week, on the 11th inst., there was a meeting of the society, with a larger attendance than for years, and more interest manifested. Three new members were received; the dues were paid up, new officers were elected, and two delegates were appointed to attend this meeting of the Association. The membership is about fifteen. There are physicians in the county eligible for membership, who are not members; there are perhaps five illegal doctors in this county. The county health officer does not receive any salary.

CHEROKEE.—This society, perhaps, holds about the same position as it did the year previous. There have been several additions in membership. The number of members, fourteen. There are about eighteen doctors in the county, not members. There are two illegal doctors in the county. The salary of the county health officer is \$150.00. The work in this department is not very thorough; there is room for considerable improvement. Two meetings of the society

have been held in 1893, and some interest manifested. This society was not represented at the State Association in 1891 and 1892. We have assurance that this society will be represented at this meeting.

COOSA.—Condition about the same as for the year before. "Quarterly meetings" is the rule—occasionally fail to meet. Membership about thirteen. Two reasons, chiefly, have prevented one or two of the regular meetings in 1892—and a fuller attendance, when meetings were held. First, the prevalence of la grippe and typhoid fever, over a good part of the county, and then the distance, eighteen miles, between the chief towns—Goodwater and Rockford—where the meetings are held. The health officer's salary is \$100.00, and the present official is active and energetic, and the work in this department is probably more effectively and completely done than at any time in the past. There are only a few physicians in the county who are not members. Taken altogether the condition of this society is somewhat better than last year.

COLBERT.—The condition of this society is not encouraging—hardly as good as it was last year. It meets quarterly with an average attendance of six, and has a membership of fifteen. There are probably four or five physicians in the county, eligible for membership, who are not members. I have not been able to ascertain what salary the county health officer gets, or what is the condition of the work in this department. Apathy seems to be the proper explanation of the present condition in Colbert.

CULLMAN.—The condition of this society is about as good as it was a year ago. A majority of its eleven members take an interest in the work and aims of the society. Its rule is to meet monthly; and there were twelve meetings in 1892, with an average attendance of seventy-five per cent. of its membership. There are only two or, perhaps, three physicians in the county eligible for membership who are not members. There are two doctors in the county who might be classed "illegal." The county health officer's salary is \$100.00 and the work in his department is fairly well done,

with the probability that it will be more completely done in this year than it was last year. Taken altogether, the outlook of the society is good.

DEKALB.—After summing up all the facts and testimony, would say that this society has made progress over the preceding year, and that its condition is quite favorable. It has, and has had, some difficulties to contend with, not common perhaps to some other counties. The rule of the society is to meet quarterly; but last year they held six meetings, with an average attendance of ten. Some new members were added last year. There are quite a number of doctors in this county not members; some of these doctors, strange to say, are using their influence against the society. There are some illegal doctors in the county. The Board of Medical Examiners refused certificates to several applicants they had examined. In the cases where they continued to practice, witnesses were being secured, so that the grand jury could take cognizance of this violation of the law. The board required the doctors in charge of the "Keely Institute at Fort Payne" to appear before them, for examination; one of the two was granted a certificate, and the other one was refused a certificate. The latter left there and went to Montgomery. The salary of the health officer is \$150.00. He experiences considerable difficulty in collecting vital and mortuary statistics; some of the reasons being the want of knowledge with some of the people on this important matter, and strange to say, yet unfortunately too true, "from the negligence of a number of doctors not making their returns." As this latter charge (rather call it a reproach) is not confined to the doctors of DeKalb county, allow me to remark, that it is a matter past explanation or comprehension, why, every intelligent and pains-taking physician in this State who has any professional, county, or State pride, will not, in the first part of every month, make out, and forward to the proper health officer, his monthly report; especially, when this costs him only twenty or thirty minutes time—frequently not so much, and the postage, 25 cents at most, for the year. Every physician in the State,

whether a member of a society or not, is legally and in honor bound to make regularly and faithfully these reports. It is a reproach to fail to do so, and no physician need to bear it, if he will only comply with a simple requirement of the law.

ETOWAH.—The roseate hued picture of this society, drawn by my predecessor twelve months ago, faded somewhat during the year; and bright expectations were not fully realized. In the past year there have been some dissensions, and unpleasant feelings with some of the members of the society, which resulted in reducing the membership from twenty-one to fourteen, caused by the withdrawal of several members. However, for the past three months the condition is much better and the outlook more hopeful for the future. Monthly meetings are held, with an average attendance of ten. The county health officer's salary is \$150.00, and he and the Board of Censors are working in harmony in the collection of vital and mortuary statistics. Taken altogether, the work in this department was not so well done in 1892 as it was in 1891. There are eight or ten doctors in the county eligible for membership, who are not members. There are two doctors in the county about whom there is some doubt—whether they are legal or illegal doctors. It is believed that this society will profit by its past experience, and although not so large in membership, will do better work in the future.

FAYETTE.—I regret that the facts do not warrant me in saying that there has been progress in this society. It has a "name to live," but gives very little evidence of vitality. Membership about the same as last year. There are some illegal doctors in the county. The county health officer accomplishes very little in his department. Apathy seems almost general with this society and its membership.

FRANKLIN.—The status of this society in 1892 was about the same as it was in 1891. They have resolved to do better for 1893, and the annual meeting in January indicated that this would be the case. Membership, sixteen. They have quarterly meetings, with an average attendance of ten.

There are several physicians in the county who ought to be members, but are not. There are one or two illegal doctors in the county. The county health officer does not receive any salary.

JACKSON.—With pleasure I can report that the condition of this society is good, and its record for the past year is perhaps better than any other year of its existence. The society meets monthly, and twelve meetings were held in 1892, with an average attendance of eight. At most of these meetings there was much zeal and interest manifested. One of the favorable changes noticeable is, that the interest now extends to almost every member—when before, only a few members were interested. The membership is fifteen, and there are about the same number of physicians in the county not members. It was expected that some of these outside men would join the society at the January meeting. There is one illegal doctor in the county. The county health officer's salary is \$150 per annum. The work and condition of the department of vital and mortuary statistics is about the same as for the year before.

JEFFERSON.—It is gratifying to report that this, the largest society in the State, has made considerable progress over its record of the previous year. Its condition is good. It holds bi-monthly meetings. In 1892 there were twenty-four meetings, with an average attendance of twenty-four members. Papers were read and discussed at the meetings. During the year they received twenty-seven new members, and lost five by removal. Present membership is eighty-eight. There is a large number of physicians in the county who are not members. Some of these are out of the way, and some are irregulars; and if members, would not add strength to the society. Those who are eligible and should be members have been appealed to, and importuned to become members. The health officer's salary is \$600 per annum, and he is efficient and successful in his work. There has been a marked and decided improvement in the work of collecting vital and mortuary statistics for the year 1892 over that of 1891. The outlook for 1893 is, that it will prove

a prosperous one for the society. It was my privilege and pleasure to be present in the latter part of November at one of the regular meetings of this society.

LAMAR.—This society occupies about the same position it did the year previous. It has perhaps neither progressed nor retrograded. Quarterly meetings are held, with an average attendance of six. Their meetings are made interesting and profitable to those present. The work of collecting vital and mortuary statistics is perhaps improving. The salary of the county health officer is \$25. The membership of this society is small, and the effort is being made to induce the physicians, not members, to join. There are two illegal doctors in the county.

LAUDERDALE.—It is not betraying any confidence reposed in me, and will not be imparting information to this Association, when it is stated that this society has been in a feeble, unsatisfactory and almost disorganized condition for several years. This much was about all I was able to learn from one of its former members in the latter part of 1892. The facts I shall give you now, in regard to its present status, have come to me within the past five days, through that tireless worker and vigilant sentinel, our senior censor. On last Tuesday, the 11th instant, he met with a number of physicians at Florence, and succeeded in re-organizing the society, all the former members now in the county, except one, resuming their membership, and three new members joining. New officers were elected, delegates were appointed to attend this session of the Association at Selma, and the prospect for the future of this society has greatly brightened.

LAWRENCE.—We may say that this society holds equally as good a position now as it did a year ago, with the outlook favorable for advancement in the medical year just now commenced. The county is a large one and the physicians greatly scattered, which makes it difficult for a large attendance at society meetings. Members, fifteen; average attendance, seven. There are several physicians in the county not members, who ought to be. There are probably two illegal

doctors. The county health officer's salary is \$150. The work in this department has not increased in efficiency during the past year.

LIMESTONE.—The condition of this society is by no means bright and encouraging. Meetings in 1892 were very few. Membership, nine. The salary of the county health officer is \$150. I have not been able to diagnose the cause of the low vitality in this society, and will not venture to prescribe in the case.

MADISON.—After reasonable efforts to obtain information of this society from officials, and *not succeeding*, I turned to a private member, and prompted by that courtesy and great interest which he feels for the advancement of the profession and medical organization, he replied promptly to my communication. The information obtained is not so definite or so general as I desired; but taken altogether, the condition of this society remains about the same as it was the year before. There seems to be more or less apathy with the membership, especially with the doctors living in the country. Of the number of members, number of meetings held, average attendance, the salary of the health officer, and the work in that department, I am not able to inform you.

Since the above was written, and within the past forty-eight hours, a letter from the president of this society says the outlook for the coming year is very encouraging.

MARION.—After various efforts in writing to supposed officials and private members of this society, I have completely failed to gather any information in regard to it. My letters have been unnoticed. The society may be living. I have no evidence of it. It is the only county in my division from which I failed to get some information—and therefore I am unable to give you any in regard to it.

MARSHALL.—Regret that the facts do not warrant me in reporting this society to be on the up-grade. There has been no improvement perhaps in the past year. This society is alive, but has not given much evidence of this fact by its works during the past year. Its rule is to meet quarterly,

but there was but one meeting of the society in 1892, with an attendance of six members, the total membership being nine. There are four or five doctors in the county eligible for membership, who are not members. There are two illegal doctors in the county. The county health officer does not receive any salary. The commissioners' court does not allow pay for this work. In this county, as well as some of the other counties in the northern division, the mixed, unusual and unfortunate political condition existing through the greater part of 1892, had a great deal to do in lessening interest, preventing progress and harmony in the work of county societies. Within the past five days, and since the above was written, information has been received that new life and interest has been infused into this society. Some official changes have been made, and at the beginning of this medical year is more favorable *for advancement* than ever before.

MORGAN.—It has been with some difficulty that I have obtained any information in regard to this society, as the several officials from whom I made effort to obtain it, and who knew the real condition, for some reason treated my letters with silence. What I have learned is chiefly through a member of this Association, who is always ready to respond to the call of duty, whether the call comes from suffering humanity, or from the medical body of which he is a loyal member. I regret that the condition of this society has not improved during the past year. In the year 1892 there was very little interest manifested, although the rule of the society is to hold monthly meetings, yet there were only four or five during 1892. In the February meeting of this year there was a good attendance. New officials were elected, and new resolves were passed that they would do better for the future. As "hope" is a great solace at all times, let us console ourselves with this reflection, and "hope for the best." The county health officer's salary is \$150.00, and the work in this department is being fairly well done. I am not able to give you any reliable information as to the number of members, or the number of physi-

cians in the county not members, or whether there are any illegal doctors in the county.

PICKENS.—From this picture, which is not so inspiring, let us draw one, from one of our border counties on the west, which brings hope and encouragement. The condition of this society is quite good. Better than it was the year previous, and the outlook promising for this year. The membership is twenty-one. There were three meetings held in 1892, with an average attendance of ten. These meetings were interesting and instructive. There were four new members added last year, and two lost from the society by removal. There are probably not more than two physicians in the county eligible for membership who are not members. There are no illegal doctors in the county. The work of collecting vital and mortuary statistics in 1892 was imperfectly done. The county health officer receives no salary. For 1893 a new health officer has been elected. He is competent and ambitious, a recent graduate of the Medical College of Alabama, and it is believed that there will be a very considerable improvement in this department. The board of censors meet regularly. One other fact will be given which I consider of great value and worthy to be mentioned in a report like this—it is that “a more congenial and fraternal feeling” could not exist. Wish that this could be said of all our county societies.

RANDOLPH.—We may say that this society's status in 1892 was about the same as in 1891. But very recently a favorable change has occurred, advancing it to a better condition and making the outlook more favorable for the near future. The membership is seventeen. In 1892 there were three meetings of the society, with an average attendance of ten. All of the physicians in the county eligible for membership are members. It is, perhaps, true that the society and its agent, the “Medical Examining Board,” are liable to censure for permitting graduates to practice, before passing an examination and receiving certificates to do so. There have been two or three cases of this kind, unless my information is incorrect. Very recently the board seemed to realize

that the above duty belongs to them, and will now attend to this very important and legal requirement with that promptness and fidelity which the nature and gravity of this trust certainly demands. In the department of vital and mortuary statistics, we may say that practically nothing has been done. The county commissioners have heretofore declined to make any appropriation for the services of the county health officer. But very recently they have been induced to allow \$75.00 per annum as a salary to this official. The indications at this time are that the year just entered upon will show very considerable progress in this matter, and also in the other departments of the society's work.

SHELBY.—This society maintains about the same position as for the year previous. It does not seem to progress or to retrograde. It meets monthly, with an average attendance of eight. The meetings are generally interesting and instructive. Because of the distance to travel, it is unusual to have a large attendance at the meetings. There is one illegal doctor in the county, and he has been prosecuted. The commissioners' court will not allow any salary to the county health officer. The work in this department is not in a satisfactory condition. The present membership of the society is eleven.

ST. CLAIR.—The condition of this society is quite as good now, perhaps a little better, than it was a year ago. The membership is twelve; meets quarterly; attendance not large. One cause why the attendance is not large is due to the topography of the county. There is a range of mountains running through the center of the county, dividing it into two nearly equal parts, which makes it a laborious thing, especially in bad weather, for the members on one side to go to some point on the other side of this mountain to attend a meeting of the society. There are some physicians in the county not members, who ought to be. Some effort has been made to influence them to become members, and will still be made to accomplish this end. There are no illegal doctors in the county. The county health officer's salary is \$75.00. There was a new one

elected in January. The work in this department is as good as it was the previous year. The outlook indicates that there will be improvement in its general work for 1893.

TALLADEGA.—The condition of this society can be classified as *good*. There has been no boom nor sensational revival in the past year with it; but there has been some progress and steady growth. Its quarterly meetings have all been held, with an average attendance of twelve. Those meetings have been interesting and instructive. *Twenty* represents the active membership, and *four* honorary members. There have been three new members received during the year. From the roll there have been five names removed; one because the member moved from the county; one caused by death, and three dropped from the roll, because of non-payment of dues and non-attendance at society meetings for more than two years. There are not more than four or five physicians in the county, eligible for membership, who are not members. There is one illegal doctor in the county. He registered his diploma in the probate judge's office during the time the penalty for illegal practice was inoperative, and has refused to appear before the Medical Examining Board. The county health officer's salary is \$125.00. There is improvement in this work; but the condition is not what it ought to be. The Board of Medical Examiners did some good work in the year 1892; better than any previous year. They examined four young men, graduated from four different medical colleges. *Three of these examinations* were first-class, and certificates were granted; the fourth showed the applicant to be clearly incompetent, and he was rejected. He was greatly incensed at the result; made threats against the board; said he would continue to practice, and would appeal to the State Board. He did not make good any of his assertions, and when he ascertained that another tribunal would take charge of his case, he quietly left the county, and his present location is not known to me.

TALLAPOOSA.—This society maintains about the same posi-

tion it did the year before. Its condition may be said to be fairly good. Membership, twenty-two—rule is to meet quarterly; average attendance, six. There are two physicians in the county eligible for membership, who are not members. There is one illegal doctor. The county health officer's salary is \$100.00. The work in this department has not improved any in the past twelve months. The present president of the society, and the county health officer, both recently elected, are one and the same person, and it is expected that new life will be infused and progress made in all of the work of the society for the year 1893.

TUSCALOOSA.—The condition of this society may be classed as good. It meets monthly, with a fair attendance. The physicians from the country do not attend regularly. Cannot give the exact membership, or the real condition of the work in the health department, although an effort was made to obtain the information. The salary of the county health officer is \$100.00. As worthy of remark, will state that a fraternal and agreeable spirit pervades the members of this society.

WALKER.—The condition of this society may be stated to be about as good as for the year previous. The degree of interest, through part of the year 1892, was lessened because of the unfortunate and unhealthy political excitement existing in that county; which was also the case with a number of other county societies. The number of members is sixteen. In 1892 there were six meetings, with an average attendance of seven. There are two illegal doctors in the county. One of them has been indicted, and the other one will probably comply with the law. The county health officer did receive a salary of \$120.00; am not able to say whether this is the case for 1893, as there was some doubt whether the commissioners court would continue the allowance. There probably has not been any improvement in the work of collecting vital and mortuary statistics in the year 1892 over that of 1891.

WINSTON.—This society maintains a very good position, and its condition is fully as favorable as for the year before.

It consists of a little band of seven. They hold quarterly meetings with an average attendance of six. There are only two physicians in the county, not members; one of these belongs to the Botanic, and the other, to the Homeopathic school. The health officer receives a salary of \$50.00, and work in this department is tolerably well done, with some improvement in 1892, over that of 1891. A pleasant feature exists with this little band, which shall be mentioned, "they dwell together in harmony and peace."

Thus have been brought in review the thirty-three counties of the Northern Division. By considerable effort, made in different ways, and through different persons, information and reports more or less perfect in regard to them, have been obtained from all of them, *except Marion*. In my extended and frequent correspondence, in several instances, I was surprised and disappointed, in failing to receive any response from officials from whom I confidently expected information. Then turning to unofficial members of the society, it was pleasant to receive their prompt and courteous replies.

The status of these societies, compared with the year before, might be classified under *three heads or degrees*, viz.: *Advanced, Stationary, Declined*. We may say that TWELVE of these societies have advanced; that FIFTEEN of them are stationary, and SIX of them have declined. The information gathered during the past year, as to the moral, intellectual and professional status, and character of the physicians of Alabama, convinces me that *the work* of organization, education and qualification, is not completed; and *therefore* it should continue to be *one* of the great aims and ends of this Association. Second, in this "campaign of education," we should insist and demand, *first*, that proper preliminary educational qualification must be possessed by the would-be doctor. *Second*, evidence of a thorough *medical education*, and *third*, the combination with the two preceding requirements, of *moral integrity*, with the intelligent apprehension of the high plane a physician should occupy.

THE ANNUAL REPORT OF THE SECRETARY.

Mr. President:

Since I received from you, through our honored Senior Censor, on February 20th last, my appointment as Secretary of this Association, I have endeavored to do the work as faithfully and as correctly as I could, with the somewhat incorrect data at my command.

The books, as transferred to me by my predecessor, were models of neatness, and though they were not written up to date, still I dare say they would have been, by the time of this meeting.

The Grand Roll of Honor (the Book of the Dead) now contains twenty-two portraits of those who have passed away from the work they have so faithfully performed while with us—two more than when we met last April in Montgomery. These two are Dr. Peter Bryce, of Tuscaloosa and Dr. Daniel Edgarly Smith, of Mobile. I have succeeded in obtaining the necessary information, and have written a brief life-history of these distinguished members of our Association.

Through the assistance of Dr. Jerome Cochran, I have also been enabled to write up the life-history of Dr. M. H. Jordan, of Birmingham, and with the assistance of Dr. B. J. Baldwin, our former president, that of Dr. J. S. Weatherly, of Montgomery.

I take this opportunity to express my thanks to Dr. Jno. A. Pritchett of Hayneville, for the assistance he has rendered me in getting the necessary data for the life-history of Dr. John Patrick Mushatt, of Hayneville, and I also express my thanks to Dr. William H. Sanders, of Mobile, for his valuable assistance in the preparation of the life-histories of Drs. William H. Anderson and Caleb Toxey, both of Mobile. I have also succeeded in compiling a brief history of Drs.

Wm. D. Bizzell of Atlanta, Ga., and Edmund Pendleton Gaines, of Mobile. The latter two I have arranged as best I could, from such information as I could find in the "Book of the Rolls" and in the various volumes of the "Transactions."

I therefore, Mr. President, present you the "Book of the Dead," complete to date.

"The Book of Portraits" is not complete by any means, though I have addressed a written request to each counsellor, whose portrait is absent from this album. So far, however, I have received but two portraits in reply, viz: those of Dr. Shirley Bragg and Dr. Thaddeus L. Robertson.

I hope our honored Board of Censors will see fit to make some recommendation to the Association, which will enable the Secretary to complete this work, which forms such an interesting feature of our Association.

The "Book of the Rolls" is not complete, but I have endeavored to obtain all the information necessary. Such as I have obtained, I have inserted. Unless the counsellors reply to the requests, the Secretary is unable to keep up this book, which is the most important of all.

At the last meeting of the Association, held in Montgomery, there were seven counsellors elected. Of these, all have accepted the honor and signed the counsellor's pledge, except two, viz: Dr. Allen Love Warren of Kowaliga, Elmore county, who declined the honor, March 11th, on account of ill health, and Dr. Edward Pierson Nicholson, Valley Head, DeKalb county.

On March 3rd, I mailed about fifteen hundred (1500) copies of the annual circular, containing the necessary information for the members, delegates, &c., in regard to the present meeting. The special rates I obtained, partly through Mr. M. Slaughter, of Atlanta, Assistant Commissioner Southern Passenger Association, and partly through the general passenger agents of those roads, which are not members of that association.

After consultation with the Senior Censor, and with your own approval, I purchased for the use of the Secretary, a

cabinet-desk, as a place for safe-keeping of all the books, seals and other property of the Association, belonging to the office of the Secretary. The cost of this desk was twenty-five dollars.

All of which is respectfully submitted.

J. R. JORDAN, M. D.,
Secretary.

THE ANNUAL REPORT OF THE PUBLISHING
COMMITTEE.

Mr. President :

We beg to submit the following report, as the result of our work for the past year :

Eleven hundred copies of the Transactions at a cost of—

Printing.....	\$ 854 80
Binding.....	198 00
Shipping, including postage.....	88 68—\$1,141 48

800 examination blanks.....	2 50
650 postal cards and printing (two forms).....	9 50
700 envelopes and printing.....	1 50
800 application blanks, Form 8.....	5 00
1500 annual circulars (Dr. Jordan).....	6 00—\$ 24 50

Total expenditures. \$1,165 98

Publications received through the State Board of Health Library during the year 1892—

Transactions State Medical Societies.....(No. copies.)	23
Annual Reports State Boards Health.....	24
Annual Reports City Boards Health.....	10
Monthly Statements of Boards Health (for '92, sets complete)..	16
Weekly Statements of Boards Health.....	8
Monthly Medical and Surgical Journals (regular).....	11
Miscellaneous Med. Journals, Essays, Lectures, Monographs, &c.	156
Government Publications.....	105
Total.....	348

In addition to the above publications received by the State Board of Health Library, the following were contributed by Dr. J. A. Wilkinson, Flomaton, Ala. :

- The Journal of Obstetrics for 1886-87-88 (complete).
- The New Orleans Medical and Surgical Journal for 1882-83-84-85-86-87-88-89-90-91 (complete).
- The N. Y. Medical Record for 1885-86-87-88-89-90-91 (complete).
- Medical Statistics, vols. 1-2, 1875.

Monthly Medical and Surgical Periodicals that came regularly:

The Alabama Medical and Surgical Age.
 The Atlanta Medical and Surgical Journal.
 The Virginia Medical Monthly.
 The Texas Sanitarian.
 The Sanitary Inspector (Augusta, Me.).
 The Sanitary Record (Columbus, Ohio).
 Practice (Richmond, Va.).
 Merck's Bulletin (New York).
 Physical Education (Massachusetts).
 The Monthly Bulletin (Rhode Island).
 The Analyst (N. Y.) (semi-monthly).

Monthly and Weekly Statements of Boards of Health that came regularly:

MONTHLY.

For the City of Mobile, Ala.
 " " " " Nashville, Tenn.
 " " " " Portland, Me.
 " " " " Chicago, Ill.
 " " " " San Antonio, Texas.
 " " " " Denver, Colorado.
 " " " " Des Moines, Iowa.
 " " " " St. Paul, Minn.
 " " " " Tacoma, Wash.
 Bulletin State Board of Health of Tennessee.
 " " " " Iowa.
 " " " " Connecticut.
 " " " " North Carolina.
 " " " " Minnesota.
 " " " " California.
 " " " " New York.

WEEKLY.

For the City of Pensacola, Fla.
 For the City of New Orleans, La.
 Abstract Sanitary Reports, Washington, D. C.

Of the eleven hundred copies of the Transactions published, there were distributed—

To County Societies	566
Delegates	88
Counsellors (95)	190
Correspondents	12
Exchanges—State Boards of Health	88
" Medical Associations	8

REPORT OF THE PUBLISHING COMMITTEE. 73

Federal Government.....	8
State Government.....	6
Miscellaneous—Honors.....	2
Alabama State Board of Health Library.....	186
Secretary's office.....	1
Total distribution.....	<u>1100</u>

NOTE.—It will be seen that the report of the Publishing Committee does not correspond with that of the Treasurer. The reason of this is that our report begins with April 27th, 1892, while that of the Treasurer begins earlier in the year.

**J. R. JORDAN, M. D.,
R. F. MICHEL, M. D.,
Publishing Committee.**

THE ANNUAL REPORT OF THE TREASURER.

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WALTER CLARK JACKSON, M. D., *Treasurer,*

In account with the Medical Association of the State of Alabama,  
from April 12th, 1892, to April 18th, 1893.

TO ANNUAL DUES OF COUNSELLORS—

GRAND SENIOR COUNSELLORS.

|                                             |          |
|---------------------------------------------|----------|
| Abernethy, William Henry, Tinela.....       | \$ 10 00 |
| Baldrige, Milton Columbus, Huntsville.....  | 10 00    |
| Brockway, Dudley Samuel, Livingston.....    | 10 00    |
| Brown, Pugh H., Troy.....                   | 10 00    |
| Bryce, Peter, Tuscaloosa.....               | 10 00    |
| Cason, Davis Elmore, Ashville.....          | 10 00    |
| Cochran, Jerome, Mobile.....                | 10 00    |
| Cross, Benjamin Franklin, Decatur.....      | 10 00    |
| DuBose, Wilds Scott, Columbiana.....        | 10 00    |
| Franklin, Charles Higgs, Union Springs..... | 10 00    |
| Fletcher, Richard Matthew, Madison.....     | 10 00    |
| Furniss, John Perkins, Selma.....           | 10 00    |
| Gaines, Vivian Pendleton, Mobile.....       | 10 00    |
| Gaston, John Brown, Montgomery.....         | 10 00    |
| Goodwin, Joseph Anderson, Jasper.....       | 10 00    |
| Hayes, Robert Hughes, Union Springs.....    | 10 00    |
| Hendrick, Gustavus, Brundidge.....          | 10 00    |
| Hill, Samuel Henry, Carrollton.....         | 10 00    |
| Hogan, Samuel Mardis, Union Springs.....    | 10 00    |
| Hopping, Daniel Stiles, Letohatchie.....    | 10 00    |
| Jackson, Robert Dandridge, Summerfield..... | 10 00    |
| Jackson, Walter Clark, Montgomery.....      | 10 00    |
| Jay, Andrew, Evergreen.....                 | 10 00    |
| Johnston, William Henry, Birmingham.....    | 10 00    |
| Jones, Capers Capehart, East Lake.....      | 10 00    |
| Kendrick, Joel Cloud, Greenville.....       | 10 00    |
| Kendrick, William Toulmin, Montgomery.....  | 10 00    |
| Ketchum, George Augustus, Mobile.....       | 10 00    |
| Luckie, James Buchner, Birmingham.....      | 10 00    |
| McKinnon, John Alexander, Selma.....        | 10 00    |
| McKittrick, Adam Alexander, Evergreen.....  | 10 00    |
| Means, Thomas Alexander, Montgomery.....    | 10 00    |

THE REPORT OF THE TREASURER.

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|                                              |          |
|----------------------------------------------|----------|
| Michel, Richard Fraser, Montgomery.....      | \$ 10 00 |
| Moody, Joseph, Franconia.....                | 10 00    |
| Peterson, Francis Marion, Greensboro.....    | 10 00    |
| Prince, Francis Marion, Bessemer.....        | 10 00    |
| Pritchett, John Albert, Hayneville.....      | 10 00    |
| Robertson, Thaddeus Lindlay, Birmingham..... | 10 00    |
| Sanders, William Henry, Mobile.....          | 10 00    |
| Sears, John William, Birmingham.....         | 10 00    |
| Seelye, Samuel Dibble, Montgomery.....       | 10 00    |
| Sholl, Edward Henry, Birmingham.....         | 10 00    |
| Sledge, William Henry, Livingston.....       | 10 00    |
| Smith, Daniel Edgarly, Mobile.....           | 10 00    |
| Starr, Lucius Ernest, Camden.....            | 10 00    |
| Stovall, Andrew McAdams, Jasper.....         | 10 00    |
| Thetford, William Fletcher, Talladega.....   | 10 00    |
| Thigpen, Job, Greenville.....                | 10 00    |
| Thomas, James Grey, Mobile.....              | 10 00    |
| Wall, Conrad, Forest Home.....               | 10 00    |
| Webb, Robert Dickens, Birmingham.....        | 10 00    |

\$ 500 00

THE SENIOR COUNSELLORS.

|                                            |          |
|--------------------------------------------|----------|
| Baldwin, Benjamin James, Montgomery.....   | \$ 10 00 |
| Bragg, Shirley, Lowndesboro.....           | 10 00    |
| Darby, John Isaac, Columbia.....           |          |
| Goggans, James Adrian, Alexander City..... | 10 00    |
| Goodwin, Albert, Eufaula.....              | 10 00    |
| Huggins, Jacob, New Berne.....             | 10 00    |
| Inge, Henry Tutwiler, Mobile.....          | 10 00    |
| Kendrick, Joel Beder, Birmingham.....      | 10 00    |
| Lowry, Samuel Hickman, Huntsville.....     | 10 00    |
| Nolen, Abner Jackson, New Site.....        | 10 00    |
| Redden, Robert James, Sulligent.....       | 10 00    |
| Rushing, Francis Marion, Elba.....         |          |
| Searcy, James Thomas, Tuscaloosa.....      | 10 00    |
| Trent, Powhatan Green, Rock Mills.....     | 10 00    |
| Whaley, Lewis, Birmingham.....             | 10 00    |
| Whelan, Charles, Birmingham.....           | 10 00    |
| Wilkerson, Wooten Moore, Montgomery.....   | 10 00    |
| Wilkinson, James Anthony, Flomaton.....    | 10 00    |

\$ 160 00

THE JUNIOR COUNSELLORS.

|                                           |          |
|-------------------------------------------|----------|
| Barnes, Benjamin Shields, Suggsville..... |          |
| Binford, Peter, Somerville.....           | \$ 10 00 |
| Camp, Erasmus Taylor, Gadsden.....        | 10 00    |

|                                                 |          |
|-------------------------------------------------|----------|
| Coley, Andrew Jackson, Alexander City.....      | \$ 10 00 |
| Copeland, William Preston, Eufaula.....         | 10 00    |
| Crook, John Martin, Jacksonville.....           | 10 00    |
| Deweese, Thomas Peters, Nauvoo.....             | 10 00    |
| Dowling, Oscar, Columbia.....                   | 10 00    |
| Goode, Rhett, Mobile.....                       | 10 00    |
| Harlan, John Jefferson, Hayneville.....         | 10 00    |
| Hatchett, James Benton, Athens.....             | 10 00    |
| Heacock, John William, Alpine.....              | 10 00    |
| Hill, Luther Leonidas, Montgomery.....          | 10 00    |
| LeGrand, John Calhoun, Anniston.....            | 10 00    |
| Marechal, Edwin Lesley, Mobile.....             | 10 00    |
| McWhorter, George Tilghman, Riverton.....       | 10 00    |
| Purdon, John Edward, Cullman.....               | 10 00    |
| Rand, Edgar, Leighton.....                      | 10 00    |
| Robinson, Christopher Americus, Huntsville..... | 10 00    |
| Stewart, John Pope, Attalla.....                | 10 00    |
| Thomason, William Levi, Guntersville.....       | 10 00    |
| Toole, Barekley Wallace, Talladega.....         | 10 00    |
| Wheeler, William Camp, Huntsville.....          | 10 00    |
| Wilkerson, Charles A., Marion.....              | 10 00    |

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\$ 280 00

## THE COUNSELLORS ELECT.

|                                             |          |
|---------------------------------------------|----------|
| Blake, Wyatt Hefin, Lineville.....          | \$ 10 00 |
| Duggar, Reuben Henry, Gallion.....          | 5 00     |
| Jordan, James Reid, Montgomery.....         | 5 00     |
| Nicholson, Edward Pierson, Valley Head..... |          |
| Warren, Allen Love, Kowaliga.....           |          |
| Whitfield, Bryan Watkins, Demopolis.....    | 5 00     |
| Wilkinson, John Edward, Prattville.....     | 10 00    |

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\$ 85 00

## To DUES FROM MEDICAL SOCIETIES—

|               |         |
|---------------|---------|
| Autauga.....  | \$ 8 00 |
| Barbour.....  | 13 00   |
| Baldwin.....  | 8 00    |
| Bibb.....     |         |
| Blount.....   |         |
| Bullock.....  | 17 00   |
| Butler.....   | 7 00    |
| Calhoun.....  | 29 00   |
| Chambers..... |         |
| Chilton.....  | 8 00    |
| Choctaw.....  | 12 00   |
| Cherokee..... | 12 00   |

THE REPORT OF THE TREASURER.

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|                 |          |
|-----------------|----------|
| Clarke.....     | \$ 14 00 |
| Clay.....       | 10 00    |
| Cleburne.....   | 5 00     |
| Coffee.....     | 4 00     |
| Colbert.....    | 3 00     |
| Conecuh.....    | 5 00     |
| Coosa.....      | 9 00     |
| Covington.....  | 3 00     |
| Crenshaw.....   | 10 00    |
| Cullman.....    | 6 00     |
| Dale.....       | 11 00    |
| Dallas.....     | 23 00    |
| DeKalb.....     | 18 00    |
| Elmore.....     | 16 00    |
| Escambia.....   | 10 00    |
| Etowah.....     | 8 00     |
| Fayette.....    | 4 00     |
| Franklin.....   | 5 00     |
| Geneva.....     |          |
| Greene.....     | 8 00     |
| Hale.....       | 6 00     |
| Henry.....      | 19 00    |
| Jackson.....    | 13 00    |
| Jefferson.....  | 60 00    |
| Lamar.....      | 7 00     |
| Lauderdale..... |          |
| Lawrence.....   | 8 00     |
| Lee.....        | 5 00     |
| Limestone.....  | 8 00     |
| Lowndes.....    | 12 00    |
| Macon.....      | 12 00    |
| Madison.....    | 11 00    |
| Marengo.....    | 17 00    |
| Marshall.....   | 7 00     |
| Mobile.....     | 5 00     |
| Monroe.....     | 10 00    |
| Montgomery..... | 23 00    |
| Morgan.....     | 10 00    |
| Perry.....      | 11 00    |
| Pickens.....    | 5 00     |
| Pike.....       | 11 00    |
| Randolph.....   | 6 00     |
| Russell.....    | 8 00     |
| Shelby.....     | 5 00     |
| St. Clair.....  | 11 00    |
| Sumter.....     | 9 00     |



|                 |         |
|-----------------|---------|
| Talladega.....  | \$ 9 00 |
| Tallapoosa..... | 6 00    |
| Tuscaloosa..... | 18 00   |
| Walker.....     | 12 00   |
| Washington..... |         |
| Wilcox.....     | 4 00    |
| Winston.....    | 6 00    |

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\$ 620 00

**TO DUES FROM DELEGATES—**

|                                                     |         |
|-----------------------------------------------------|---------|
| Autauga—Walter Jay Bell, Prattville.....            | \$ 5 00 |
| Barbour—Samuel Augustus Holt, Eufaula.....          | 5 00    |
| Bullock—Samuel Calvin Cowan, Union Springs.....     | 5 00    |
| Henry Mitchell Hunter, Union Springs.....           | 5 00    |
| Butler—Francis Marion Thigpen, Greenville.....      | 5 00    |
| Calhoun—William Buchanan Arberry, Anniston.....     | 5 00    |
| John Howard Murfree, Anniston.....                  | 5 00    |
| Clarke—Gross Scruggs Chapman, Jackson.....          | 5 00    |
| Colbert—James Marion Pinkston, Sheffield.....       | 5 00    |
| Coosa—Julius Jones, Rockford.....                   | 5 00    |
| Crenshaw—William Henry Costan, Leon.....            | 5 00    |
| Joseph Robert Horn, Luverne.....                    | 5 00    |
| Cullman—Edward A. H. Purdon, Cullman.....           | 5 00    |
| Dale—Robert Franklin Harper, Ozark.....             | 5 00    |
| Dallas—Edward Burton Ward, Selma.....               | 5 00    |
| DeKalb—Edward Pierson Nicholson, Valley Head.....   | 5 00    |
| Elmore—James Augustus Howle, Jordan.....            | 5 00    |
| William Allen Huddleston, Wetumpka.....             | 5 00    |
| Escambia—Stephen Cary Henderson, Brewton.....       | 5 00    |
| John Elijah Martin, Brewton.....                    |         |
| Etowah—William Sterling Edwards, Gadsden.....       | 5 00    |
| Fayette—Thomas Clark Morton, Fayette C. H.....      | 5 00    |
| Hale—Reuben Henry Duggar, Gallion.....              | 5 00    |
| Rufus Jackson Griffin, Carthage.....                | 5 00    |
| Henry—John Robert Graves Howell, Dothan.....        |         |
| Jefferson—John Thomas Chapman, Bessemer.....        | 5 00    |
| Robert Neal Ramsay, Thomas.....                     | 5 00    |
| Lamar—William Locke Morton, Vernon.....             | 5 00    |
| Lee—William Calvin Hanson, Auburn.....              | 5 00    |
| Macon—Clarence Lee Crawford Atkeson, Notasulga..... | 5 00    |
| Madison—Louis Mills Siddons, Gurley.....            | 5 00    |
| Marengo—Robert Bell McCants, Faunsdale.....         | 5 00    |
| Bryan Watkins Whitfield, Demopolis.....             | 5 00    |
| Marshall—Thaddeus Alonzo Casey, Galliton.....       | 5 00    |
| Phocian B. Lusk, Gunterville.....                   | 5 00    |
| Mobile—William Richard Jackson, Mobile.....         | 5 00    |
| Samuel Rutherford Olliphant, Mobile.....            | 5 00    |

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|                                                       |           |
|-------------------------------------------------------|-----------|
| Montgomery—Robert Sommerville Hill, Montgomery.....   | \$ 5 00   |
| Isaac LaFayette Watkins, Montgomery.....              | 5 00      |
| Morgan—Samuel Lile, New Decatur.....                  | 5 00      |
| Pickens—Victor Savage, Gordo.....                     | 5 00      |
| Pike—Charles McSwean, Brundidge.....                  | 5 00      |
| Shelby—John Harford Williams, Columbiana.....         | 5 00      |
| Sumter—Samuel Patton Hand, Coatopa.....               | 5 00      |
| Talladega—George Armstrong Hill, Sylacauga.....       | 5 00      |
| Jason Samuel McCants, Talladega.....                  | 5 00      |
| Tallapoosa—Joseph Wiley McClendon, Jackson's Gap..... | 5 00      |
| Tuscaloosa—Joseph Louis Fant, Tuscaloosa.....         | 5 00      |
| Walker—Charles Beaufort Jackson, Horse Creek.....     | 5 00      |
| Total from Delegates.....                             | \$ 285 00 |

**EXPENDITURES.**

|                                        |             |
|----------------------------------------|-------------|
| By expenses printing Transactions..... | \$ 1,211 48 |
| rent theatre.....                      | 50 00       |
| expenses last session.....             | 65 20       |
| Dr. T. A. Means.....                   | 105 47      |
| " ".....                               | 141 55      |
| Dr. J. R. Jordan.....                  | 18 05       |
| W. C. Holt.....                        | 2 60        |
| G. W. Beers & Co., printers.....       | 18 95       |
| Dr. J. R. Jordan.....                  | 2 68        |
| W. C. Holt.....                        | 1 75        |
| book case.....                         | 25 00       |
| registrar.....                         | 10 00       |
| Dr. W. C. Jackson, salary.....         | 100 00      |
| " " postage.....                       | 5 00        |
| Dr. J. R. Jordan.....                  | 50 76       |
| By total of all expenditures.....      | \$ 1,804 44 |

**SUMMARY STATEMENT.**

|                                        |             |
|----------------------------------------|-------------|
| To balance on hand last statement..... | \$ 1,273 68 |
| dues from counsellors.....             | 925 00      |
| dues from medical societies.....       | 620 00      |
| dues from delegates.....               | 245 00      |
| cash from sale of Transactions.....    | 11 00       |
| interest on deposit.....               | 92 04       |
| Total receipts.....                    | \$ 3,166 67 |
| By total expenditures.....             | 1,804 44    |
| To balance due Association.....        | \$ 1,362 28 |
| By credit to Association Moses Bank... | 1,800 58    |
| To cash balance.....                   | 50 65       |

**NOTE.**—By vote of the Association the Treasurer is relieved of all responsibility for the money deposited by him in the Moses Bros. Bank. At the time of last report this deposit amounted to \$1,584.46; this amount was augmented by interest allowed between time of suspension of the bank and time when the bank was placed in the hands of Commissioners, amounting to \$92.04, making a total of \$1,676.50. During the past year the Commissioners have paid dividends to the amount of \$325.92, which leaves the claim against Moses Brothers in the amount as stated above. This claim is now the property of the Association, and the Treasurer is charged with the duty of collecting for the Association such dividends thereon as may from time to time become available.

**REMARKS.**

The following counsellors have not paid their dues: Drs. S. H. Hill, F. M. Rushing, John I. Darby and B. S. Barnes.

The following counsellors-elect failed to accept the positions: Drs. Edward Pierson Nicholson, and Allen Love Warren.

The following county societies have paid no dues: Bibb, Blount, Chambers, Geneva, Lauderdale and Washington.

All of which is respectfully submitted,

W. C. JACKSON,  
Treasurer.

After the reading of this report, as the hour was late, the Senior Censor, Dr. Jerome Cochran, moved that the Monitor's address be postponed until the evening session at the theatre, and that it be delivered immediately after the annual oration. Carried.

The Association, on motion, adjourned at 3 P. M. to meet in the Academy of Music at 8 P. M.

## EVENING SESSION—ACADEMY OF MUSIC.

The Association was called to order at 8:30 P. M. by the President, who immediately introduced to the audience the ORATOR of the Association, Dr. Glenn Andrews, of Montgomery.

(This address will be found in the Appendix of Medical and Sanitary Dissertations and Reports.)

The President next introduced Dr. William Henry Sanders, of Mobile, who delivered the MONITOR'S ADDRESS.

(This address will be found in the Appendix of Medical and Sanitary Dissertations and Reports.)

The Association and audience were also entertained by a programme of music and recitations by local talent.

## PROCEEDINGS OF THE SECOND DAY.

WEDNESDAY, APRIL 19—MORNING SESSION.

## REGULAR REPORTS.

The Association was called to order at 10 A. M. by the President, and opened with prayer by Rev. R. W. Barnwell, of Selma.

There being no miscellaneous business, the Secretary proceeded to call the schedule of the Regular Reporters in the following order:

- (1) Thomas Willborn Ayers, M. D., Jacksonville; Progress of Medicine.
- (2) Eugene DuBose Bondurant, M. D., Tuscaloosa; Insanity in Alabama.
- (3) Russell McWhorter Cunningham, M. D., Pratt Mines; The Negro as a Convict.
- (4) Luther Leonidas Hill, M. D., Montgomery; Progress in Surgery.
- (5) Thomas Duke Parke, M. D., Birmingham; Continued Fevers in Birmingham.
- (6) John Albert Pritchett, M. D., Hayneville; Tuberculosis in the Negro.
- (7) Isaac LaFayette Watkins, M. D., Montgomery; Gynæcology.

The Association then, at 4 P. M., adjourned.

**NOTE.**—The foregoing reports were read in the order given, and under the rules, were referred to the Publishing Committee. These reports, with the discussions following them, will be found in the Appendix of Medical and Sanitary Dissertations and Reports, in the latter part of this volume.

EVENING SESSION.

The Association was called to order at 8 p. m. by the President.

Under the head of miscellaneous business, the discussion of Dr. Parke's report on "Continued Fevers in Birmingham," was continued.

Upon the conclusion of this discussion, at 10 p. m., the Association, on motion, adjourned.

## PROCEEDINGS OF THE THIRD DAY.

THURSDAY, APRIL 20—MORNING SESSION.

## THE OMNIBUS DISCUSSION.

The Association was called to order at 10 A. M. by President Searcy, and opened with prayer by the Rev. A. J. Lamar, of Selma.

Under the head of miscellaneous business, the President announced that there was one regular report which had not been read, viz: Dr. I. L. Watkins'; subject, Gynæcology—(see preceding page).

This report was then read by Dr. Jordan in the absence of Dr. Watkins, which, with the discussion, will be found in the proper place.

The discussion of the regular reports was here ended, and the Association at once proceeded to the Omnibus Discussion.

The following list of volunteer papers was then called by the Secretary, and they were read and discussed in the order named:

- (1) Andrew Boyd, M. D., Scottsboro; Fistula in Ano.
- (2) W. E. B. Davis, M. D., Birmingham; Ectopic Gestation. (Specimens).
- (3) W. W. Harper, M. D., Selma; Skin Grafting.
- (4) W. H. Johnston, M. D., Birmingham; Tedious and Powerless Labors; their Causes and Treatment.
- (5) Goldsby King, M. D., Selma; Case of Osteo-Myelitis. (Exhibiting the patient).
- (6) William H. Sanders, M. D., Mobile; Glioma Retinae.
- (7) R. D. Webb, M. D., Birmingham; "Death." (This paper was read by Dr. E. H. Scholl, M. D., Birmingham).
- (8) A. M. Stovall, M. D., Jasper; Infant Feeding.

(9) Charles A. Thigpen, M. D., Montgomery; Post-Nasal Adenoid Growths and their Treatment.

(10) R. S. Hill, M. D., Montgomery; Surgery. (Read by title).

(11) B. R. Pearson, M. D., Montgomery; Some of the More Common Diseases of the Rectum. (Read by title).

The omnibus discussion was here ended, and Dr. E. H. Sholl, of Birmingham, moved that the hour of meeting for Friday, April 21, be changed from 10 A. M. to 9 A. M. Carried.

The Association, then, at 3 P. M., on motion, adjourned.

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THURSDAY, APRIL 20—EVENING SESSION.

The Association was entertained at the Hotel Albert by a reception and a lunch given by the local profession.



## PROCEEDINGS OF THE FOURTH DAY.

FRIDAY, APRIL 21.

## EXECUTIVE BUSINESS.

The Association was called to order at 9 A. M. by President Searcy, and opened with prayer by the Rev. J. W. Duvall, of Selma.

There being no miscellaneous business, Dr. B. W. Toole, of Talladega, moved the following—

## VOTE OF THANKS.

At the close of this session of the Medical Association of the State of Alabama, we claim the privilege and pleasure of making some acknowledgment of the kindly attention and generous hospitality of which we have been the recipients from the warm-hearted people of this beautiful city, and which will cause us to remember this meeting with more than ordinary satisfaction. It has been an appropriate celebration of the twenty-fifth anniversary of this Association in the place of its real birth.

*First*—To the municipal authorities for the cordial greeting and eloquent words of welcome extended to us by their Mayor, Hon. H. H. Stewart.

*Second*—To the citizens of Selma for their thoughtful attentions and unceasing efforts to make our sojourn with them in every way pleasant.

*Third*—To the medical profession of the city and county for their kindness and the warm-hearted welcome given us by their representative, Dr. S. G. Gay.

*Fourth*—To the ladies and gentlemen who rendered the first evening of our session so delightful with music—soft, enchanting melody,—our thanks are due.

*Fifth*—To the local profession and citizens, we would return thanks for the very elegant reception given to the Association on Thursday evening at the Hotel Albert, where the beauty, wit, refreshment and hospitality of this fair city were so harmoniously blended and exhibited, as the hundreds of ladies and gentlemen enjoyed the sumptuous

repast in the capacious and attractive dining-room of the stately and beautiful Hotel Albert.

*Sixth*—To the railroads of the State that have given us a reduction of fare in attending our annual session, and to the Press of the city for the pleasant notice and reports they have given of us and our proceedings, our sincere thanks are returned.

With grateful recollections of all of these courtesies and attentions, we will return to our homes with hearts full of pleasant memories of our visit to this beautiful city.

The Report of the Board of Board of Censors was then read as follows :

**THE TWENTIETH ANNUAL REPORT OF THE  
BOARD OF CENSORS, INCLUDING REPORTS OF  
THE STATE BOARD OF MEDICAL EXAMINERS  
AND COMMITTEE OF PUBLIC HEALTH.**

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**SUMMARY OF CONTENTS.**

**PART I. THE REPORT OF THE BOARD OF CENSORS.** The Work of the State Association—The President's Message—The Reports of the Vice-Presidents—The Report of the Secretary and the Book of the Rolls—The Report of the Publishing Committee—The Report of the Treasurer and the Book of Accounts—The Roll of the Correspondents—Revision of the Minutes of 1892—Amendments to the Constitution—Delinquent County Societies—Recent Medical Legislation—The Historian—Case of Dr. W. C. Wheeler—Banquets and Receptions—The Work of the County Societies.

**PART II. THE REPORT OF THE STATE BOARD OF MEDICAL EXAMINERS.** The Work of the State Board—Dollar Dues for Examination Papers—Important Suggestions for the Medical Examining Boards—New Rules for the Examining Boards—Illegal Practitioners—Beneficiary Scholarships—Remarks by Members of the State Board—The Work of the County Boards.

**PART III. THE REPORT OF THE STATE BOARD OF HEALTH.** The Work of the State Board—Financial Statement—Inspection of Jails and Poor Houses—Conference of State Boards of Health—The Work of the County Boards of Health.

**PART IV. SUPPLEMENTARY PAPERS.** The Cholera Conference—The New National Quarantine Law.

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**PART I. THE REPORT OF THE BOARD OF CENSORS.**

**THE WORK OF THE STATE ASSOCIATION.**

We have again to report that the Association is in a condition of prosperous and progressive activity. Our aggregate membership continues to increase, and the auxiliary county societies, taking them altogether, have improved in organization and efficiency. At the same time, as has

been the case at all periods of our history, there are several of our county societies that have not reached any high standard in the discharge of their responsible duties under the law of the state and under the rules of the association. These less prosperous societies are mostly to be found in counties where the members of the profession are greatly scattered, and where attendance on society meetings involves considerable inconvenience. Such societies should be assiduously fostered and encouraged, and should be watched over with untiring solicitude by the officers of the association. The existence of these societies that do not prosper furnishes the special field in which can be best utilized the efforts of our presidents and vice-presidents. Those officers are in command, and should look after the efficiency of every company and regiment of the great association army. They should stimulate officers of the county societies to the prompt, constant and energetic discharge of the duties severally incumbent upon them; and should know no rest or weariness until they are able to report every society in the state in good working order. In this way the spirit and power of our organization and discipline will be made gradually to pervade the entire rank and file of the profession of the state. But in spite of the fact that some of the county societies are not so prosperous as they ought to be, we have good reason to congratulate ourselves on the progress that has been achieved. The points of greatest weakness—those that stand most in need of energetic and wise attention and management—will be specially mentioned in subsequent sections of this report.

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THE PRESIDENT'S MESSAGE.

We have duly considered the suggestions and recommendations of the President's Message, and proceed to discuss them *seriatim* :

*The First Recommendation.*

The president devotes the first part of his message to the discussion of the fundamental laws of human progress, and to the importance in the evolution of that progress of high ethical aims—of the subordination of narrow and egoistic aspirations to those more comprehensive altruistic principles that minister to the welfare of societies and commonwealths. His utterances in regard to these matters are full of wisdom and worthy of careful study—worthy, indeed, to find lodgement in the minds and hearts of all of us, and to be made the everyday rules of our conduct.

*The Second Recommendation.*

The next contention of the president is, that the members of the college of counsellors have not fully appreciated the character and extent of their obligation to exert themselves for the promotion of the welfare of the association. Our counsellors have done well, but many of them might have done better. In all great emergencies they come to the front and can be depended on to do their full duty. But they are often negligent of those little every-day details which so often need so much to be looked after, and which, taken in the aggregate, are of so much importance in the history of individuals and in the history of societies. No counsellor should feel that he has given to the association the full measure of service which the association has the right to expect of him as long as any part of the work of his county society is in any way neglected or inadequately accomplished. He should claim as belonging to him by special right all positions in his county society that involve irksome effort, unusual expense of time or money, or unpleasant responsibility. Such is the sum and substance of the counsellor's pledge.

If any county society is not harmonious and prosperous the counsellors who belong to it, if there are any, must bear the most of the blame. If any county board of medical examiners is negligent or inefficient; or if any county board of

health falls short of its duty, it is because the counsellors have not sufficiently exerted themselves. They have the high places in the association, and they should understand that honors and privileges are, and of right ought to be, inseparably associated with obligations and responsibilities. Almost the highest honor that an Alabama doctor can aspire to is to become a counsellor of the association; and highly honorable as this distinction now is, it will become more and more honorable as the years pass away, that is to say, as the medical profession of the state increases in numbers and ability, and especially as the counsellors themselves live unselfish and noble lives and show themselves zealous of good works. If every counsellor of the association was always on the alert to do it some service, it would flourish like a green bay tree.

*The Third Recommendation.*

There can be no question as to the propriety of the president's plea for the better education of our doctors, both as to a better scholastic and scientific education preliminary to the study of medicine, and as to instruction in the various branches of the medical curriculum in the medical schools of this country. Too many of our young men begin the study of medicine without a decent knowledge of their mother tongue. Such inadequately prepared medical students naturally flock to those inferior medical colleges where the standard of matriculation is lowest, and where graduation is easiest, and so begin the practice of medicine with a minimum of medical knowledge as well as a minimum of scholarly accomplishments. In Alabama the evils growing out of this state of facts are so great as to excite serious apprehension in the minds of those who have at heart the honor of the profession and the welfare of the people of the state.

*The Fourth Recommendation.*

We heartily concur with the president in his remarks in reference to the general subject of quarantine, and specially of the quarantine board of Mobile Bay. It is certainly not desirable that there should be two separate quarantine authorities with separate jurisdictions for the city of Mobile. It is certainly reasonable to insist that the regularly constituted health authorities of the state should have the control of all quarantines in the state and of all matters relating to the medical control of quarantine. It is certainly true that the creation of the quarantine board of Mobile Bay, composed largely of lawyers and merchants, by the General Assembly two years ago was a mistake, and a mistake that ought to be corrected without undue delay. The quarantine of the port of Mobile is not of merely local concern. The danger of the invasion by yellow fever of the city of Mobile is a danger that concerns all the people of the state. If Mobile gets yellow fever Montgomery, Birmingham and Selma are also in danger of invasion. It was on this ground that the General Assembly appropriated \$25,000 towards the construction of the Mobile quarantine plant; and it is for this reason that the people of the state can not allow the Mobile Bay quarantine to remain in the hands of a board that is dominated by commercial influences.

In order to bring about the restoration of the control of maritime quarantine at Mobile to the hands of the Mobile board of health under the health laws of the State this association acting as the state board of health should use all its influence to induce the next session of the General Assembly to make the necessary changes in the existing law. There will be another session of the association before the General Assembly will meet again, and at this session we can formulate our plans more in detail. But let it be understood now and always that this association stands pledged to use all its influence to bring about the desired reform.

*The Fifth Recommendation.*

We are also in hearty agreement with the president in his view of the importance of the exercise by the state and county boards of health of all the authorities and duties in them vested in looking after the sanitary condition of prisons, jails, poor houses and other public institutions. Our powers in this direction are ample, and we must rise to the full measure of our duty under the law. Heretofore we have not done this. Hereafter we must do it.

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THE REPORTS OF THE VICE-PRESIDENTS.

We have duly considered the reports of the vice-presidents. We find them full and circumstantial, and giving ample evidence of persistent and active work in the discharge of their highly important and arduous duties. One of the items of information which they disclose is that the vice-presidents of the county societies have been, in a large number of instances, inexcusably negligent in the discharge of the duties imposed upon them by the ordinances of the association. Indeed, it would seem that the majority of the vice-presidents of the county societies have got into the habit of regarding the offices they hold as entirely honorary and ornamental. This is not to be tolerated. When men accept office they should also accept the responsibilities of office. This is a lesson which the county vice-presidents specially need to learn, and, therefore, one on which the vice-presidents of the association need specially to insist. Sixty-six active and efficient county vice-presidents means sixty-six active and efficient workers for the state association; and sixty-six good workers can accomplish a great deal.

The senior vice-president has given us a very full and circumstantial account of the status and work of the county societies under his jurisdiction; and his account of his administration gives ample evidence that he has been honestly ambitious to serve the association. He has spent his time and his money without stint for the advancement



of the cause in which we are so much interested; and he deserves our thanks.

Almost the same might be said of the work of the junior vice-president. He, too, has been an industrious and unselfish worker, and his administration has been eminently successful.

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THE REPORT OF THE SECRETARY AND THE BOOK OF THE ROLLS.

Sometime during the month of January Dr. T. A. Means, for many years secretary of the association, resigned his membership in the Montgomery Medical Society. Under our rules this act severed his connection with the state association, and it became necessary for the president to make a temporary appointment to fill the vacancy thus occasioned. For this purpose he made choice of Dr. J. R. Jordan, of Montgomery. In the meantime Dr. Means turned over to the senior censor the property of the association which was in his hands, as per the appended schedule, which was duly turned over to Dr. Jordan as soon as he received his appointment. Also, Dr. Means's salary and outstanding accounts were duly audited and paid.

*Schedule.*

One Lecturn; three Books of Rolls and portraits; twenty-one volumes of Transactions, from 1869 to 1892; twenty-four postal card notices; twenty-two forms, county society blanks; one Roll of Members, original copy; one letter file, containing counsellor's pledges; seventeen commercial envelopes; one package examination blanks; one package blank pledges and appointments; one package record notices; one box of wafers and old seal; two seal presses, with seals; thirty-eight blank diplomas; one package old blanks.

We have duly examined the annual report prepared by the secretary pro tempore, and recommend that it be approved by the association. We have also examined the Book of the Rolls and find it written up to date.

THE REPORT OF THE PUBLISHING COMMITTEE.

We have duly examined the report of the publishing committee and find it to be satisfactory. We therefore recommend that it be approved by the association.

We feel compelled, however, to call the attention of the committee to the importance of using all possible diligence to begin the printing of the transactions as soon as the material can be prepared for the press, and of getting the volumes ready for distribution as promptly as circumstances will admit of. The earlier the annual volumes can be placed in the hands of members the better.

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THE REPORT OF THE TREASURER AND THE BOOK OF ACCOUNTS.

Our report of last year and the message of President Baldwin have sufficiently apprised the association of the facts connected with the financial losses occasioned us by the failure of the Moses Brothers' Bank. In connection with that failure we have had to consider the question of the responsibility for the sum involved, originally \$1,534.46, of our treasurer. After careful investigation of all the details of the case we recommend that the treasurer, Dr. W. C. Jackson, be discharged from all personal responsibility in connection with the said deposit in the Moses Bank, with the understanding that he still collect from time to time such dividend as may be declared from time to time, and deposit the same in the banks or depositories designated by the board of censors, and to the credit of the association.

We further recommend that the treasurer's report presented to this meeting of the association be approved.

We have also duly examined the Book of Accounts and find it written up to date.

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THE ROLL OF THE CORRESPONDENTS.

So far as we have been able to learn no death has occurred amongst the correspondents of the association. No coun-

seller of ten years standing has severed his connection with the association, thus earning a place on this roll. We therefore have no changes to recommend in the roll of the correspondents.

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REVISION OF THE MINUTES OF 1892.

A number of minor errors occur in the minutes of our last session; but none have come to our knowledge of sufficient magnitude to require mention here.

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AMENDMENTS TO THE CONSTITUTION.

At the last session of the association we recommended the adoption of two amendments to the constitution, as follows:

(1) That article 47 of the constitution shall be amended by substituting for the word "secretary"—the last word of the article—the words "senior censor."

(2) That article 48 of the constitution—the article requiring the treasurer to give bond—shall be repealed, and that there shall be substituted for it a new article in the following words: Art. 48. All the funds and securities of the association shall be placed in such banks or depositories as may be from time to time designated by the board of censors, and shall be drawn out only on orders countersigned by the president of the association and the senior censor.

We again recommend the adoption of these proposed amendments.

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DELINQUENT COUNTY SOCIETIES.

At the last annual revision of the roll of the county medical societies, the societies of the counties of Chambers, Cherokee, Chilton, Geneva, Lauderdale, Marion, Perry, Pickens and Russell, were reported delinquent in delegates, reports and dues, and were accordingly referred to the board of censors for investigation. We have endeavored to comply with this order and have to report as follows:

*Chambers County Society.*—This society is not in a prosperous condition. But after the adjournment of the last session its dues were paid and its report rendered; and it has a representative at this meeting. We therefore recommend that the Chambers county society be retained on the roll and that we be discharged from the further consideration of this case.

*Cherokee County Society.*—This society has never been specially prosperous. It has, however, according to our information, improved somewhat during the past year. Its dues for last year have been paid and its report rendered, and it has a representative present at this meeting. We therefore recommend that the Cherokee county society be retained on the roll and that we be discharged from the further consideration of this case.

*Chilton County Society.*—This society is not in a prosperous condition, but after the adjournment of the last session of the association its dues were paid and its report rendered. We therefore recommend that the Chilton county society be retained on the roll and that we be discharged from the further consideration of this case.

*Coffee County Society.*—This society is not so flourishing as we would like to see it. But it is making some effort to discharge the duties devolving on it under the law; and since it was referred to us its dues have been paid and its report rendered. We therefore recommend that the Coffee county society be retained on the roll, and that we be discharged from the further consideration of this case.

*Cleburne County Society.*—Soon after the adjournment of our last session this society elected new officers, received several new members, paid its dues, and rendered its report. It is now in much better condition than ever before. We therefore recommend that the Cleburne county society be retained on the roll and that we be discharged from the further consideration of this case.

*Covington County Society.*—This society has not been very prosperous, but it has been endeavoring to discharge its

duties under the law; and since our last session it has paid its dues and rendered its report. We therefore recommend that the Covington county society be retained on the roll and that we be discharged from the further consideration of this case.

*Geneva County Society.*—This society has been in a condition of suspended animation for two or three years; paying no dues and rendering no reports, and neglecting its duties generally. We are glad to be able to state that there seems now to be a disposition on the part of the members to make an effort to do better. We recommend that the Geneva county society be continued under investigation.

*Lauderdale County Society.*—As has been heretofore reported, this society had fallen into almost complete disorganization. It is not necessary to tell the story over again. It is sufficient to say that it has been recently reorganized; has elected new officers, received some new members, and requests the association to recognize it under its original charter. We recommend that this request in regard to the charter be granted. In the meantime we also recommend that this society be continued under investigation until it becomes strong enough to stand alone.

*Marion County Society.*—This society has held several meetings during the past year; has paid a portion of its dues, and has rendered its report. It is represented at this session of the association. Altogether the outlook in regard to it is more favorable than ever before. We, therefore, recommend that the Marion County Society be retained on the roll and that we be discharged from the further consideration of this case.

*Perry County Society.*—This society should be one of the most prosperous in the state, but it has not come to the front as it might have done. However, it is endeavoring to discharge its duties under the law; has paid its dues and rendered its report for last year, and in several ways promises to do better. We, therefore, recommend that the Perry County Society be retained on the roll and that we be discharged from the further consideration of this case.

*Pickens County Society.*—The prevalence of high water last spring in the western part of the state made it out of the question for the doctors of Pickens to attend the association last year. But they have since paid the dues and rendered the report. We, therefore, recommend that the Pickens County Society be retained on the roll and that we be discharged from the further consideration of this case.

*Russell County Society.*—This society has not been prosperous. There seems to be no reason for this want of prosperity, except the apathy of the Russell county doctors. After our adjournment last year the report was rendered. The board of examiners have been engaged in the discharge of their functions, and altogether, perhaps, the society is quite as vigorous as it has been for some years. We, therefore, recommend that the Russell County Society be retained on the roll and that we be discharged from the further consideration of this case.

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RECENT MEDICAL LEGISLATION.

During the recent session of the General Assembly the following measures were introduced:

(1). An act to amend, extend and confirm the charter of the Medical Association of the State of Alabama.

This very important measure was introduced into the General Assembly by order of the association. It was passed without modification and with very little opposition. It can be found in full on pages 126, 127 and 128 of the last volume of Transactions, and, therefore, need not be reproduced here. It was approved February 6th, 1893.

(2). An act to provide a salary for the clerk of the State Board of Health.

This act makes an additional and special appropriation of \$400 a year for the clerk of the State Board of Health. It was approved February 18th, 1893. Besides this the clerk gets \$500 a year from our regular appropriation of \$3,000 a year, making his entire salary \$900 a year.

(3). A bill to incorporate the Eclectic State Medical Association.

(4). A bill to further regulate the practice of medicine in Alabama.

These two bills were introduced into the Senate by Col. Samford, of Lee. They were exactly in the line of the famous Quarles bill which gave us so much trouble in the General Assembly of 1890-91. Col. Samford called them up and had them put on the calendar of the Senate against the adverse report of the Senate judiciary committee, but they never came to a vote. Fearing that these bills might gain some favor an appeal was made to the doctors in the several counties requesting them generally to write to their members of the two houses begging them to use their influence to prevent their passage. In response to this appeal a large number of letters were written to the members, and with very decided effect.

(5). A bill to grant a special license to one Mr. Hall to practice medicine in certain beats in the counties of Butler, Conecuh and Covington.

This bill passed the House by a majority of two. It was under adverse report in the Senate and never reached a vote. The case in itself was of little consequence, but the precedent would have been very mischievous. If the General Assembly once goes into the business of making doctors it would be overrun with applications at every session. It would be so much easier to get a license of the General Assembly than to get a diploma from a medical college.

(6). An act to repeal the color-blind law. This was approved on the 10th of December, 1892.

THE HISTORIAN.

Heretofore it has been the custom for the presidents in their annual messages to give some notice of counsellors who may have died during their several administrations. These notices have sometimes been elaborate and sometimes very brief. All will admit that whenever one of our coun-

sellors is taken away from us by death the association should pay some tribute to his memory and that some adequate record of his life should be published in the Transactions. The president has many things to discuss in his message, and it has occurred to us that it would be well to create a new office, that of Historian, whose special duty it shall be to prepare biographies of our deceased counsellors. To this end we recommend to the association the adoption of the following ordinance:

*Be it ordained by the Medical Association of the State of Alabama, That the president of the association shall appoint, annually, a Historian, whose duty it shall be to prepare, under the direction of the President, suitable biographical sketches of such counsellors as may have died during his term of office; and that the report of the historian shall be read at each annual session of the association on the first day thereof next after the annual reports of the vice-presidents, or at such other time as may be found most convenient.*

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THE CASE OF DR. W. C. WHEELER.

During the past year charges of unprofessional conduct were made in the Madison County Medical Society by Dr. A. R. Erskine against Dr. W. C. Wheeler, both of them being members of said society.

The specification is that Dr. Wheeler visited and prescribed for a patient in charge of Dr. Erskine and from which Dr. Erskine had not been discharged. The trial was had with all the usual formalities; the charge was sustained by the Board of Censors and subsequently by the society; and Dr. Wheeler was subjected to censure, the lightest penalty known to the Code of Ethics. From this decision Dr. Wheeler appealed to the State Board. We have had the testimony in the case submitted to us, and have taken Dr. Wheeler's personal statement. There is no controversy as to the facts. After full and careful consideration of all the facts of the case we have reached the conclusion that the decision of the Madison County Medical Society was in strict accordance with the provision of the Code of Ethics, and we therefore recommend that the findings of the said society in the said case be sustained.



## BANQUETS AND RECEPTIONS.

The interest of the association to the large majority of our members grows out of the medical papers and discussion, and for this very important part of our proceedings the time at our disposal is not as ample as we could wish. In order that we may have, for the purpose mentioned, as much time as possible, we recommend that in the future at our annual sessions there shall be no music or recitations in connection with the annual oration on Tuesday evening; and that there shall be no entertainment or reception on either Wednesday or Thursday evening, but that both of these evenings shall be devoted to our medical and scientific work.

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THE WORK OF THE COUNTY SOCIETIES.

The county societies have their ups and downs; but on the whole they are increasing in efficiency and in the number of their members. The status of all the county societies is discussed in the reports of the two vice-presidents, and therefore need not be again discussed in detail here. The most difficult problem that confronts us in regard to the management of these societies is how to impress the officers of them with a proper appreciation of their official duties and responsibilities. There can be no question of the fact that efficient officers make efficient and prosperous societies. In the nature of things many of the county societies cannot hold very frequent meetings. This inability was foreseen from the beginning of our movement for the organization of the profession of the state; and it was for this reason that the officers of the societies were invested with large powers and duties so that they can act temporarily for the societies in the discharge of most of their legal functions.

With the hope of helping to impart more life and energy to some of the more backward or embarrassed societies the senior censor, mostly at his own expense, has during the past year visited the following societies: Cleburne, Colbert,

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Dale (twice), Dallas, Etowah, Lauderdale (twice), Limestone, Madison, Marengo (twice), Marion (twice), Morgan, Wilcox.

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BOOK OF RULES ACCOUNT.

We had on hand a year ago for sale of the book of rules .....\$15 55  
Sold during the past year 29 copies at 50 cents each ..... 14 50  
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Making a total of.....\$30 05  
By postage on 39 copies..... 4 29  
-----  
Leaving a balance on hand of.....\$25 76

Sent complimentary ten copies, which makes a total of 39 copies disposed of.

We recommend that this balance of twenty-five dollars and such further amount as may be necessary be appropriated for printing an appendix to the book of rules.

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PART II. THE REPORT OF THE STATE BOARD OF MEDICAL EXAMINERS.

THE WORK OF THE STATE BOARD.

During the past year the State Board of Medical Examiners have examined applicants for the practice of medicine as follows:

William Wallace Derrick (colored), M. D., Meharry Medical College, 1893. Certificate refused.

John Darius Crum (colored), M. D., Howard University, 1887. Certificate granted.

William Beatty Gibson, M. D., Bellvue Hospital Medical College, 1887. Certificate granted.

Dr. Crum's examination was his second before the state board, he having failed in his first examination.

Dr. Gibson's examination was a case of appeal from the

Barbour county board of examiners. The fact that he succeeded before the state board after having failed before the county board involves no censure, implied or otherwise, of the county board. On the contrary, as will be seen in our comments on Dr. Gibson's first examination, he certainly had full justice done him by the Barbour county board, the valuation of his answers being higher than in our opinion they were entitled to receive. When he came before the state board it was doubtless with a fuller appreciation of the high standard required under our rules. He took more time and achieved a better result.

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DOLLAR DUES FOR EXAMINATION PAPERS.

Our account for the dollar dues for examination papers stands as follows :

|                                                                                       |          |
|---------------------------------------------------------------------------------------|----------|
| To balance on hand at last statement.....                                             | \$ 51 10 |
| To dues received the past year on 91 sets of papers,<br>one dollar each.....          | 91 00    |
| <hr/>                                                                                 |          |
| Total receipts.....                                                                   | \$142 10 |
| By cash to Brown Printing Co. for binding 103<br>sets of papers at 50 cents each..... | 51 50    |
| By cash for expressage.....                                                           | 2 50     |
| <hr/>                                                                                 |          |
| Total expenditures.....                                                               | \$ 54 00 |
| To balance on hand.....                                                               | \$ 88 10 |

We recommend that we be authorized to expend as much of this amount as may be necessary to engrave in first-class style a certificate for the use of the county boards of medical examiners.

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IMPORTANT SUGGESTIONS FOR THE MEDICAL EXAMINING BOARDS.

From time to time in our annual reports we have called attention to such of the rules for the government of the examining boards as have not always been sufficiently ob-

served. We are glad to be able to state that in the more populous counties, where the greater number of examinations have been made, the examining boards have generally attained a satisfactory grade of efficiency. In some of the smaller counties, however, where the boards are not in the habit of making frequent examinations, this important work is not always done after a fashion that commands our unqualified approval. The special shortcomings of the boards amenable to this adverse criticism will be noted in our review of the work of the county boards. In the meantime we desire to call attention here to the rules that are most frequently neglected or violated.

(1) No physician coming into a county should be allowed to practice at all—not even to take one single case—until he has complied with the law.

(2) The examination should always include the ten schedule branches, and no others; and questions concerning the medical treatment of diseases must be absolutely avoided.

(3) Care must always be taken to select a trustworthy and competent supervisor, and this without reference to the wishes of the applicant. The supervisor should be well paid and should be required to do his whole duty.

(4) Members of the board of examiners should carefully and promptly prepare questions in the branches assigned them; but if any examiner fails so to do the questions in his branches should be furnished by the other members of the board. An applicant must not be kept waiting because one member of the board neglect to do his duty.

(5) Trivial and rudimentary questions should be scrupulously avoided; and mere catch-questions, or questions of special difficulty and but little practical importance should not be tolerated.

(6) The rule with regard to an adequate knowledge of the English language should be vigorously enforced. There are already too many doctors in Alabama who can not write decent English, and we don't want any more of that sort.

(7) The examining boards must hold all applicants up to

a respectable standard of professional qualifications. We can not afford to fill up the profession with ignorant and incompetent men; and the mere fact that a man has managed to get a diploma from a third class medical college does not afford even a fair presumption that he is qualified to practice medicine.

(8) Surely there is not a single board of medical examiners in Alabama who are so wanting in intelligence, in medical knowledge, in professional pride, and in moral courage as to be unable to conduct an examination as it should be conducted, and to give such ratings to the answers of applicants as will be just and fair to everybody concerned.

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NEW RULES FOR THE EXAMINING BOARDS.

(1) Some years ago the oral examination of applicants was repealed for the well understood reason that it was often difficult to get the members of the examining boards together to conduct the oral examination in a proper way. It sometimes occurs, however, that the examining board have some doubts left in their minds by the written examination which an oral examination might serve to clear up. To meet such contingencies we recommend that whenever any board of examiners may deem it expedient they may also require the applicant to pass an oral examination in the presence of not less than a quorum of the board.

(2) Sometimes it happens that an examiner prepares faulty, or inadequate, or badly expressed questions, and in this way one member may bring discredit on the entire board. To obviate occurrences of this kind we recommend that all the questions as prepared by the different members of a board in their respective branches should be submitted to the entire board for discussion, criticism, change, or approval.

(3) It may also occur that, with or without improper motive, some one of the examiners may overrate or underrate the answers of an applicant to his questions, and to the grave discredit of the board. We therefore recommend that when-

ever there is any doubt about the correctness of any of the ratings, and whenever it is practicable so to do, the entire board should revise all the valuations and either approve of them, or scale them up or down as in their judgment justice and fair dealing may dictate.

(4) Under the pressure of the laws now in force, in a large majority of the states, for the regulation of the practice of medicine, most of the medical colleges in the eastern, western, and northern parts of the United States have been forced to adopt longer sessions, more comprehensive schedules of study, and three annual courses of lectures as a prerequisite for examination for diploma. Most of the southern colleges have also adopted the three course system; and require some degree of literary qualification as a preliminary to matriculation. In view of these facts two course medical colleges can not be any longer classed as reputable, and we therefore recommend that an additional rule be adopted for the government of the boards of medical examiners as follows: That after the annual sessions of 1893-4 the diplomas of medical colleges that require only two courses of lectures for graduation shall not be recognized by the authorized boards of medical examiners in Alabama.

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ILLEGAL PRACTITIONERS.

The number of illegal practitioners in the state has greatly diminished since the defect in the criminal section of our law was amended by the General Assembly two years ago. They are now most numerous in the counties of Chambers, Dale, Henry and Marshall. In Henry and Dale the examining boards have recently and under very discouraging circumstances been pushing prosecutions against the illegals in those counties. If anything of this sort has been done in Chambers and Marshall we have not heard of it. But without further argument, we feel impelled to say, that the time has come when in all the counties the laws against illegal practitioners must be promptly and resolutely enforced. A little earnest work now will save us from a great deal of trouble hereafter.

## BENEFICIARY SCHOLARSHIPS.

Ever since the reorganization of the association after the war we have recognized that in order to secure a higher grade of qualification on the part of our doctors it is of the first importance that no one should be allowed to engage in the study of medicine without an adequate knowledge of such branches of learning as are taught in our common schools and academies. To this end, some fifteen years ago we adopted a rule to the effect that no member of the association should receive into his office as a student of medicine any person who had not been able to obtain a certificate from an examining board showing proficiency in the grammar of the English language, in the general literature of the English language, in the general outlines of the history of the world, in the outlines of the history of the United States, in the elements of arithmetic, in the elements of algebra and geometry, in the elements of inorganic chemistry, and in the elements of physics or natural philosophy.

It was hoped that in this way something might be accomplished towards preventing the entrance into the profession of ignorant and incompetent men. And, indeed, something in this direction has been accomplished, but very much less than we had hoped for. There are several reasons for this failure: (1) The rule has not always been obeyed and some of our members have received students without certificates of the required preliminary education. (2) A still greater evil has been that a large number of young men have begun the study of medicine without placing themselves under the guidance of preceptors. (3) While most of our medical colleges ostensibly demand a respectable amount of preliminary education as a pre-requisite to matriculation, it is notorious that all of them do not provide any means for enforcing the demand. (4) In this state the medical college of Alabama is required to receive annually one beneficiary student from each county in the state. These beneficiary students are selected by the judges of probate and the commissioners courts of the several counties who must certify

that they are of good moral character and without the means to procure a medical education. It is notorious that the preliminary education of persons seeking these beneficiary scholarships is very often very defective. Such persons begin the study of medicine at a very great disadvantage as compared with those whose educational opportunities have been better; and even if by assiduous application and hard study they acquire a sufficient knowledge of the elements of medicine to pass a fairly good medical examination they are handicapped throughout their lives by their educational deficiencies and many of them fail to develop into the sort of doctors that do honor to the profession and to the state. It is proper to add that the faculty of the college appreciate the magnitude of the evil here outlined. They have established rules requiring on the part of students a decent preliminary education as a pre-requisite to matriculation. But they have heretofore acted on the presumption that they were under legal obligation to accept whatever beneficiary students might come to them armed with certificates from the probate judges, and without having the right in such cases to raise the question of preliminary education. It occurs to us that they are in error in regard to this matter, and that they can require beneficiary students to submit to the same rules as pay students have to observe in regard to matriculation. That the law may admit of this construction is greatly to be desired.

After due consideration the board of censors instructed the senior censor to submit the question at issue to Col. H. C. Tompkins, of Montgomery, for his written legal opinion.

NOTE BY THE SENIOR CENSOR.—In obedience to the foregoing instructions the senior censor has applied to Col. Tompkins for his written opinion in regard to this issue, and said opinion is here subjoined.

MONTGOMERY, ALABAMA, June 10, 1893.

*Dr. Jerome Cochran, Senior Censor, M. A. S. A.:*

DEAR SIR—Yours of the 7th inst. is at hand. I have examined the charter of the Medical College of Alabama, and



in my opinion that college has the authority, by reasonable rules and regulations, to fix a standard of qualifications for all students admitted to it.

The third section of the act in question declares that the board of trustees shall have authority to enact all such by-laws and regulations for their own government, not repugnant to the laws of the land, as they think advisable.

The fourth section provides that the faculty shall have authority to make such by-laws and regulations as they may deem requisite for the proper management of said college and its relations with the students.

The seventh section provides for the admission of one indigent student from each county of the state to be received upon the recommendation and certificate of the judge of probate and commissioners court that he is of good character and without the means to procure medical instruction. The section further provides that such student shall, during his compliance with the rules and by-laws of the college, be admitted free of charge.

We are bound to believe that the legislature of the state, in giving to the board of trustees and the faculty power to enact by-laws and regulations, intended that they should have the power to enact such by-laws and regulations as are usual and customary in colleges. Among such regulations as are usual and customary are unquestionably regulations as to the standard of qualification for admission. Those regulations could not be such as to defeat the seventh section altogether, for that which regulates in the very nature of things does not prohibit.

It would be a strange conclusion to reach that the college was compelled to admit any person whom the commissioners court and judge of probate of that county should recommend. The only qualifications to be established by their recommendation are, first, good character, and, second, inability to procure a medical education. To say that the trustees and faculty would have to admit to a college one who was so illiterate as to be incapable of becoming a physician, would be also to say that they would be compelled to admit a

lunatic or an idiot, because a lunatic or an idiot might be a man of good moral character and might be unable to procure a medical education. If the trustees and faculty had no authority to adopt any rule, then they would be compelled to admit such lunatic or idiot. The legislature certainly never contemplated any such thing. The legislature did contemplate that the trustees and faculty should make rules and regulations for the government of the college. Those rules and regulations were to be such rules and regulations as were usual and customary in such institutions; and, as stated above, as probably there was not then and never has been any college in which there was not a standard of qualification fixed as a condition to entering it, we must believe that the legislature intended to empower the medical college to adopt similar reasonable rules and regulations. Of course an unreasonable rule or regulation would be void, as it would in any other college which was a public school; but it would be no more than reasonable to refuse to admit to the college a person who has not sufficient education to fit him for the medical profession, which unquestionably requires that one who follows it should be one of some education outside of the mere theory of medicine. I am clearly of the opinion that your board of trustees has the right to adopt such regulation.

Yours truly,  
H. C. TOMPKINS.

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REMARKS BY MEMBERS OF THE STATE BOARD.

(1). We need fewer medical colleges and better ones—colleges that would exact a higher standard of graduation. Fewer unprepared students should be admitted, and fewer should be passed. Our examining boards should familiarize themselves more fully with the recommended methods and standards of examination and should rigidly adhere to the prescribed requirements, not only as to method but as to results, so that by our well ordered system we may keep out of the overflowing ranks of the profession those who

are turned loose by the colleges with hardly a shadow of positive knowledge. Every examining board should consult freely and constantly the Book of Rules, which indeed should be in the hands of every medical man in the state. Unless the avenues that lead to the profession are more strictly guarded by those who have the power, and whose duty it is, it will not be many years before the profession will lose its claim to be called learned.

(2). Comparing the general character of the work of the county examining boards now with that of 1887, when the new rules were adopted, we are able to note a very great improvement, both on the part of the boards and on the part of the applicants. In our report to the association for that year we were certain that our examining boards were better doctors than when they began the work of conducting examinations because of the reflex effect it has on a doctor to become an examiner. This incidental benefit is very manifest and will become more and more so as the years go by, thus becoming an important factor in the elevation of the profession of the state.

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#### THE WORK OF THE COUNTY BOARDS.

For the year 1892 the county boards of medical examiners report one hundred and seven (107) examinations. In ninety-five (95) of these the certificate was granted. In twelve (12) the certificate was refused. The percentage of failures was 11.22. The reports from the several counties are as follows:

*Autauga County Board.*—For the study of medicine, none. For the practice of medicine, none.

*Baldwin County Board.*—For the study of medicine, none. For the practice of medicine—

Malachy Coglan, M. D., Medical College of Alabama, 1892. Certificate granted.

The defects in this examination are chiefly on the part of the board and of the supervisor. The board evidently made some effort to observe the rules, which is to their credit. For the most part the ques-

tions are well chosen, but are hardly numerous enough with some of the examiners, while with others they are rather more numerous than is strictly necessary, and they are written on paper of different sizes. The questions in the handwriting of the applicant are not in schedule relation to the answers. The examination on the part of the applicant is fairly creditable considering that the examination occupied only two days.

*Barbour County Board.*—For the study of medicine, none. For the practice of medicine—

William Beatty Gibson, M. D., Bellvue Hospital Medical College, 1899. Certificate granted.

The time, three days, devoted to this examination was rather short. The questions are more numerous than seems strictly necessary. Paper of different sizes is used. The examination on the part of the applicant is poor. Although he exhibits some knowledge of medicine in a general way some of his answers show egregious blunders.

*Bibb County Board.*—For the study of medicine, none. For the practice of medicine—

Luther Middleton Latham, M. D., Medical College of Alabama, 1892. Certificate granted.

Thornley Edward Schoolar, M. D., medical department of Vanderbilt University, 1892. Certificate granted.

William Thomas Sellers, M. D., Medical College of Alabama, 1892. Certificate granted.

Dr. Latham's examination is fairly good both as to questions and answers, although somewhat brief. The original questions are not given; and the board has failed to give the valuations of the answers.

Dr. Schoolar's examination is creditable to him. Some fault could be found with some of the questions. For example, under the head of mechanism of labor, these three questions are entirely irrelevant: "Give the blood vessels of the uterus." "What is the cause of albuminuria?" "How is flooding after delivery divided?"

Dr. Sellers shows considerable knowledge of medicine, but his ignorance of English orthography is notable. He is one of the great army of unlearned men who are invading a learned profession. Take a few examples: connicle, orrifice, neutriment—tonge. Then again we have to note some irrelevant questions. Under the mechanism of labor we have: "Name the organs of generation." "What nerves supply the uterus?" "How can foetal movement be excited?" Under obstetrical operations we have: "Give the symptoms and treatment of puerperal fever." Not bad questions, but they do not belong to mechanism of labor and obstetric operations.

*Blount County Board.*—No report has been received from this board for several years, although it is known that it has made some exami-

nations. This negligence is culpable and without any possible excuse.

*Bullock County Board.*—For the study of medicine, none. For the practice of medicine, none.

*Butler County Board.*—For the study of medicine, none. For the practice of medicine, none.

*Calhoun County Board.*—For the study of medicine, none. For the practice of medicine—

William Thomas Morgan, M. D., medical department of Vanderbilt University, 1892. Certificate refused.

The board properly rejected Dr. Morgan; and its ratings are just in every particular.

*Chambers County Board.*—For the study of medicine, none. For the practice of medicine, none.

*Cherokee County Board.*—For the study of medicine, none. For the practice of medicine—

Hugh Lounge Appleton, M. D., medical department Vanderbilt University, 1892. Certificate granted.

Robert Lee Hughes, M. D., Atlanta Medical College, 1892. Certificate granted.

Leonidas Franklin Smith, M. D., medical department Vanderbilt University, 1892. Certificate granted.

Dr. Appleton acquitted himself fairly well in the medical part of his examination. Faulty spelling comes to the front, but in a comparatively modest way. We have "ventrical," "shure," etc.

About the same may be said of the examination of Dr. Hughes, which shows a good deal of faulty spelling, while the medical information is so good as to suggest a careless supervisor.

Dr. Smith's examination is not specially worthy of praise. The questions in chemistry and anatomy are for the most part very elementary and unsatisfactory. Treatment is included in natural history of diseases, contrary to the rules. The paper is not all of the same size. The answers are fairly accurate, many of them are very brief.

*Chilton County Board.*—For the study of medicine, none. For the practice of medicine none.

*Clarke County Board.*—For the study of medicine, none. For the practice of medicine, none.

*Clay County Board.*—For the study of medicine, none. For the practice of medicine—

John H. Garrett, M. D., Southern Medical College, Atlanta, 1892. Certificate granted.

Bhurrelle Anderson Stevens, M. D., Medical College of Alabama, 1892. Certificate granted.

These examinations were conducted in tolerably faithful accord

with the rules, but the questions are hardly numerous enough to elicit a full knowledge of the applicant's proficiency. At the same time they are somewhat too elementary in their scope.

Dr. Garrett's answers are shorter than they should be. His knowledge of medicine seems to be fair, while his English is decidedly faulty.

Dr. Stephen's answers are also too brief, and he makes many mistakes.

*Cleburne County Board.*—For the study of medicine, none. For the practice of medicine, none.

*Coffee County Board.*—For the study of medicine, none. For the practice of medicine, none.

*Colbert County Board.*—For the study of medicine, none. For the practice of medicine—

Julius Tilman Wesley Haney, M. D., Medical College of Alabama, 1891. Certificate granted.

We have never been able to get the papers in this case—an inexcusable negligence on the part of the board.

*Concuh County Board.*—For the study of medicine, none. For the practice of medicine—

Henry Green, M. D., Medical College of Alabama, 1892. Certificate granted.

William Raymond Fountain, M. D., medical department of the University of Louisville, 1892. Certificate granted.

Dr. Green passed a very creditable examination, and the board seems to have rated him fairly.

Dr. Fountain's examination is on the part of the board quite open to criticism. The papers are in bad order, and of different sizes. The questions are not rewritten by the applicant before the answers, and the ratings are in some of the branches entirely too high. In obstetrics, probably meaning obstetric operations, and in physical diagnosis the ratings are 99; while in medical jurisprudence the rating runs up to 100. The answers show a fair knowledge of medicine, and he was entitled to the certificate, but he was not entitled to such ratings as these.

*Coosa County Board.*—For the study of medicine, none. For the practice of medicine, none.

*Covington County Board.*—We are informed that this board made at least two examinations, but we have been unable to obtain the papers. They perhaps did their work in such bad style that they are ashamed to have it inspected.

*Crenshaw County Board.*—For the study of medicine, none. For the practice of medicine, none.

*Cullman County Board.*—For the study of medicine, none. For the practice of medicine—

Bethea P. Bindley, M. D., Southern Medical College, Atlanta, 1892. Certificate granted.

James Clifton Collins, M. D., Louisville Medical College, 1891. Certificate granted.

Gotloeb Hartung, M. D., Wurzburg, Germany. Certificate granted.

Edward Anthony Harry Purdon, M. D., Grant University, Chattanooga, 1892. Certificate granted.

These papers came up in very bad order; and many of the questions are badly chosen. They reflect no credit on the board.

Dr. Brindley's answers are very poor.

The same may be said of Dr. Collins' answers, and his orthography is also faulty.

Dr. Hartung acquits himself fairly well and was entitled to the certificate.

Dr. Purdon also acquits himself fairly well and was entitled to the certificate.

*Dale County Board.*—For the study of medicine, none. For the practice of medicine—

Benjamin Littleberry Byrd, M. D., Medical College of Alabama, 1892. Certificate granted.

James Eldridge Stokes, M. D., Georgia College of Eclectic Medicine and Surgery, 1892. Certificate refused.

Dr. Byrd passed a fair examination and was entitled to the certificate. At the same time he is not entitled to the high ratings given him by the board.

Dr. Stokes examination does him no credit. He seems to know very little English and less medicine. He was properly rejected.

*Dallas County Board.*—For the study of medicine, none. For the practice of medicine, none.

*DeKalb County Board.*—For the study of medicine, none. For the practice of medicine—

Thomas Hayne Appleton, M. D., Grant University, Chattanooga, 1792. Certificate granted.

William F. Berry, M. D., Toledo Medical College, 1886. Certificate refused.

John Dechard Hall, M. D., Southern Medical College, Atlanta, 18—. Certificate refused.

William Franklin McCormack, M. D., Grant University, Chattanooga, 1892. Certificate granted.

Joseph Dalton McGhee, M. D., Grant University, Chattanooga, 1892. Certificate granted.

William H. Smith, M. D., Medical College of Ohio, 1884. Certificate granted.

This board in a general way is doing good work and deserves favorable mention. At the same time some of its papers are not in first rate order, and some of the questions in some of the examinations

are not well chosen. If they will give just a little more attention to the details of their work they will take a high stand amongst the boards of the state.

Dr. Appleton's examination shows him to have been but indifferently qualified.

Dr. Berry's examination is of average merit as far as it goes. But he refused to answer the questions in hygiene, and so failed to obtain the certificate. The questions in hygiene were not all of them well chosen or well expressed, but it would have been better for the applicant to have written such answers as he could and so have taken his chances. It is to be regretted, also, that these questions were not revised by the board.

Dr. Hall's examination shows his total unfitness to practice medicine. He was properly rejected by the board.

Dr. McCormack's papers come up in good order. Carelessness is shown on the part of the board in preparing some of the questions. The applicant uses bad grammar and his answers are for the most part brief and evasive. In our opinion the averages given were not deserved.

In Dr. McGhee's examination the papers are not in first rate order. Several parts of sheets are used. In some of the branches the questions are not sufficiently numerous. The applicant shows great lack of knowledge of the English language. He spells badly, and pays no careful attention to the construction of his sentences. These things mar what would otherwise be a fair examination.

In Dr. Smith's examination the papers are in fair order, and the questions are answered with more than ordinary ability.

*Elmore County Board.*—For the study of medicine, none. For the practice of medicine—

Thomas Franklin Moore, M. D., Medical College of Alabama, 1890. Certificate granted.

This examination was conducted in utter defiance of the rules. Only two members of the board were engaged in it, not a quorum; there was no supervisor, and the applicant had the opportunity to consult books to his heart's content. The certificate issued under such circumstances is illegal, and if the case was carried before a court of competent jurisdiction it would no doubt be set aside.

*Escambia County Board.*—For the study of medicine, none. For the practice of medicine—

Eugene Yuille Malone, M. D., Medical College of Alabama, 1892. Certificate granted.

This would be an excellent examination in every way and highly creditable to all concerned if it had been properly conducted. We have been informed, however, that there was only a pretense of supervision, and that the applicant had every opportunity to get help. This being the case, neither the board nor the applicant can expect



commendation. What they are really entitled to is sufficiently evident without special mention.

*Etowah County Board.*—For the study of medicine, none. For the practice of medicine, none.

*Fayette County Board.*—For the study of medicine, none. For the practice of medicine—

William A. Graham, M. D., Louisville Medical College, 1892. Certificate granted.

John C. Johnson, M. D., Louisville Hospital Medical College, 1892. Certificate granted.

This board has been in the habit of doing very unsatisfactory work. These two papers are an improvement on what was done in previous years. Still, on the part of the board they are very defective. There is no supervisor's certificate, no ratings of answers, and physical diagnosis is omitted. In the meantime in several of the branches the questions are fairly good. A little more attention to details would have made a creditable showing.

Drs. Graham and Johnson were both entitled to the certificate.

*Franklin County Board.*—For the study of medicine, none. For the practice of medicine, none.

*Geneva County Board.*—For the study of medicine, none. For the practice of medicine, none.

This board has been negligent of its duty. They had at least one applicant, and failed to examine him.

*Greene County Board.*—For the study of medicine, none. For the practice of medicine—

Thomas Elmore Murphy, M. D., Medical College of Alabama, 1892. Certificate granted.

LeVert Snoddy, M. D., Medical College of Alabama, 1892. Certificate granted.

In Dr. Murphy's examination the board does itself no credit. The papers are in bad order, and many of the questions are not well chosen. The applicant acquits himself fairly well.

In Dr. Snoddy's examination the board were evidently desirous of doing their duty. But they have made the questions in some of the branches too numerous—twenty-eight questions in anatomy, fifteen in physiology, and nineteen in obstetrics, which is not a schedule branch. The applicant's spelling is inexcusably bad.

*Hale County Board.*—For the study of medicine, none. For the practice of medicine, none.

*Henry County Board.*—For the study of medicine, none. For the practice of medicine—

Julian Hartridge Kennedy, M. D., Medical Department of the University of Georgia, 1892. Certificate granted.

J. F. Yarbrough, M. D., Atlanta Medical College, 1892. Certificate granted.

These examinations are very defective on the part of the board. The paper is of various sizes, is written on both sides, and torn and blotched.

Dr. Kennedy does some bad spelling—such as oscultation, histeria, etc. Still, he was perhaps entitled to his certificate.

Dr. Yarbrough's answers are not satisfactory.

*Jackson County Board.*—For the study of medicine—

LaFayette McLendon. Certificate granted.

George B. Tate. Certificate refused.

Mr. McLendon's examination is satisfactory and his answers show him to have a fair knowledge of the elementary branches of education.

Not much regard to the rules was observed in Mr. Tate's examination, but there can be no doubt that the applicant was properly rejected.

For the practice of medicine—

John Wilson Baggers, M. D., Medical Department of Vanderbilt University, 1892. Certificate refused.

James Moore Horton, M. D., Medical College of Alabama, 1892. Certificate refused.

These papers are in fairly good order. The questions are usually, but not always, well chosen. In these cases the board have done their full duty. The applicants were properly rejected.

*Jefferson County Board.*—For the study of medicine, none. For the practice of medicine—

James Alexander Cooper, M. D., University of Toronto, Canada, 1892. Certificate granted.

Robert Jamison Hayes, M. D., Tennessee Medical College, Knoxville, 1892. Certificate granted.

William Richard Luckie, M. D., Bellevue Hospital Medical College, 1892. Certificate granted.

James Whitfield Miller, M. D., Medical Department of Vanderbilt University, 1892. Certificate granted.

Percy Nash Richardson (colored), M. D., Meharry Medical College, 1892. Certificate refused.

Reginald Knight Smith, M. D., College of Physicians & Surgeons, Baltimore, 1892. Certificate granted.

Dyer Findley Talley, M. D., Medical Department of Tulane University, 1892. Certificate granted.

David Smith Williams, M. D., University of Nashville, 1858. Certificate granted.

The work of this board is well done and stands in no need of special comment.

*Lamar County Board.*—For the study of medicine, none. For the practice of medicine—

James A. Braugan, M. D., Louisville Medical College, 1892. Certificate granted.

Francis Alexander Collins, M. D., Memphis Hospital Medical College, 1892. Certificate granted.

Gilbert B. Wimberly, M. D., Medical College of Alabama, 1892. Certificate granted.

In their anxiety to do thorough work the board have multiplied their questions in some of the branches beyond all reason. There are thirty in physiology and thirty in surgery, and some of them are like the following: "Give the functions of each pair of cranial nerves;" describe the great sympathetic system of nerves." A very few such questions go a long way. There is considerable similarity in the answers of Drs. Braugan and Collins. A few specimens are given: "The blood gets by some hocuspocus into the carotid." "How are friction sounds detected?" "On account of more fuss." "How would you treat a case of prolapse of the umbilical cord?" "Place the patient in the knee and breast position and use a curette or flexible catheter." "Describe the antiseptic treatment of wounds." "Local administration." "Pecery." "Orricular opening." "Stumach." "Carbolic acid gas, CO?" Describe the great sympathetic nerves." "They have a grate power over the organs of vegetation and surround the ciloxas."

Dr. Wimberly's examination is much better. Considering the avalanche of questions he had to meet he did fairly well.

*Lauderdale County Board.*—For the study of medicine, none. For the practice of medicine, none.

*Lawrence County Board.*—For the study of medicine, none. For the practice of medicine—

Fennell D. Gibson, M. D., Medical Department of Vanderbilt University, 1891. Certificate granted.

John Rufus Howel, M. D., Memphis Medical College, 1888. Certificate granted.

*Lee County Board.* For the study of medicine, none. For the practice of medicine, none.

*Limestone County Board.* For the study of medicine, none. For the practice of medicine—

McDonald Logwood, M. D., Medical Department of Vanderbilt University, 1892. Certificate granted.

Benton Sanders Pettus, M. D., Medical Department of Vanderbilt University, 1892. Certificate granted.

Frank Paul Petty, M. D., Medical Department of Vanderbilt University, 1892. Certificate granted.

The board in these examinations have not strictly followed the schedule branches. They have used 'practice of medicine' instead of "natural history of diseases," and 'obstetrics' instead of "obstetric operations." Their questions are sometimes too elementary.

All of the applicants made fairly good records.

*Lowndes County Board.*—For the study of medicine, none. For the practice of medicine—

Cyrus Edmund Marlette, M. D., Louisville Medical College, 1881. Certificate granted.

This examination is full and complete and deserves commendation. The examination in anatomy is perhaps a little overdone, as there are virtually 24 questions under 12 heads.

*Macon County Board.*—For the study of medicine, none. For the practice of medicine, none.

*Madison County Board.*—For the study of medicine, none. For the practice of medicine—

William Wright Haden, M. D., Medical Department of Vanderbilt University, 1871. Certificate granted.

These papers came up in fairly good order, and altogether it is a good examination. But a few of the questions are quite open to criticism. The applicant shows a satisfactory knowledge of medicine, but his English is inexcusably bad. He writes, 'sistem,' 'clavical,' 'flynt,' 'scarlett fever,' 'I should of said.'

*Marengo County Board.*—For the study of medicine, none. For the practice of medicine—

Benjamin Glover Eaton, M. D., Medical Department of the University of Louisville, 1892. Certificate granted.

Frank Gildersleeve Kimbrough, M. D., Medical College of Alabama, 1890. Certificate granted.

Robert J. Harris, M. D., Louisville Medical College, 1890. Certificate granted.

William Crocheron Lockhart, M. D., Medical College of Alabama, 1889. Certificate granted.

Lovick Edward Peacock, M. D., Medical College of Alabama, 1892. Certificate granted.

William Sidney Tucker, M. D., Kentucky School of Medicine, 1889. Certificate granted.

Edwin Strudwick Webb, M. D., Medical College of Alabama, 1892. Certificate granted.

These examinations were made under circumstances that preclude critical strictures.

*Marion County Board.*—For the study of medicine, none. For the practice of medicine—

Charles W. Graham, M. D., Louisville Medical College, 1891. Certificate granted.

This is in every way an exceedingly defective examination.

*Marshall County Board.*—For the study of medicine, none. For the practice of medicine—

Webster Johnson, M. D., Medical Department of Vanderbilt University, 1892. Certificate granted.

David Carnes Jordan, M. D., Memphis Hospital Medical College, 1892. Certificate granted.

Wesley Bibb Kerr, M. D., Medical Department of Grant University, Chattanooga, 1892. Certificate refused.

Emmett Kimbrough Moon, M. D., Medical Department of Grant University, 1892. Certificate granted.

Some fault might be found with some of these examinations. But take them all together they were fairly well done. Dr. Kerr was properly rejected.

*Mobile County Board.*—For the study of medicine, none. For the practice of medicine—

James Armistead Abrahams, M. D., Medical College of Alabama, 1892. Certificate granted.

Paul Jerome Morris Acker, M. D., Medical College of Alabama, 1892.

Isaac W. Bard, M. D., Medical Department of the Western Reserve University, 1874. Certificate granted.

Samuel C. Edmunds, M. D., Medical Department of the University of Louisville, 1856. Certificate granted.

Marion Toulmin Gaines, M. D., Medical College of Alabama, 1890. Certificate granted.

Duke W. Goodman, M. D., Medical Department of Tulane University, 1891. Certificate granted.

F. Tilghman McKaig, M. D., Medical College of Alabama, 1890. Certificate granted.

Ira Webster Porter, Jr., M. D., Medical College of Alabama, 1892. Certificate granted.

Charles W. Schaemle, M. D., Jefferson Medical College, 1890. Certificate granted.

Dillon J. Spotswood, M. D., Medical College of Alabama, 1890. Certificate granted.

Joshua D. Terrill, M. D., Ohio Medical College, 1885. Certificate granted.

These papers come up in admirable order. They are all of respectable ability, and some of them are so elaborate as to suggest carelessness on the part of the supervisor. They stand in no need of special analysis.

*Monroe County Board.*—For the study of medicine, none. For the practice of medicine—

William Franklin Betts, M. D., Medical Department of Tulane University, 1892. Certificate granted.

Rosser Alexander Thompson, M. D., Medical Department of the University of Tennessee, 1883. Certificate granted.

These examinations are amenable to some criticism, but may be allowed to pass.

*Montgomery County Board.*—For the study of medicine, none. For the practice of medicine—

Benjamin Sidney Chapman, M. D., University of the City of New York, 1892. Certificate granted.

Thomas Aubrey Dickson, M. D., Medical Department of Tulane University, 1892. Certificate granted.

Thomas Duncan, M. D., Medical College of Alabama, 1892. Certificate granted.

George Platt Waller, M. D., University of the City of New York, 1892. Certificate granted.

These examinations stand in no need of special comment. They are all satisfactory both on the part of the board and on the part of the applicants.

*Morgan County Board.*—For the study of medicine, none. For the practice of medicine, none.

*Perry County Board.*—For the study of medicine, none. For the practice of medicine—

Henry Harden Byars, M. D., Kentucky School of Medicine, 1892. Certificate granted.

Vaughan Holmes Caine, M. D., Medical College of Alabama, 1892. Certificate granted.

Gaius Rowan Johnson, M. D., Kentucky School of Medicine, 1892. Certificate granted.

Dr. Byars exhibits many culpable instances of bad spelling, but probably deserved his certificate on other grounds.

Dr. Caine's papers came up in very bad order—no supervisor's certificate, no application, and no ratings in the several branches. And many of the questions are badly chosen. In the midst of all this confusion, however, the applicant acquits himself fairly well.

The examination of Dr. Johnson shows some carelessness on the part of the board in not following out the schedule prescribed in the rules. The applicant sustains himself very well.

*Pickens County Board.*—For the study of medicine, none. For the practice of medicine—

James Francis Barrett, M. D., Medical College of Alabama, 1892. Certificate granted.

H. G. Reed, M. D., Louisville Medical College, 1890. Certificate granted.

Harvey B. Upchurch, M. D., Medical College of Alabama, 1892. Certificate granted.

These examinations were very poorly conducted on the part of the board. There is no supervisor's certificate. The ratings in the several branches are not given. The schedule of the ten branches is not followed. They use different sizes of paper. In a note they promise to do better. In the light of past comments upon their work the wonder is they have not put their resolve in operation sooner.

Dr. Barrett displays very little knowledge of grammar, nor is his knowledge of medicine what it ought to be.

Dr. Reed acquits himself so badly that it is questionable if he was entitled to the certificate.

Dr. Upchurch sustains himself fairly well.

*Pike County Board.*—For the study of medicine, none. For the practice of medicine—

William Shelby Sanders, M. D., Medical Department of Vanderbilt University, 1892. Certificate granted.

A very good examination with two exceptions: paper is used of different sizes, and the chirography of the applicant is very bad.

*Randolph County Board.*—For the study of medicine, none. For the practice of medicine—

Joseph Charles Swann, M. D., Atlanta Medical College, 1890. Certificate granted.

This examination should have been reported last year. It is rather crudely done. The supervisor's certificate is not in due form. Paper of different sizes is used. The questions are fairly well chosen; and the answers are fairly good, although somewhat brief.

*Russell County Board.*—For the study of medicine, none. For the practice of medicine, none.

*St. Clair County Board.*—For the study of medicine, none. For the practice of medicine—

William Mathis Turner, M. D., Medical College of Alabama, 1892. Certificate granted.

This examination is fairly well done. Some of the answers are not full enough, and there is a good deal of bad spelling.

*Shelby County Board.*—For the study of medicine, none. For the practice of medicine—

John Calhoun Boyer, M. D., Kentucky School of Medicine, 1892. Certificate granted.

Jackson Flavins Kainett, M. D., Georgia College of Eclectic Medicine and Surgery, 1892. Certificate granted.

On the part of the board these examinations could hardly have been worse. Some of the schedule branches are left out. There is no supervisor's certificate; no application; and the papers are generally in bad order. The applicants do themselves very little credit.

*Sumter County Board.*—For the study of medicine, none. For the practice of medicine, none.

*Talladega County Board.*—For the study of medicine, none. For the practice of medicine—

William Grace Harrison, M. D., Medical Department of the University of Maryland, 1892. Certificate granted.

Joseph Davis Heacock, M. D., Medical Department of Tulane University, 1892. Certificate granted.

James Washington Pruett, M. D., Medical College of Alabama, 1892. Certificate granted.

Reuben Calvin Stevens, M. D., Southern Medical College, Atlanta, 1892. Certificate refused.

This board is doing its work well. Still some of the questions, particularly in the mechanism of labor, are not well chosen.

All of the applicants acquitted themselves creditably, except Dr Stevens, who was righteously rejected.

*Tallapoosa County Board.*—For the study of medicine, none. For the practice of medicine—

Hartford Lee Ison, M. D., Southern Medical College, Atlanta, 1891. Certificate granted.

Charles Starr Webb, M. D., Atlanta Medical College, 1891. Certificate granted.

Dr. Lee Ison's examination is not satisfactory.

Dr. Webb acquits himself fairly well.

*Tuscaloosa County Board.*—For the study of medicine, none. For the practice of medicine—

William Bonnell Hall, M. D., Medical Department of the University of Virginia, 1890. Certificate granted.

Reuben Martin Searcy, M. D., Georgetown University, 1892. Certificate granted.

Dr. Hall's examination is full and elaborate—far beyond any necessity. It is the finest ever passed in the State.

Dr. Searcy's examination is satisfactory.

*Walker County Board.*—For the study of medicine, none. For the practice of medicine, none.

*Washington County Board.*—For the study of medicine, none. For the practice of medicine—

Walton Worthy Shoemaker, M. D., Medical College of Alabama, 1892. Certificate granted.

This examination was not well done.

*Winston County Board.* For the study of medicine, none. For the practice of medicine—

William Riley Bonds, Jr., M. D., Medical College of Alabama, 1892. Certificate granted.

Thomas William Cossey, M. D., Southern Medical College, Atlanta, 1891. Certificate refused.

Dr. Bonds shows great want of preliminary education. His ignorance of grammar and his bad spelling should have turned the scales against him even if his medical knowledge had been satisfactory, which was not at all the case. It is inconceivable that any half-way decent college could ever have graduated Dr. Cossey. His ignorance is simply astonishing.

*Wilcox County Board.*—For the study of medicine, none. For the practice of medicine, none.



NOTE.—One set of papers was received without anything to show who had been examined or in what county the examination was made; in short without one single indication of any sort to serve for its identification.

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### PART III. THE REPORT OF THE STATE BOARD OF HEALTH.

#### THE WORK OF THE STATE BOARD.

We are glad to be able again to report that the work of the state board of health is making encouraging progress, especially in regard to the great undertaking to which we have devoted so much attention, namely, the collection of vital statistics. The doctors and the people are getting more and more accustomed to the report and registration of births and deaths, and the courts of county commissioners are more and more falling into the habit of making appropriations for the payment of the county health officers. If the work is lagging in any of the counties it is because the doctors of those counties have not appreciated sufficiently their obligations in regard to it. Wherever the doctors lead the way in hygienic effort the people in due time will cheerfully follow.

In our previous reports we have frequently alluded to the multiplicity and magnitude of the difficulties that stand in the way of the collection of vital and mortuary statistics in sparsely settled counties. Our experience has abundantly shown that we have never over-estimated these difficulties; but it has, also, shown that great as they are they are not insuperable. We are no longer making an experiment, but have safely passed the experimental stage. We have only to follow up this work with the same systematic energy as during the past ten years to make it finally a triumphant success.

During the past year no destructive epidemic has invaded our state. We have been free from yellow fever, cholera, and smallpox. We have had local and sporadic outbreaks of scarlet fever, diphtheria, and grippe; but none of these

diseases have added greatly to our mortality. In a general way we can state that the health of our people has been exceptionally good.

FINANCIAL STATEMENT.

THE STATE BOARD OF HEALTH,

In account with the STATE OF ALABAMA:

| 1892.      |                           | DEBITS. |  |            |
|------------|---------------------------|---------|--|------------|
| April 30.  | To cash from Auditor..... |         |  | \$ 250 00  |
| May 31.    | “ “ .....                 |         |  | 250 00     |
| June 30.   | “ “ .....                 |         |  | 250 00     |
| July 30.   | “ “ .....                 |         |  | 250 00     |
| Aug. 31.   | “ “ .....                 |         |  | 250 00     |
| Sept. 30.  | “ “ .....                 |         |  | 100 00     |
| Oct. 1.    | “ “ .....                 |         |  | 150 00     |
| Oct. 31.   | “ “ .....                 |         |  | 250 00     |
| Nov. 30.   | “ “ .....                 |         |  | 250 00     |
| Dec. 31.   | “ “ .....                 |         |  | 250 00     |
| 1893.      |                           |         |  |            |
| Jan. 31.   | “ “ .....                 |         |  | 250 00     |
| Feb. 28.   | “ “ .....                 |         |  | 250 00     |
| Mch. 31.   | “ “ .....                 |         |  | 250 00     |
| Total..... |                           |         |  | \$3,000 00 |

| 1892.    |                                      | CREDITS. |  |         |
|----------|--------------------------------------|----------|--|---------|
| April 8. | By post-office box rent.....         |          |  | \$ 1 50 |
| “ 30.    | health officer's salary (April)..... |          |  | 150 00  |
| “ 30.    | clerk's salary (April).....          |          |  | 50 00   |
| May 10.  | cash to Joel White.....              |          |  | 8 90    |
| “ 11.    | receipt book.....                    |          |  | 25      |
| “ 11.    | 1000 stamped envelopes (1c).....     |          |  | 11 20   |
| “ 11.    | postage.....                         |          |  | 5 00    |
| “ 21.    | drayage on books.....                |          |  | 25      |
| “ 31.    | health officer's salary (May).....   |          |  | 150 00  |
| “ 31.    | clerk's salary (May).....            |          |  | 50 00   |
| June 14. | drayage on books.....                |          |  | 40      |
| “ 28.    | postage.....                         |          |  | 2 00    |
| “ 30.    | health officer's salary (June).....  |          |  | 150 00  |
| “ 30.    | clerk's salary (June).....           |          |  | 50 00   |
| July 6.  | 100 stamps (2c).....                 |          |  | 2 00    |
| “ 6.     | 500 envelopes (plain).....           |          |  | 1 00    |
| “ 28.    | 1000 stamped envelopes (2c).....     |          |  | 22 00   |
| “ 30.    | health officer's salary (July).....  |          |  | 150 00  |
| “ 30.    | clerk's salary (July).....           |          |  | 50 00   |

|            |     |                                            |            |
|------------|-----|--------------------------------------------|------------|
| Aug.       | 5.  | By 100 stamps (2c).....                    | 2 00       |
| "          | 12. | post-office box rent.....                  | 1 50       |
| "          | 30. | telegram (Ill. State Board of Health)..... | 1 15       |
| "          | 31. | 210 stamps (2c).....                       | 4 20       |
| "          | 31. | 250 stamped envelopes (1c).....            | 2 80       |
| "          | 31. | health officer's salary (August).....      | 150 00     |
| "          | 31. | clerk's salary (August).....               | 50 00      |
| Sept.      | 1.  | postage (Book of Rules).....               | 50         |
| "          | 28. | stamps and envelopes.....                  | 5 00       |
| "          | 30. | health officer's salary (September).....   | 150 00     |
| "          | 30. | clerk's salary (September).....            | 50 00      |
| Oct.       | 11. | post-office box rent.....                  | 1 50       |
| "          | 11. | drayage on books.....                      | 25         |
| "          | 27. | envelopes and stamps.....                  | 10 00      |
| "          | 31. | health officer's salary (October).....     | 150 00     |
| "          | 31. | clerk's salary (October).....              | 50 00      |
| Nov.       | 1.  | cash to Joel White.....                    | 2 85       |
| "          | 5.  | cash to Brown Printing Co.....             | 150 00     |
| "          | 30. | health officer's salary (November).....    | 150 00     |
| "          | 30. | clerk's salary (November).....             | 50 00      |
| Dec.       | 5.  | postage.....                               | 5 00       |
| "          | 14. | envelopes (1c).....                        | 5 00       |
| "          | 21. | 1000 envelopes (2c).....                   | 22 00      |
| "          | 31. | health officer's salary (December).....    | 150 00     |
| "          | 31. | clerk's salary (December).....             | 50 00      |
| 1898.      |     |                                            |            |
| Jan.       | 5.  | post-office box rent.....                  | 1 50       |
| "          | 6.  | cash to Roemer (wrapping paper).....       | 1 25       |
| "          | 9.  | postage.....                               | 4 00       |
| "          | 16. | drayage on books (Washington).....         | 25         |
| "          | 31. | health officer's salary (January).....     | 150 00     |
| "          | 31. | clerk's salary (January).....              | 50 00      |
| Feb.       | 1.  | expressage.....                            | 25         |
| "          | 5.  | postage.....                               | 5 00       |
| "          | 10. | expressage.....                            | 30         |
| "          | 28. | postage.....                               | 5 00       |
| "          | 28. | health officer's salary (February).....    | 150 00     |
| "          | 28. | clerk's salary (February).....             | 50 00      |
| March      | 1.  | expressage.....                            | 45         |
| "          | 6.  | postage.....                               | 5 00       |
| "          | 14. | 1000 stamped envelopes (1c).....           | 11 20      |
| "          | 31. | cash to Brown Printing Co.....             | 311 10     |
| "          | 31. | health officer's salary (March).....       | 150 00     |
| "          | 31. | clerk's salary (March).....                | 41 85      |
| Total..... |     |                                            | \$3,000 00 |

THE REPORT OF THE BOARD OF CENSORS. 129

|                                                             | DR.        | CR.        |
|-------------------------------------------------------------|------------|------------|
| To total receipts from April 1, 1892, to April 1, 1893.     | \$3,000 00 |            |
| By total expenditures from April 1, 1892, to April 1, 1893. |            | \$3,000 00 |

RECAPITULATION OF EXPENDITURES.

|                                                                  |            |
|------------------------------------------------------------------|------------|
| By health officer's salary from April 1, 1892, to April 1, 1893. | \$1,800 00 |
| clerk's salary for the same time.                                | 591 65     |
| cash for postage for the same time (stamps and envelopes)        | 129 90     |
| cash to Brown Printing Co.                                       | 481 10     |
| miscellaneous.                                                   | 17 85      |
| Total.                                                           | \$3,000 00 |

INSPECTION OF JAILS AND POOR HOUSES.

We desire to call the attention of the county boards of health in a very special way to section 1282 of the Code, the section in which the legal duties of said boards are separately specified. These duties are very important, and it is certain that some of them are not sufficiently appreciated by some of our boards. This is emphatically true of subsection 4 of said section of the Code, which is in these words: "To exercise a general superintendence over the sanitary regulations of the public institutions situate in the county, including hospitals, asylums, work houses, prisons, markets, and public schools."

A wide field of usefulness for the county boards of health is opened up by these provisions of the law, and it should be assiduously cultivated. The jails and poor houses especially require looking after. It is believed that in some of the counties the jails and poor houses are not managed in a way to foster the health and comfort of their inmates. Common humanity requires that prisoners deprived of their liberty and the afflicted poor who are the recipients of public charity should not be allowed to suffer from unsanitary surroundings or from inadequate or improper diet.

Let all the county boards of health, therefore, place themselves in official communication with the courts of county commissioners, the sheriffs, the probate judges, and the

grand juries, with a view to proper concert of action ; and let them make such inspections and recommendations as may be necessary to keep these institutions in good sanitary condition.

The number of inspections that ought to be made will depend very much upon circumstances. The more populous the jails and poor houses the more frequent should be the inspections ; say, in the more populous counties once a month, and in the less populous counties once a quarter. The inspections may be made by committees of the boards or by the county health officers, as may be most convenient or most expedient under the circumstances of each case. They should be made carefully and systematically, and should be carefully written up for submission to the boards of health, to the county authorities and to the state health officer. When abuses grow up in jails and poor houses it is nearly always the result of negligence and want of proper information on the part of the county officers, and it is the duty of the county boards of health to keep said officers properly informed.

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#### THE CONFERENCE OF STATE BOARDS OF HEALTH.

We have duly considered the Report of the State Health Officer in regard to the Conference of State Boards of Health held in New York April 5th-8th, to consider the means for the prevention of the introduction of cholera into this country during the current year ; and have given our approval to the principles and policies advocated by him at said conference. This paper will be found in the fourth part of this report.

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#### THE WORK OF THE COUNTY BOARDS OF HEALTH.

The work of the county boards of health is steadily improving, when we consider all the counties together. That is to say, a larger number of counties than ever before are engaged in the collection of vital statistics, and a larger

number than ever before are approximating satisfactory results. This persistent progress, even while it is slow, is very gratifying. In it we have the assurance that complete success will ultimately crown our efforts in the most difficult enterprise ever undertaken by the medical profession of any country in the world. It is a work, therefore, of which the medical profession of Alabama may well be proud. We proceed to notice each one of the county boards of health, and its work for the past year, separately :

*Autauga County Board.*—No report was received from this board for the past year. Dr. W. J. Bell, the county health officer, made some effort to do the work, but failed. Dr. R. L. Huddleston, of Wadsworth, is health officer for 1898. The outlook for effective work is not encouraging.

*Baldwin County Board.*—Dr. W. M. Lovelady continues to act as health officer for the county. No other county in the state presents more difficulties in the way of long distances and sparseness of population. In spite of these difficulties the work is fairly well done, and continues to improve. The health officer's salary is three hundred dollars a year.

*Barbour County Board.*—The work in this county still continues to be in a very unsatisfactory condition. In the beginning of the year Dr. W. H. Robertson was county health officer. He was succeeded by Dr. W. A. Warren. At this time Dr. H. L. Brannon has the place. This is a large and wealthy county with a large number of fairly qualified physicians, and it should do better work.

*Bibb County Board.*—No reports have been received from this county during the past year. Dr. Fred Black is still the county health officer.

*Blount County Board.*—This county is in about the same condition as last year. The reports are regularly made, but are not up to any high grade of efficiency. Dr. W. M. Cole is still the county health officer. This board ought to do better work.

*Bullock County Board.*—The work in this county has improved considerably. It has always been well done; but for a year or two the reports were not believed to be quite complete. It is believed now that they are complete. Dr. S. C. Cowan is still the county health officer.

*Butler County Board.*—Our work in Butler county continues to improve, and lacks very little of being complete. Dr. J. C. Kendrick is still the county health officer.

*Calhoun County Board.*—The work in this county is about the same as last year—good but not quite complete. The separate reports for Anniston, Oxford, Jacksonville and Piedmont are about complete. Dr. T. W. Ayres is still the county health officer.

*Chambers County Board.*—No reports were received from this board for the past year. Dr. J. B. Rutland continues nominally county health officer. He receives no salary.

*Cherokee County Board.*—The work in this county has not improved, and is not on a satisfactory basis. Dr. G. W. D. Lawrence is still the county health officer.

*Chilton County Board.*—No reports have been received from this county during the past year. There is no appropriation to pay a health officer.

*Choctaw County Board.*—Dr. R. B. Carr, who had been so long health officer in this county, died a few months ago, leaving his books and papers in such a condition that his successor was not able to make out the annual report. Dr. T. A. Knighton is now county health officer. He makes regular reports, but they are not complete.

*Clarke County Board.*—The reports from this county are very good; just a little more effort would make them complete. Dr. J. W. Armistead is still the county health officer.

*Clay County Board.*—The work in this county is well done. Dr. Thomas Northen, the efficient county health officer, believes the reports to be about complete.

*Cleburne County Board.*—The condition of things in this county is much more favorable, but the collection of vital statistics is not a success. Dr. T. J. John is the county health officer.

*Coffee County Board.*—The reports from this county for the past year have been very defective. Dr. W. W. Grubbs was the county health officer. He has been succeeded by Dr. B. A. Hill, who promises better things.

*Colbert County Board.*—As usual no reports have been received from this board for the past year. Dr. Palmer is the county health officer.

*Conecuh County Board.*—Dr. A. A. McKittrick, who has been health officer in this county so long, and who conducted the work of the office with so much energy, has been superceded by Dr. Andrew Jay. The reports are still claimed to be complete. Dr. McKittrick occupied the office until the first day of January.

*Coosa County Board.*—During the past year the work in this county has been done in a very satisfactory manner. The reports have been nearly complete. Dr. A. J. Peterson is the county health officer.

*Covington County Board.*—No reports for the past year have been received from this board. Dr. W. E. Sentell is still the nominal health officer. He has no salary.

*Crenshaw County Board.*—We have not received any reports from this county during the past year. There is no appropriation to pay the county health officer. Dr. A. J. Jones, however, has recently accepted the position and will endeavor to put the work on a good basis.

*Cullman County Board.*—The work of this board continues to be fairly well done, but the reports are not quite complete. Dr. M. L. Johnson is still health officer.

*Dale County Board.*—The work has been very poorly done in this county. Dr. R. F. Harper is county health officer. He has no salary.

*Dallas County Board.*—Our work in this county has been done about as usual. The reports for Selma are claimed to be complete. For many of the county beats the reports are defective. On account of the large negro population this is a difficult county to manage. Dr. E. B. Ward was county health officer up to March, when he was superseded by Dr. W. W. Harper.

*DeKalb County Board.*—Our work in this county still continues to improve, but is still not entirely satisfactory. Dr. H. P. McWhorter is still the county health officer.

*Elmore County Board.*—This board has again acquitted itself well. The reports are not quite complete, but very nearly so. Dr. O. S. Justice is still the county health officer.

*Escambia County Board.*—This board continues to do excellent work. Dr. J. L. Bass, the previous health officer, has left the county, and the place is now filled by Dr. E. T. Parker.

*Etowah County Board.*—The work of this board has slowly improved and is now fairly well done. Dr. D. H. Baker is still the county health officer.

*Fayette County Board.*—During the past year no report has been received from this board. There is no appropriation to pay a county health officer.

*Franklin County Board.*—This board has never made any reports. There is no appropriation for the county health officer; which place, however, is still held by Dr. L. W. Desprez.

*Geneva County Board.*—No reports have been received from this board. Recently the board has shown more signs of life, and has elected Dr. M. F. Flemming as county health officer. It is hoped he will be able to give a good account of himself.



*Greene County Board.*—The work of this board has been very imperfectly done during the past year. Dr. T. W. Pierce continued to act as health officer until January, when he was superceded by Dr. G. A. Moore. The organization of the county has considerably improved of late years, but the collection of vital statistics has not been made a success.

*Hale County Board.*—Our work in this county has improved a little, but is not well done. Dr. J. Huggins is still the county health officer.

*Henry County Board.*—Our work in this county is still in a very unsatisfactory condition. As health officer Dr. Phillips was succeeded by Dr. W. H. Williams, and now Dr. J. W. Payne is the incumbent of the office. The condition of the society has improved and we trust the collection of vital statistics will also improve.

*Jackson County Board.*—The work in this county has gone on about as usual. The reports have been good, but not complete. Dr. G. L. Hayes continued to act as county health officer up to the first of January, when Dr. A. N. Blackmore was elected to succeed him.

*Jefferson County Board.*—The work of this board again deserves special commendation. The collection of vital statistics continues to improve. The separate reports for Birmingham, Bessemer, Pratt City, and Warrior, and for the prisons at Pratt Mines and Coalburg, are believed to be nearly complete. The reports for the county beats are more defective. The board has continued its policy of inspecting the jail, poor house, market, hospitals, and schools. It is also active as a municipal board of health for the city of Birmingham. Dr. H. N. Rosser is still the county health officer.

*Lamar County Board.*—The work of this board has not improved to any measurable extent. The reports are regularly made but they are not complete. Dr. D. D. Hollis continues to occupy the position of county health officer.

*Lauderdale County Board.*—The board of this county has not been making reports for several years. It has recently been reorganized, but will hardly engage in the collection of vital statistics during the current year.

*Lawrence County Board.*—This board has sent in its reports regularly, but they are quite defective. Dr. W. J. McMahan is still the county health officer.

*Lee County Board.*—We have received no reports from this county during the past two or three years, and the outlook for the future is not good.

*Limestone County Board.*—In this county, during the past year, our work has not been well done. Dr. G. R. Lewis was county health

officer. For the current year Dr. W. J. Hagan is the county health officer, and the prospect for good work has greatly improved.

*Lowndes County Board.*—In this county the work goes on as usual. Dr. Shirley Bragg is county health officer and claims that his reports are about complete.

*Macon County Board.*—The work of this board continues to be a failure. The health officer gets no pay and does poor work.

*Mudison County Board.*—The work of this board for the past year has been extremely defective. Dr. W. C. Wheeler was county health officer. For the current year Dr. J. T. Johnson is the county health officer, and there has been a decided improvement already accomplished.

*Marengo County Board.*—The reports from this county last year was the first for several years. They were very defective, but as a beginning were welcomed. Dr. I. G. Wilson continues to occupy the position of county health officer.

*Marion County Board.*—The organization of this county has been greatly improved, but no vital statistics reports of any value have been received from it.

*Marshall County Board.*—The work of this board continues defective. The health officer gets no salary.

*Mobile County Board.*—During the past year the work of this board improved materially, although it did not reach a high grade of efficiency. Dr. E. L. Marechal was the county health officer. Since the first of January Dr. D. C. Randle has been county health officer. This is a large and wealthy county, the health officers salary is \$420 a year, and this board should do better work.

*Monroe County Board.*—Our work in this county continues to be fairly well done. The reports are often delayed, and many supplements are sent in. Dr. W. W. McMillan is still the county health officer.

*Montgomery County Board.*—The work of this county continues to improve, but is not yet what it ought to be, and what the board could easily make it. Dr. P. H. Owen is still the county health officer.

*Morgan County Board.*—The work of this board for the past year showed some deterioration in place of the improvement that was expected. This year Dr. W. A. Barclift is the county health officer.

*Perry County Board.*—This board last year failed again to make any reports. Dr. O. L. Shivers was the county health officer. This year the health officer is Dr. G. R. Johnson. He promises to do better work.

*Pickens County Board.*—During the past year the Pickens county board has been in a state of suspended animation. Since January Dr. H. B. Upchurch has been the county health officer. He is endeavoring to bring about a better state of affairs.

*Pike County Board.*—Our work in this county has gone on about as usual. The reports are fairly good, but not complete. Dr. C. W. Hilliard is still the county health officer.

*Randolph County Board.*—No reports were received from this board last year. There is no appropriation for the health officer.

*Russell County Board.*—This board made some effort last year towards the collection of statistics but accomplished very little. This year the health officer is Dr. H. H. Allen.

*Shelby County Board.*—We have had no reports from this board for the past year. The health officer has no salary.

*St. Clair County Board.*—There has been considerable improvement in the reports from this county, and the improvement seems likely to continue. Dr. E. P. Cason is the county health officer.

*Sumter County Board.*—Our work in Sumter county still drags along in a very unsatisfactory way. Dr. D. S. Brockway is still county health officer.

*Talladega County Board.*—There continues to be some slight improvement in the work of this board; but it has not yet reached a satisfactory degree of efficiency. Dr. W. F. Thetford is still the county health officer.

*Tallapoosa County Board.*—During the past year the retrogression in the work of this board, noted in our last report, continued. A few months ago Dr. A. L. Harlan was elected county health officer, with the result of great improvement in the monthly reports.

*Tuskaloosa County Board.*—The work of this board continues about as heretofore. It ought to be greatly improved. Dr. J. B. Read is still the county health officer.

*Walker County Board.*—No reports have been received from this board for last year.

*Washington County Board.*—No reports from last year have been received from this county. There is no county health officer, and no appropriation to pay one.

*Wilcox County Board.*—No reports have been received from this county for the past year. Dr. R. H. Kilpatrick is the nominal health officer.

*Winston County Board.*—There has been some improvement in the reports from this county. Dr. J. C. Taylor is still the county health officer. He gets no salary.

PART IV. SUPPLEMENTARY PAPERS.

THE CHOLERA CONFERENCE.

BY THE STATE HEALTH OFFICER.

The Conference of State Boards of Health for the year 1893 was called to meet in New York at the Fifth Avenue Hotel. The meeting was held on the 5th, 6th, 7th and 8th days of April. The Program of Proceedings issued in advance was as follows :

1. Report of National Quarantine Commission: Dr. Irving A. Watson, New Hampshire, Chairman; Dr. Peter H. Bryce, Ontario, Secretary.

2. (a) What are the present conditions, as to equipment and efficiency of administration of quarantine stations on the seaboard of the United States, including improvements to be actually available during the coming season.

(b) What is the practice as to the inspection of persons and the disinfection of baggage, and what is the exact practical meaning of certificates issued to passengers and immigrants as to themselves and the disinfection of their effects? (To be responded to by port quarantine authorities of the United States.)

3. The same questions as to Canadian ports. (To be responded to by port quarantine authorities of Canada.)

4. The same questions as to Mexican ports. (To be responded to by port quarantine authorities of Mexico.)

5. (a) What available plan can be agreed upon which will pass a properly certified passenger or immigrant and his baggage and effects from his starting point in the United States, Canada or Mexico, to his destination without unnecessary interference or delay.

(b) Is it necessary and practicable to disinfect the baggage of all immigrants, and require certificates of disinfection?

6. In the emergency of an epidemic, would it be practicable to conduct a uniform system of inspection service at the various state lines, as against any given infected district, by means of which co-operation and mutual protection would be secured?

Propositions Nos. 5 and 6 will be referred to committees, appointed at the opening session, and requested to report to the Conference in time for its action before adjournment.

7. (a) What has been done by such State Board of Health to protect the territory under its jurisdiction against cholera?

(b) What quarantine powers has each board?

(c) What are the present conditions in the principal cities and towns of each state? (This will be responded to briefly, preferably in writing, by each state board.)

8. In the event of cholera in this country, what requirements should be made of transportation companies to prevent spread of the disease. Dr. C. A. Lindsley, Dr. E. P. La Chapelle, Dr. F. W. Reiley, Dr. L. F. Salamon, Dr. R. M. Swearingen.

The reading of the Report of the National Quarantine Commission, as provided for in the first number of the Program, had to be deferred on account of the absence of Dr. Peter H. Bryce of the Province of Ontario, Canada, the secretary of the commission. On the last day of the session it was read in part. But as it was very elaborate, and because it covered ground that had already been considered, and because on account of the time that had already elapsed since the investigations of the Commission were made it was of historical rather than current importance, the reading of the whole of it was not deemed necessary.

Under the second number of the program the members from the different states and provinces were called on to give an account of the character and efficiency of the quarantine and other defenses of their respective localities for the prevention of the invasion of migrating epidemic diseases. It is not necessary to repeat these statements in detail for each state and province; but a few general inferences based upon them are of some interest. The absence of efficient means to prevent the admission of epidemic diseases into the New England states was specially notable. At the same time it was easily understood. Heretofore these states have had practically but one migrating pestilence to deal with, namely, smallpox, and this disease came to them only from Canada. It has been many years since they have had anything to fear from yellow fever. And hence they had few apprehensions to lead them to the construction of elaborate defenses, until the recent menace from cholera roused them from their lethargy; and even now the danger to them of invasion by cholera is not very great. The great majority of European immigrants are bound for the great West, and not for New England, or the South.

Another notable fact was the comparative absence of efficient quarantines on the North Atlantic coast. This is due

doubtless to the fact that our North Atlantic cities have not been for more than half a century much subject to invasion by foreign epidemics. They have not felt the need of quarantine protection, and hence their quarantine establishments are of very primitive construction.

On the South Atlantic coast where the danger of yellow fever invasion is always more or less to be feared, the quarantine defenses are considerably more efficient, although Charleston is the only city on the South Atlantic coast with a thoroughly equipped modern quarantine plant. The most efficient quarantine defenses for the South Atlantic coast, and as far north as Philadelphia, are to be found in the national quarantine establishments under the management of the Marine Hospital Service. This line of defenses is now or soon will be in a very satisfactory condition of efficiency.

The quarantine defenses of our gulf coast are by far the most complete, the most efficient, and the most efficiently managed of any on the coast line in the United States. This is due to our proximity to the West Indies, the perennial home of yellow fever, which is thus to us an ever present menace of pestilential invasion. Here the states of Louisiana, Alabama and Florida, have finely equipped quarantine stations, and these are supplemented by the stations of the national government at Chandeleur and Tortugas.

The New York quarantine requires a separate notice. This city is the great entrepot for that great army of immigrants who every year leave their homes in far off Europe to become citizens of the great republic. They come by millions in crowded ships with unsanitary surroundings, and are liable to bring with them such diseases as typhus, small pox and cholera. Through this port, on several occasions, typhus fever has gained access to the city of New York. Through this port small pox has been repeatedly introduced into the west. And it was at this port last fall that the fleet of cholera ships made their appearance, and spread consternation throughout the length and breadth of the continent. The conference was therefore very much interested in ascertaining just what sort of a quarantine was

depended on for the protection of the metropolitan city of the nation, and indirectly for the protection of the whole country, and especially of the great west, the destination of most of the immigrants. Accordingly we paid a visit to Ellis Island, where all the immigrants are landed, and to the two quarantine islands, Hoffman and Swinburne. After this visit a committee, consisting of Drs. Patten, Plunkett, McCormack, La Chappelle, Probst and Wells, were appointed to prepare resolutions in relation to the quarantine outfit in the lower bay. The report of this committee, which was adopted, was as follows:

*Resolved*, That it be expressed as the sense of this conference, representing the health authorities of the United States, Canada and Mexico, that the importance of having maintained at the port of New York a thoroughly efficient system of quarantine against imported pestilence is so great as to warrant the conference in offering certain urgent recommendations:

Inasmuch as the state of New York has assumed the responsibility of carrying on the important work, upon the equipment and efficiency of which other states must of necessity largely depend, the representatives of these states and communities feel themselves justified in urging that the present plant and appliances for the performance of quarantine at Hoffman Island be so enlarged and improved as to conform with the highest standard of modern improvement.

The conference recognizes the fact that the present quarantine administration has labored under the disadvantage of having to operate a system burdened with grave, inherited defects, and full credit is accorded for such good work as has been done by the present active quarantine officer. The conference is informed that several important improvements are contemplated, and that as soon as possible these will be instituted. It is intended to increase the area of Hoffman Island, the observation and disinfecting station containing the principal quarantine plant, from two acres to about ten.

The facilities for the disinfection of baggage and bedding are deemed entirely inadequate. The conference is informed that an extension of the same to about nine times its present capacity is contemplated, but in view of the constant menace from cholera the conference urgently recommends that these facilities be increased immediately.

If practicable, it is also recommended that a wharf in deep water be built for the better accommodation of vessels under treatment at Hoffman Island.

The supply of drinking water in cisterns is such as to render its contamination at the stations possible, and the necessity for a better arrangement is imperative.

It appears that no disinfection of immigrants' baggage other than on vessels has been practiced at the port of New York since last October, and this conference formally protests against the continuance of this neglect. The conference also deems it its duty to report that the certificates at present issued by the United States officials as represented, by Dr. Wheeler, of that service, have no value whatever in guaranteeing any previous inspection or disinfection of immigrants' baggage, as this station is not designed for quarantine work.

The hospital at Swinburne Island is well equipped, and the crematory attached to same is one of approved construction."

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To consider proposition "5," as divided into "a" and "b," and prepare a report on same, the following committee was appointed: Drs. Jerome Cochran, of Alabama; C. H. Hewitt, of Minnesota; F. W. Reilly, of Illinois; C. N. Metcalf, of Indiana; E. P. LaChappelle, of Ontario; Benj. Lee, of Pennsylvania; C. A. Lindsley, of Connecticut; J. T. Reeves, of Wisconsin, and John J. Kinyoun, United States Marine Hospital service.

After four hours discussion among themselves they submitted the following report:

"It is not believed that it would be practicable to conduct



a uniform system of inspection service at state lines as against any given district infected by any epidemic disease, but it is argued that it is the paramount duty of every health organization to exercise the utmost vigilance for the protection of its own territory. In this direction lies the practical protection of the whole country. To the extent, for example, that New York preserves herself from epidemic disease she protects her neighbors.

"As to the limitation of an outbreak it is believed that the best and most effective work for the prevention of the spread of an epidemic disease can be done at the point where the outbreak occurs. The early notification of state and provincial boards of health of the existence of communicable diseases in any state or province, as agreed upon at the conference at Toronto, is also urged upon the members of the conference as a measure of great value.

"It is believed that transportation companies should be required—in event of cholera appearing in this country—to refuse the transportation of persons and things from any infected district, except under the direct supervision of the health authority of such district. It also is recommended that transportation companies, both by land and water, secure and maintain the highest practical sanitary condition of equipment, stations, grounds, latrines, water supplies, etc., not only during the existence of cholera, but as a highly effective method of preventing the introduction and spread of communicable diseases.

"Your committee further venture to offer the following proposition: That no person be allowed to embark on board a vessel sailing from abroad to this country unless he or she furnishes satisfactory evidence of vaccination within the previous seven years, and that no person be allowed to land in this country until he or she has furnished to the quarantine officer evidence that such vaccination was successful, or unless such person present physical evidence of a previous attack of small-pox."

The report fell short of the expectations and views of the conference and after a general expression of opinion, it was,

upon motion, referred to a new and different committee, composed of the following: Drs. V. C. Vaughan, of Michigan; J. H. Rauch, Illinois; E. P. LaChapelle, Ontario; G. F. Patten, Louisiana, and — Atkinson, Missouri.

At the evening session this committee submitted the following report, which was carefully considered section by section and then adopted:

*Resolved*, That in our opinion a uniform system of inspection service may be established and carried out. But we do not believe that this inspection should be carried out at the state lines.

SEC. 2. In an emergency of cholera at any place, inspection should be instituted and no suspect should be allowed to enter a train.

SEC. 3. A medical inspector should accompany each outgoing train. He should carry medicines, disinfectants, etc., and should pay special attention to the closets, following directions formulated by the State Board of Health. Rules for the care of closets should be posted in each closet.

SEC. 4. If any person on the train shows symptoms of the disease such person should be isolated so far as is possible. One closet should be selected for the exclusive use of such persons. The sick person should be carried to one of the temporary hospitals provided for below, or the car containing the sick person should be side-tracked in an isolated place and proper accommodation provided in the car. In either case the names and addresses of other passengers on that car should be telegraphed to the health authorities at their respective places of destination.

SEC. 5. When passengers in a car in which a suspect has been found are transferred another car should, if possible, be provided for their exclusive use.

SEC. 6. Railroad companies should be requested to provide, at such places in each state as the State Board of Health may designate, accommodations for those who may be taken sick en route. Such accommodations should be subject to the inspection and approval of the State Board of Health.

SEC. 7. Each train medical inspector should be furnished by the State Board of Health with a list of physicians along the line, any one of whom may be called upon for assistance in case of necessity. The compensation for these auxiliaries should be provided for by the State Board of Health. A special car must be provided for passengers going on a train at an infected place.

SEC. 8. Ordinary articles of merchandise do not require disinfection. Household goods, personal effects and wearing apparel from an infected locality must not be received for transportation, however, until such articles have been properly disinfected. Each trunk, box or package must have a card showing that the article has been disinfected and the method of disinfection.

SEC. 9. In case any car should be contaminated in any way, such car must be removed from the train as soon as practicable and purified.

SEC. 10. That it is the sense of this conference that in the emergency of an epidemic of cholera it should be required that all passenger coaches should be provided with closets, specially arranged for the retention and disinfection of all fecal matter, the apparatus and methods to be subject to the approval of the respective State and Provincial Boards of Health.

SEC. 11. A system of rules applicable to river and lake transportation should be formulated in accordance with the above rules."

It is believed by the present writer that the several propositions contained in the second of these two reports could have emanated only from sanitarians whose knowledge of the dissemination of communicable diseases and of the methods at our command for preventing or restricting the dissemination of said diseases, has been derived exclusively from closet study and based upon the abstract discussion of theories only half way scientific. I cannot enter into an elaborate discussion of their numerous absurdities, but will content myself with noticing very briefly a few of them.

Take the second proposition. If cholera appears at any

place something more than an inspection should be instituted. The health authorities of the place should take absolute possession of the infected house or houses. What sort of inspection at the point of departure of a railroad train is going to discover a suspect? By what signs can a suspect be known? From some stations trains depart every few minutes, and at such places how is time to be had to make inspections?

Take the third section. Because there were half a dozen cases of cholera in New York would you send out a medical officer with every outgoing train? It would be folly to attempt it. I suppose several hundred trains leave New York every day. Are several hundred medical officers to be sent out every day under such circumstances? It would be a bonanza for the doctors but utter destruction to commerce and travel. But this system of medical inspectors on all outgoing trains is only to be instituted in an emergency, whatever that may mean. Whenever an emergency arises of such magnitude of danger as to warrant the employment of this army of medical inspectors, better put a stop to all railroad travel at once. But what would these multitudinous doctors do? Men already sick with cholera are not going to attempt to travel. Even the short period of cholera incubation is long enough to allow a man infected with cholera to leave New York well and reach New Orleans still well, the cholera only developing a day or two after his arrival. So the probabilities are that the army of doctors going as inspectors from New York would probably not discover a man sick with cholera on a thousand outgoing trains. Then when these trains reach interior cities and the passengers they carry transfer themselves to other trains still more numerous, are all these also to have medical inspectors? and so on, world without end? It is utter folly to think of it. It is like invoking a tempest to wash a cockle shell ashore.

Take section four. The provision about closets—one only to be used by sick persons—is entirely without reason. Nobody ever took cholera from the seat of a water closet. This

closest question comes up again in section ten with a requirement that all passenger coaches should have specially arranged closets for the retention and disinfection of all fecal matter. I know the argument. It is very specious. The cholera germ is to be found in the cholera dejections; scattered along the road-bed they might be washed into streams and contaminate some water supply used by men and women; and so might cause sporadic cases or an epidemic of cholera. But the argument really amounts to nothing. The chances are that for every cholera patient found on railroad trains there would be some hundreds of thousands of travellers who wouldn't have cholera. Suppose there was a case of cholera on a car, and suppose cholera dejections were scattered along the road-bed for a few miles, the chances are a hundred to one that no trouble would come of it. It is another case of invoking a storm to wash a cockle shell ashore. Then the car containing the sick person is to be side-tracked in some isolated place. But side-tracks are not common in isolated places. And would the people of even isolated places allow a car containing a cholera patient to be side-tracked anywhere in the neighborhood of their residences? And what would be done with the patient after he was side-tracked? How would he be taken care of? By neighboring physicians and nurses? Not much. And how would the railroads manage to run their trains with their side-tracks encumbered by hospital cars.

Take the sixth section. Railroads should be requested to provide accommodations for those who may be taken sick *en route* at such places in each state as the State Board of Health may designate. Suppose the railroads failed to pay any attention to the request? Or suppose in Alabama there was a railroad hospital at Montgomery, and the case of cholera was discovered on the train going south from Cullman, more than a hundred miles north of Montgomery, is the train with the sick man to run all that distance before he is cared for? A thousand such hospitals might be built and not one of them ever used. It is another storm and

and cockle shell story. Something might, perhaps, by possibility be done to transport immigrants on special trains and under special surveillance; but it would be only under peculiar circumstances that even this would be practicable.

In one word, all this system of railroad inspection to prevent the transmission of epidemics is practically impossible and absurd. It has been attempted in yellow fever seasons in the South where the number of trains to be looked after was not large, and attempted at considerable cost. If any of these inspectors ever intercepted a case of yellow fever, or ever intercepted a man that was dangerous to the public health, I never heard of it.

In my judgment there are just three places in which to fight the progress of cholera in connection with immigrants. The first is at the point of departure in the foreign country. The second is at the port of arrival in this country. The third is at the point of destination in the interior of the country, when the immigrant has finished his journey.

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Propositions "6" and "8" of programme were referred to a committee for a report upon same, composed of the following delegates: Drs. Irving A. Watson, of New Hampshire; Walter Wyman, Surgeon General Marine Hospital Service; F. Montizambert, Quarantine Officer, Dominion of Canada; L. F. Salomon, of Louisiana; J. H. Rauch, of Illinois; C. O. Probst, of Ohio; F. H. DeVaux, of North Dakota, and J. D. Plunket, of Tennessee. At the evening session the committee made the following report, which was adopted:

"WHEREAS, Article 14, of the immigration regulations of the United States, provides that each immigrant, or head of a family, prior to or at the time of embarkation shall be given a ticket on which shall be written his or her name, a number or letter designating a list and his or her number on the said list, for convenience of identification on arrival.

*Resolved,* That for the purpose of assisting the quarantine officers and health inspectors said tickets should also have printed thereon figures or letters, or words which shall be hereafter provided; that the ship's surgeon, or agent, shall

indicate by punch or otherwise on said ticket, the information hereafter to be specified, that the quarantine officers at the port of arrival, and the inspecting officers at the several inspecting stations in the interior states, shall indicate in like manner the same information; said ticket to be carried by the immigrant from the port of embarkation to the point of destination, and then delivered to the proper health officer; provided, that this provision does not conflict or interfere with the rules or regulations of the Treasury Department.

*Resolved,* That the secretary of the conference be directed to forward this resolution, with the necessary forms, to the secretary of the treasury.

*Resolved,* That the steamship companies shall be furnished with blank forms to be filled out by the surgeons on the voyage, dividing passengers into lists by states or provinces to which they are destined, such lists to be handed to the quarantine officer, to be by him punched, with such information as derived at quarantine; this to be enclosed in an envelope with the printed address of the executive officer of such state or provincial board of health, and at once posted. The state or provincial officer receiving it to notify, by telegram if necessary, the local health officer into whose jurisdiction each family or person is going. Some such form as the following is suggested:

Steamship ———, from ———, date ———, place ———, when started ———, name ———, age ———, destination ———, fullest details ———, disease ———, isolated cases.

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A question which gave rise to a good deal of discussion was as to the extent to which it is expedient to invoke the assistance of the marine hospital service in the administration of quarantines and other protective measures for the prevention of the dissemination of infectious diseases amongst the states. This marine hospital service is very ambitious, and with the immense pecuniary resources placed

at its disposal it will be able to break down opposition in many directions. The administration of our sea coast quarantines is now largely in their hands, and doubtless in course of time they will completely monopolize it. In addition to this they are now ambitious to undertake the administration of quarantines between the states. This extension of the jurisdiction of this service met with scant favor from the conference, and every resolution favoring it was promptly voted down. It met with most favor from the Western members—another illustration of the drift in the Western states towards a paternal government and state socialism.

The fact that we are to have the Columbian Exposition this year at Chicago has generated an unreasonable fear of the advent of cholera. In my opinion the danger of an invasion of this country by cholera this year is greatly less than was the danger of invasion last year. Last year we took no extraordinary precautions and yet we escaped invasion. It is urged that the number of Europeans flocking to Chicago will of itself greatly increase our danger. I do not think so. It is not probable that Europeans will flock to Chicago in very large numbers, and the class of people who will attend the exposition are not the sort of people who are likely to disseminate cholera. In 1884-85 there was a widespread epidemic of cholera in Western Europe; we resorted to no extraordinary measures of defense; and we had no cholera. There is no reason, therefore, why we should lose our heads, and impose useless restrictions on immigration and commerce.

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I desire to add to this report two documents bearing on points embraced in it. The first is in the shape of an interview with the New Orleans *Times-Democrat*, and bears date the 23d of February. The other is an editorial from the New York *Times*, printed during the progress of the conference.



## INVASION OF CHOLERA.

The *Times-Democrat* correspondent waited on Dr. Jerome Cochran to-day and asked that gentleman his views as to the probable invasion of cholera next summer. In reply he said :

"We are undoubtedly in some danger ; but I think the probabilities are that we will escape. Cholera still lingers in various places in Western Europe, and may break out again when the weather gets warm and in some places become epidemic. But very energetic efforts will be made by the health authorities to restrain its spread, and I think the chances are that it will not prevail extensively. Of course our danger will be in proportion to the extent of its prevalence in those countries with which we are in most direct and frequent communication."

"Do you think it is desirable to prohibit immigration from European ports during the coming summer in order to prevent the introduction of cholera?" was asked.

"I do not think that so extreme a measure is likely to be necessary. It might, however, become so if cholera, contrary to my expectation, should prevail as extensively in Western Europe as it did last summer and fall. But even then we ought to be able to protect ourselves without laying an embargo on immigration. We were in great danger a few months ago when half a dozen large immigrant ships with scores of cholera cases on board and with hundreds of immigrants exposed to the infection, made their appearance in the port of New York—in greater danger, I think, than we are ever likely to be in again, and yet the disease failed to get a footing on shore."

"But a few cases did get into New York and they might have spread."

"Yes, a few cases did get in, and they did not spread. It is fortunate that these cases did occur in crowded New York city ; fortunate because it gave the health authorities an opportunity to show that cholera cases can be so managed as to prevent any dissemination of the disease. In England a still larger experience went to prove the same thing. Some forty cases were brought from Hamburg at different times into Liverpool and London, and there was no spread."

"You believe, then, that even if a few cases of cholera should be introduced into our seaports there would be no great danger of its epidemic dissemination?"

"That is my belief. With a rigid enforcement of isolation and disinfection, there is no reason why the disease should be allowed to propagate itself. If it should be allowed to spread in any community, that fact would be a sufficient proof of the want of skill or of the want of means of the local health authorities."

"What about our quarantine defenses?"

"They are certainly very much better than they ever were before ;

and this is specially true of our Gulf quarantines, which, in my opinion, are the best in the world—much better, take them altogether, than those on the Atlantic coast. Still cholera might get into the country in spite of all our efforts to keep it out. There is contraband of revenue, and there may be contraband of quarantine. Hence the importance of being able to manage it after it gets among us. Besides the defensive quarantines at our own seaports, very important measures of prevention are now employed at the ports of departure—the European ports from which the ships come. Great care is taken that persons who have been exposed to cholera shall not be allowed to embark for this country, and all baggage and freights that are regarded as suspicious are disinfected. In a word, our first line of quarantine defenses is erected in these foreign ports. Our home quarantines constitute a second line; and the isolation of cases that may occur among us constitute a third line of defense.”—*Times-Democrat*, February 22, 1893.

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#### STATE AND NATIONAL HEALTH JURISDICTION.

The discussions of the doctors who have been conferring in this city for the last few days upon questions of quarantine and defense against cholera have been disturbed by a serious difference of opinion as to the limits of state and national jurisdiction. As those doctors are mostly representatives of State Boards of Health, a majority of them take a “state rights” view of the case, and some go so far as to maintain that the national authorities have no right to meddle in the matter at all. This controversy is significant mainly because it indicates the constant liability to conflict of authority that comes from the failure of Congress to assume jurisdiction within clearly-defined limits.

There is really no reason why the limits of state and national jurisdiction should not be clearly defined, and there will be controversy and conflict of authority so long as Congress refrains from providing for the exercise of the power that belongs to the national government and that can be effectively exercised by it alone. There is no question that a state, through its “police power,” can take all necessary measures for the protection of the health of the people of other states. It alone has to do with the sanitary condition of its cities and towns, the purification of the water supply of its people, and the control of causes of disease and of the movements of traffic that promote its spread within the limits of the state.

It is equally clear that the national government has no jurisdiction to interfere with questions of local sanitation or the protection of the public health within any state. It has no jurisdiction at all on the subject of public health as such. But when it comes to matters of quarantine and of dealing with epidemics and contagious diseases,

which have no respect for state lines, a wholly different question of jurisdiction comes into view. The most prominent feature of quarantine regulation is an interruption of commerce and an interference with travel. That is the essential feature of it in its relation to public authority and the exercise of official jurisdiction. It is a matter that pertains of necessity to the power to regulate commerce, rather than the power to protect public health.

Now, in the regulation of commerce with foreign nations and between the several states, the national jurisdiction is beyond question, and is exclusive because it is specially conferred upon Congress by the Constitution of the United States. No state board or officer has the slightest authority to detain a vessel coming from a foreign port, or to prevent or interfere with the landing of its cargo or passengers, except by the sufferance of the national government, while on the other hand the national government has full power to make and enforce any regulation affecting incoming vessels that may be required by the public interest, and no state authority can resist or interfere with the exercise of that power. When it comes to interrupting or interfering with transportation from one state to another, on any account whatever, it is a question pertaining to the regulation of commerce between the states, and the national jurisdiction is complete and unquestionable, while state jurisdiction does not exist, and state authority can only be exercised by sufferance of the national government.

The only chance for doubt or question or for conflict of authority now existing is due to the failure of Congress to assume the jurisdiction that belongs to the national government and to provide for its exercise, and it is pretty clear that this will have to be done before the efforts of state boards of health in their own proper field can be fully supplemented and supported by effective regulations for excluding foreign epidemics from the country and preventing the spread of contagion from state to state, whatever its source may be.—*New York Times*.

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#### THE NEW NATIONAL QUARANTINE LAW.

**AN ACT** granting additional quarantine powers and imposing additional duties upon the Marine Hospital Service.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress Assembled:* That it shall be unlawful for any merchant ship or other vessel from any foreign port or place to enter any port of the United States except in accordance with the provisions of this act and with such rules and regulations of State and

municipal health authorities as may be made in pursuance of, or consistent with, this act; and any such vessel which shall enter, or attempt to enter, a port of the United States in violation thereof shall forfeit to the United States a sum, to be awarded in the discretion of the court, not exceeding five thousand dollars; which shall be a lien upon said vessel, to be recovered by proceedings in the proper district court of the United States. In all such proceedings the United States district attorney for such district shall appear in behalf of the United States, and all such proceedings shall be conducted in accordance with the rules and laws governing cases of seizure of vessels for violation of the revenue laws of the United States.

SEC. 2. That any vessel at any foreign port clearing for any port or place in the United States shall be required to obtain from the consul, vice-consul, or other consular officer of the United States at the port of departure, or from the medical officer where such officer has been detailed by the President for that purpose, a bill of health, in duplicate, in the form prescribed by the Secretary of the Treasury, setting forth the sanitary history and condition of said vessels and that it has in all respects complied with the rules and regulations in such cases prescribed for securing the best sanitary condition of the said vessel, its cargo, passengers and crew; and said consular or medical officer is required, before granting such duplicate bills of health, to be satisfied that the matters and things therein stated are true; and for his services in that behalf he shall be entitled to demand and receive such fees as shall by lawful regulation be allowed, to be accounted for as is required in other cases.

The President, in his discretion, is authorized to detail any medical officer of the government to serve in the office of the consul at any foreign port for the purpose of furnishing information and making the inspection and giving the bill of health heretofore mentioned. Any vessel clearing and sailing from any such port without such bill of health and entering any port of the United States, shall forfeit to the United States not more than five thousand dollars, the

amount to be determined by the court, which shall be a lien on the same, to be recovered by proceedings in the proper district court of the United States. In all such proceedings the United States district attorney for such district shall appear in behalf of the United States; and all such proceedings shall be conducted in accordance with the rules and laws governing cases of seizure of vessels for violations of the revenue laws of the United States.

Sec. 3. That the Supervising Surgeon General of the Marine Hospital Service shall, immediately after this act takes effect, examine the quarantine regulations of all State and municipal boards of health, and shall, under the direction of the Secretary of the Treasury, co-operate with and aid State and municipal boards of health in the execution and enforcements of the rules and regulations of such boards and in the executions and enforcement of the rules and regulations made by the Secretary of the Treasury to prevent the introduction of contagious or infectious diseases into the United States from foreign countries, and into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia; and all rules and regulations made by the Secretary of the Treasury shall operate uniformly and in no manner discriminate against any port or place; and at such ports and places within the United States as have no quarantine regulations under State or municipal authority, where such regulations are, in the opinion of the Secretary of the Treasury, necessary to prevent the introduction of contagious or infectious diseases into the United States from foreign countries, or into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia, and at such ports and places within the United States where quarantine regulations exist under the authority of the State or municipality which, in the opinion of the Secretary of the Treasury, are not sufficient to prevent the introduction of such diseases into the United States, or into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia, the Secre-

tary of the Treasury shall, if in his judgment it is necessary and proper, make such additional rules and regulations as are necessary to prevent the introduction of such diseases into the United States from foreign countries, or into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia, and when said rules and regulations have been made they shall be promulgated by the Secretary of the Treasury and enforced by the sanitary authorities of the States and municipalities, where the State or municipal health authorities will undertake to execute and enforce them; but if the State or municipal authorities shall fail or refuse such rules and regulations the President shall execute and enforce the same and adopt such measures as in his judgment shall be necessary to prevent the introduction or spread of such diseases, and may detail or appoint officers for that purpose.

The Secretary of the treasury shall make such rules and regulations as are necessary to be observed by vessels at the port of departure and on the voyage, where such vessels sail from any foreign port or place to any port or place in the United States, to secure the best sanitary condition of such vessel, her cargo, passengers and crew; which shall be published and communicated to and enforced by the consular officers of the United States. None of the penalties herein imposed shall attach to any vessel or owner or officer thereof until a copy of this act, with the rules and regulations made in pursuance thereof, has been posted up in the office of the consul or other consular officer of the United States for ten days, in the port from which said vessel sailed; and the certificate of such consul or consular officer over his official signature shall be competent evidence of such posting in any court of the United States.

SEC. 4. That it shall be the duty of the Supervising Surgeon General of the Marine Hospital Service, under the direction of the Secretary of the Treasury, to perform all the duties in respect to quarantine and quarantine regulations which are provided for by this act, and to obtain information of the sanitary condition of foreign ports and

places from which contagious and infectious diseases are or may be imported into the United States, and to this end the consular officer of the United States at such ports and places as shall be designated by the Secretary of the Treasury shall make to the Secretary of the Treasury weekly reports of the sanitary condition of the ports and places at which they are respectively stationed, according to such forms as the Secretary of the Treasury shall prescribe; and the Secretary of the Treasury shall also obtain, through all sources accessible, including State and municipal sanitary authorities throughout the United States, weekly reports of the sanitary condition of ports and places within the United States, and shall prepare, publish and transmit to collectors of customs and to State and municipal health officers and other sanitarians weekly abstracts of the consular sanitary reports and other pertinent information received by him, and shall also, as far as he may be able, by means of the voluntary co-operation of State and municipal authorities; of public associations and private persons, procure information relating to the climatic and other conditions affecting the public health, and shall make an annual report of his operations to Congress, with such recommendations as he may deem important to the public interests.

SEC. 5. That the Secretary of the Treasury shall, from time to time, issue to the consular officers of the United States and to the medical officers serving at any foreign port, and otherwise make publicly known, the rules and regulations made by him, to be used and complied with by vessels in foreign ports, for securing the best sanitary condition of such vessels, their cargoes, passengers and crew, before their departure for any port in the United States, and in the course of the voyage; and all such other rules and regulations as shall be observed in the inspection of the same on the arrival thereof at any quarantine station at the port of destination, and for the disinfection and isolation of the same, and the treatment of cargo and persons on board, so as to prevent the introduction of cholera, yellow fever,

or other contagious or infectious diseases; and it shall not be lawful for any vessel to enter said port to discharge its cargo, or land its passengers, except upon a certificate of the health officer at such quarantine station certifying that said rules and regulations have in all respects been observed and complied with; as well on his part as on the part of the said vessel and its master, in respect to the same and to its cargo, passengers and crew; and the master of every such vessel shall produce and deliver to the collector of customs at said port of entry, together with the other papers of the vessel, the said bills of health required to be obtained at the port of departure and the certificate herein required to be obtained from the health officer at the port of entry; and that the bills of health herein prescribed shall be considered as part of the ship's papers, and when duly certified to by the proper consular or other officer of the United States, over his official signature and seal, shall be accepted as evidence of the statements therein contained in any court of the United States.

SEC. 6. That on the arrival of an infected vessel at any port not provided with proper facilities for treatment of the same, the Secretary of the Treasury may remand said vessel, at its own expense, to the nearest national or other quarantine station, where accommodations and appliances are provided for the necessary disinfection and treatment of the vessel, passengers and cargo; and after treatment of any infected vessel at a national quarantine station, and after certificate shall have been given by the United States quarantine officer at said station that the vessel, cargo and passengers are each and all free from infectious disease, or danger of conveying the same, said vessel shall be admitted to entry to any port of the United States named within the certificate. But at any ports where sufficient quarantine provision has been made by State or local authorities, the Secretary of the Treasury may direct vessels bound for said ports to undergo quarantine at said State or local station.

SEC. 7. That whenever it shall be shown to the satisfaction of the President that by reason of the existence of



cholera or other infectious or contagious diseases in a foreign country there is serious danger of the introduction of the same into the United States, and that notwithstanding the quarantine defense this danger is so increased by the introduction of persons or property from such country that a suspension of the right to introduce the same is demanded in the interest of the public health, the President shall have power to prohibit, in whole or in part, the introduction of persons and property from such countries or places as he shall designate, and for such period of time as he may deem necessary.

SEC. 8. That whenever the proper authorities of a State shall surrender to the United States the use of the buildings and disinfecting apparatus at a State quarantine station, the Secretary of the Treasury shall be authorized to receive them and to pay a reasonable compensation to the State for their use, if in his opinion, they are necessary to the United States.

SEC. 9. That the act entitled "An act to prevent the introduction of infectious or contagious diseases into the United States, and to establish a national board of health," approved March 3, 1879, be, and the same is hereby repealed. And the Secretary of the Treasury is directed to obtain possession of any property, furniture, books, papers or records belonging to the United States which are not in the possession of an officer of the United States under the Treasury Department which were formerly in the use of the National Board of Health or any officer or employee thereof.

ACTION OF THE ASSOCIATION ON THE REPORT  
OF THE BOARD OF CENSORS.

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The senior censor read the report of the board of censors and committee of public health by the several sections separately for the consideration of the association. In this way the following votes were taken :

(1) The senior censor read the report of the board of censors in regard to the president's message, mentioning five recommendations (see *ante* pages 90 to 93) and moved the approval of said sections of the report.

The motion was unanimously passed.

(2) The senior censor called special attention to the third recommendation contained in the president's message (see *ante* page 92) as committing the association to a very important policy, and moved the separate approval of said section of the report.

The motion was unanimously passed.

(3) The senior censor read the report of the board of censors in regard to the reports of the vice-presidents of the association (see *ante* pages 93 to 94), and moved the approval of said section of the report.

The motion was unanimously passed.

(4) The senior censor read the report of the board of censors in regard to the report of the secretary of the association and the Book of the Rolls (see *ante* page 94), and moved the approval of said section of the report and of the report of said secretary.

The motion was unanimously passed.

(5) The senior censor read the report of the board of censors in regard to the report of the publishing committee (see *ante* page 95), and moved the approval of said section of the report and of the report of the publishing committee.

The motion was unanimously passed.

(5) The senior censor read the report of the board of censors in regard to the report of the treasurer of the association and of the Book of Accounts (see *ante* page 95), and moved the approval of said section of the report and of the report of the treasurer.

The motion was unanimously passed.

(7) The senior censor read the report of the board of censors in regard to the Roll of the Correspondents (see *ante* page 95), and moved the approval of said section of the report.

The motion was unanimously passed.

(8) The senior censor read the report of the board of censors in regard to the amendment proposed to article 47 of the constitution of the association (see *ante* page 96), and moved the adoption by the association of said proposed amendment.

The amendment was unanimously adopted.

(9) The senior censor read the report of the board of censors in regard to the amendment proposed to article 48 of the constitution of the association (see *ante* page 96), and moved the adoption by the association of said proposed amendment.

The amendment was unanimously adopted.

(10) The senior censor read the report of the board of censors in regard to the delinquent county societies (see *ante* page 96), and moved the approval of the recommendations contained in said section.

The motion was unanimously passed.

(11) The senior censor read the report of the board of censors in regard to the creation of a Historian for the association with an ordinance (see *ante* page 100), and moved the adoption of said ordinance.

The ordinance was unanimously adopted.

(12) The senior censor read the report of the board of censors in regard to the appeal case of Dr. W. C. Wheeler of the Madison county society (see *ante* page 101), and moved the approval of the recommendation therein contained.

The motion was unanimously passed.

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(13) The senior censor read the recommendations of the board of censors in regard to banquets and receptions (see *ante* page 102), and moved the approval of said recommendations.

The motion was passed with one or two adverse votes.

(14) The senior censor read the recommendation of the board of censors in regard to the use of money derived from the sale of the Book of Rules for the printing of an Appendix to said book (see *ante* page 103), and moved the adoption of said recommendation.

The motion was unanimously passed.

(15) The senior censor read the recommendation of the board of censors in regard to the use of certain money derived from the dollar dues for examination papers (see *ante* page 104), and moved the adoption of said recommendation.

The motion was unanimously passed.

(16) The senior censor read the section of the report of the board of censors in regard to important suggestions for the medical examining boards (see *ante* pages 104 to 106), and moved that these suggestions be approved by the association.

The motion was unanimously passed.

(17) The senior censor read the section of the report of the board of censors in regard to new rules for the examining boards (see *ante* pages 106 to 107), and moved the adoption of said new rules by the association.

The motion was unanimously passed.

(18) The senior censor read the suggestions of the board of censors in regard to beneficiary scholarships in the Medical College of Alabama (see *ante* pages 108 to 111), and moved the approval of said suggestions by the association.

The motion was unanimously passed.

## THE REVISION OF THE BOOK OF THE ROLLS.

### THE FIRST ROLL—THE REVISION OF THE ROLL OF THE COUNTY SOCIETIES.

The committee on the revision of the rolls, composed of the senior censor, the secretary and the treasurer, reported three schedules of county societies, as follows:

(1). *Societies not Delinquent.*

That is to say, societies with all their constitutional obligations fulfilled—delegates in attendance, reports made and dues paid: Barbour, Blount, Bullock, Butler, Calhoun, Cherokee, Clarke, Clay, Cleburne, Coosa, Crenshaw, Dallas, Elmore, Etowah, Franklin, Greene, Hale, Jackson, Jefferson, Lamar, Lowndes, Macon, Marion, Marshall, Mobile, Monroe, Montgomery, Morgan, Perry, Pike, Russell, Shelby, St. Clair, Sumter, Talladega, Tuscaloosa, Walker, Wilcox, Winston. Thirty-nine societies.

No objection being made to the correctness of this schedule, the president ordered these thirty-nine societies to be passed as clear of the books.

(2). *Societies Partially Delinquent.*

Autauga, delinquent in delegates.  
 Baldwin, delinquent in delegates.  
 Bibb, delinquent in dues.  
 Chambers, delinquent in dues and report.  
 Chilton, delinquent in dues and delegates.  
 Choctaw, delinquent in delegates.  
 Coffee, delinquent in delegates.  
 Colbert, delinquent in delegates.  
 Conecuh, delinquent in delegates.  
 Cullman, delinquent in dues and delegates.  
 Dale, delinquent in delegates.

DeKalb, delinquent in dues and delegates.  
Escambia, delinquent in delegates.  
Fayette, delinquent in dues and delegates.  
Geneva, delinquent in dues and delegates.  
Henry, delinquent in delegates.  
Lauderdale, delinquent in dues and delegates.  
Lawrence, delinquent in delegates.  
Lee, delinquent in dues and report.  
Limestone, delinquent in dues and delegates.  
Madison, delinquent in delegates.  
Marengo, delinquent in delegates.  
Randolph, delinquent in delegates.  
Tallapoosa, delinquent in delegates—twenty-four societies.  
No objection being made to the correctness of this schedule, the president ordered that these twenty-four societies be passed, with the understanding that the secretary and the treasurer look after the missing reports and dues.

(3). *Delinquent Societies.*

That is to say, societies delinquent in all their constitutional obligations—delegates, dues and reports :

Covington, Pickens, Washington—three societies.

No objection being made to the correctness of this schedule, the president ordered these three societies to be referred to the board of censors for investigation.

The revision of the first roll, the roll of the county societies, was here ended, the said roll to stand closed until the next annual session of the association.

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THE SECOND ROLL—THE REVISION OF THE ROLL OF THE COLLEGE OF COUNSELLORS.

The Committee on the Revision of the Rolls reported the seven schedules of counsellors as follows :

(1). *Counsellors Clear of the Books.*

*Grand Seniors.*—William Henry Abernethy, Milton Columbus Baldrige, Dudley Samuel Brockway, Pugh H. Brown, Davis Elmore Cason, Jerome Cochran, Benjamin

Franklin Cross, Wilds Scott DuBose, Richard Mathew Fletcher, Charles Higgs Franklin, John Perkins Furniss, Vivian Pendleton Gaines, John Brown Gaston, Joseph Anderson Goodwin, Robert Hughes Hayes, Gustavus Hendrick, Samuel Mardis Hogan, Daniel Stiles Hopping, Robert Dandridge Jackson, Walter Clark Jackson, Andrew Jay, William Henry Johnston, Capers Capehart Jones, Joel Cloud Kendrick, William Toulmin Kendrick, George Augustus Ketchum, James Buchner Luckie, John Alexander McKinnon, Adam Alexander McKittrick, Richard Fraser Michel, Joseph Moody, Francis Marion Peterson, Francis Marion Prince, John Albert Pritchett, Thaddeus Lindlay Robertson, William Henry Sanders, John William Sears, Samuel Dibble Seelye, Edward Henry Sholl, William Henry Sledge, Lucius Ernest Starr, Andrew McAdams Stovall, William Fletcher Thetford, Job Thigpen, James Grey Thomas, Conrad Wall, Robert Dickens Webb—Total, 47.

*Seniors.*—Benjamin James Baldwin, Shirley Bragg, James Adrian Goggans, Albert Goodwin, Jacob Huggins, Henry Tutwiler Inge, Joel Beder Kendrick, Samuel Hickman Lowry, Abner Jackson Nolen, Robert James Redden, James Thomas Searcy, Powhatan Green Trent, Lewis Whaley, Charles Whelan, Wooten Moore Wilkerson, James Anthony Wilkinson—Total, 16.

*Juniors.*—Peter Binford, Erasmus Taylor Camp, Andrew Jackson Coley, William Preston Copeland, John Martin Crook, Thomas Peters Deweese, Oscar Dowling, Rhett Goode, James Benton Hatchett, John Jefferson Harlan, John William Heacock, Luther Leonidas Hill, John Calhoun LeGrand, Edwin Lesley Marechal, George Tilghman McWhorter, John Edward Purdon, Edgar Rand, Christopher Americus Robinson, John Pope Stewart, William Levi Thomason, Barckley Wallace Toole, William Camp Wheeler, Charles A. Wilkerson—Total, 23; Grand Total, 86.

No objection being made to the correctness of this schedule, the president ordered that the counsellors, eighty-five in number, whose names had been read, should be duly passed as clear of the books.

(2). *Delinquent Counsellors.*

Benjamin Shields Barnes, (junior counsellor, 1890) delinquent in dues.

Samuel Henry Hill, (grand senior counsellor of 1882) delinquent in dues.

Francis Marion Rushing, (senior counsellor of 1886) delinquent in dues—total, 3.

No objection being made to the correctness of this schedule, the president, under the rules, ordered that the counsellors, three in number, whose names had been read as delinquents, should be stricken from the roll of the college of counsellors; and that of this action they should be duly notified by the Secretary.

(3). *Miscellaneous Counsellors.*

Moved out of the State :

John Isaac Darby, senior counsellor of 1887.

Loss of membership in county medical society :

Thomas Alexander Means, grand senior counsellor of 1878.

Died during the year :

Peter Bryce, grand senior counsellor of 1873 and member of the board of censors.

Daniel Edgarly Smith, grand senior counsellor of 1892.

Declined to accept the election :

Edward Pierson Nicholson, counsellor-elect of 1892.

Allen Love Warren, counsellor-elect of 1892.

No objection being made to the correctness of this schedule, the president, under the rules, ordered that these names should be stricken from the roll of the college of counsellors; and that the usual notices should be served by the Secretary.

(4). *Grand Senior Counsellors of Ten Years Standing.*

Jerome Cochran, Mobile; Robert Dandridge Jackson, Summerfield; Walter Clark Jackson, Montgomery; George Augustus Ketchum, Mobile; Adam Alexander McKittrick,



Evergreen; Richard Fraser Michel, Montgomery; Robert Dickens Webb, Birmingham—Total, 7.

No objection being made to the correctness of this schedule, the president, under the rules, ordered that the counsellors, seven in number, whose names had been read as having served for ten successive years as grand senior counsellors, should be transferred to the roll of grand senior life counsellors; and that of this transfer they should be duly notified by the Secretary.

(5). *Senior Counsellors of Five Years Standing.*

James Adrian Goggans, Wooten Moore Wilkerson—Total, 2.

No objection being made to the correctness of this schedule, the president, under the rules, ordered that the counsellors, two in number, whose names had been read as having served for five successive years as senior counsellors, should be transferred to the roll of the grand senior counsellors; and that of this transfer they should be duly notified by the Secretary.

(6). *Junior Counsellors of Five Years Standing.*

John Jefferson Harlan, Luther Leonidas Hill, William Camp Wheeler—Total, 3.

No objection being made to the correctness of this schedule, the president, under the rules, ordered that the counsellors, three in number, whose names had been read as having served for five successive years as junior counsellors, should be transferred to the roll of the senior counsellors; and that of this transfer they should be duly notified by the Secretary.

(7). *Counsellors Elect.*

Wyatt Heflin Blake, Reuben Henry Duggar, James Reid Jordan, Bryan Watkins Whitfield, John Edward Wilkinson—Total, 5.

No objection being made to the correctness of this schedule, the president, under the rules, ordered that the counsellors, five in number, whose names had been read as having

signed the counsellor's pledge and paid their dues, should be transferred to the roll of the junior counsellors; and that of this transfer they should be notified by the Secretary.

The revision of the second roll, the roll of the college of counsellors, was here ended, the said roll to stand closed until the next annual session of the association.

*The Election of Counsellors.*

The Committee on the Revision of the Rolls reported that there were seventeen (17) vacancies in the college of counsellors. Whereupon the president ordered that the ballot be taken, which resulted in the election of the following:

Glenn Andrews, Montgomery county.  
Andrew Boyd, Jackson county.  
Shelby Chadwick Carson, Jefferson county.  
Mathew Bunyan Cameron, Sumter county.  
Russell McWhorter Cunningham, Jefferson county.  
Louis Willoughby Desprez, Franklin county.  
Samuel Gilbert Gay, Dallas county.  
Wyatt Heflin, Jefferson county.  
Henry Mitchell Hunter, Bullock county.  
Goldsby King, Dallas county.  
Robert Bell McCants, Marengo county.  
William Henry Moore, Coosa county.  
Thomas Northen, Clay county.  
Thomas Duke Parke, Jefferson county.  
Isaac LaFayette Watkins, Montgomery county.  
Thomas Noel White, Cherokee county.

NOTE.—By a misunderstanding there were only sixteen (16) counsellors elected instead of seventeen (17).

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THE THIRD ROLL—THE REVISION OF THE ROLL OF THE CORRESPONDENTS.

The Committee on the Revision of the Rolls reported that the board of censors had made no recommendation for any change by way of either addition or subtraction in the roll of the correspondents.

The revision of the third roll, the roll of the correspondents, was here ended, the said roll to stand closed until the next annual session of the association.

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THE FOURTH ROLL—THE REVISION OF THE ROLL OF THE OFFICERS.

The Committee on the Revision of the Rolls reported the following vacancies in the roll of the officers, namely:

One president for one year.

One vice-president for the southern division for two years.

One secretary for five years.

One treasurer for five years.

One censor for three years to fill the vacancy caused by the death of Dr. Peter Bryce, which term has been filled since the death of Dr. Bryce by Dr. Chas. H. Franklin, acting under appointment of the president.

Two censors for five years to fill the vacancies caused by the expiration of the terms of Dr. Jerome Cochran and Dr. John B. Gaston.

One orator.

One alternate orator.

Thereupon the president ordered the necessary ballots, which were taken with the following results:

For president—Thomas Lindlay Robertson, M. D., of Birmingham.

For vice-president of the southern division—John Alexander McKinnon, M. D., of Selma.

For secretary—James Reid Jordan, M. D., of Montgomery.

For treasurer—Walter Clark Jackson, M. D., of Montgomery.

For censors for five years—Jerome Cochran, M. D., of Mobile; and James Thomas Searcy, M. D., of Tuscaloosa.

For censor for three years—Charles Higgs Franklin, M. D., of Union Springs.

For orator—Wyatt Hefin Blake, M. D., of Lineville.

For alternate orator—William Wade Harper, M. D., of Selma.

The revision of the fourth roll, the roll of the officers, was here ended, the said roll to stand closed until the next annual session of the association.

Then the president said: "The four rolls have been duly revised according to our rules and usages; the Book of the Rolls will stand closed until the next annual session of the association."

The newly elected officers were all present and were then duly installed in their respective offices, in accordance with the usual formalities of the association.

Upon taking the chair, the newly elected president made the following remarks:

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PRESIDENT'S ACCEPTANCE OF OFFICE.

*Gentlemen of the Medical Association  
of the State of Alabama:*

I thank you for this expression of your confidence. I esteem it a high honor, and an expression of your marked confidence of which I may well feel proud, especially so, when I consider the character of the men composing this association.

I also esteem it a distinguished privilege and a high mark of preferment, that my name shall be associated in the honored roll with my distinguished predecessors.

While I accept all this with pride and pleasure, and most sincerely thank you, I am not unmindful of the duties and responsibilities incident to this honorable position; but having every assurance of your confidence and esteem, I confidently expect your sympathy and co-operation in every way necessary to the support and upbuilding of our noble association. With this assurance and confidence on your part, I shall enter upon the duties of the office with hope and confidence, and in all things endeavor to act wisely and

well, begging your charitable forbearance in all things amiss in my conduct of the office.

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Birmingham was selected as the place for holding the next annual session of the association.

At 1 P. M., on motion of the senior censor, the association adjourned *sine die*.

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THE ANNUAL REGISTER  
OF THE  
MEDICAL ASSOCIATION  
OF THE  
STATE OF ALABAMA.

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## THE BOOK OF THE ROLLS OF THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

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**INTRODUCTION.**—In the Transactions of last year the publishing committee prefaced the rolls of county societies with instructions to secretaries as to their records and the best method of obtaining information concerning them that would pass criticism, but the reports of this year come in all sorts of shapes, with errors so glaring, excuses could not be found for them. If secretaries would only place their reports in the volume of the year in which they are made, find out the full names, dates and colleges of graduation, dates of county certificates and addresses, and arrange these names in alphabetical order, all trouble of correcting errors by the secretary would be obviated.

**Explanation.**—The letters mc stand for medical college; the letters cb for county board; when the certificate is issued by the examining board of the county in the register of which it occurs, the name of the county is omitted; when the certificate was issued by the examining board of some other county, the name of such county succeeds the abbreviation. The first name in every board of censors is that of the president of the board.

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### THE ROLL OF THE COUNTY MEDICAL SOCIETIES.

REVISION OF 1893.

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#### AUTAUGA COUNTY MEDICAL SOCIETY—Selma, 1874.

##### OFFICERS.

President, Charles A. Edwards; Vice-President, John W. Davis; Secretary, Eugene A. King; Treasurer, Eugene A. King; Health Officer, Robert Lee Huddleston. Censors—Charles A. Edwards, John E. Wilkinson, John W. Davis, Eugene A. King, Wyatt W. Golson.



## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bell, Walter Jay, mc univ Tulane 91, cb. 91, Prattville.  
 Davis, John Wilson, mc Atlanta 59, cb 80, Prattville.  
 Edwards, Charles Alva, mc Memphis 59, cb 80, Prattville.  
 Golson, Wyatt Washington, mc South Carolina 54, cb Autaugaville.  
 Huddleston, Robert Lee, mc Atlanta 90, cb 92 Wadsworth.  
 Jackson, Stonewall, mc Atlanta 87, cb 89, Wadsworth.  
 King, Eugene Asbury, mc Alabama 88, cb 88, Autaugaville.  
 McKeithen, Archibald Smith, mc univ Virginia 60, cb 80, Autaugaville.  
 Saddler, William Thomas, mc phy and surg Baltimore 91, cb 91, Prattville.  
 Wilkinson, John Edward, mc univ Tulane 68, cb 80, Prattville.  
 Total, 10.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Howard, Charles Campbell, mc Georgia 41, cb 80, Autaugaville.  
 Parnell, Charles Nicholas, mc Alabama 91, cb 91, Mulberry.  
 Sherrell, James Lewis, mc univ Pennsylvania 60, cb 80, Vineton.  
 Total, 3.

## BALDWIN COUNTY MEDICAL SOCIETY—Anniston, 1886.

## OFFICERS.

President, Phillip M. Hodgson; Vice-President, Malachy Coughlan;  
 Secretary, William M. Lovelady; Treasurer, William M. Lovelady;  
 Health Officer, William M. Lovelady. Censors—William M. Lovelady,  
 Phillip M. Hodgson, Malachy Coughlan.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Coughlan, Malachy, mc Alabama 92, cb 92, Tensaw.  
 Hodgson, Phillip Melanchthon, mc Alabama 88, cb 89, Stockton.  
 Lovelady, William Marshall, cb 82, Bon Secour.  
 Showalter, Volner McReynolds, mc Alabama 90, cb 90, Point Clear.  
 Total, 4.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Reynolds, Samuel Kirkpatrick, mc Jefferson 57, cb Mobile 78, Battle's Wharf.

Moved out of the county—John E. Tomkins, M. D., from Bon Secour to Mobile, Ala.

Examinations.—Malachy Coughlan, M. D., mc Alabama 92, Tensaw. Certificate awarded.

BARBOUR COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, James Wallace Drewry ; Vice-President, William Henry Robertson ; Secretary, Le Roy Johnston Simpson ; Treasurer, Le Roy Johnston Simpson ; Health Officer, Charles W. Lee. Censors—William Preston Copeland, Simon Augustus Holt, Albert Goodwin, Junius Kincade Battle, William Henry Robertson.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Battle, Joseph Thomas, mc Georgia 67, cb 87, Hawkinsville.  
Battle, Junius Kincade, mc univ Louisiana 83 cb 83, Eufaula.  
Brannon, Hugh Lee, mc univ Vanderbilt 85, cb 85, Harris.  
Copeland, William Preston, mc Bellevue 70, cb 79, Eufaula.  
Davie, Judson, mc Georgia 72, cb 81, Cowikee.  
Drewry, James Wallace, mc Jefferson 49, cb 81, Eufaula.  
Huey, George Washington, mc Alabama 90, cb 97, Belcher.  
Gibson, William Beatty, mc Bellevue 89, state board 92, Eufaula.  
Goodwin, Albert, mc univ Louisville 73, cb 79, Eufaula.  
Fleming, James Alexander, Clayton.  
Holt, Simon Augustus, mc univ New York 53, cb 79, Eufaula.  
Lee, Charles W., mc Alabama 93, cb Henry 93, Clayton.  
Mitchell, William Augustus, mc univ Louisiana 68, cb 79, Eufaula.  
Patterson, Thomas, mc Atlanta 69, cb 82, Louisville.  
Pruett, Jacob Henry, mc univ New York 68, cb 79, Harris.  
Robertson, William Henry, mc Alabama 87, cb 87, Clayton.  
Simpson, Le Roy Johnston, mc Bellevue 83, cb 83, Eufaula.  
Warren, Benjamin Smart, mc univ Tulane 91, cb 91, Clayton.  
Winn, Joseph Julius, mc Atlanta 68, cb 81, Clayton.  
Total, 19.

*Honorary Members.*

Bledsoe, Francis Marion, mc Jefferson 59, cb Georgia 81, Georgetown,  
Georgia.  
Herron, Edward Marion, mc South Carolina 82, cb 81, Eufaula.  
Total, 2.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Belcher, William R., mc Atlanta, 89, cb 89, Bush,  
Blair, William Henry, mc Atlanta 80, cb 87, Louisville.  
Borden, James Thomas, mc Atlanta Southern 85, cb 85, Louisville.  
Crews, Joseph Emmett, mc Georgia 53, cb 79, Clayton.  
Faulk, Daniel Winston, one course Atlanta, Blue Springs.  
Grubbs, Walter William, mc Atlanta Southern, one course, Clayton.  
Herron, Darrell Jefferson, mc Atlanta 83, Mt. Andrew.  
Jay, John.

Lingo, James Henry, Allston.  
 Mayes, William Robert, mc National 59, cb 82, Clayton.  
 Reynolds, James Augustus, mc Ohio 45, cb 82, Pea River.  
 Russell, William Arnold, mc Ohio 45, cb 82, Batesville.  
 Smart, William Alexander, mc univ Louisville 85, cb 86, Clayton.  
 Turner, Alexander, mc South Carolina 57, cb 79, White Oak.  
 Total, 14.

Moved into the county—Gibson, William Beatty, from Austin, Tex., to Eufaula.

Examinations—Gibson, William Beatty, Bellevue 89. Certificate refused.

**BIBB COUNTY MEDICAL SOCIETY—Montgomery, 1875.**

**OFFICERS.**

President, James W. Brand; Vice-President, William J. Nicholson; Secretary, Milton C. Schoolar; Treasurer, — —; Health Officer, William Frederick Black. Censors—James Walker Brand, William John Nicholson, Oscar Whitfield, Milton C. Schoolar.

**NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.**

Black, William Frederick, mc univ Vanderbilt 90, cb Morgan 90, Blocton.  
 Brand, James Walker, mc univ Virginia 56, cb 78, Randolph.  
 Nicholson, William John, mc univ Vanderbilt 84, cb 85, Centreville.  
 Schoolar, Milton Carson, mc Alabama 87, cb 87, Centreville.  
 Whitfield, Oscar, mc univ Vanderbilt 81, cb 81, Briarfield.  
 Woolley, Charles Lewis, old law, Randolph.  
 Total 6.

**PHYSICIANS NOT MEMBERS OF THE SOCIETY.**

Hill, Allen Green, old law 55, Tuscaloosa 93, Green Pond.  
 James, Frederick Marshall, non-graduate, Centreville.  
 Jones, Benjamin Franklin, mc Miami 85, cb Jefferson 86, Blocton.  
 Jones, Robert Samuel, (Eclectic), cb 82, Six Mile.  
 Meadow, Albert Eli, Hahneman 83, cb Jefferson 83, Blocton.  
 Meadow, John M., mc Pulte univ., Blocton.  
 Ray, Jacob Uriah, (non-graduate), cb 82, Woodstock.  
 Sessions, Alexander Hamilton, (non-graduate), Affonee.  
 Taylor, John F., cb 90, Blocton.  
 Williams, James Milford, mc Georgia 89, cb 79, River Bend.  
 Total, 10.

Moved into the county—John M. Meadow, to Blocton; Dr. John F. Taylor, to Blocton.

Moved out of the county—W. N. McGee from Blocton to Texas.

BLOUNT COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

President, Frank N. Hudson; Vice-Presidents, 1st, W. M. Cole, 2d, John L. Rains; Secretary, Joseph F. Hendricks; Treasurer, Joseph F. Hendricks; Health Officer, William M. Cole. Censors—Frank N. Hudson, John L. Rains, William T. Bains, George W. Self, Joseph F. Hendricks.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Allgood, William Barnett, mc Atlanta Southern 81, cb 81, Chepultepec.  
 Berrier, John Henry, mc univ Vanderbilt (one course), cb Cullman 85, Chepultepec.  
 Bains, William Thomas, mc univ Vanderbilt 89, cb 91, Cleveland.  
 Baird, Robert Henry, mc Alabama 92, cb 92, Bangor.  
 Clapp, William King, non-graduate, cb Marshall 86, Gum Spring.  
 Cole, William Manson, mc Atlanta Southern 86, cb 86, Blountsville.  
 Davidson, Alvin Steele, non-graduate, cb 77, Selfville.  
 Erwin, Andrew Benton, Bangor.  
 Findley, William Marshall, mc Vanderbilt 82, cb 83, Blountsville.  
 Hendricks, Joseph Franklin, mc Atlanta 83, cb 83, Clarence.  
 Hudson, Frank Norton, univ Nashville 74, cb Madison 78, Blountsville.  
 Martin, Henry Bailey, univ Nashville 88, cb 88, Arkadelphia.  
 Moore, David Sanders, mc Atlanta 80, cb 81, Clarence.  
 Rains, John Leander, univ Nashville 91, cb Marshall 91, Liberty.  
 Self, George William, univ Vanderbilt 89, cb 89, Selfville.  
 Wiggins, Wesley Davis, univ Vanderbilt 91, cb 91, Oneonta.  
 Wikle, Luther LaFayette, univ Vanderbilt 89, cb 89, Village Spring.  
 Total, 17.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Alldrige, Patrick George, Atlanta 79, cb 79, Brookville.  
 Armstrong, —, cb —, Blount Springs.  
 Bradley, —, cb —, Hanceville.  
 Byars, —, cb —, Blount Springs.  
 Donehoo, Floyd George, mc Georgia Southern 81, cb 81, Murphree's Valley.  
 Haden, Andrew Wade, univ Vanderbilt 82, cb 82, Summit.  
 Haden, Henry Hughes, univ Vanderbilt 85, cb 86, Summit.  
 Harwell, James Thomas, Georgia Southern 83, cb 83, Compton.  
 Holcomb, T. D., irregular, Arkadelphia.  
 Ingram, M. S., cb —, Blount Springs.  
 Whaley, James Peter, cb 84, Bangor.  
 Total, 11.

Moved into the county—Andrew B. Erwin to Bangor.

Examinations—Baird, Robert Henry, mc Alabama 92. Certificate awarded.

Deaths—Estell, Samuel Hardeman, Blount Springs.

BULLOCK COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, S. M. Hogan ; Vice-President, Groves Caldwell ; Secretary, R. H. Hayes ; Treasurer, H. M. Hunter ; Health Officer, S. C. Cowan. Censors—S. M. Hogan, R. H. Hayes, C. H. Franklin, N. M. Bledsoe, W. A. Walker.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ayres, Charles James, mc univ Virginia 86, cb Dallas 86, Fitzpatrick's.  
 Bledsoe, Nathaniel Macon, mc univ Nashville 57, cb 80, Union Springs.  
 Butt, Richard Lemuel, mc univ New York 46, cb 80, Midway.  
 Caldwell, Groves, mc univ Pennsylvania 45, cb 80, James.  
 Colvin, James Pickett, mc univ Louisville 91, cb Macon 91, Hector.  
 Cowan, Samuel Calvin, mc Alabama 89, cb 89, Union Springs.  
 Crymes, Augustus Clayton, mc Jefferson 56, cb 80, Midway.  
 Darnell, Benjamin Franklin, mc Atlanta 55, cb 83, Post Oak.  
 Franklin, Charles Higgs, mc univ Louisiana 66, cb 80, Union Springs.  
 Grimes, Erasmus Darwin, mc univ Louisville 66, cb Montgomery 77, Fitzpatrick's.  
 Hayes, Robert Hughes, mc St. Louis 79, cb 80, Union Springs.  
 Hogan, Samuel Mardis, mc univ Louisville 73, cb 80, Union Springs.  
 Hunter, Henry Mitchell, mc phy and surg Baltimore 86, cb Barbour 87, Union Springs.  
 Leitner, Charles Bacus, mc univ Maryland 47, cb Russell 85, Flora.  
 Reynolds, William Anderson, mc Alabama 85, cb 85, Mt. Hilliard.  
 Sessions, Llewellen, mc Georgia 48, cb 87, Union Springs.  
 Thomason, William Bartlett, mc Georgia 54, cb 80, Aberfoil.  
 Walker, William Austin, mc Jefferson 54, cb 85, Perote.  
 Zeigler, John Olin, mc Atlanta (one course) 80, cb 80, Perote.  
 Total, 19.

*Honorary Member.*

Banks, Newton Paley, mc univ Louisville 49, Columbus, Ga.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Rumph, James David, mc South Carolina (retired) 86, cb 80, Perote.  
 Swanson, William Schley, mc Atlanta (retired) 57, cb 80, James.  
 Total, 2.

Moved out of the county—Powell, William Clifton, from Hector to Pine Level, Montgomery county. Harris, William Sanford, from Dick's Creek to Kinham, Macon county.

Deaths—Dr. J. H. Reynolds, mc univ Nashville, 54, cb 80, Mt. Hilliard. Died February 23, 1893, of Bright's Disease.

BUTLER COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

President, Job Thigpen ; Vice-President, Curtis B. Herbert ; Secretary, Francis M. Thigpen ; Treasurer, ——— ; Health Officer, Joel C. Kendrick. Censors—Curtis B. Herbert, Job Thigpen, Joel C. Kendrick, Conrad Wall, Henry G. Perry.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Allman, James Edward, mc Savannah, Ga., 69, cb 79, Georgiana.  
 Broughton, John Thomas, mc univ Pennsylvania 52, cb 79, Greenville.  
 Brown, William Abner, cb Tuscaloosa, Garland.  
 Donald, James Glenn, mc univ Louisiana 54, cb 78, Monterey.  
 Garrett, James Jefferson, mc Georgia Reform 82, cb 82, Forest Home.  
 Green, Henry, mc Alabama 92, cb 92, Georgiana.  
 Grissett, William Paners, mc Alabama 72, cb Monroe and Butler 84, Garland.  
 Herbert, Curtis Burke, state board 79, cb 78, Greenville.  
 Kendrick, Joel Cloud, mc univ Nashville 52, cb 78, Greenville.  
 Knight, Comer James, mc univ Tulane 58, cb 78, Greenville.  
 Lloyd, Cary Chappelle, mc Atlanta 58, cb 78, Greenville.  
 Mangum, William Washington, mc Atlanta 93, cb 93, Dunham.  
 McCane, James Jordan, mc Louisiana 82, cb 82, Greenville.  
 Owens, Jared Douglas, mc Alabama 79, cb 79, Manningham.  
 Perry, Henry Gaither, mc Georgia Reform 88, cb 89, Bolling.  
 Scott, Harvey Edward, mc univ Vanderbilt 80, cb Dallas 80, Georgiana.  
 Simmons, William Cleveland, cb 79, Manningham.  
 Smith, Robert Edward, mc Alabama 86, cb 86, Greenville.  
 Smith, William Robert, mc Alabama 86, cb 86, Oakey Streak.  
 Thigpen, Francis Marion, mc Louisiana 91, cb 91, Greenville.  
 Thigpen, Job, mc Georgia 56, cb 78, Greenville.  
 Wall, Conrad, mc univ Nashville 59, cb 78, Greenville.  
 Wright, William Pendleton, cb 78, Bolling.  
 Total, 23.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Elim James, mc unknown, Oakey Streak.  
 Harrison, Joseph, mc South Carolina 52, cb 84, Greenville.  
 Kendrick, Joel Beder, mc Alabama 82, cb 82, Greenville.  
 Perdue, James Lewis, mc Alabama 75, cb 79, Greenville.

Steiner, Samuel Jackson, mc univ Vanderbilt 79, cb 79, Greenville.

Stewart, Arthur, mc univ Louisville 82, cb —, ———.

Total, 6.

Moved into the county—Henry Green, to Georgiana; Joel Beder Kendrick, from Birmingham to Greenville.

Examinations—For the practice of medicine, John Potelle Buchanan, mc Alabama 92, cb 92, Fort Deposit; William Peter Knight, mc Atlanta 92, cb 92, Honoraville. Certificates granted. For the study of medicine—Hamp Luckie, Monterey; Robert H. Stanley, Greenville; Albert Haggard, Greenville. Certificates granted.

**CALHOUN COUNTY MEDICAL SOCIETY—Montgomery, 1881.**

**OFFICERS.**

President, John C. LeGrand; Vice-President, John M. Whiteside; Secretary, Benjamin D. Williams; Treasurer, Edmunds C. Anderson; Health Officer, Thomas W. Ayers. Censors—John M. Whiteside, John M. Crook, William B. Arberry, John H. Murfee, William J. Warren.

**NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.**

Anderson, Edmunds Clark, s of m Kentucky 77, cb 88, Anniston.

Arberry, William Buchanan, mc univ Vanderbilt 82, cb Macon 82, Anniston.

Ayers, Thomas Willborn, mc phy and surg Baltimore 82, cb 86, Jacksonville.

Bowcock, Robert Lee, mc univ Virginia 86, cb 88, Anniston.

Brothers, Phillip Houston (old law) 41, cb 86, Cane Creek.

Buckalew, Ansel Milbran, mc univ Louisville 70, cb 86, DeArmanville.

Bullard, Aurelius Francis, mc Jefferson (one course) 76, cb 81, Oxford.

Crook, John Martin, mc phy and surg Baltimore 85, cb 88, Jacksonville.

Davis, John Francis Marion, mc Atlanta 60, cb 81, Choccolocco.

Douthit, Andrew Jackson, cb 81, Alexandria.

Freeman, Clarence, mc Atlanta 91, cb 91, Oxford.

Gordon, Frederick Elliott, mc Alabama 82, cb Marengo 82, Anniston.

Hughes, John Leander, mc Georgia 51, cb 83, Piedmont.

Hughes, Robert Lee, mc Atlanta 92, cb Cherokee 92, Choccolocco.

Jamison, Lewis, mc univ Pennsylvania 58, cb 90, Anniston.

Kelly, John Baker, mc Jefferson 59, cb Coosa 84, Anniston.

LeGrand, John Calhoun, mc Atlanta 80, cb 81, Anniston.

Ligon, Arthur Wellington, mc univ Vanderbilt 83, cb 84, Oxford.

Matthews, George Andrew, mc univ Michigan 66, cb 90, Anniston.

Murfee, John Howard, mc phy and surg New York 67, cb 91, Anniston.

Simpson, John Lee, mc Atlanta 80, cb Coosa 83, Anniston.

Smith, William Armistead, mc Alabama 81, cb Monroe 81, Anniston.

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Walker, James Fleming, mc univ Louisville 81, cb 92, Anniston.  
Warren, William James, mc Atlanta 89, cb Tallapoosa 89, Anniston.  
Whiteside, John McIntyre, mc univ Vanderbilt 84, cb 84, Oxford.  
Williams, Benjamin Dudley, mc univ Louisville 81, cb 83, Oxford.  
Wood, Hiram Alexander, mc Atlanta 88, cb Cleburne 89, Anniston.  
Total, 27.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Baker, Joseph Lorenzo, mc Atlanta Southern 84, cb Cleburne 84, Piedmont.  
Bolling, William Ellsberry, cb 81, Iron City.  
Crook, James Edward, mc univ Vanderbilt 83, cb 83, Alexandria.  
Davis, Thomas Asbury, mc univ Louisiana 59, cb 84, Anniston.  
Evans, Benjamin Shumate, cb 81, White Plains.  
Harvey, Lewis Clay, mc univ Louisiana 61, cb Fayette 88, Weaver's Station.  
Huger, Richard Proctor, mc South Carolina 71, cb 81, Anniston.  
Linder, Pleasant Phillips, cb 81, Jacksonville.  
McDairmid, John Calvin, mc Georgia (one course) 55, cb Clay 83, Oxford.  
McRae, Francis Marion, cb Cleburne 81, Ohatchee.  
Montgomery, Charles Henry, univ Washington 68, Jacksonville.  
Teague, Francis Bowden, univ Tennessee 80, cb Etowah 80, Piedmont.  
Teague, Robert George, cb Clay 81, Piedmont.  
Thomas, Charles Edward (colored), Long Island Hospital 90, cb 90, Anniston.  
Wikle, Jesse Lane, mc Georgia 79, cb 81, Anniston.  
Williamson, Thomas, cb 84, Peek's Hill.  
Total, 16.

Moved out of the county—J. M. Meadows, from Anniston to Blocton; M. T. W. Christian, from Oxford to Ocala, Fla.; T. C. Hill, from Anniston to Perry county; S. J. McCurry, from Anniston to Houston, Texas; J. H. McDuffie, from Anniston to Columbus, Ga.

\*CHAMBERS COUNTY MEDICAL SOCIETY—Montgomery, 1881.

OFFICERS.

President, W. H. Hudson; Vice-President, W. M. Gay; Secretary, Benjamin F. Rea, Jr.; Treasurer, B. F. Rea, Jr.; Health Officer, John B. Rutland. Censors—Robert L. Cater, W. J. Love, W. D. Gaines, Zachary T. Grady, B. F. Rea, Sr.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Beasley, James Albert, mc Atlanta 72, cb 82, West Point, Ga.  
Bonner, Thomas Harrison, mc Atlanta 82, cb Randolph 82, Hickory Flat.



Cater, Robert Lee, mc Jefferson 88, cb 89, LaFayette.  
 Cooper, John William, mc South Carolina 45, cb 84, Mill Town.  
 DeVaughn, John Wesley, mc univ Vanderbilt 83, cb 83, Five Points.  
 Gaines, W. D. mc Alabama 92, cb 93, LaFayette.  
 Gay, William McCurry, mc Atlanta 81, cb 82, Mill Town.  
 Grady, Zachary Taylor, mc Atlanta 76, cb 86, Fredonia.  
 Griggs, Asa Wesley, mc univ Nashville 55, cb 82, West Point, Ga.  
 Hudson, William Henry, mc Atlanta 86, cb 86, LaFayette.  
 Kirby, Charles Windham, mc Atlanta 84, cb 85, LaFayette.  
 Love, William Joseph, mc Atlanta 82, cb Lee 85, LaFayette.  
 Rea, Benjamin Franklin, Sr., mc Jefferson 42, cb 82, LaFayette.  
 Rea, Benjamin Franklin, Jr., mc Alabama 85, cb 86, LaFayette.  
 Rutland, John Blake, mc Atlanta 80, cb 82, Fredonia.  
 Total, 15.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bruce, Homer S., mc Atlanta 91, cb 91, Waverly.  
 Carmichael, Lawrence Green, mc Graffenburg 57, cb 82, Hickory Flat.  
 Davis, James Lawson, mc Alabama 76, cb 82, LaFayette.  
 Hamner, Lovick Pierce, cb Randolph 82, LaFayette.  
 Smith, Lawrence, mc Georgia 54, cb 82, Cusseta.  
 Stodhill, Robert James, mc Atlanta 81, cb 86, Five Points.  
 Total, 6.

\*NOTE.—As no report was received from Chambers county this year, the report of 1892 is here reproduced.

## CHEROKEE COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

## OFFICERS.

President, Thomas N. White; Vice-President, William C. Darnall;  
 Secretary, Robert L. McWhorter; Treasurer, Edward A. Cook;  
 Health Officer, George D. W. Lawrence. Censors—Norman F. Cabott,  
 Thomas N. White, James L. Sutherlin, William C. Darnall, Hugh L.  
 Appleton.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Appleton, Hugh Lounze, mc univ Vanderbilt 92, cb 92, Cedar Bluff.  
 Cabott, Norman Franklin, mc Vanderbilt and univ N. Y. 78, cb 87,  
 Centre.  
 Cook, Edward Augustus, mc univ Vanderbilt 84, cb 84, Kirk's Grove.  
 Darnall, William Clement, mc univ Vanderbilt 90, cb 90, Centre.  
 Farill, John Paul, mc Atlanta 81, cb 87, Farill.  
 Lawrence, George Dougherty Washington, mc Georgia 56, cb 87,  
 Cedar Bluff.  
 McWhorter, Robert Lee, mc Alabama 87, cb 87, Gaylesville.  
 Smith, Leonidas Franklin, mc univ Vanderbilt 92, cb 92, Alexis.  
 Sutherlin, James Lamar, mc Alabama 90, cb 90, Centre.

White, Barnabas Pace, mc Georgia 56, cb 87, Centre.  
 White, Thomas Noel, mc Georgia 58, cb 87, Spring Garden.  
 Total, 11.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Barge, Josiah Littleton, mc Atlanta 87, cb 88, Rock Run.  
 Bell, Thomas Bailey, mc Philadelphia, Esom Hill, Ga.  
 Bomar, Richard Ritter, mc Atlanta Southern 85, cb 87, Bomar.  
 Brown, Alexander M., non graduate, cb 87, Round Mountain.  
 Brown, Gendy, mc Georgia Eclectic 90, Round Mountain.  
 Bruce, Green Thomas, Blanche.  
 Carr, Robert Columbus, non graduate, cb 90, Rock Run.  
 Echols, Edward D. J., mc Jefferson —, cb 87, Cedar Bluff.  
 Elliott, Theodoric Miles, s of m Kentucky 76, cb 87, Grassland.  
 Farill, John Washington, non graduate, cb 87, Farill.  
 Mathews, John Patrick, mc univ Nashville 86, cb 87, Maple Grove.  
 McGhee, Joseph D., mc Chattanooga 92, cb DeKalb 92, Leesburg.  
 McGhee, Robert. Hallens, mc univ Vanderbilt 87, cb 87, Round  
 Mountain.  
 Miller, Thomas Gideon, s of m Kentucky 86, cb 87, Gaylesville.  
 Shamblin, Alexander, non graduate, cb 87, Broomtown.  
 Shamblin, John Levi, mc Atlanta 87, cb 88, Broomtown.  
 Tate, Charles Nathaniel, non graduate, cb 87, Alexis.  
 Tatum, Samuel Carter, mc univ Vanderbilt 93, cb 93, Centre.  
 Weaver, Thomas Fletcher, mc univ Nashville 71, cb DeKalb 85,  
 Centre.  
 White, William Yancey, mc univ Vanderbilt 87, cb 87, Spring Garden.  
 Total, 20.

Moved into the county—Weaver, Thomas Fletcher, mc univ Nash-  
 ville 71, cb DeKalb 85, Centre.

Moved out of the county—Atkinson, Thomas Carlisle, from Ball  
 Flat to Texas; Camp, Ellis James, from Tecumseh to Texas.

Examinations—For the practice of medicine, Bankson, John Co-  
 lumbus, certificate refused. Sharpe, George B., certificate granted.  
 Tatum, Samuel Carter, certificate granted.

## CHILTON COUNTY MEDICAL SOCIETY—Selma, 1879.

## OFFICERS.

President, Hugh W. Caffey; Vice-President, John A. McNeil; Sec-  
 retary, W. E. Stewart; Treasurer, W. E. Stewart; Health Officer, —  
 ——. Censors—William E. Stewart, Emmet A. Matthews, Albert E.  
 Bivings.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bivings, Albert Eugene, mc South Carolina 74, cb 82, Clanton.  
 Caffey, Hugh William, mc South Carolina 55, cb Lowndes 83, Verbena.  
 Dawson, James Jefferson, (old law) 56, cb 82, Kincheon.  
 Givhan, Joseph Phillip, mc Alabama 73, cb Dallas 78, Jemison.  
 Johnson, Joseph Samuel, Sr., mc Georgia 59, cb Dallas 79, Lily.  
 Matthews, Emmet Abram, mc Alabama 87, state board 87, Clanton.  
 McNeil, John Archibald, mc Vermont 53, cb 79, Jemison.  
 Stewart, William Eugene, mc univ Louisville 75, cb 79, Clanton.  
 Williamson, William Thomas, mc South Carolina 58, cb 79, Verbena.  
 Total, 9.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Dennis, Andrew Jackson L., mc Georgia Southern 90, cb 90, Cooper.  
 Johnson, Joseph Samuel, Jr., mc Baltimore 76, cb 79, Clanton.  
 Little, Wilson Worth, mc univ Vanderbilt 80, cb 80, Stanton.  
 Marlar, A. J., mc Memphis 91, Ruddick.  
 Pitts, John Spate, mc univ Nashville 68, cb 79, Verbena.  
 Wise, John F., mc Graffenburg 56, cb 79, Cooper.  
 Wise, Willie, mc Atlanta 90, Cooper.  
 Wooley, Alexander S., (retired) mc Philadelphia 51, cb Dallas 84, Maplesville.  
 Total, 8.

Moved out of the county—Greene, Augustus A., from Verbena to Montgomery; Parnell, C. N., from Dixie to parts unknown; Caffee, Hugh T., from Verbena to Shelby county.

## CHOCTAW COUNTY MEDICAL SOCIETY—Selma, 1879.

## OFFICERS.

President, W. W. Johnston; Vice-President, E. W. Needham; Secretary, J. P. Phillips; Treasurer, J. P. Phillips; Health Officer, Thomas A. Knighton. Censors—Robert L. Young, J. P. Phillips, J. L. Granberry, F. P. Clarke, Thomas A. Knighton.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Clarke, Ferdinand P., mc Alabama 84, cb 84, Bevil's Store.  
 Coleman, Walter Jackson, mc Alabama 88, cb 88, Ismey.  
 Granberry, Joseph L., univ Louisville 91, cb 91, Pushmataha.  
 Johnston, William Wesley, mc Alabama 72, cb 72, Melvin.  
 Knighton, Thomas A., univ Louisville 88, cb 88, Pushmataha.

McCall, Daniel, mc Atlanta 59, cb 79, DeSotoville.  
Moody, Robert Franklin, univ Louisiana 60, cb 79, Butler.  
Needham, Eli W., univ Louisiana 58, cb 79, Lusk.  
Phillips, Jacob Parker, mc Alabama 86, cb 86, Yantley Creek.  
Young, Robert L., mc Alabama 86, cb 88, Mt. Sterling.  
Total, 10.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Anderson, Alexander W., univ Louisiana, 53, cb 87, Burgamot.  
Brown, Collin Balsam, univ Nashville 80, cb 83, Melvin.  
Cunningham, William Henry, mc Alabama 85, cb 85, Butler.  
Lewis, Thomas K., mc Alabama 92, cb 92, Womack Hill.  
Shoalwater, K., mc ———, ———.  
Total, 5.

Moved out of the county—E. P. Harris, from Rosser to parts unknown; W. F. Kimbrough, from Mt. Sterling to parts unknown; Louis Shoemaker, from Womack Hill to parts unknown.

Deaths—R. B. Carr, mc univ Louisville 82, cb Sumter 82, Pushmataha.

CLARKE COUNTY MEDICAL SOCIETY—Greenville, 1885.

OFFICERS.

President, Jas. W. Armistead; Vice-President, Jas. G. Jeffrey; Secretary, C. E. Pugh; Treasurer, C. E. Pugh; Health Officer, Jas. W. Armistead. Censors—Gross S. Chapman, Jno. A. Gilmore, Henry G. Davis, Jno. W. Fleming.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Armistead, James Westwood, mc Alabama 83, cb 84, Grove Hill.  
Barefield, Henry Litman, mc Alabama 72, cb Cherokee 87, Gosport.  
Barnes, Benjamin Shields, mc univ Pennsylvania 59, cb 84, Suggsville.  
Burroughs, Bryan, mc univ Louisville 70, cb 84, Vashti.  
Chapman, Gross Scruggs, mc Alabama 79, cb Conecuh 83, Jackson.  
Davis, Henry George, mc Alabama 72, cb 84, Gainestown.  
Durden, Henry Jefferson, mc South Carolina 83, cb 84, Choctaw Corner.  
Fleming, John William, mc Alabama 79, cb 83, Salitpa.  
Gilmore, John Arcade, mc univ Louisville 86, cb 86, Thomasville.  
Jeffrey, James Grey, mc Alabama 88, cb 88, Whatley.  
Jones, Green Erwin, mc Atlanta 82, cb 84, Coffeeville.  
Pugh, Clement Eugene, mc Alabama 89, cb 89, Green Hill.  
Total, 12.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Armistead, Lee, non-graduate (one year), Marvin.  
 Bush, Boaz Whitfield, mc South Carolina 58, cb 84, Choctaw Corner.  
 Cobb, Jesse M., mc univ Tulane 93, cb —, Grove Hill.  
 Dahlberg, Charles James, mc Alabama 87, cb Choctaw 88, Suggsville.  
 Davis, James Madison, mc univ Louisville 61, cb 84, Bashi.  
 Harwood, Thomas Broadnax, mc univ Tulane 60, cb 84, Tallahatta Springs.  
 Hicks, Lamartine Orlando, mc Alabama 73, cb 84, Suggsville.  
 Kimbrough, William Floyd, mc Alabama 83, cb 83, Thomasville.  
 Prince, Thomas Jefferson, non-graduate, cb 84, Salitpa.  
 Robinson, A. N., mc Alabama —, cb —, Jackson.  
 Threadgill, James, non-graduate, cb —, Thomasville.  
 Webb, Sidney Vaughn, mc Jefferson 68, cb 84, West Bend.  
 White, Thos. B., mc univ Virginia 58, cb 84, Millersville.  
 Total, 13.

Moved into the county—Jesse M. Cobb, from mc Tulane 93, to Grove Hill; A. N. Robinson, from mc Alabama to Jackson; W. F. Kimbrough, from Choctaw county to Thomasville.

## CLAY COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

## OFFICERS.

President, Thomas Northen; Vice-President, Wyatt H. Blake; Secretary, Charles S. Northen; Treasurer, Doras L. Stephens; Health Officer, Thomas Northen. Censors—Wyatt H. Blake, Doras L. Stephens, John T. Manning, Angus K. McDairmid, William F. Irvin.

## NAMES OF MEMBERS WITH THEIR COLLEGS AND POST-OFFICES.

Bartlett, George Washington, non-graduate, cb 87, Lineville.  
 Blake, Wyatt Hefin, mc univ Vanderbilt 84, cb Randolph 85, Lineville.  
 Callaway, George McDaniel, mc Alabama 89, cb 89, Pinckneyville.  
 Darby, Cunningham Wilson, non-graduate, cb 87, Hatchett Creek.  
 Garrett, John H., mc Atlanta Southern 92, cb 92, Delta.  
 Gray, Jesse O., mc Atlanta Southern 93, cb 93, Black's Store.  
 Irvin, William Fletcher, mc univ Louisville 87, cb 87, Millerville.  
 Jenkins, William Oliver, mc Graffenburg 60, cb 87, Lineville.  
 Jordan, John Wiley, mc Atlanta 91, cb 91, Idaho.  
 Manning, John Thomas, mc univ Vanderbilt 85, cb 87, Wheelerville.  
 McDairmid, Angus Kelly, mc Alabama 72, cb 87, Hollins.  
 Northen, Charles Stephen, mc Atlanta 89, cb 91, Ashland.  
 Northen, Thomas, mc Atlanta 78, cb 87, Ashland.  
 Owens, Seaborn Wesley, mc Louisville 83, cb 87, Bluff Springs.

Sims, George Nelson, mc Graffenburg 56, cb 87, Ashland.  
 Stephens, Albert Russell, mc Atlanta Southern 88, cb 88, Delta.  
 Stephens, Burrell A., mc Alabama 92, cb 92, Lineville.  
 Stephens, Doras Lee, mc Alabama 91, cb 91, Millersville.  
 Waits, Owen Kenyan, mc Graffenburg 56, cb 87, Lineville.  
 Total, 19.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Harris, David C., non-graduate, Delta.  
 Total, 1.

Moved out of the county—Coker, Martin James, from Hollins to Sylacauga, Talladega county; Liles, Marion DeKalb, from Lineville to Dingler, Randolph county.

Examinations—For practice of medicine—John H. Garrett, mc Atlanta Southern 92, Delta; Jesse O. Gray, mc Atlanta Southern 92, Black's Store; Burrell A. Stephens, mc Alabama 92, Lineville. Certificates awarded.

## CLEBURNE COUNTY MEDICAL SOCIETY—Selma, 1884.

## OFFICERS.

President, Walter Howard Bell; Vice-President, James P. Hurt; Secretary, L. E. Ray; Treasurer, R. T. Reid; Health Officer, Thos. J. Johns. Censors—Lewis W. Pitchford, Wm. A. Neal, Orlando W. Sheppard, R. T. Reid, Wm. L. Pounds.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Baker, James Lewis, mc Atlanta Southern 83, cb 84, Oak Level.  
 Bell, Walter Howard, mc Atlanta 88, cb Calhoun 88, Belttown.  
 Hobgood, Samuel P., mc Atlanta 57, cb 84, Bowden, Ga.  
 Howle, Morgan M., mc Atlanta Southern 91, cb 93, Arbachoochee.  
 Hudgeons, N. C., mc Georgia 45, cb 84, Oak Level.  
 Hurt, James P., non-graduate, cb 84, Edwardsville.  
 Johns, Thomas Jefferson, mc Alabama 88, cb 88, Edwardsville.  
 Ligon, James H, mc univ Vanderbilt 91, cb 91, Oakfuskee.  
 Ligon, William Milton, mc Georgia 61, cb 84, Oakfuskee.  
 McClintock, James L., non-graduate, cb 84, Hefin.  
 Neal, Robert L, mc Atlanta Southern 88, cb 89, Hefin.  
 Neal, William Alexander, mc Georgia 81, cb 84, Hefin.  
 Pitchford, Lewis W., mc South Carolina 88, cb 89, Arbachoochee.  
 Pounds, William Lawrence, mc Atlanta Reform —, cb 84, Muscadine.

Ray, L. E., s of m Kentucky 89, cb Clay 89, Heflin.  
 Reid, Jesse Thomas, non-graduate, cb 84, Edwardsville.  
 Roberts, Charles B., non-graduate, cb 84, Oak Level.  
 Sheppard, Orlando Waters, mc Graffenburg 56, cb 84, Edwardsville.  
 Total, 18.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Cremer, James, Abernathy.  
 Harrison, J. M., cb 93, Heflin.  
 Martin, Hicks, Sr., cb 86, Heflin.  
 Powers, R. L., non-graduate, — —.  
 Simpson, John L., non-graduate, ———.  
 Total, 5.

Examinations—Johns, Thomas Jefferson, mc Alabama 88, Edwardsville; Howle, Morgan M, mc Atlanta Southern 91, Arbachoochee; Harrison, J. M., Heflin. Certificates awarded.

COFFEE COUNTY MEDICAL SOCIETY—Greenville, 1885.

OFFICERS.

President, William Westford Grubbs; Vice-President, Francis Marion Rushing; Secretary, Benjamin Augustus Hill; Treasurer, Josephus Dickson Blue; Health Officer, Benjamin Augustus Hill. Censors—Francis M. Rushing, Benjamin A. Hill, Josephus D. Blue, William W. Grubbs, William H. Chapman.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Blue, Josephus Dickson, mc New Orleans 61, cb 85, Elba.  
 Chapman, William Henry, mc Alabama 72, cb 85, Elba.  
 Crook, William Henry, mc Alabama 84, cb 85, Victoria.  
 Garrett, John Wilkerson, mc univ Louisville 81, cb 85, Clintonville.  
 Grubbs, William Westford, mc univ Louisville 89, cb Covington 90, Enterprise.  
 Hill, Benjamin Augustus mc Richmond 60, cb 85, Elba.  
 Howell, David Dickson, mc South Carolina 58, cb Geneva 88, Clintonville.  
 Rushing, Francis Marion, mc univ Louisiana 61, cb 85, Elba.  
 Total, 8.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Carter, James Peterson, cb 88, Damascus.  
 Cowart, William Augustus, cb 85, Frisco.  
 Steed, John Wesley, mc univ Nashville 56, cb 85, Haw Ridge.  
 Wilson, William Augustus, mc Georgia Southern 56, cb 85, Elizabeth.  
 Total, 4.

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COLBERT COUNTY MEDICAL SOCIETY—Montgomery, 1881.

OFFICERS.

President, Samuel J. Cooper; Vice-Preident, James M. Pinkston; Secretary, David H. Walker; Treasurer, David H. Walker; Health Officer, Charles R. Palmer. Censors—Hugh W. Blair, Samuel J. Cooper, Charles R. Palmer, James M. Pinkston, David H. Walker.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Blair, Hugh Allen, mc univ Nashville 57, cb Montgomery 90, Sheffield.  
Blair, Hugh Walter, mc univ Nashville 88, cb 88, Sheffield.  
Cooper, Samuel Jackson, mc Memphis 71, cb 81, Tuscumbia.  
McWhorter, George Tighlman, cb Madison 81, Riverton.  
Morris, Charles Thomas, mc univ Louisville 75, cb Henry 80, Sheffield.  
Palmer, Charles Richard, mc univ Vanderbilt 83, cb 83, Tuscumbia.  
Pinkston, James Madison, mc phy and surg Baltimore 78, cb Marengo 80, Sheffield.  
Smith, James Clark, mc univ Vanderbilt 85, cb Elmore 85, Tuscumbia.  
Walker, David Harris, mc univ Vanderbilt 82, cb 82, Spring Valley.  
Total, 9.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Abernathy, Robert Towns, mc univ New York 49, cb 81, Tuscumbia.  
Boyd, Philander Sumner, mc univ Tennessee 88, cb —, Sheffield.  
Gilmore, Frank T., mc univ Louisville, —, cb —, Barton.  
Johnston, Beverly, Tuscumbia.  
McCloskey, James A., Dug.  
Moore, Riley Jackson, mc univ Louisville 79, cb 90, Riverton.  
O'Reily, John Edmund, mc Alabama 74, cb 84, Cherokee.  
Pride, Joseph Peebles (retired), mc univ New York 55, cb 81, Pride's Station.  
Rand, Edward Pearsall, mc univ Louisville 72, cb 81, Tuscumbia.  
Smith, Frank E., mc univ New York 91, cb 93, Tuscumbia.  
Thompson, Humphrey Bate, mc univ Louisville 93, cb 93, Tuscumbia.  
Wall, Alexander Alfred, mc univ Pennsylvania 49, cb Madison 78, Tuscumbia.  
Total, 12.

Moved out of the county—Julius Tilman Wesley Haney, from Barton to Madison county. William Hill Stanley, from Tuscumbia to Jefferson county.

Retired from practice—Joseph Peebles Pride, Pride's Station.

Death—James Marshall Houston, mc Jefferson 51, cb 81, Dickson.



## CONECUH COUNTY MEDICAL SOCIETY—Selma, 1879.

## OFFICERS.

President, Thomas M. McMillan; Vice-President, Richard T. Holland; Secretary, Adam A. McKittrick; Treasurer, Adam A. McKittrick; Health Officer, Andrew Jay. Censors—Thomas M. McMillan, Hugh T. Fountain, Richard T. Holland, Robert A. Lee, Andrew Jay.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Fountain, Hugh Thomas, mc Alabama 72, cb Monroe 79, Burnt Corn.  
 Fountain, William Raymond, mc Louisville 92, cb 92, Bellville.  
 Holland, Richard Thomas, mc Alabama 90, cb 90, Castleberry.  
 Jay, Andrew, mc Alabama 72, cb 84, Evergreen.  
 Lee, Robert Augustus, mc univ Louisiana 60, cb 84, Evergreen.  
 McKittrick, Adam Alexander, mc Georgia 60, cb 84, Evergreen.  
 McMillan, Thomas Morton, mc univ Tulane 91, cb Monroe 91, Brooklyn.  
 Shaver, William Benjamin, mc Georgia Reform 60, cb 84, Herbert.  
 Taliaferro, Charles Thomas, mc Atlanta 59, cb 84, Evergreen.  
 Total 9.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bradley, Ely, mc Jefferson 59, cb 84, Bellville.  
 Bruner, Pinckney McDonald, mc Alabama 79, cb 79, Evergreen.  
 McCreary, John Absalom, mc univ Louisiana 60, cb 84, Evergreen.  
 Total, 3.

## COOSA COUNTY MEDICAL SOCIETY—Birmingham, 1883.

## OFFICERS.

President, W. H. Moon; Vice-President, W. T. White; Secretary, Julius Jones; Treasurer, Eugene Argo; Health Officer, A. J. Peterson. Censors—W. H. Moon, Julius Jones, A. J. Peterson, W. J. Peddy, C. K. Maxwell, J. C. Cousins.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Argo, Eugene, mc univ Vanderbilt 91, cb 91, Goodwater.  
 Bailey, William, non-graduate, cb 83, Equality.  
 Cousins, James Columbus, mc univ Maryland 91, cb 91, Equality.  
 Holloway, William Alphonzo, mc Alabama 89, cb Tallapoosa 89, Lauderdale.  
 Jones, Julius, mc univ Vanderbilt 84, cb 84, Rockford.  
 Mathews, John Thomas, mc New Orleans 73, cb 84, Hanover.  
 Maxwell, Cecil Kelly, mc Alabama 91, cb 91, Kellyton.  
 Moon, William Henry, mc Alabama 79, cb 83, Goodwater.  
 Nolen, Richard Spencer, mc s of m Kentucky 89, cb Clay 89, Equality.

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Peddy, William Jeremiah, mc Graffenburg 55, cb 83, Rockford.  
Peterson, Albert James, mc univ Vanderbilt 89, cb 89, Hanover.  
Pruett, James W., mc Alabama 92, cb Talladega 93, Weogufka.  
Smith, Malcolm Duncan, mc univ of New York 91, cb 91, Nixburg.  
White, William Tanner, mc univ Tennessee 86, cb 86, White's Mill.  
Total, 14.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Dollar, Henry Clay, mc Atlanta 75, cb 83, Marble Valley.  
Goggans, Phillip Peterson, mc univ New York 80, cb Elmore 80, Traveller's Rest.  
Parker, Eli, non-graduate, cb 83, Sylacauga.  
Pope, Chandler Mathews, mc Jefferson 57, cb 83, Goodwater.  
Salter, Paschal Preston, non-graduate, cb —, Goodwater.  
Total, 5.

Moved into the county—James W. Pruett, from Talladega county, to Weogufka.

Moved out of the county—A. T. Bryant, from Goodwater to Texas.  
J. J. Coker, from Weogufka, to parts unknown.

\*COVINGTON COUNTY MEDICAL SOCIETY—Montgomery, 1888.

OFFICERS.

President, William N. McNair; Vice-President, William T. Stenson; Secretary, John F. Pendry; Treasurer, James R. Ealum; Health Officer, Wilbur E. Sentell. Censors—William N. McNair, Wilbur E. Sentell, John F. Pendry, James R. Ealum.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bozeman, T. Compton, mc Alabama 92, cb 92, Shirley.  
Ealum, James R., mc Alabama 91, cb 91, Oakey Streak.  
McNair, William N., mc Alabama 91, cb 91, River Falls.  
Pendry, John F., mc Alabama 81, cb Crenshaw 92, Rose Hill.  
Rushton, R C., college not given, Andalusia.  
Sentell, Wilbur Eugene, mc Alabama 80, cb 89, Red Level.  
Stenson, William T., mc Atlanta 91, cb 91, Rose Hill.  
Street, William N., college not given, Hallton.  
Total, 8.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Atkinson, Alexander G., non-graduate, Red Level.  
Cawthorn, Samuel J. S., non-graduate, cb 90, Andalusia.  
Patrick, Thomas, non-graduate, Green Bay.  
Roberts, James M., non-graduate, Beda.

Sellers, Thomas L., non-graduate, Andalusia.  
 Whaley, James A., non-graduate, Green Bay.  
 Williams, —, —.  
 Total, 7.

\*NOTE.—As no report was received from Covington county this year, the report of 1892 is here reproduced.

CRENSHAW COUNTY MEDICAL SOCIETY—Mobile, 1882.

OFFICERS.

President, Joseph R. Horn; Vice-President, F. M. T. Tankersly, Secretary, James E. Kendrick; Treasurer, W. R. Belcher; Health Officer, A. J. Jones. Censors—James E. Kendrick, Joseph R. Horn R. K. Horn, F. M. T. Tankersly, W. H. Coston.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Belcher, William Ree, mc Atlanta 89, cb Barbour 89, Brantley.  
 Burgamy, William Thomas, mc Atlanta 59, cb 88, Rutledge.  
 Coston, William Henry, mc Atlanta 88, cb 89, Leon.  
 Horn, Joseph Robert, mc Alabama 87, cb 87, Luverne.  
 Horn, Richard Kersey, mc Electic of Georgia 81, cb 84, Luverne.  
 Jones, Andrew Jackson, s of m Kentucky 88, cb 86, Highland Home.  
 Kendrick, James Evans, mc Alabama 69, cb 82, Luverne.  
 May, Samuel Williams, mc p and s Baltimore 82, cb 83, Bullock.  
 Pendry, John Fortunatus, mc Alabama 81, cb 82, Dozier.  
 Rushton, Christopher Reid, mc Atlanta Southern 92, cb 93, Rutledge.  
 Sheppard, Charles Webb, mc Atlanta 91, cb 91, Honoraville.  
 Tankersly, Felix Marcus Tullis, mc univ Tennessee 85, cb 85, Highland Home.  
 Thrower, Stephen Leon, non-graduate, cb 84, Bradleyton.  
 Total, 13.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Dryer, Edward Fox, cb 84, Rutledge.  
 Moxley, David Newton, cb Pike 78, New Providence.  
 Pryor, William Dayton, mc univ Nashville 79, cb Butler 81, Aiken.  
 Stough, Daniel Bluford, s of m Kentucky 87, no certificate, Helicon.  
 Total, 4.

Moved into the county—Christopher Reid Rushton, from Covington county to Rutledge; John Fortunatus Pendry, from Covington county to Dozier.

Moved out of the county—Thomas Lamar Quillian, from Honoraville to Butler county; Wilbur E. Williams, to Texas.

Examinations—Thomas Stough, and George W. Williamson, college not given. Certificates granted.

CULLMAN COUNTY MEDICAL SOCIETY—Anniston, 1886.

OFFICERS.

President, Gottlob Hartung; Vice-President, John H. Walling; Secretary, Francis B. Burnum; Treasurer, Francis B. Burnum; Health Officer, Marquis L. Johnson. Censors—Marquis L. Johnson, John E. Furdon, Gottlob Hartung, Francis B. Burnum, John H. Walling.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Burnum, Francis Bynum, mc univ Vanderbilt 79, cb 86, Cullman, Hartung, Gottlob, mc Wurtemberg, Germany, 68, cb 92, Cullman. Johnson, Marquis LaFayette, mc Alabama 75, cb Marshall 86, Cullman.

Keller, Louis M., mc Atlanta 88, cb 89, Etha.

Martin, William Henry, mc Atlanta 88, cb 89, Ruby.

McLarty, George Washington, mc Atlanta 68, cb 89, Joppa.

Purdon, John Edward, mc univ Dublin, Ireland, 68, cb DeKalb 85, Cullman.

Reid, William Jasper, cb 89 Trimble.

Walling, John Henry, cb 89, Pinnacle.

Total, 9.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Beck, Enos M., under graduate, Logan.

Brindley, Bethea Pace, mc Georgia Electic 92, cb 92, Lincoln.

Geiger, Marion Capers, mc Georgia Electic 86, cb 86, Baileyton.

Harris, William R., non-graduate, cb 92, Garrison Point, Blount county.

Hayes, Ebenezer, mc univ U. S. Grant, Chattanooga 92, retired, Cullman.

Mangum, William L., mc Atlanta, retired, Cullman.

Martin, William Henderson, mc Atlanta 88, cb Cleburne 89, Cullman.

Martin, William, Bremen.

Musgrove, Phillip M., mc Memphis, retired, Cullman.

Terrell, Early Wesley, mc univ Nashville 88, cb Elmore 89, Cullman.

Watts, George Washington, mc Georgia Electic 88, cb 88, Holly Pond.

Total, 11.

Moved into the county--W. H. Martin, from Heflin, Cleburne county, to Cullman; W. Martin, from Arkadelphia, Blount county, to Bremen; E. M. Beck, from Lawrence county to Logan; G. Hartung, from Nebraska to Cullman.

Moved out of the county--Peter C. Bradley, from Cullman to Falkville, Morgan county; George Washington McPherson, from

Bremen to Bangor, Blount county; E. A. H. Purdon, from Cullman to Florida.

Examinations—B. P. Brindley, mc Georgia Electic 92; G. Hartung, mc Wurttemberg, Germany 68. Certificates awarded.

DALE COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, William B. Sanders; Vice-President, Samuel L. Weed; Secretary, Robert F. Harper; Treasurer, Alexander G. McLeod; Health Officer, Robert F. Harper. Censors—Erastus B. Ard, Samuel L. Weed, Rboert F. Harper, James W. Reynolds, Mercer S. Davie.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ard, Erastus Byron, mc univ Vanderbilt 86, cb 87, Haw Ridge.  
 Byrd, Benjamin L., mc Alabama 92, cb 92, Daleville.  
 Davie, Mercer Stilwell, mc Jefferson 67, cb 87, Pinckard.  
 Harper, Robert Franklin, mc Alabama 88, cb Coffee 88, Ozark.  
 Howell, Samuel Mathew Crawford, mc Southern 91, cb 91, Midland City.  
 Jones, Washington LaFayette, mc univ Louisville 75, cb 87, Ozark.  
 McLeod, Alexander Gillis, mc univ Louisiana 59, cb 87, Daleville.  
 Reynolds, James Wilson, mc Alabama 85, cb 85, Skipperville.  
 Reynolds, Robert Davis, mc Alabama 80, cb 87, Ozark.  
 Sanders, William Bryan, mc Southern 85, cb Pike 85, Ozark.  
 Steagall, Albert Sidney, mc Alabama 88, cb 89, Clopton.  
 Steagall, William Collinsworth, mc South Carolina 60, cb 87, Ozark.  
 Weed, Samuel LaFayette, mc Alabama 85, cb 87, Ariosta.  
 Total, 18.

*Honorary Member.*

Bottoms, James C., mc Atlanta 83, cb 87, Ozark.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Baxter, Hugh C., mc Atlanta 86, cb 87, Midland City.  
 Bell, Seaborn B., mc Georgia Reform 92, illegal, Echo.  
 Campbell, Terrell Taylor, mc Georgia Reform 83, cb 87, Echo.  
 Cowart, William Augustus, cb Coffee 85, Charlton.  
 Glover, Theophilus T., mc univ Louisville 91, Charlton.  
 Holman, John Clinton, mc Jefferson 56, cb 87, Ozark.  
 Morris, Andrew Jackson, mc Southern 87, cb Geneva 87, Newton.  
 Ravenback, Oscar Lee, mc Georgia Reform 93, illegal, Wicksburg.  
 Rice, John R., mc Alabama (one course) 85, cb 87, Wicksburg.  
 Spears, Phillip Benton, mc Georgia Reform 91, cb 91, Pinckard.  
 Stokes, James E., mc Georgia Reform 92, illegal, Clopton.  
 Total, 11.

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Moved out of the county—C. C. Dalton, from Wicksburg to Geneva, Geneva county; Walter B. Hendrick, from Daleville to Russell county; James Martin Hollis, from Midland City to Henry county; William R. King, from Ozark to Georgia.

Examinations—For the practice of medicine, Benjamin L. Byrd, mc Alabama 92; Charles L. Guice, Mt. Andrew, Barbour county, mc U. S. Grant, Chattanooga. Certificates awarded. James E. Stokes, mc Georgia Reform 92, Clopton. Certificate refused.

For the study of medicine, James W. Robertson and H. P. Calhoun. Certificates awarded.

DALLAS COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

President, Samuel G. Gay; Vice-President, Clement Ritter; Secretary, William W. Harper; Treasurer, Thomas G. Howard; Health Officer, William W. Harper. Censors—John P. Furniss, John A. McKinnon, Thomas G. Howard, Robert D. Jackson, Samuel Kirkpatrick.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Adams, Benjamin Clarence, mc Alabama 72, cb 78, Adams.  
Clarke, Courtney James, mc Jefferson 44, cb 78, Selma.  
Cochrane, Robert Miller, mc univ Virginia 65, cb 78, Eleanor.  
Donald, James Marion, mc Alabama 84, cb Marengo 84, Bridges.  
Donald, Joseph Marion, mc univ Louisiana 54, cb 78, Harrell's.  
Furniss, John Perkins, mc s of m New Orleans 66, cb 78, Selma.  
Garber, James R., mc univ Louisiana 67, cb 78, Selma.  
Gay, Samuel Gilbert, mc Alabama 87, cb 87, Selma.  
Groves, Joseph Asbury, mc South Carolina 54, cb 78, Orrville.  
Hardy, William Robinson, mc South Carolina 61, cb 78, Pleasant Hill.  
Harper, William Wade, mc univ Tulane 91, cb 91, Selma.  
Howard, Thomas Greenwood, mc univ Washington 68, cb Autauga 87, Selma.  
Jackson, Robert Dandridge, mc South Carolina 57, cb 78, Summerfield.  
Kendall, William Quinton, mc phy & surg Baltimore 80, cb 80, Berlin.  
King, Goldsby, mc South Carolina 80, cb 80, Selma.  
Kirkpatrick, Samuel, mc univ Vanderbilt 88, cb 88, Selma.  
Lockhart, Thomas Ernest, mc univ Tulane 90, cb Perry 90, Selma.  
McKinnon, John Alexander, mc univ Louisiana 67, cb 78, Selma.  
Moore, John Thomas, mc Alabama 91, cb 91, Orrville.  
Phillips, William Crawford, mc univ Louisiana 78, cb 78, Selma.  
Ritter, Clement, mc Jefferson 90, cb DeKalb 90, Selma.  
Sutton, Robert Lee, mc univ Washington 89, cb Lee 89, Orrville.  
Taylor, William Henry, mc Alabama 87, cb Marengo 87, Central Mills.

Tipton, William Joseph, mc Atlanta Southern 88, cb Montgomery 89,  
Selma.  
Weisinger, John Alonzo, mc univ Louisiana 75, cb 78, Talmage, Perry  
county.  
Total, 25.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Allison, Joseph D., mc South Carolina 50, cb 78, Carlowville.  
Boykin, James Owen, mc univ Transylvania 43, cb 78, Tilden.  
Burrell, Lincoln Laconia, col'd, mc Leonard, North Carolina 89, cb 89,  
Selma.  
Dansby, John Quincy, mc Alabama 74, cb Wilcox 78, Selma.  
Graddick, John North, mc Memphis 47, Selma.  
Hall, John James, mc univ Louisiana 67, cb 78, Mitchell's.  
Hudson, Henry Sidney, mc univ Maryland 69, cb 78, Summerfield.  
Kyser, George Washington, mc univ Virginia 65, cb 78, Richmond.  
McKinnon, Kenneth, mc univ Louisville 52, cb 78, Pleasant Hill.  
Mixon, William S., mc univ Louisiana 49, cb 78, Plantersville.  
Moore, Clement Clay, mc South Carolina 89, cb 78, Summerfield.  
Moseley, Elijah Bucklee, mc univ Louisiana 57, cb 78, Boguechitto.  
Pugh, Braxton Bragg, mc Alabama 89, cb Clarke 89, Brown's.  
Smyly, Daniel C., mc South Carolina 88, cb 78, Pleasant Hill.  
Stewart, William Champney, mc South Carolina 58, cb 78, Soap Stone.  
Ward, Edward Burton, mc univ New York 82, cb Hale 82, Selma.  
Total, 16.

Moved out of the county—John James Hunter, from Selma to  
Hamburg, Hale county; John William Pratt, from Burnsville to  
Scottsville, Bibb county.

Deaths—Lemuel Lovatt Alston, mc South Carolina 57, cb 78,  
Orrville, from pneumonia; Francis Octavius Lockwood, mc North  
Carolina 44, cb 78, Carlowville, from cancer of the lip; Frank Tipton,  
mc univ Louisiana 70, cb 78, Selma, from narcosis.

## DEKALB COUNTY MEDICAL SOCIETY—Greenville, 1885.

## OFFICERS.

President, Samuel P. Smith; Vice-President, William E. Moore;  
Secretary, William E. Quin; Treasurer, Horace P. McWhorter;  
Health Officer, Horace P. McWhorter. Censors—William E. Quin,  
Frederick P. Gayle, Horace P. McWhorter, William S. Duff, Edward  
P. Nicholson.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Appleton, Thomas Hayne, mc Chattanooga 92, cb 92, Collinsville.  
Duff, William Samuel, mc Alabama 89, cb 90, Fort Payne.  
Elrod, William Addison, non-graduate, cb 85, South Hill.

Gale, Frederick Penniman, mc univ Vermont 80, cb 90, Fort Payne  
 Killian, Henry Elliott, non-graduate, cb 89, Portersville.  
 McCormack, William F., mc Chattanooga 92, cb 92, Lebanon.  
 Miller, James Taylor, mc univ Vanderbilt 78, cb 85, Collinsville.  
 Moore, William Evans, mc Atlanta 80, cb Shelby 80, Collinsville.  
 McWhorter, Horace Puckett, mc univ Vanderbilt 81, cb 85, Collinsville.  
 Nicholson, Edward Pierson, mc univ Nashville 61, cb 85, Valley Head  
 Quin, William Everett, mc s of m Kentucky 81, cb 85, Fort Payne.  
 Smith, Samuel Parish, mc s of m Kentucky 89, cb 89, Sand Mountain.  
 Vann, Andrew Jackson, mc Georgia 58, cb 85, Portersville.  
 Wright, William James, mc univ Vanderbilt 90, cb 91, Skirum.  
 Total, 14.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bailey, Alexander Henry, non-graduate, cb 85, Musgrove.  
 Cain, Richard Wynn, mc univ Nashville 59, cb 85, Sand Mountain.  
 Green, Anthony Buel, mc univ Transylvania 46, cb 85, Fort Payne.  
 Green, Philamon Buel, mc univ Vanderbilt 76, cb 85, Fort Payne.  
 Green, William Mastin, mc univ Vanderbilt 77, cb 85, Fort Payne.  
 McGuffy, William Charles, non-graduate, cb 85, Sulphur Springs.  
 Patty, Robert James, Vitapathist, cb 89, Dawson.  
 Roden, William, non-graduate, cb 85, Sand Mountain.  
 Sherman, James Richard, mc Georgia Reform 89, cb Marshall 89,  
 Sand Mountain.  
 Sibert, James Dolphus, non-graduate, cb 89, Grove Oak.  
 Smith, William Henry, mc Cincinnati 86, cb 92, Fort Payne.  
 Winston, John Nelson, mc univ Louisville 66, cb 85, Valley Head.  
 Wooten, William James, non-graduate, cb 89, Musgrove.  
 Total, 13.

Moved into the county—William F. McCormack, from Chattanooga to Lebanon; William Henry Smith, from Michigan to Fort Payne.

Moved out of the county—Thomas Fletcher Weaver, from Collinsville to Centre; James Richardson Isbel, from Lot to parts unknown; William Fletcher Berry, from Fort Payne to Montgomery; N. W. Blalock, from Fort Payne to Tennessee; Joseph Dalton McGehee, from Collinsville to Leesburg.

Examinations—For the practice of medicine, William F. McCormack, mc Chattanooga 92, Lebanon; William Henry Smith, mc Cincinnati 86, Fort Payne. Certificates granted. William Fletcher Berry, Fort Payne; J. D. Hall, mc Georgia Reform —, Musgrove; James E. Howard, mc univ Nashville —, Henegar. Certificates refused.



## ELMORE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

## OFFICERS.

President, Phillip Fitzpatrick ; Vice-President, William A. Warren ; Secretary, James A. Howle ; Treasurer, William A. Warren ; Health Officer, Oscar S. Justice. Censors—William A. Huddleston, James T. Rushin, William A. Warren, Oscar S. Justice, William A. Norton.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Campbell, Archibald Graham, cb 84, Tallassee.  
 Fitzpatrick, Phillip, mc univ Louisiana 58, cb 84, Wetumpka.  
 Howe, Richard Daniel, mc univ Tennessee 90, cb Walker 91, Elmore.  
 Howle, James Augustus, mc Alabama 90, cb 90, Jordan.  
 Judkins, George Bernard, mc Jefferson 59, cb Macon 79, Wetumpka.  
 Justice, Oscar Suttle, mc Alabama 85, cb 85, Central Institute.  
 Lamar, James Isaac, Georgia 52, cb 84, Deatsville.  
 Nix, James Ringold, mc South Carolina 67, cb 84, Deatsville.  
 Norton, William Abner, mc Alabama 88, cb 88, Eclectic.  
 Robinson, Dudley, mc Alabama 62, cb Montgomery 78, Robinson Springs.  
 Robinson, Elias Hunt, mc univ Pennsylvania 52, cb 84, Robinson Springs.  
 Rushin, James Knox, mc univ New York 55, cb 84, Tallassee.  
 Rushin, James Thomas, mc univ Tennessee 83, cb 84, Tallassee.  
 Sewell, Jabez Wesley, mc Alabama 90, cb 90, Titus.  
 Sewell, Neal B., mc univ Vanderbilt 86, cb 84, Buyck.  
 Warren, Allen Love, mc Jefferson 59, cb 84, Kowaliga.  
 Warren, William Allen, mc Alabama 85, cb 84, Wetumpka.  
 Total, 17.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Beckett, Thomas Francis, mc univ Louisiana 56, cb 84, Titus.  
 Fielder, Martin Lucius, mc Graffenberg 56, cb 84, Eclectic.  
 Hall, Thomas Dixon, mc univ Pennsylvania 56, cb 84, Coosada.  
 Lett, Harris Templeton, mc univ Louisiana 75, cb 84, Good Hope.  
 Powell, Joseph B., mc Graffenberg —, cb 84, Tallassee.  
 Total, 5.

Moved out of the county—Humphries, S. O., from Wetumpka to Jenifer. Jowers, S. F., from Central Institute to Texas.

Examinations—Powell, A. A., mc Atlanta 92, certificate refused ; Garrett, Allen J., mc Alabama, undergoing examination.

ESCAMBIA COUNTY MEDICAL SOCIETY—Greenville, 1885.

OFFICERS.

President, Stephen C. Henderson ; Vice-President, Walter R. Thompson ; Secretary, Edwin T. Parker ; Treasurer, Edwin T. Parker ; Health Officer, Edwin T. Parker. Censors—John E. Martin, Henry H. Malone, George P. Henry, Walter R. Thompson, Edwin T. Parker.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Douglas, S. William, mc — —, cb 87, Mason.  
 Henderson, Stephen Cary, mc Alabama 87, cb 87, Brewton.  
 Henry, George Patrick, mc univ Nashville 70, cb 89, Wallace.  
 Malone, Eugene Y., mc Alabama 92, cb 92, Pollard.  
 Malone, Henry Holcomb, mc univ New York 60, cb 86, Brewton.  
 Martin, John Elijah, mc Alabama 75, cb Bullock 79, Brewton.  
 McAdory, William Robert, mc Alabama 79, cb 87, Pollard.  
 Parker, Edwin Theodore, mc univ Tulane 91, cb 91, Brewton.  
 Thompson, Walter Robert, mc univ Louisville 91, cb 91, Brewton.  
 Trammell, Joseph D., mc univ Nashville 57, cb Baldwin 89, Williams'.  
 Wilkerson, James Anthony, mc univ Louisville 79, cb 86, Flomaton.  
 Total, 11.

Moved out of the county—James Loraine Bass, from Brewton to Valdosta, Ga. A. C. Hundley, to Milton, Fla.

Examinations—For practice of medicine, Eugene Y. Malone, mc Alabama 92, Pollard. Certificate granted.

ETOWAH COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, Edward Jones ; Vice-President, J. W. D. Lawrence ; Secretary, Robert F. McConnell ; Treasurer, Hiram M. Bloodsworth ; Health Officer, Daniel H. Baker. Censors—Erasmus T. Camp, James H. Wood, John B. Lidell.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Baker, Daniel Harris, mc univ Nashville 82, cb Macon 88, Gadsden.  
 Bloodsworth, Hiram Monroe, mc Atlanta 58, cb Chambers 82, Gadsden.  
 Camp, Erasmus Taylor, mc Alabama 85, cb Cleburne 85, Gadsden.  
 Jones, Edward Spears, mc Alabama 88, cb Jefferson 88, Gadsden.  
 Knox, William, mc univ Vanderbilt 98, cb 98, Attalla.  
 Lawrence, J. W. D., mc univ Nashville 86, cb Cherokee 87, Turkeytown.  
 Lidell, John Benson, mc Atlanta 82, cb 82, Gadsden.

McConnell, Robert Franklin, mc Atlanta Southern 81, cb St. Clair 81, Attalla.

Pollard, Madison B., mc New Orleans 60, cb 91, Gadsden.

Stewart, John Pope, mc Alabama 86, cb 86, Attalla.

Wood, James Hudson, mc univ Vanderbilt 82, cb 82, Attalla.

Total, 11.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Anderson, Robert Bailey, mc Atlanta Southern 88, cb 88, Walnut Grove.

Bevans, Edward Gandy, mc Alabama —, cb 78, Gadsden.

Bevans, Joseph, cb 78, Gadsden.

Coggins, William Thomas, cb 87, Keener.

Dowdy, Edgar Lee, mc univ Vanderbilt 76, cb 78, Keener.

Dozier, Marshall Elias, mc Atlanta 61, cb 78, Attalla.

Edwards, William Sterling, mc s of m Kentucky 85, cb 85, Gadsden.

Ellison, John Henry, mc univ Vanderbilt 88, cb Blount 89, Walnut Grove.

Funderberg, William Lewis, mc Atlanta Southern 82, cb DeKalb 86, Kolb.

Gilliland, Henry Forney, mc univ Louisville 90, cb 90, Hill.

Johnson, James Knox, mc univ Nashville 84, cb 86, Seaborn.

Morgan, George Washington, mc univ Vanderbilt 89, cb 89, Keener.

Sampler, Robert James, mc —, cb St. Clair 84, Gadsden.

Slack, John Calhoun, mc univ Louisville 78, cb 78, Gadsden.

Slaughter, Charles Jefferson, mc —, cb 81, Aurora.

Wright, Milton Royal, mc Alabama 78, cb 78, Gadsden.

Total, 16.

Moved into the county—William Knox, from Tennessee to Attalla.

Madison B. Pollard, from Mississippi to Gadsden.

Moved out of the county—J. W. Miller, from Attalla to Jefferson county. Walter C. Jack, from Rock Springs to DeKalb county. James G. Fields, from Gadsden to parts unknown. Franklin P. Landers, from Hoke's Bluff to parts unknown. Alexander Sliding Riddle, from Etowahnton to Georgia.

Examinations—William Knox, mc univ Vanderbilt 93. Certificate awarded.

FAYETTE COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, Alex. W. Agnew; Vice-President, Jonathan S. Hollis; Secretary, Thos. G. Morton; Treasurer, John G. Smith; Health Officer, Thos. M. Peters. Censors—Jonathan S. Hollis, Alex. W. Agnew, Thos. C. Morton, Thos. B. Wood, Thos. M. Peters.

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NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Agnew, Alexander Washington, mc univ Transylvania 44, cb 84, Fayette C. H.  
Collins, Alonzo Kennedy, mc univ Louisville 90, cb 90, Pilgrim.  
Hollis, Jonathan Shelton, mc Alabama 84, cb 84, Brockton.  
Jones, William Wilber, old law 68, cb 84, Newtonville.  
Morton, Thomas Clark, mc univ U. S. Grant, Chattanooga 91, cb 84, Fayette C. H.  
Peters, Thomas Marion, mc Alabama 90, cb 90, Fayette C. H.  
Seay, Mark Rollins, old law 76, cb Lamar 83, Berry.  
Smith, John Gardner, mc Alabama 89, cb 90, Bankston.  
Wood, Thomas Bailey, mc univ Vanderbilt 88, cb 89, Wayside.  
Total, 9.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Hocutt, Lucius Henry, mc Georgia 58, cb —, Davis Creek.  
Lane, Jesse Washington, mc univ Louisville 86, cb 86, New River.  
Linn, Jesse Washington, mc Georgia 58, cb 88, Spencer.  
Wright, Alexander W., mc univ New York 86, cb 88, Cave Spring.  
Total, 4.

Moved out of the county—Alexander Kilby Newton, from Berry Station to Texas.

FRANKLIN COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, John M. Clarke; Vice-President, William W. White; Secretary, John K. Clarke; Treasurer, John K. Clarke; Health Officer, Louis W. Desprez. Censors—William W. Cleere, William W. White, Nimrod T. Underwood, Oscar Sargent, Thomas B. Barnes.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Banks, Charles Peters, mc univ Nashville 55, cb 88, Newberg.  
Barnes, Thomas Benton, mc univ Louisville 86, cb 88, Burleston.  
Clarke, John King, mc univ Nashville 56, cb 88, Russellville.  
Clarke, John King, Jr., mc univ Vanderbilt 81, cb 88, Newberg.  
Clarke, John Marshall, mc univ Louisville 50, cb 88, Russellville.  
Cleere, William Watkins, mc univ Vanderbilt 80, cb 88, Bel Green.  
Desprez, Louis Willoughby, mc Alabama 71, cb 88, Russellville.  
Gill, Charles, cb 88, Darlington.  
Harris, John C., cb 88, Russellville.  
Hollinger, John Calhoun, mc p and s Baltimore 86, cb 91, Russellville.  
Johnston, Taylor P., mc univ Nashville 89, cb Marion 86, Frankfort.

Jones, Thomas Speck, cb 88, Russellville.  
 Sargent, Oscar, mc univ Vanderbilt 88, cb Marion 86, Darlington.  
 Underwood, Nimrod T., mc Alabama 86, cb 88, Russellville.  
 White, Robert Josiah, mc Macon 67, cb 88, Burleston.  
 White, William Wyatt, mc univ Vanderbilt 86, cb Marion 86, Newberg.  
 Total, 16.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Agee, William A., non-graduate, Russellville.  
 Burroughs, A. A., cb 92, Bel Green.  
 Farned, Abner, non-graduate, Bel Green.  
 Hughes, Wm. P., Burleston.  
 Sevier, Daniel P., cb 88, Russellville.  
 Shaw, W. J., cb 92, Pleasant Site.  
 Waldrip, Allen C., non-graduate, cb 92, Red Bay.  
 Total, 7.

Examinations—A. A. Burroughs, W. J. Shaw, A. C. Waldrip. Certificates granted.

## GENEVA COUNTY MEDICAL SOCIETY—Montgomery, 1888.

## OFFICERS.

President, Benjamin W. Finney; Vice-President, Sidney F. Latimer; Secretary, James H. Ard; Treasurer, James H. Ard; Health Officer, Millard F. Fleming. Censors—Thomas J. Ward, Millard F. Fleming, Benjamin W. Finney.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ard, James Henry, cb 88, Geneva.  
 Chapman, Abner Richard, mc univ Vanderbilt —, cb Coffee 88, Geneva.  
 Clements, John N., cb Greene —, Marl.  
 Finney, Benjamin W., mc univ New York 54, cb 88, Coffee Springs.  
 Fleming, Millard Filmore, mc univ Louisville —, cb 88, Geneva.  
 Latimer, Sidney F., cb 88, Geneva.  
 Treadwell, Hardy P., cb 88, Geneva.  
 Ward, Thomas Jefferson, cb 88, Watford.  
 Total, 8.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bolling, William, cb 88, Martha.  
 Coleman, William Christian, mc Alabama 92, cb 93, Eunola.  
 Cox, William, cb 88, Dundee.  
 Dalton, C. C., cb 53, Sanders.  
 Jernigan, A. B., cb 88, Dundee.

Mathews, James A., cb 88, Dundee.  
 Powell, James B., cb 88, Dundee.  
 Sheets, Joseph V., cb 88, Dundee.  
 Smith, ——— ———, mc Alabama 93, cb 93, Sanders.  
 Truesdale, J. S., cb 88, Marl.  
 Total, 10.

## GREENE COUNTY MEDICAL SOCIETY—Selma, 1878.

## OFFICERS.

President, Augustus M. Duncan; Vice-President, Le Vert Snoddy;  
 Secretary, William R. Hatter; Treasurer, William R. Hatter; Health  
 Officer, George A. Moore. Censors—Augustus M. Duncan, Dabney  
 O. McGehee, Armand P. Smith, Samuel S. Murphy, Thomas W.  
 Pierce.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Barclay, James Paxton, mc univ New York 71, cb 79, Eutaw.  
 Byrd, Alexander Hamilton, mc univ New York 69, cb 80, Eutaw.  
 Duncan, Augustus Meek, mc Alabama 74, cb 79, West Greene.  
 Hatter, William Reuben, mc univ Tulane 89, cb 89, Boligee.  
 Legare, Henry, mc univ New York 86, cb 87, Forkland.  
 McGehee, Dabney Oswell, mc Alabama 72, cb 79, Knoxville.  
 Moore, George Augustus, mc Alabama 90, cb 91, Clinton.  
 Murphy, Elmore, mc Alabama 92, cb 92, Pleasant Ridge.  
 Murphy, Samuel Silenus, mc Alabama 81, cb 84, Pleasant Ridge.  
 Pierce, Thomas William, mc univ Virginia 57, cb 79, Knoxville.  
 Smith, Armand Pfister, mc s of m Kentucky 75, cb 79, Knoxville.  
 Snoddy, Le Vert, mc Alabama 92, cb 92, Forkland.  
 Snoddy, Virgil, mc Alabama 73, cb 79, Mantua.  
 Total, 13.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Byrd, Robert Taylor, mc univ New York 69, cb 80, Eutaw.  
 Henegan, Davis, mc Alabama 91, cb —, Burton's Hill.  
 Morgan, Isaac DuBose, mc univ Pennsylvania 58, cb 79, Eutaw.  
 Pearson, Edward Pallen, mc univ Louisville 73, cb 84, Watsonia.  
 Purnell, James Knox, cb Pickens 88, Lewiston.  
 Smith, John Alexander, mc Atlanta 58, cb 79, Union.  
 Snoddy, Samuel, mc univ Transylvania 81, cb 79, Mantua.  
 Total, 7.

Moved into the county—Robert Taylor Byrd, mc univ New York  
 69, cb 80, to Eutaw.

Moved out of the county—John McElroy White, mc univ Vander-  
 bilt 73, cb 82, from Pleasant Ridge to Mississippi.

For the practice of medicine—Elmore Murphy, mc Alabama 92; LeVert Snoddy, mc Alabama 92. Certificates granted.

Deaths—Henry Young Webb, mc Jefferson 46, cb 79, Eutaw.

HALE COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

President, Francis M. Peterson; Vice-President, Jacob Huggins; Secretary, Richard Inge; Treasurer, Richard Inge; Health Officer, Jacob Huggins. Censors—Francis M. Peterson, Elisha Young, Jacob Huggins, Thomas R. Ward, Richard Inge.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Borden, James Pennington, mc univ Southern 78, cb 78, Greensboro.  
 Browder, William Monroe, mc univ New York 88, cb 88, Gallion.  
 Cross, William Cyprian, mc univ Vanderbilt 80, cb 81, Newbern.  
 Duggar, Reuben Henry, mc univ Pennsylvania 58, cb 78, Gallion.  
 Griffin, Rufus Jackson, mc Alabama 90, cb 90, Carthage.  
 Huggins, Jacob, mc univ Pennsylvania 60, cb 78, Newbern.  
 Inge, Richard, mc univ Virginia 70, and univ New York 71, cb 78, Greensboro.  
 Owens, William Harrison, mc univ of Nashville 80, cb 81, Havana.  
 Peterson, Francis Marion, mc univ New York 68, cb 78, Greensboro.  
 Pickett, Joseph Martin, mc Alabama 74, cb 78, Cedarville.  
 Ward, Thomas Robert, mc univ South Carolina 58, cb 78, Greensboro.  
 Young, Elisha, mc Jefferson 59, cb 78, Greensboro.  
 Total, 12.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Anderson, Thomas Jefferson, mc univ Pennsylvania 52, cb 78, Evans.  
 Avery, William Cushman, mc univ Pennsylvania 57, cb 78, Greensboro.  
 Browder, Joseph D., mc Jefferson 57, cb 78, Gallion.  
 Davis, Andrew R., mc Atlanta 90, cb 90, Five Mile.  
 Gewin, William Christopher, mc univ Louisiana 78, cb 78, Akron.  
 Turk, William Luther, mc univ Nashville 82, cb Sumter 83, Gallion.  
 Wilburn, John Calhoun, mc Jefferson 78, cb 78, Carthage.  
 Total, 7.

Moved out of the county—James Adams Tidmore, mc univ Kansas City 84, cb 89, from Havana to Powderly, Jefferson county.

HENRY COUNTY MEDICAL SOCIETY—Birmingham, 1888.

OFFICERS.

President, Fleming I. Moody; Vice-President, William J. Lee; Secretary, Bernard Phillips; Treasurer, James R. G. Howell; Health Officer, John W. Payne. Censors—Fleming I. Moody, William J. Lee, George A. Hammond, John H. Stovall, James R. G. Howell.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Crawford, John Peter, mc univ Louisville 51, cb 88, Columbia.  
 Dowling, Oscar, mc univ Vanderbilt 88, cb 88, Columbia.  
 Hammond, George Abner, mc univ Maryland 84, cb 84, Dothan.  
 Hardwick, William Pleasant, mc Alabama 87, cb 88, Headland.  
 Howell, James Robert Graves, mc Atlanta 90, cb Dale 88, Dothan.  
 Lee, William Joseph, mc univ Louisiana 60, cb 88, Abbeville.  
 Moody, Fleming Isaac, mc phy and surg Baltimore 78, cb 88, Dothan.  
 Oates, Wyatt Stephen, cb 91, Headland.  
 Payne, John Walter, mc Alabama 86, cb 87, Dothan.  
 Phillips, Bernard, mc univ Heidleburg, Germany, 74, cb 91, Dothan.  
 Stapleton, Robert B., mc Memphis Hospital 85, cb 91, Cowart's.  
 Stovall, John Henry, mc Atlanta 60, cb 89, Columbia.  
 Vaughn, David Horatio, mc Atlanta 88, cb 89, Ashford.  
 Williams, William Henry, mc Memphis Hospital 89, cb 91, Headland.  
 Yarborough, J. F., mc Atlanta 92, cb 92, Ashford.  
 Total, 15.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Barnes, Philon Banks, mc ———, cb—, Cottonwood.  
 Blackledge, John Richard, mc Alabama 89, cb 91, Abbeville.  
 Fleming, ———, mc ———, cb — Lawrenceville.  
 Fowler, James Thomas, mc South Carolina 81, cb 84, Shortersville.  
 Fowler, John Lindsey, mc South Carolina 51, cb 88, Shortersville.  
 Granger, John Wesley, mc Georgia Reform 59, cb 85, Granger.  
 Lewis, James Langston, mc Atlanta 84, cb 85, Bush.  
 Long, James Benjamin, mc univ Louisville 81, cb 88, Abbeville.  
 Smisson, Henry James, mc South Carolina 60, cb Dale 87, Dothan.  
 Watkins, W. B., mc Atlanta Southern 90, cb 93, Pansy.  
 Weems, J. S., mc ———, cb —, Lawrenceville.  
 Total, 11.

Moved into the county—Henry James Smisson, from Newton, Dale county, to Dothan; W. B. Watkins, from Thomas county, Ga., to Pansy.

Moved out of the county—Idus Park Allred, from Dothan to parts unknown; John Isaac Darby, from Columbia to Americus, Ga.; Amon S. Hill, from Granger to Florida.



## JACKSON COUNTY MEDICAL SOCIETY—Mobile, 1882.

## OFFICERS.

President, James P. Rorex ; Vice-President, Eugene R. Smith ; Secretary, Andrew Boyd ; Treasurer, William C. Maples ; Health Officer, Alexander N. Blakemore. Censors—William C. Maples, Andrew Boyd, John D. Freeman, Alexander N. Blakemore, Eugene R. Smith.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Blakemore, Alexander N., mc univ Tennessee 80, cb 82, Dodsonville.  
 Boyd, Andrew, mc phy and surg Baltimore 88, cb 88, Scottsboro.  
 Boyd, James Harvey, mc univ Nashville 60, cb 82, Larkinsville.  
 Foster, George Whitfield, mc univ Nashville 82, cb 82, Stevenson.  
 Freeman, John Delightful, mc univ St. Louis 91, cb 91, Bridgeport.  
 Haralson, Jefferson Bennett, mc univ Vanderbilt 88, cb Marshall 88, Langston.  
 Knowlton, John Wesley, mc univ Vanderbilt 83, cb 83, Paint Rock.  
 Maples, William Caswell, mc univ Nashville 81, cb Madison 82, Scottsboro.  
 Rorex, James Polk, mc Alabama 75, cb 82, Scottsboro.  
 Smith, Eugene Robinett, mc univ Vanderbilt 85, cb 89, Fern Cliff.  
 Smith, William Barton, mc ——— —, cb 82, Line Rock.  
 Zumerhly, Samuel Lutz, mc Miami (Ohio) 90, cb 90, Bridgeport.  
 Total, 12.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Adkins, Charles William, mc univ Louisville 68, cb 84, Langston.  
 Allen, James Beckerell, mc univ Tennessee 87, cb 87, Stevenson.  
 Allen, William Henry, mc univ Louisville 67, cb 82, Langston.  
 Arnold, T. M., mc Atlanta 91, illegal, Pisgah.  
 Brewer, Joseph M., mc univ Vanderbilt 82, cb 82, Trenton.  
 Clarke, John Fletcher, ———, cb 82, Garth.  
 Derrick, LaFayette, cb 82, Woodville.  
 Gattis, Henry Franklin, cb 82, Trenton.  
 Graham, Michael, cb 82, Stevenson.  
 Grant, Felix Robertson, cb 82, Larkin's Fork.  
 Hayes, George Thomas, mc Alabama —, cb DeKalb 87, Woodville.  
 Helton, Pleasant H., cb 82, Caffey's Store.  
 Hodden, William David, mc univ Vanderbilt 82, cb 82, Narrow's.  
 Howard, C. E., illegal, Hennegan.  
 James, William, mc univ Vanderbilt 82, cb 90, Bolivar.  
 Johnson, James Robert, cb DeKalb 82, Kerby's Creek.  
 Lee, Elisha Lightfoot, mc univ Vanderbilt 73, cb 82, Bridgeport.  
 Mason, William, mc univ Transylvania 46, cb 82, Fabius.  
 McAfee, Terrell Pryor, mc univ Vanderbilt —, cb —, Line Rock.

McCord, Joseph Harvey, (one course) cb 82, Scottsboro.  
 Reed, James R., mc Alabama 93, cb 93, Holly Tree.  
 Robertson, James Osgood, (one course) cb 84, Larkin's Fork.  
 Sanders, Walter C., mc univ Memphis 91, cb Madison 91, Fackler.  
 Smith, Barton Brown, mc univ Nashville 67, cb 82, Larkinsville.  
 Spiller, William Kingston, mc univ Louisville 74, cb 84, Bridgeport.  
 Womack, Wiley Coker, (one course) cb 83, Larkinsville.  
 Total, 26.

Moved into the county—Walter C. Sanders, from St. Elmo, Tenn., to Fackler; Joseph M. Brewer, from Texas to Trenton.

Moved out of the county—James Madison Dicus, from Scottsboro to San Antonio, Texas; James R. Tarrant, from Fackler to Texas.

Examinations—For the study of medicine, LaFayette McLendon, certificate granted; George Tate, certificate refused. For the practice of medicine—James M. Horton, mc Alabama 92, certificate refused; J. W. Bagges, mc univ Vanderbilt 92, certificate refused.

JEFFERSON COUNTY MEDICAL SOCIETY—Birmingham, 1877.

## OFFICERS.

President, Jones C. Abernethy; Vice-President, Charles R. Sexton; Secretary, Samuel L. Ledbetter; Treasurer, Samuel L. Ledbetter; Health Officer, Henry N. Rosser. Censors—Edward H. Sholl, Thaddeus L. Robertson, William H. Johnston, Benjamin L. Wyman, George S. Brown.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Abernethy, Jones Cadwalader, mc univ of Louisiana, 59, cb Marengo 78, Birmingham.  
 Acton, Samuel Watson, mc Alabama 60, cb Marengo 78, Trussville.  
 Alexander, Howard Augustus, mc s of m Kentucky 75, cb Marengo 78, Birmingham.  
 Armstrong, James McLay, mc Jefferson 65, cb 87, Adger.  
 Barclay, John Wyeth, mc Jefferson 69, cb Madison 78, Birmingham.  
 Barrett, Nathaniel Aldridge, mc univ Vanderbilt 86, cb Lawrence 86, East Lake.  
 Brown, George Summers, mc Jefferson 85, cb 87, Birmingham.  
 Brown, George Washington, mc Atlanta 77, cb 78, Pratt City.  
 Brown, James Anderson, mc univ Vanderbilt 71, cb Conecuh 87, Ensley City.  
 Brown, Thomas Jefferson, mc univ Vanderbilt 85, cb 85, Pratt City.  
 Burke, Adalbert Bela, mc Vienna, Austria 87, cb 91, Birmingham.  
 Caffee, Samuel Richmond, mc Miami, Ohio 81, cb Tuscaloosa 81, Avondale.

- Carson, Shelby Chadwick, mc univ Tulane 74, cb Greene 79, Bessemer.  
Chapman, George Clarence, mc univ Vanderbilt 90, cb Monroe 90, Birmingham.
- Chapman, John Thomas, mc Alabama 86, cb Marengo 87, Bessemer.  
Copeland, Benjamin Grigsby, mc Jefferson 83, cb Limestone 83, Birmingham.
- Cotton, Robert, mc univ Tulane 67, cb 86, Birmingham.  
Coulbourne, John Thomas, mc univ Maryland 85, state board 86, Birmingham.
- Cowper, James Alexander, mc univ Toronto, Canada 92, cb 92, Birmingham.
- Cunningham, Russell McWhorter, mc Bellevue 79, cb 88, Ensley City.  
Davis, John Daniel Sinkler, mc Georgia 79, cb St. Clair 79, Birmingham.
- Davis, William Elias Brownlea, mc Bellevue 84, cb 84, Birmingham.  
Douglass, Albert Gallatin, mc univ Vanderbilt 81, cb 81, Birmingham.  
Dozier, John Calhoun, mc univ Nashville 58, cb Perry 79, Birmingham.
- Drennen, Charles, mc Alabama 72, cb Blount 78, Birmingham.  
Due, Malvern Nicholas, mc phy and surg New York 89, cb Montgomery 89, Birmingham.
- Duncan, Joseph Johnston, mc univ Louisville 86, state board 86, Birmingham.
- Finch, James Henry, mc univ Maryland 86, cb 87, East Lake.  
Forster, William Condie, mc univ Louisiana 82, cb Choctaw 84, Birmingham.
- Gamble, William Melvin, mc univ Louisville 87, cb 87, East Lake.  
Gillespie, John Sharpe, mc Miami, Ohio 83, cb 83, Birmingham.  
Glass, Edward Thomas, mc univ Vanderbilt 90, cb 90, Birmingham.  
Griggs, John Gardner, mc univ Pennsylvania 63, cb Macon 86, Birmingham.
- Hefin, Wyatt, mc Jefferson 84, cb Randolph 85, Birmingham.  
Henley, Albert Thomas, mc univ New York 69, cb Hale 77, Birmingham.
- Huey, John Frederick, mc phy and surg Baltimore 87, cb 87, Adger.  
Jernigan, Charles Henry, mc Jefferson 84, cb Bullock 80, Birmingham.  
Johnston, William Henry, mc univ New York 67, cb Dallas 78, Birmingham.
- Jolly, Arnold, mc Alabama 85, cb Marengo 85, Birmingham.  
Jones, Capers Capehart, mc univ Pennsylvania 79, cb Wilcox 79, East Lake.
- Jones, Devotie Davis, mc univ Pennsylvania 70, cb Lowndes 79, Woodlawn.
- Killen, William Jasper, mc Bellevue 90, cb Montgomery 90, Birmingham.
- Killough, James Monroe, mc s of m Kentucky 87, cb 87, Huffman.

Klebs, Theodore Alexander, mc univ Tulane 76, cb 87, Birmingham.  
 Lacy, Edward Parish, mc univ Vanderbilt 83, cb Shelby 83, Bessemer.  
 Ledbetter, Samuel Leonidas, mc univ Louisville 79, cb 79, Birmingham.  
 Lewis, James Marshall, mc univ Vanderbilt 67, cb 88, Birmingham.  
 Luckie, James Buckner, mc univ Pennsylvania 55, cb 77, Birmingham.  
 Luckie, William Richard, mc Bellevue 92, cb 92, Birmingham.  
 Lusk, Percy Bradford, mc univ Tulane 83, cb 84, Lewisburg.  
 Macy, Robert Charles, mc Alabama 87, cb Mobile 87, Bessemer.  
 Martin, Henry Lewis, mc univ Vanderbilt 81, cb Madison 81, Avondale.  
 Martin, James Phillips, mc Baltimore 83, cb Barbour 84, Birmingham.  
 McCarty, James Henry, mc Atlanta 80, cb 83, Birmingham.  
 Mobley, Richard Virgil, mc Alabama 86, cb Clarke 89, Birmingham.  
 Moore, John Alexander, mc phy and surg Baltimore 85, cb Blount 88, Birmingham.  
 Morris, Edward Watts, mc univ Virginia 85, cb 87, Birmingham.  
 Page, John Randolph, mc univ Virginia 86, cb 88, Birmingham.  
 Parke, Thomas Duke, mc univ New York 79, cb Dallas 84, Birmingham.  
 Payne, John, mc Jefferson 86, cb Shelby 86, Hillman.  
 Prince, Francis Marion, mc Jefferson 49, cb 78, Bessemer.  
 Ramsey, Robert Neal, mc univ Pennsylvania 79, cb 90, Thomas.  
 Ransom, William Walter, mc univ Vanderbilt 88, cb 88, Birmingham.  
 Riggs, Edward Powell, mc phy and surg Baltimore 81, cb Dallas 81, Birmingham.  
 Robertson, Thaddeus Lindlay, mc Jefferson 61, cb Calhoun 81, Birmingham.  
 Robinson, Elisha Milton, mc univ Tulane 85, cb Blount 86, Bessemer.  
 Robinson, Thomas Franklin, mc univ Vanderbilt 81, cb 84, Bessemer.  
 Rogers, McCarty, mc Alabama 89, cb Conecuh 89, Birmingham.  
 Rosser, Henry Nollner, mc Atlanta 69, cb Dallas 89, Birmingham.  
 Sears, John William, mc univ Pennsylvania 50, cb 78, Birmingham.  
 Sewell, John Banks, mc univ Vanderbilt 86, cb Morgan 86, Pratt City.  
 Sexton, Charles Richard, mc univ Tulane 75, cb Tuscaloosa 78, Birmingham.  
 Sholl, Edward Henry, mc univ Pennsylvania 56, cb Sumter 78, Birmingham.  
 Smith, Reginald Knight, mc phy and surg Baltimore 92, cb 92, Pratt City.  
 Statum, Job Nelson, mc Atlanta Southern 88, cb 88, Blossburg.  
 Steele, Allen Newton, mc Alabama 90, cb Pickens 90, Redding.  
 Talley, Dyer Findley, mc univ Tulane 92, cb 92, Birmingham.

Webb, Robert Dickens, mc univ Virginia 50, cb Sumter 78, Birmingham.

Whaley, Lewis, mc Atlanta 73, cb Blount 79, Birmingham.

Whelan, Charles, mc univ Louisiana 66, cb Hale 78, Birmingham.

Wilder, William Hinton, mc univ New York 91, cb 91, Birmingham.

Wilson, Cunningham, mc univ Pennsylvania 84, cb 84, Birmingham.

Wood, Winston Cass, mc Atlanta 81, cb Randolph 81, Woodward.

Woodson, Lewis Greene, mc univ Maryland 86, cb 88, Birmingham.

Wyman, Benjamin Leon, mc univ Virginia and New York 78-79, cb Tuscaloosa 82, Birmingham.

Total, 85.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Abercrombie, John Pattison, mc Alabama 80, cb 82, Cedar Grove.

Acton, Samuel Watson, mc Alabama 60, cb Marengo 78, Trussville.

Acton, William Henser, mc univ Vanderbilt 88, cb Lauderdale 88, Henry Ellen.

Alexander, Howard Augustus, mc s of m Kentucky 75, cb Marengo 78, Birmingham.

Ball, John Calhoun, mc Atlanta 59, cb Calhoun 87, Avondale.

Ballard, Asa Nathaniel, mc Pulte 76, cb DeKalb 86, Birmingham.

Berry, Robert Alford, mc univ Virginia 82, cb 85, Oxmoor.

Bevans, John Madison, mc univ Louisiana 72, cb Marion 72, Warrior.

Black, W S., Bessemer.

Brewster, Andrew Jackson, mc Alabama 80, cb 80, Birmingham.

Brown, Arthur McKimmon, mc Ann Arbor 91, cb 91, Bessemer.

Carter, James Watkins, mc univ Nashville 75, cb Sumter 75, Bessemer.

Clapp, William Wesley, mc Cleveland 90, cb DeKalb 90, Birmingham.

Clayton, Benjamin Lawrence, mc univ Vanderbilt 82, cb St. Clair 83, Ayers.

Coleman, John William, old law 68, Birmingham.

Collins, Milton Homer, mc univ Tennessee 84, cb Blount 84, Birmingham.

Cook, William Alexander, mc univ Louisiana —, cb Marengo 80, Birmingham.

Cooper, William Dudley, mc Jefferson 69, cb Lee 82, Birmingham.

Cross, Samuel Mardis, mc Georgia 60, cb 78, Woodlawn.

Cross, Thomas Winston, mc univ Nashville 87, cb 87, Warrior.

Crow, Phillip Patterson, mc univ Nashville 77, cb St. Clair 77, Coalburg.

Dabney, John Davis, mc univ Washington, Baltimore 72, cb 90, Birmingham.

Davidson, James, mc Alabama 87, cb 87, Birmingham.

Dowsing, John Wesley, mc Jefferson 57, cb 87, Birmingham.

Dozier, Oliver Thomas, mc Atlanta 74, cb —, Birmingham.

Drennen, Charles Travis, mc Rush 85, cb Cullman 85, Birmingham.

- Dryer, Thomas Edmund, mc Atlanta 85, cb Macon 86, Birmingham.  
 Earle, Thomas Transit, mc National 70, cb 87, Birmingham.  
 Edwards, Robert Smith, mc Atlanta 71, cb 78, Trussville.  
 Ellesberry, John Payne, mc univ Virginia 60, cb Montgomery 84, Birmingham.  
 Farley, Andrew Jackson, mc Atlanta 90, cb Shelby 90, Irondale.  
 Fielder, Francis Lewis, old law, cb Hale 85, Birmingham.  
 Gamble, John Wesley, old law, cb 78, East Lake.  
 Gibson, Jefferson Davis, mc Alabama 87, cb Tuscaloosa 87, Birmingham.  
 Goin, John Burt (colored), mc Meharry 90, cb 90, Birmingham.  
 Greene, Robert Smith, mc Atlanta 60, cb 78, Greene's.  
 Griffith, William, mc phy and surg Baltimore 57, cb 87, Pratt City.  
 Hale, William Lewis, mc Alabama 78, cb 80, Bessemer.  
 Hancock, James Francis, mc univ Louisville 88, cb --, Toadvine.  
 Hawkins, Elijah Alexis, mc Atlanta Southern 88, cb Walker 89, Little Warrior.  
 Hawkins, Richard Nathaniel, mc Miami 67, cb Shelby 87, Birmingham.  
 Heddleston, James Lawrence, mc South Carolina 55, cb Hale 87, Woodlawn.  
 Hill, Charles Lowry, mc univ Tennessee 88, cb 88, Elliott.  
 Hollis, John Henry, mc — —, cb —, Robins.  
 Holloway, Young Edwin, mc Miami 72, cb Cullman 85, Birmingham.  
 Howard, John Wesley, mc Atlanta 91, cb Shelby 91, Irondale.  
 Hudson, Norman Hyde (colored), mc Long Island 90, cb 91, Birmingham.  
 Jansenius, Joseph Harding, mc — —, cb —, Birmingham.  
 Jenkins, Lewis Allen, mc Alabama 89, cb Wilcox 89, Brookside.  
 Jones, John Columbus, mc univ Tulane 85, cb 88, Johns.  
 Jones, Richard Augustus, mc Jefferson 55, cb Marengo 78, Pratt City.  
 Jones, Robert, mc univ Louisville 86, cb 86, Warrior.  
 Jones, William Kennon, mc univ Pennsylvania 56, cb Bullock 80, Birmingham.  
 Lewis, Francis Porcher, mc South Carolina 76, cb 80, Coalburg.  
 McGehee, Benjamin Ellsberry, mc univ Louisville 72, cb Montgomery 84, Birmingham.  
 McGlathery, F. S., Woodlawn.  
 Miller, James Melville, mc Alabama 84, cb Walker 84, Blossburg.  
 Miller, James Whitfield, mc univ Vanderbilt 92, cb 92, Dolomite.  
 Miller, Jesse Thomas, mc univ Vanderbilt 86, cb Pickens 86, Dolomite.  
 Naff, John Mortimer, mc univ Vanderbilt 85, cb 85, Birmingham.  
 Oates, David Dudley, mc univ Pennsylvania 60, cb 79, Leeds.  
 Ormand, John James, mc univ Tulane —, cb Greene 89, Birmingham.  
 Owen, William Marinaduke, mc Alabama 72, cb Tuscaloosa 78, East Lake.  
 Perry, Samuel, mc South Carolina 54, cb Perry 78, Birmingham.

Pitts, William Samford, Bessemer.  
 Posey, Marquis LaFayette, Wymond.  
 Posey, William Felix, mc Alabama 81, cb 81, Mt. Pinson.  
 Pouncy, John Brown, mc univ New York 51, cb Bullock 81, Birmingham.  
 Pruett, James Washington, mc Alabama 92, cb Talladega 92, Birmingham.  
 Ragsdale, Milton Columbus, mc Georgia 78, cb 78, McCalla.  
 Rawls, Edmund Socrates, mc Georgia —, cb Perry 78, Bessemer.  
 Riley, Robert Lee, mc univ Tulane 84, cb 88, Birmingham.  
 Robbins, Jesse Albert, mc Atlanta 86, cb 86, Brookside.  
 Roberts, Martin, non graduate (old law), cb 80, Warrior.  
 Robinson, Jasper Bennett, mc univ Vanderbilt 69, cb St. Clair 78, Woodlawn.  
 Roper, William Elliott, mc univ Louisville 88, cb Shelby 78, Woodlawn.  
 Russell, Randolph Morgan, mc Bellevue 88, cb Etowah 89, Birmingham.  
 Scott, Jephtha Newton, mc Alabama 87, cb 87, Birmingham.  
 Shepherd, Lewis (colored), mc phys and surg Baltimore 85, cb St. Clair 87, Bessemer.  
 Shoemaker, Worcester Ney, mc Columbus, Ohio 78, cb 81, Birmingham.  
 Smith, Robert Lee, mc univ Louisville 91, cb —, Quinton.  
 Spencer, Lucien A., mc Miami 85, cb 85, East Lake.  
 Staggs, John B., mc univ Vanderbilt 86, cb Blount 86, Pratt City.  
 Steeves, Henry Fordyce, non-graduate, state board 87, Gate City.  
 Stevens, William Hardy (colored), mc phys and surg Baltimore 89, cb 89, Cardiff.  
 Stone, T. J., Sandusky.  
 Tidmore, J. A., mc Kansas City 84, cb Hale 89, Powderly.  
 Trainer, Edward W., non-graduate, cb Marshall 85, Pratt City.  
 Trammell, Robert Hardie, mc Alabama 87, no certificate, Birmingham.  
 Tucker, William Robert, mc Georgia 60, cb Shelby 77, Belle Sumter.  
 Turner, Mathew, mc univ Pennsylvania —, cb Choctaw 79, Woodlawn.  
 Wheeler, Samuel Harvey, mc Atlanta 78, cb Blount 78, Birmingham.  
 Wheeler, William Jasper, mc Atlanta 89, cb 89, Dolomite.  
 Whissenant, Lewis Daniel, non-graduate, cb 78, Morris.  
 Williams, David Smith, mc univ Nashville 59, cb 92, Birmingham.  
 Total, 95.

Moved into the county—Milton McGrath Smith, from Walker county; Edward P. Lacey, from Montevallo to Bessemer; A. N. Steele, from Pickens county to Redding; David Smith Williams, from Arkansas to Birmingham; James Alexander Cowper, from Canada to Bir-

mingham; James Washington Pruett, from Talladega county to Birmingham.

Moved out of the county—Milton McGrath Smith, to Tuskegee; ——— Hayes, from Powderly to Arkansas; David Smith Williams, from Birmingham to Arkansas; H. F. Oliver, from Woodlawn to Shelby county; W. J. Baird, from Birmingham to Marion county; H. P. Cochrane, from Birmingham to Tennessee.

Examinations—James Alexander Cowper, univ Toronto, Canada, 92, Birmingham; William Richard Luckie, mc Bellevue 92, Birmingham; James Whitfield Miller, mc univ Vanderbilt 82, Dolomite; Reginald Knight Smith (colored), mc phy and surg Baltimore 92, Pratt City; Dyer Findley Talley, mc univ Tulane 92, Birmingham; David Smith Williams, mc univ Nashville 59, Birmingham. Certificates granted. Robert Jefferson Hays, Knoxville, Tennessee, 92; ——— Richardson (colored), mc Meharry, Nashville, 91. Certificates refused.

LAMAR COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, William L. Morton; Vice-President, William F. Elliott; Secretary, Martin W. Morton; Treasurer, Martin W. Morton; Health Officer, Daniel D. Hollis. Censors—William L. Morton, Robert J. Redden, William F. Elliott, William A. Burns, John B. Brock.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Brock, John Beaugard, mc univ Nashville 91, cb Marion 91, Richards.  
 Burns, George Caruthers, cb 78, Vernon.  
 Burns, William Arthur, mc Memphis 91, cb 91, Vernon.  
 Collins, George Jackson, mc Alabama 74, cb Fayette 84, Kennedy.  
 Elliott, William Farris, mc univ Louisville 57, cb 77, Crews.  
 Hollis, Daniel Dixie, mc phy and surg Baltimore 84, cb 84, Sulligent.  
 Morton, Martin Watson; mc Cincinnati 73, cb 77, Vernon.  
 Morton, William Locke, mc univ Louisiana 74, cb 77, Vernon.  
 Redden, Robert James, mc univ Maryland 73, cb 77, Sulligent.  
 Total, 9.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Armstrong, William, cb 80, Detroit.  
 Barksdale, James Ira, mc univ Vanderbilt —, cb Tuscaloosa 86, Norman.  
 Blakeney, Louis Columbus, mc Alabama 74, cb 77, Millport.  
 Box, Daniel William, mc Alabama 85, cb 85, Malloy.



Branyan, James A., mc univ Louisville 92, cb 92, Cody.  
 Collier, Scott, cb 77, Detroit.  
 Collins, Francis A., mc Memphis 92, cb 92, Blowhorn.  
 Collins, James Peter, cb Fayette 84, Hightoga.  
 Kennedy, John Oscar, mc Alabama 82, cb 82, Kennedy.  
 Kennedy, William Henderson, mc univ Nashville 51, cb 77, Kennedy.  
 Phillips, James Richards, Millport.  
 Seay, Thomas Jefferson, cb 77, Fernbank.  
 Vaughan, George Washington, cb Marion 88, Wofford.  
 Total, 18.

Moved into the county—Francis A. Collins, mc Memphis 92, to Blowhorn; James A. Branyan, mc univ Louisville 92, to Cody.

Moved out of the county—Gilbert B. Wimberly, from Vernon to Reform, Pickens county.

Examinations—Francis A. Collins, mc Memphis 92; James A. Branyan, mc univ Louisville 92; Gilbert B. Wimberly, mc Alabama 92. Certificates granted.

LAUDERDALE COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, John M. Hayes; Vice-President, Hiram R. Kennedy; Secretary, James M. Pierson; Treasurer, William E. Harraway; Health Officer, ———, Censors—Hiram R. Kennedy, John M. Hayes, George B. Scott.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Arnold, Leonard Waring, mc univ Vanderbilt 82, cb 87, Florence.  
 Carroll, G. W., Gravelly Springs.  
 Douglass, James Albert, mc univ Nashville 68, cb 88, Centre Star.  
 Duckett, Levi Fowler, mc Atlanta 56, cb 87, Florence.  
 Harraway, William Epps, mc univ Nashville 56, cb 87, Florence.  
 Hayes, John Monroe, mc univ Nashville 57, cb 86, Florence.  
 Johnston, J. T., Cloverdale.  
 Johnston, Stephen F., mc univ Louisville 57, cb 87, Cloverdale.  
 Jones, John P., Lexington.  
 Kennedy, Hiram Richard, mc univ Louisville 79, cb 89, Green Hill.  
 Moody, Henry Altamont, mc univ Louisville 66, cb 87, Florence.  
 Newton, G. S., Rogersville.  
 Pate, Jesse Americus, mc univ Louisville 75, cb 87, Rogersville.  
 Pierson, James M., cb 92, Florence.  
 Powell, James, Pruitton.  
 Powell, William Washington, mc univ Michigan 55, cb 88, Pruitton.  
 Price, William Mason, mc univ New York 65, cb 87, Florence.

Ray, Hugh Leonidas, mc univ New York 71, cb 87, Oakland.  
 Richardson, Wiley William, mc univ Louisville 88, cb 89, Florence.  
 Scott, George B., St. Florian.  
 Stewart, Edmund Monroe, mc univ New York and Vanderbilt 68, cb  
 87, Oakland.  
 Sugg, Thomas Jefferson, mc univ Louisville —, cb 92, Smithsonia.  
 Watson, Charles McAlpine, mc univ Louisiana 81, cb Etowah 82,  
 Florence.  
 Williams, George, Covington.  
 Total, 24.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bramlett, William M., mc univ Nashville 60, cb 87, Florence.  
 Crow, Calvin Augustus, mc Jefferson 51, cb 78, Florence.  
 Hannum, Anthony Butler, mc univ Nashville 60, cb 87, Fruitton.  
 Henderson, Alexander Holmes, mc univ Nashville 78, cb 87, Bailey  
 Springs.  
 Kernachan, William Jones, mc univ Nashville 78, cb 88, Florence.  
 Kyle, William Bailey, Florence.  
 Lee, John, Waterloo.  
 Morgan, James Thomas, mc univ Nashville 71, cb 87, Florence.  
 Morris, D. J., Gravelly Springs.  
 Morris, Wayne, Florence.  
 Paulk, Samuel O., mc univ Vanderbilt —, cb —, Cloverdale.  
 Powers, Alexander Hamilton, mc univ Louisville 71, cb 87, Waterloo.  
 Smith, Alexander, Florence.  
 Sullivan, Oliver Brown, mc univ Louisville 47, cb 87, Waterloo.  
 Total, 14.

Moved out of the county—Emmett Lee Jones, from Florence to  
 Chattanooga, Tennessee; Percy Isaac Price, from Florence to Wara-  
 hatchie, Texas.

Examinations—For the practice of medicine, James M. Pierson,  
 Florence; Thomas Jefferson Sugg, mc univ Louisville. Certificates  
 awarded.

Deaths—James William Stewart, mc univ Louisiana 58, cb 87,  
 Florence.

LAWRENCE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

## OFFICERS.

President, Edgar Rand; Vice-President, Leon W. Houston; Secre-  
 tary, William J. McMahon; Treasurer, William J. McMahon; Health  
 Officer, William J. McMahon, Censors—Henry B. Burkett, John S  
 Houston, Edgar Rand, John A. P. Robinson, Robert M. Simpson.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ashford, Edward Clinton, mc univ Louisiana 57, cb 78, Courtland.  
 Burkett, Henry Bascom, mc phy and surg Baltimore 78, cb 78, Hillsboro.  
 Carter, Parkerson Patrick, mc univ Louisville 66, cb Lowndes 79, Brickville.  
 Etheridge, Benjamin Franklin, mc Memphis 86, cb 86, Hatton.  
 Fennell, Isham Watkins, mc univ Nashville 67, cb Madison 78, Courtland.  
 Hill, John S. (dentist), 84, cb —, Courtland.  
 Hodges, John P., mc univ Nashville 72, cb 78, Oakville.  
 Houston, John Swan, mc univ Louisville 77, cb Limestone 78, Landersville.  
 Houston, Leon Walton, mc univ Nashville 77, cb 78, Town Creek.  
 Masterson, John Thomas, mc phy and surg Philadelphia 72, cb 78, Moulton.  
 McDonald, John Robert, mc univ Nashville 67, cb Limestone 78, Courtland.  
 McMahon, William Jack, mc Long Island 60, cb 78, Courtland.  
 Rand, Edgar, mc Alabama 78, cb 78, Leighton.  
 Robinson, John Abner Pruette, mc St. Louis 72, cb 78, Leighton.  
 Simms, Edgar Thomas, mc univ Pennsylvania 69, cb 78, Hillsboro.  
 Simpson, Robert Miles, mc univ Vanderbilt 76, cb 87, Moulton.  
 Total, 16.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Edwards, John W. mc univ Louisville 69, cb 78, Courtland.  
 Fish, William Fletcher, mc univ New York 56, cb Limestone 78, Town Creek.  
 Gibson, Fleming D., mc univ Nashville 90, Moulton.  
 Howell, John Rufus, mc Memphis 88, cb 88, Hatton.  
 Jones, Thomas Crittenden, mc univ Louisville 76, cb 78, Mt. Hope.  
 King, Benjamin Rush, mc univ Pennsylvania 56, cb 78, Leighton.  
 Masterson, Albert Aaron, mc univ Louisville 89, cb 89, Leighton.  
 Masterson, John H., mc univ Louisville 89, cb 89, Ora.  
 Pitt, James Thomas, mc univ Nashville 86, cb 92, Hillsboro.  
 Shegogg, George, mc King's College, Dublin, 46, cb 78, Brickville.  
 Total, 10.

Moved into the county—John S. Hill (dentist), from Huntsville to Courtland.

Moved out of the county—W. H. Stanley, from Brickville to Tusculumbia.

\*LEE COUNTY MEDICAL SOCIETY—Huntsville, 1880.

OFFICERS.

President, Abijah B. Bennett; Vice-President, Andrew H. Read; Secretary, Jesse G. Palmer; Treasurer, ———; Health Officer, Edgar J. Spratling. Censors—Aurelius G. Emory, Jesse G. Palmer, Abijah B. Bennett, Andrew H. Read, William C. Hanson.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bennett, Abijah Benjamin, mc phy and surg Baltimore 81, cb 81, Opelika.  
 Drake, John Hodges, mc Atlanta 67, cb 81, Auburn.  
 Emory, Aurelius Grigsby, mc univ Louisiana 62, cb 81, Opelika.  
 Griffin, William Henry Harrison, mc South Carolina 85, cb 81, Opelika.  
 Hanson, William Calvin, mc Atlanta 89, cb 89, Marvin.  
 Love, James Madison, mc South Carolina 54, cb 81, Opelika.  
 McCoy, Charles Breckenridge, mc phy and surg Baltimore 82, cb 82, Opelika.  
 Palmer, Jesse Gary, mc phy and surg Baltimore 82, cb 82, Opelika.  
 Read, Andrew H., Opelika.  
 Shepherd, Levin Wilson, mc univ New York 51, cb 81, Opelika.  
 Total, 10.

*Honorary Members.*

Floyd, James William Daniel, mc univ Pennsylvania 20, cb 81, Salem.  
 McCoy, Amos Washington, mc univ New York 58, cb 81, Opelika.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bedell, Robert Bruce, mc univ Nashville 69, cb 81, Opelika.  
 Bloodworth, Wiley Washington, mc Jefferson 58, cb 81, Lively.  
 Drake, John Hodges, Jr., mc Alabama 91, cb 91, Auburn.  
 Foreman, Arthur Levin, mc univ Louisville 69, cb 91, Loachapoka.  
 Fowler, Andrew Jackson, mc Atlanta 81, cb 85, Roxanna.  
 Fuller, John Benjamin, non-graduate, Smith's Station.  
 Johnson, Henry Harrison, mc South Carolina —, Loachapoka.  
 Lamar, William Henry, mc Georgia Reform —, cb 81, Auburn.  
 Shelton, Menzo David, mc univ Nashville 69, cb 81, Lively.  
 Wheeler, David Mason, mc Atlanta —, Beulah.  
 Wheeler, William Raleigh, mc Atlanta —, Beulah.  
 Williams, John Walter Raleigh, mc Georgia Reform —, Opelika.  
 Total, 12.

\* Not having received any returns from this county the report here given is that of last year.—Sec'y.

## LIMESTONE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

## OFFICERS.

President, Theophilus Westmoreland; Vice-President, Joseph A. Pettus; Secretary, William J. Hagan; Treasurer, William J. Hagan; Health Officer, William J. Hagan. Censors—Theophilus Westmoreland, George R. Lewis, John R. Hoffman.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Hagan, William James, mc Jefferson 84, cb 84, Athens.  
 Hoffman, John Richardson, mc Jefferson 58, cb 77, Athens.  
 Lewis, George Rowland, mc univ Vanderbilt 89, cb 89, Athens.  
 Moore, Mack, mc Atlanta 90, cb 90, Petty.  
 Pettus, Joseph Albert, mc univ Nashville 67, cb 77, Elkmont.  
 Rankin, James Caffield Mitchell, mc univ Nashville 58, cb 78, Belle Mina.  
 Westmoreland, Theophilus, mc univ Nashville 56, cb 79, Athens.  
 Total, 7.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Carter, James Jackson, mc —, cb 78, Athens.  
 Collins, James Marshall, mc —, cb 78, Athens.  
 Crutcher, John Sims, mc univ Vanderbilt 89, cb 89, Center Hill.  
 Delaney, Isaac Fox, mc univ Louisiana 58, cb Madison 78, Rowland.  
 Dupree, William Jefferson, mc —, cb 79, Westmoreland.  
 Gaston, Alfred Langdon, mc univ Vanderbilt 91, cb 91, Gilbertsboro.  
 Hill, Henry Willis, mc univ New York 49, cb 84, Mooresville.  
 Mœbes, Otto, mc univ Halle —, cb 78, Athens.  
 Moore, Elisha Dixon, old law 67, cb 78, Athens.  
 Pettus, Benton Samuel, mc univ Vanderbilt 92, cb 92, Pettusville.  
 Vance, John Madison, mc univ Vanderbilt 90, cb 90, Elkmont.  
 Wallace, Nicholas Blackburn, mc Cincinnati 51, cb 78, Elkmont.  
 Wilkinson, Milton Roil, mc univ Nashville 80, cb 78, Westmoreland.  
 Williams, George Allen, mc univ Nashville 80, cb 81, Athens.  
 Wilson, Felix Grundy, mc univ Nashville 65, cb 76, Elkmont.  
 York, Seaborn Edward, mc univ Louisville 78, cb 84, Athens.  
 Total, 16.

Moved into the county—W. J. Hagan, from — to Athens.

Moved out of the county—James Benton Hatchett, from Athens to Marion, Perry county.

LOWNDES COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

President, John A. Pritchett; Vice-President, Cyrus E. Marlette; Secretary, Thomas D. Stallings; Treasurer, John A. Pritchett; Health Officer, Shirley Bragg. Censors—John A. Pritchett, Shirley Bragg, Phillip N. Cilley, William P. Russell, Thomas D. Stallings.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bowie, Andrew, mc South Carolina 54, cb 78, Benton.  
 Bragg, Shirley, mc Alabama 75, cb 79, Lowndesboro.  
 Buchanan, J. P., mc Alabama 91, cb 91, Judge's Siding.  
 Buford, William Lewis, mc — —, cb 78, Mt. Willing.  
 Carr, George Washington LaFayette, mc univ Pennsylvania 55, cb 78, Fort Deposit.  
 Cilley, Phillip Noble, mc univ Louisiana 48, cb 78, Lowndesboro.  
 Coleman, Aurelius Daniel, mc Alabama 80, cb 85, Mt. Willing.  
 Crum, William Barton, mc Alabama 88, cb 88, Farmersville.  
 Dilburn, Samuel George, mc Alabama 75, cb 78, Bragg's Store.  
 Hopping, Daniel Stiles, mc Jefferson 52, cb 78, Letohatchie.  
 Marlette, Cyrus Edward, mc univ Louisville 80, cb 91, Gordonsville.  
 McQueen, Samuel Thomas, mc univ Pennsylvania 55, cb 78, Fort Deposit.  
 McRee, Abraham Cruzar, mc univ Pennsylvania 50, cb 78, Lowndesboro.  
 Peake, John Samuel, mc South Carolina 54, cb 78, Farmersville.  
 Powell, Charles William, mc Alabama 90, cb 90, Lowndesboro.  
 Pritchett, John Albert, mc univ Virginia 70, cb 78, Hayneville.  
 Russell, John Hamilton, mc Georgia Reform 56, cb 78, Sandy Ridge.  
 Russell, William Payne, mc Atlanta 91, cb 91, Hayneville.  
 Sanderson, Edwin Lewis, mc Jefferson 57, cb 78, Letohatchie.  
 Snow, Charles Henry Clay, mc univ Tennessee 88, cb 86, Bragg's Store.  
 Snow, James Lewis, mc Alabama 91, cb 91, Collerine.  
 Stallings, Thomas Daniel, mc Alabama 89, cb 89, Hayneville.  
 Weatherly, Charles Taliaferro, mc Atlanta 74, cb 85, Benton.  
 Weaver, William Calvin, mc univ Tennessee 88, cb 88, Fort Deposit.  
 Winnemore, Samuel Eggleston, mc univ New York 56, cb 78, Benton.  
 Total, 25.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bruner, Oliver Glenn, mc Alabama 76, cb 78, Fort Deposit.  
 Carter, Samuel Taylor, mc univ Tennessee 90, (illegal), Sandy Ridge.  
 Peake, William, mc univ Vanderbilt 88, cb 88, Benton.  
 Reese, Charles Edwin, mc Jefferson 56, cb 78, Lowndesboro.  
 Total, 4.

Moved out of the county—Albert Benton Couch, from Hayneville to Thomasville, Georgia.

**MACON COUNTY MEDICAL SOCIETY—Selma, 1870.**

**OFFICERS.**

President, Louis W. Johnston; Vice-President, John S. Lightfoot; Secretary, George P. Wood; Treasurer, John S. Johnston; Health Officer, Clarence L. C. Atkeson. Censors—Louis W. Johnston, Francis M. Letcher, Thaddeus W. Brunson, Charles L. Boyd, William S. Harris.

**NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.**

Atkeson, Clarence Lee Crawford, mc phy and surg Baltimore 81, cb Lee 82, Notasulga.  
 Boyd, Charles LeRoy, mc South Carolina 59, cb 79, La Place.  
 Brunson, Thaddeus Warsaw, mc univ Pennsylvania 47, cb 79, Society Hill.  
 Gautier, William James, mc univ Pennsylvania 50, cb 79, Tuskegee.  
 Harris, William Samuel, mc univ New York 51, cb Bullock 79, Kin-haw.  
 Johnston, John Samuel, mc Memphis 89, cb 90, Tuskegee.  
 Johnston, Louis William, mc Alabama 89, cb 89, Tuskegee.  
 Letcher, Francis Marion, mc univ Louisiana 61, cb 79, Shorter's.  
 Lightfoot, John Steele, mc univ Nashville 68, cb 79, Shorter's.  
 Magruder, William Perry, mc Atlanta 90, cb 90, Tuskegee.  
 May, Thomas Jefferson, mc Alabama 91, cb 91, Notasulga.  
 Wood, George Pierce, mc Memphis 89, cb 90, Tuskegee.  
 Total, 12.

**PHYSICIANS NOT MEMBERS OF THE SOCIETY.**

Aikens, John Calhoun, mc Graffenburg 46, cb Tallapoosa 78 Notasulga.  
 Breedlove, Benjamin Wilbur, mc Atlanta 93, cb 93, Tuskegee.  
 Ellison, James Edwin, mc Georgia 48, cb 79, Creek Stand.  
 Reynolds, William Abner, mc univ Pennsylvania 50, cb 79, Warrior Stand.  
 Sistrunk, John, mc univ New York 58, cb 79, Society Hill.  
 Total, 5.

Moved into the county—Benjamin Wilbur Breedlove, mc Atlanta 93, cb 93, to Tuskegee; Milton M. Smith, to Tuskegee.

Moved out of the county—Milton M. Smith, to parts unknown.

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Examinations—Benjamin Wilbur Breedlove, mc Atlanta 93, Tuskegee. Certificate awarded.

Deaths—John Hosea Gautier, mc univ Louisville 88, cb 88, Tuskegee. Died July 14th, 1892.

MADISON COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, Milton C. Baldrige; Vice-President, Charles E. Blanton; Secretary, Albert R. Erskine; Treasurer, Albert R. Erskine; Health Officer, James T. Johnson. Censors—Milton C. Baldrige, Richard M. Fletcher, Samuel H. Lowery, David H. McLain, Albert R. Erskine.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Baldrige, Milton Columbus, mc Bellevue 74, cb 78, Huntsville.  
Blanton, Charles Edgar, mc univ Vanderbilt 82, cb 82, New Market.  
Brouillette, Pierre Lawrence, mc Ohio 71, cb 84, Huntsville.  
Burke, James Pickens, mc univ Pennsylvania 53, cb 78, Meridianville.  
Burwell, Edward D., mc Kentucky —, cb 78, Rep.  
Darwin, James Lanier, mc Bellevue 88, cb 90, Huntsville.  
Erskine, Albert Russell, mc univ Pennsylvania 54, cb 78, Huntsville.  
Farley, John Benton, mc univ Vanderbilt 86, cb 86, Huntsville.  
Fletcher, Richard Matthew, mc univ Pennsylvania 54, cb 78, Madison.  
Haney, Julius Tillman, mc Alabama 91, cb Colbert 92, Madison.  
Johnson, Henry Rayburn, mc univ Nashville 87, cb Marshall 87, New Hope.  
Johnson, James Thomas, mc univ Maryland 48, cb Jefferson 88, Huntsville.  
Lipscomb, Elias DeKalb, state board 87, New Market.  
Lowry, Samuel Hickman, mc Bellevue 73, cb 78, Huntsville.  
McDonnell, Henry, mc Louisiana 68, cb 78, Huntsville.  
McLain, David Hubbard, mc Alabama 75, cb 78, Gurley.  
Pettus, William David, mc univ Nashville 68, cb 78, Cluttsville.  
Robinson, Christopher Americus, mc Jefferson 71, cb 78, Huntsville.  
Slaughter, John Richard, mc univ New York 47, cb 78, Huntsville.  
Wheeler, William Camp, mc Bellevue 62, cb Colbert 81, Huntsville.  
Total, 20.

*Honorary Member.*

Rice, Francisco, mc Memphis 57, cb 78, New Market.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Blanton, James Conrad, mc univ Louisville 76, cb 78, New Market.  
Cochran, Robert E., mc Memphis (botanic) 86, cb 78, New Hope.  
Duffield, Alfred Manley, mc univ Boston (homeopathist) 85, cb Mobile 85, Huntsville.



Flynt, James C., mc univ Louisville --, cb 78, Gurley.  
 Glover, Anthony Natalie, mc univ Nashville 87, cb 87, Owens Cross  
 Roads.  
 Haden, William Wright, mc univ Vanderbilt 90, cb 92, Owens Cross  
 Roads.  
 Hatcher, Archie Wood, cb 82, Hazel Green.  
 Hensley, William Thomas, mc univ Nashville —, cb 78, Triana.  
 Hertzler, John (homeopathist), cb 78, Madison.  
 Hinds, Byron William, mc univ Nashville 66, cb 78, New Hope.  
 Layman, John Marion, mc univ Nashville 70, cb 87, Maysville.  
 Macon, Joseph Sumter, mc Atlanta 80, cb 80, Belle Factory.  
 McKelvey, William C., cb 78, Cottonville.  
 Pynchon, Lewis Charlton, mc Jefferson 52, cb 78, Huntsville.  
 Ridley, James Lucas, mc univ Shelby 61, cb 78, Huntsville.  
 Scruggs, Burgess E. (col'd), mc Union Nashville 79, cb 79, Huntsville.  
 Shelby, Anthony Bowling, cb 78, Huntsville.  
 Siddons, Lewis Mills, mc univ Nashville 69, cb —, Maysville.  
 Sullivan, William Francis, cb 82, Owens Cross Roads.  
 Watts, John Parke, mc univ Louisville 78, cb 78, Huntsville.  
 Total, 20.

Moved into the county—Julius Tillman Haney, from Colbert  
 county to Madison.

Moved out of the county—George Richard Sullivan, to New De-  
 catur, Morgan county; John Andrew Jones, to ———.

Examinations—William Wright Haden. Certificate granted.

MARENGO COUNTY MEDICAL SOCIETY—Birmingham, 1877.

#### OFFICERS.

President, C. B. Whitfield; Vice-President, R. B. McCants; Secre-  
 tary, J. W. Todd; Treasurer, J. B. Whitfield; Health Officer, I. G.  
 Wilson. Censors—B. W. Whitfield, E. H. C. Bailey, R. B. McCants,  
 C. B. Thomas, C. B. Whitfield.

#### NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bailey, Edward Howe Corrie, mc univ Virginia 48, cb 78, Demopolis.  
 Eaton, Benjamin Glover, mc univ Louisville 92, cb 92, Dayton.  
 George, James Hosea, mc South Carolina 67, cb 78, Mobile.  
 Harris, Robert Josephus, mc univ Louisville 92, cb 92, Jefferson.  
 Lockhart, William Crocheron, mc Alabama 89, cb 89, Dayton.  
 McCants, Robert Bell, mc Georgia Southern 82, cb Jefferson 82, Fauns-  
 dale.  
 Ruffin, James Sterling, mc univ Pennsylvania 49, cb 78, Demopolis.  
 Smith, Seth Davis, mc univ Louisiana 54, cb 78, Demopolis.

Strudwick, Edmond, mc Jefferson 57, cb 78, Dayton.  
 Thomas, Charles Brooks, mc Atlanta Southern 83, cb 83, London.  
 Todd, John William, mc Alabama 90, cb 90, Linden.  
 Whitfield, Bryan Watkins, mc univ Pennsylvania 53, cb 79, Demopolis.  
 Whitfield, Charles Boaz, mc phy and surg New York 71, cb 79, Demopolis.  
 Whitfield, George, mc univ Pennsylvania 58, cb 78, Old Spring Hill.  
 Whitfield, James Bryan, mc univ Pennsylvania 67, cb 82, McKinley.  
 Wilson, Isham Griffin, mc univ Louisiana 68, cb Dallas 78, Demopolis.  
 Total, 16.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Allen, William Howard, mc univ Louisville 82, cb 82, Sweet Water.  
 Bettis, Thomas Jefferson, mc univ Louisville 61, cb 84, Nicholasville.  
 Drummond, William Fletcher, mc univ Maryland 49, cb 78, Magnolia.  
 Evans, Josiah Thomas, mc Jefferson 67, cb 79, Jefferson.  
 Foscue, Francis Lewis, mc Jefferson 84, cb Perry 85, Demopolis.  
 Gillespie, Robert Clanton, mc univ Pennsylvania 83, cb 83, Putnam.  
 Harris, Evon P., mc univ Louisiana 68, cb —, Jefferson.  
 Johnson, Charles Nathan, mc Alabama 90, cb 90, Dixon's Mills.  
 Jones, Wade Hampton, mc South Carolina 58, cb Dallas 84, Jefferson.  
 Kimbrough, Francis Gildersleeve, mc Alabama 90, cb 92, Rembert.  
 King, James Moore, mc Alabama 87, cb 87, McKinley.  
 McCorkle, Thomas James, mc Alabama 83, cb 83, Dayton.  
 Mosley, William Joseph, mc Alabama —, cb —, Faunsdale.  
 Nichols, J. E., mc Alabama 91, cb —, Nicholasville.  
 Nixon, William Goodwyn, mc univ Pennsylvania 55, cb 78, London.  
 Peacock, Lovick Edward, mc Alabama 92, cb 92, Old Spring Hill.  
 Pegram, William Edward, old law 44, cb 79, Dayton.  
 Poellnitz, Benjamin Bruno, mc univ Louisville 47, cb 81, Rembert.  
 Stone, Augustus Bosworth, mc Alabama 86, cb 86, Linden.  
 Tucker, William Sydney, mc Atlanta 90, cb 92, Luther's Store.  
 Wood, John Hackworth, mc Alabama 86, cb 86, Dixon's Mill.  
 Total, 21.

Moved into the county—Evon P. Harris, mc univ Louisiana 68, from Rossier, Choctaw county, to Jefferson.

Moved out of the county—Edwin Strudwick Webb, mc Alabama 89, from Faunsdale to Laneville, Perry county.

## MARION COUNTY MEDICAL SOCIETY—Montgomery, 1888.

## OFFICERS.

President, Achilles L. Moorman; Vice-President, John C. Johnson; Secretary, Simeon D. Bevill; Treasurer, Simeon D. Bevill; Health Officer, James F. Earnest. Censors—James F. Earnest, Simeon D. Bevill, William F. Clark, Warren Guyton, Walter S. Halladay.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bevill, Simeon David, mc univ Vanderbilt 92, cb Walker 92, Guin.  
 Clark, William Fielder, non-graduate, cb 88, Hamilton.  
 Earnest, James Franklin, non-graduate, cb 88, Winfield.  
 Guyton, Warren, mc univ Louisville 79, cb 88, Hamilton.  
 Halladay, Walter S., non-graduate, cb 88, Shottsville.  
 Howell, James William, non-graduate, cb 88, Pearce's Mills.  
 Johnson, John Carroll, mc univ Louisville 92, cb Fayette 92, Glenn  
 Allen.  
 Martin, M. C., non-graduate, cb 88, Hamilton.  
 Moorman, Achilles Lucian, cb 88, Bexar.  
 Palmer, Russell P., non-graduate, cb 98, Hamilton.  
 Total, 10.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Allen, Lanston C., non-graduate, cb 88, Allen's Factory.  
 Collins, James William, non-graduate, cb Lamar 75, Guin.  
 Cochran, William J., non-graduate, cb 85, Gold Mine.  
 Graham, James W., mc univ Louisville 91, cb 92, Shottsville.  
 McCrary, William Jefferson, mc Memphis 93, cb Fayette 93, Guin.  
 Springfield, Thomas Jefferson, non-graduate, cb Lamar 80, Guin.  
 Whitley, James Monroe, non-graduate, cb Tuscaloosa —, Winfield.  
 Total, 7.

Examinations—For the practice of medicine, James W. Graham, mc univ Louisville 91. Certificate granted.

## MARSHALL COUNTY MEDICAL SOCIETY—Anniston, 1886.

## OFFICERS.

President, Thaddeus A. Casey; Vice-President, John Lowery; Secretary, Phocian B. Lusk; Treasurer, Phocian B. Lusk; Health Officer, Phocian B. Lusk. Censors—William L. Thomason, Edward M. Jenkins, Thaddeus A. Casey, William P. Hall, Phocian B. Lusk.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Casey, Thaddeus Alonzo, mc univ Vanderbilt 91, cb 91, Albertville.  
 Hall, William P., mc Atlanta Southern 86, cb 86, Hyatt.  
 Jenkins, Edward Monroe, mc univ Vanderbilt 91, cb 91, Martling.  
 Lusk, Lorenzo David (old law) cb Madison 59, cb 86, Gunter'sville.  
 Lusk, Phocian B., mc Bellevue 91, cb 91, Gunter'sville.  
 Lowery, John, cb Madison 86, Lumpkin.  
 McGahey, Joseph Jefferson, cb 86, Henryville.  
 Thomason, William Levi, mc univ Nashville 71, cb Blount 78, Gunter'sville.  
 Total, 8.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Abels, William George, cb 88, Cottonville.  
 Barcliff, Thomas Mascoolin, mc univ Tennessee 86, cb 86, Red Hill.  
 Brazzleton, John Houston, mc univ Vanderbilt 80, cb Madison 91,  
 Warrenton.  
 Burnum, Samuel Johnson, mc Alabama 87, cb Blount 87, Miltonsville.  
 Dodd, J. H., Boaz.  
 Hinds, Montgomery L., mc univ Vanderbilt 91, cb 91, Arab.  
 Hughes, William LaFayette, cb 86, Union Grove.  
 May, George B., cb 86, Hillian's Store.  
 Nall, William Lewis, cb 86, Boaz.  
 Jackson, James Monroe, mc South Carolina 49, cb 86, Guntersville.  
 Johnston, Webster, mc univ Vanderbilt 92, cb 92, Kirby's.  
 Jordan, David Carnes, Jr., mc Memphis 92, cb 92, Guntersville.  
 Maples, J. H., Cottonville.  
 Martin, mc Atlanta (eclectic) —, Albertville.  
 Matchen, ———, Martling.  
 McCorkle, J. H., Henryville.  
 Moon, Emmet Knight, mc univ U. S. Grant, Chattanooga, 92, cb 92,  
 North.  
 Rains, John Leonidas, mc univ Vanderbilt 91, cb 91, Albertville.  
 Scarborough, William Miles, mc —, cb Clay 87, Albertville.  
 Scott, Agrippa, mc Atlanta 85, cb 86, Albertville.  
 Slaughter, C. J., Albertville.  
 Smith, William George, mc univ Nashville 54, cb 86, Warrenton.  
 Stewart, Andrew Jackson, mc Alabama 85, cb 86, Cottonville.  
 Total, 23.

Moved out of the county—Thomas Sidney May, from Guntersville  
 to Blount Springs.

Examinations—David L. Kirby, mc Alabama 93, Kirby's; John U.  
 Baggus, mc univ Vanderbilt 93, Miltonsville; Millard F. Patterson,  
 mc univ Vanderbilt 93, Miltonsville. Certificates granted.

## MOBILE COUNTY MEDICAL SOCIETY—Mobile, 1876.

## OFFICERS.

President, Henry T. Inge; Vice-President, William Paton; Secre-  
 tary, Tucker H. Frazer; Treasurer, William R. Jackson; Health  
 Officer, (county) Dudley C. Randle; (city) Thomas S. Scales; Libra-  
 rian, Joshua D. Terrell. Censors—George A. Ketchum, Samuel R.  
 Olliphant, Goronway Owen, Rhett Goode, James G. Thomas.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Beck, Frank King Kowalowski, mc Alabama 88, cb 88, Mobile.  
 Cochran, Jerome, mc univ Nashville 61, cb 78, official residence, Montgomery.  
 Crampton, Orson Lucius, mc Bellevue 55, cb 88, Mobile.  
 Festorazzi, Angelo, mc Alabama 87, cb 88, Mobile.  
 Fowler, George Huggins, mc univ Pennsylvania 61, cb 78, Herndon, Baldwin county.  
 Frazer, Tucker Henderson, mc Alabama 85, cb Lee 88, Mobile.  
 Gaines, Marion Toulmin, mc Alabama 90, cb 92, Mobile.  
 Gaines, Vivian Pendleton, mc Alabama 72, phy and surg New York 78, cb Choctaw 79, Mobile.  
 Goode, Rhett, mc Alabama 71, cb 78, Mobile.  
 Goodman, Duke W., mc univ Louisiana 91, cb 92, Mobile.  
 Hendon, James Jefferson, mc Alabama 86, cb 86, Mobile.  
 Hirschfeld, Henry P., mc univ Pennsylvania 78, cb 78, Mobile.  
 Inge, Henry Tutwiler, mc univ New York 83, cb 83, Mobile.  
 Jackson, William Richard, mc Alabama 88, cb 88, Mobile.  
 Ketchum, George Augustus, mc univ Pennsylvania 46, cb 78, Mobile.  
 Lea, William J., mc Alabama 86, cb 86, Mobile.  
 Marechal, Edwin Leslie, mc Alabama 70, cb Baldwin 86, Mobile.  
 McArthur, Andrew Patterson, mc Alabama 85, cb 85, Mobile.  
 McKaig, F. T., mc Alabama 90, cb 92, Mobile.  
 Mohr, Herman B., mc Alabama 91, cb 92, Mobile.  
 Olliphant, Samuel Rutherford, mc univ Louisiana 55, cb 78, Mobile.  
 Owen, Calvin Norris, mc Alabama 88, cb 88, Mobile.  
 Owen, Goronway, mc univ Pennsylvania 57, cb 78, Mobile.  
 Paton, William, mc Alabama 76, cb 78, Mobile.  
 Pugh, Sidney Stewart, mc univ Louisiana 89, cb Clarke 89, Mobile.  
 Randle, Dudley Crawford, mc Alabama 85, cb Pickens 89, Mobile.  
 Sanders, William Henry, mc Jefferson 62, cb 78, Mobile.  
 Sawyer, William Templeton, mc univ Louisiana 60, cb 78, Whistler.  
 Scales, Thomas Sidney, mc phy and surg New York 67, cb 78, Mobile.  
 Sledge, William Henry, mc Alabama 80, cb Sumter 80, Mobile.  
 Terrell, Joshua D., mc Ohio 85, cb 92, Mobile.  
 Thomas, James Grey, mc univ Pennsylvania 56, cb 78, Mobile.  
 Total, 82.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Abrams, James A., mc Alabama 92, cb 92, Mobile.  
 Acker, Paul J. M., mc Alabama 92, cb 92, Mobile.  
 Cooper, John Henry, mc Alabama 68, cb 86, Citronelle.  
 Dancer, J. P., St. Elmo.  
 Davis, Henry B., mc Royal, London —, Cedar.  
 Edmunds, Samuel C., cb 92, Spring Hill.

Hall, Alexander P., mc univ Louisiana 59, cb 78, Mobile.  
 Johnston, David Elijah, mc Georgia 68, cb 78, Mobile.  
 Kennedy, John M., mc Toronto —, Manville.  
 LeBaron, Charles, mc Alabama 89, cb 89, Mt. Vernon.  
 Lyon, George G., mc univ Pulte 88 (homeopathist), Mobile.  
 Malay, Ramsey P., mc Alabama 84, cb Elmore 84, Whistler.  
 Marshall, John Benjamin, mc univ Nashville 72, cb Sumter 78, Mobile.  
 Mastin, Claudius Henry, Sr., mc univ Pennsylvania 49, cb 78, Mobile.  
 Mastin, Claudius Henry, Jr., mc univ Pennsylvania 84, cb 84, Mobile.  
 Mastin, William McDowell, mc univ Pennsylvania 74, cb 78, Mobile.  
 McCarty, Miles Edward, mc Alabama 78, cb 78, Whistler.  
 Michael, Jacob G., mc univ Virginia 60, cb 78, Citronelle.  
 Mohr, Charles A., mc Alabama 84, cb 92, Mobile.  
 Moore, Hampton T., mc Alabama 90, cb —, Mobile.  
 Moore, William, mc Alabama 90, cb —, Mobile.  
 Murphy, R. N., mc Alabama 62, cb 84, Mobile.  
 Myers, Augustus P., mc St. Louis 88 (homeopathist), cb —, Mobile.  
 Pope, William Barnemore, mc Alabama 82, cb 82, Mobile.  
 Roemer, Francis J. B., mc univ Louisiana 86, cb 78, Spring Hill.  
 Sheldon, George A., mc Alabama 92, cb 98, Mobile.  
 Total, 26.

Moved into the county—Duke W. Goodman, from Mississippi to Mobile; Samuel C. Edmunds, from Jackson, Tennessee, to Mobile.

Moved out of the county—Ira W. Porter, from Mobile to Florida; Dillon J. Spottswood, from Mobile to Fairford, Washington county; Walter Reed, from Mobile to —; Chester King Rae, from Mobile to Mississippi; F. F. DeDurkey, from Mobile to Kansas City.

Examinations—Isaac W. Bard, cb 92, Spring Hill; Samuel C. Edmunds, cb 92, Spring Hill; M. T. Gaines, cb 92, Mobile; Duke W. Goodman, cb 92, Mobile; Chas. A. Mohr, cb 92, Mobile; Herman B. Mohr, cb 92, Mobile; Chas. H. Schwaemmle, cb 92, New Orleans, La.; George A. Sheldon, cb 92, Mobile; J. D. Terrell, cb 92, Mobile. Certificates granted.

Deaths—Thomas Henry Cox, mc univ New York 48, cb 78, Mobile, of septicaemia; Daniel Edgarly Smith, mc Alabama 61, cb 78, Mobile, of phlegmonous erysipelas.

#### MONROE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

##### OFFICERS.

President, William M. Burroughs; Vice-President, G. Walter Gaillard; Secretary, James M. Wiggins; Treasurer, James M. Wiggins; Health Officer, Wm. W. McMillan. Censors—Wm. W. McMillan, Gladen G. Scott, Wm. M. Hestle, G. Walter Gaillard.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Abernethy, William Henry, mc univ Transylvania 48, cb 77, Tinela.  
 Bradley, Hugh C., mc univ Pennsylvania 55, cb 77, River Ridge.  
 Burroughs, William Monroe, mc South Carolina 57, cb 77, Pineville.  
 Chapman, William Robert, mc Georgia Reform 79, cb 79, Simpkinsville.  
 Dailey, Fielding Straughn, mc Alabama 71, cb 71, Kempville.  
 Gaillard, George Walter, mc univ Louisville 82, cb 83, Purdue Hill.  
 Gaillard, Samuel Septimus, mc South Carolina 48, cb 77, Perdue Hill.  
 Hestle, William Monroe, mc Alabama 85, cb 85, Buena Vista.  
 Jenkins, James Samuel, mc South Carolina 49, cb 77, Buena Vista.  
 Mason, Francis Henry, mc Alabama 91, cb 91, Tinela,  
 McMillan, William Wallace, mc univ Louisiana 56, cb 79, Monroeville.  
 Scott, Gladen Gorin, mc univ Louisville 85, cb 85, Mt. Pleasant.  
 Shomo, Joseph Weatherford, mc univ Transylvania 55, cb 77, Mt. Pleasant.  
 Sowell, James Lawrence, mc univ Tulane 91, cb 91, Perdue Hill.  
 Wiggins, James Monroe, mc Alabama 78, cb 78, Monroeville.  
 Total, 15.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Batts, William Franklin, mc univ Tulane 92, cb 92, Burnt Corn.  
 Draughn, Robert Isaac, mc South Carolina 47, cb 79, Perdue Hill.  
 Mason, William Joseph, mc Atlanta 84, cb Wilcox 84, Activity.  
 Russell, James Thomas, mc Georgia Reform 55, cb 77, Monroeville.  
 Whistenhant, William E., mc univ Nashville 81, cb 81, Buena Vista.  
 Total, 5.

Moved out of the county—Rosser Alexander Thompson, to parts unknown.

## MONTGOMERY COUNTY MEDICAL SOCIETY—Eufaula, 1878.

## OFFICERS.

President, James R. Jordan; Vice-President, Milton L. Wood; Secretary, Robert S. Hill; Treasurer, George P. Waller; Health Officer, Pascal H. Owen. Censors—John B. Gaston, Richard F. Michel, Samuel D. Seelye, Luther L. Hill, John H. Blue.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Andrews, Glenn, mc univ New York 86, cb 86, Montgomery.  
 Baldwin, Benjamin James, mc Bellevue 77, cb 83, Montgomery.  
 Baker, Christopher Columbus, mc univ Tennessee 59, cb 84, Panther.  
 Bibb, William George, mc univ Vanderbilt 78, cb 78, Montgomery.  
 Blue, John Howard, mc univ Washington, Md., 70, cb 78, Montgomery.

- Chapman, Benjamin Sidney, mc univ New York 92, cb 92, Montgomery.
- Douglass, James, mc South Carolina 57, cb 78, Montgomery.
- Duncan, Charles Kane, mc univ New York 58, cb 85, Montgomery.
- Gaston, John Brown, mc univ Pennsylvania 55, cb 78, Montgomery.
- Gaston, Joseph Lucius, mc phy and surg New York 85, cb 88, Montgomery.
- Henry, John Hazzard, mc Philadelphia (homeopathic) 51, cb Dallas 79 Montgomery.
- Hill, Luther Leonidas, mc univ New York 81, cb Jefferson 81, Montgomery.
- Hill, Robert Marcus, mc univ New York 60, cb 78, Mt. Meigs.
- Hill, Robert Sommerville, mc univ New York 91, cb 91, Montgomery.
- Howell, William Henderson, mc Atlanta 80, cb 80, Ramer.
- Ivey, Barna Pitt, mc Alabama 88, cb Marion 88, Montgomery.
- Jackson, Walter Clark, mc univ Pennsylvania 52, cb 78, Montgomery.
- Jordan, James Reid, mc univ Maryland 84, cb 84, Montgomery.
- Kendrick, William Toulmin, mc Atlanta 76, cb Butler 78, Montgomery.
- Kirk, Eben Bell, mc Alabama 85, cb Mobile 85, Montgomery.
- Mason, John Crump, cb 81, Snowdoun.
- McCrummin, Norman Henry, mc univ Vanderbilt 84, cb 85, Raif Branch.
- McDade, George Wilkins, mc s of m New Orleans 61, cb 78, Montgomery.
- Michel, Richard Frazer, mc South Carolina 47, cb 78, Montgomery.
- Naftel, Jesse Holmes, mc Alabama 87, cb 87, Montgomery.
- Naftel, St. John, mc univ Vanderbilt 79, cb 80, Naftel.
- Owen, Pascal Harrison, mc univ New York 57, cb Lowndes 78, Montgomery.
- Pearson, Benjamin Rush, mc Alabama 81, cb 81, Montgomery.
- Powell, Clifton William, mc Alabama 91, cb Lowndes 91, Colquitt.
- Rushing, Thomas Elbert, mc Alabama 90, cb 91, Pike Road.
- Seelye, Samuel Dibble, mc univ New York 55, cb 78, Montgomery.
- Thigpen, Charles Alston, mc univ Tulane 88, cb Butler 88, Montgomery.
- Waller, George Platt, mc univ New York 92, cb 92, Montgomery.
- Watkins, Isaac LaFayette, mc Bellevue 78, cb Bullock 86, Montgomery.
- Wilkerson, Wooten Moore, mc univ New York 80, cb 80, Montgomery.
- Williams, Robert Silas, mc Jefferson 48, cb 84, Mt. Meigs.
- Wood, Milton LeGrand, mc Bellevue 77, cb 84, Montgomery.
- Total, 87.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

- Brown, — — —.
- Calloway, James Wesley, mc univ Vanderbilt 81, cb 82, Snowdoun.
- Clutts, William Parson, — — — — —.



Davis, LeRoy, mc Georgia 57, cb 78, Morganville.  
 Dixon, Thomas Arbury, mc Univ Louisiana 92, cb 92, Ramer.  
 Dorsette, Charles Nathaniel (colored), mc univ Buffalo 83, cb 84, Montgomery.  
 Duncan, Thomas, mc Alabama 92, cb 92, Mount Carmel.  
 Dungee, ——— (colored), cb 91, Montgomery.  
 Harris, Andrew Jackson, Stoddard.  
 Jackson, Edward Beatty, mc Alabama 85, cb 85, Ramer.  
 McDade, James, mc Georgia 72, cb 78, Mt. Meigs.  
 McLean, Frank, mc univ Louisiana 66, cb 78, Hope Hull.  
 Nicholson, John Cogburn, mc Jefferson 55, cb 78, Mt. Meigs.  
 Patton, George Robert, mc univ Vanderbilt 69, cb 78, Montgomery.  
 Rives, George, mc univ Pennsylvania 52, cb 78, Snowdown.  
 Sankey, George L., Tharin.  
 Sellers, Anthony Hamilton, mc South Carolina 82, cb 84, Ramer.  
 Stone, Henry Llewellyn, mc univ Maryland 68 (retired), Montgomery.  
 Townsend, James Barnett, mc univ Nashville 78 cb 78, Pine Level.  
 Watson, Van Buren, mc s of m Kentucky 78, cb 78, Strata.  
 Total, 20.

Moved out of the county—Augustus A. Greene, from Montgomery to Opelika.

Examinations—Benjamin Sidney Chapman, mc univ New York, 92; Thomas Arbury Dickson, mc univ Louisiana 92; Thomas Duncan, mc Alabama 92; George Platt Waller, mc univ New York 92. Certificates awarded.

Death—Henry Lawrence Whipple, Hope Hull, of epithelioma; died January 18th, 1898, aged 74.

#### MORGAN COUNTY MEDICAL SOCIETY—Mobile, 1876.

##### OFFICERS.

President, Abel R. Wilson; Vice-President, John M. Kitchens; Secretary, Willis A. Barclift; Treasurer, Willis A. Barclift; Health Officer, Willis A. Barclift. Censors—Benjamin F. Cross, Scott L. Roundtree, Walter C. Buckley, Marcus W. Murry, Peter Binford.

##### NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Barclift, Willis Anderson, mc univ Tennessee 77, cb 79, Hartsell.  
 Binford, Peter, mc New Orleans 61, cb 79, Somerville.  
 Buckley, Water Colquitt, mc phy and surg New York 85, cb 85, Decatur.  
 Cross, Benjamin Franklin, mc univ Louisville 57, cb 78, Decatur.  
 Gaston, James Reeves, mc univ Vanderbilt 76, cb Limestone 78, New Decatur.

Hunter, Felix Burwell, mc univ Vanderbilt 81, cb Lawrence 86, Falkville.  
 Kitchens, John Murry, mc Atlanta 85, cb Lawrence 85, Danville.  
 Murry, Michael William, mc univ McGill, Montreal, Canada —, cb —, New Decatur.  
 Peck, Cicero Fain, mc Memphis 90, cb 90, Fort Bluff.  
 Roundtree, Scott Louis, mc Jefferson 58, cb 78, Hartsell.  
 Thomason, William Black, mc Memphis 85, cb 85, Cedar Plains.  
 Turrey, Joseph Simpson, mc univ Vanderbilt 82, cb 82, Hartsell.  
 Wilson, Abel Roberts, mc Alabama —, cb 87, Hartsell.  
 Total, 18.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bradley, Peter Casada, mc univ Kentucky 91, cb 91, Falkville.  
 Brindley, Asa Benton, mc ———, cb 92, Somerville.  
 Cartwright, Oscar Bishop, mc univ Vanderbilt 80, cb 80, Decatur.  
 Cross, Shadrach Eugene, mc univ Louisville 72, cb Lauderdale 87, Decatur.  
 Dinsmore, William Louis, mc univ Vanderbilt 81, cb 82, Decatur.  
 Erwin, Andrew Benton, mc ———, cb Cullman 88, Grady's Cove.  
 Gill, Jordan Lawson, mc univ Louisville (one course) 69, cb 78, Somerville.  
 Gillespie, James Clarke, mc univ Vanderbilt 81, cb Madison 81, New Decatur.  
 Hagnebaum, Charles Ellis, mc ———, cb —, Valhermosa Springs.  
 Hodges, John Patrick, mc ———, cb —, Danville.  
 Miner, Lucian, mc South Carolina 49, cb 78, Trinity Station.  
 Oden, Alexander Hamilton, mc ———, cb Cullman 78, Lawrence Cove.  
 Ponder, Abram Virgil, mc ———, cb —, Decatur.  
 Ponder, M. D., mc ———, cb —, Decatur.  
 Ryan, Thomas LaFayette, mc univ Nashville 59, cb 84, Hartsell.  
 Sherrell, Robert Browning, mc Alabama —, cb —, Basham's Gap.  
 Smith, John, mc ———, cb —, Valhermosa Springs.  
 Smith, John Stanhope, mc univ Louisville 47, cb 79, Woodland Mills.  
 Steers, Willis Wood (colored), mc univ Michigan 88, cb Montgomery 88, Decatur.  
 Stephenson, Edison David, mc univ Nashville 68, cb 76, Danville.  
 Stephenson, Richard Lewis, mc univ Tennessee (one course) 75, cb 75, New Decatur.  
 Stringer, William Morton, mc univ Tennessee 93, cb —, Lawrence Cove.  
 Sullivan, George Richard, mc univ Shelby 60, cb Madison 78, New Decatur.  
 Sullivan, William F., mc Alabama 91, cb —, Trinity Station.  
 Vest, David Walter, mc Alabama 91, cb 91, Hartsell.  
 Wilhite, Simeon Madison, mc Memphis 91, cb 91, Cedar Plains.

Winston, David Mason, mc Alabama 86, cb 86, Valhermosa Springs.  
Total, 27.

Moved into the county—Simeon Madison Wilhite, from Texas to Cedar Plains.

Moved out of the county—David Finley Dinsmore, from Decatur to Virginia; Dean Taylor Smith, from Decatur to —; John Elisha Smith, from New Decatur to —.

PERRY COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

President, John M. Sadler; Vice-President, William B. Jeffries; Secretary, Gaius R. Johnson; Treasurer, Elias B. Thompson; Health Officer, Gaius R. Johnson. Censors—Offa L. Shivers, Gratton B. Crowe. John M. Sadler, William B. Jeffries, James H. Houston.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Barron, William Rowan, mc univ Virginia 61, cb 78, Scott's Station.  
Byars, Henry Haden, mc s of m Kentucky 92, cb 92, Perryville.  
Crowe, Gratton Bradley, mc Alabama 87, cb Bibb 87, Marion.  
Downey, William Thomas, non-graduate, cb 78, Folsom.  
Hatchett, James Benton, mc univ Vanderbilt 90, cb Limestone 90, Marion.  
Houston, James Hiram, mc univ Pennsylvania 48, cb 78, Uniontown.  
Jeffries, William Bennett, mc univ Washington, Md., 75, cb 78, Marion.  
Johnson, Gaius Rowan, mc s of m Kentucky 92, cb 92, Marion.  
Mosley, David Orion, mc univ Washington, Md., 72, cb 78, Perryville.  
Petty, Frank P., mc univ Vanderbilt 92, cb Limestone 92, Marion.  
Pou, James Rufus, mc univ South Carolina 54, cb 78, Uniontown.  
Sadler, John Milton, mc univ Louisiana 78, cb 78, Uniontown.  
Shivers, Offa Lunsford, mc univ Louisiana 78, cb Hale 78, Marion.  
Thompson, Elias Benson, mc univ Louisiana 69, cb 78, Marion.  
Vaughan, Frederick Barber, mc Alabama 71, cb 78, Marion.  
Wilkerson, Charles A., mc univ New York 75, cb 78, Marion.  
Total, 16.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bradfield, John, mc South Carolina 45, cb 78, Uniontown.  
Bradfield, John W., mc s of m Kentucky 78, cb 78, Uniontown.  
Caine, Vaughn Holmes, mc Alabama 92, cb 92, Central Mills.  
Collier, A. M., non-graduate, cb 78, Chadwick.  
Evans, Charles Albert, mc South Carolina 54, cb 78, Bethlehem.  
Hill, Thomas Calhoun, mc South Carolina 60, cb 84, Uniontown.  
Hunter, John James, mc Alabama 81, cb Talladega 88, Hamburg.

Langhorne, John Miller, mc univ Pennsylvania 48, cb 78, Uniontown.  
 McCauley, Herbert H., mc univ Louisville, no certificate, Marion.  
 Mears, John Wesley Nathan, mc univ New York 77, cb 78, Hamburg.  
 Scholar, Thornley Edward, mc univ Vanderbilt 92, cb Bibb 92, Sprotts.  
 Sellers, William Thomas, mc Alabama 92, cb Bibb 92, Uniontown.  
 Stewart, Thomas Jefferson, mc Alabama 91, cb 91, Jerico.  
 Tucker, James Burwell, mc univ Vanderbilt 78, cb 79, Jerico.  
 Webb, Lucius DeYampert, mc univ New York 69, cb Hale 78, Scott's.  
 Total, 15.

Moved into the county—H. H. Byars, from Blount Springs to Perryville; Frank P. Petty, from Athens to Marion; William T. Sellers, from Randolph to Uniontown; Herbert H. McCauley, from Mobile to Marion; Peter H. Dilliard, from Blocton to Marion; John James Hunter, from Dallas county to Hamburg.

Moved out of the county—H. H. Byars, from Perryville to Blount Springs; Peter H. Dilliard, from Marion to Dallas county.

Examinations—For the practice of medicine: Gaius R. Johnson, s of m Kentucky 92, certificate granted; Henry H. Byars, s of m Kentucky 92, certificate granted; Elisha N. Driver, mc univ Louisville 93, certificate granted; Herbert H. McCauley, mc univ Louisville, certificate granted; Edward P. McCallum, mc Alabama 93, certificate granted; Vaughn H. Caine, mc Alabama 92, certificate granted.

Death—William Washington Wilkerson, mc Jefferson 55, cb 78, Marion, (of chronic Bright's Disease), on March 9th, 1893, aged 59.

\*PICKENS COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, Henry L. Williams; Vice-President, Thomas H. G. Cook; Secretary, Samuel H. Hill; Treasurer, Samuel H. Hill; Health Officer, Rufus R. Wyatt. Censors—Samuel H. Hill, Thomas H. G. Cook, Victor Savage, Joseph Moody.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Agnew, James Alexander, mc Alabama 74, cb 78, Providence.  
 Clear, Christopher Columbus, mc Alabama 85, cb 85, Carrollton.  
 Cook, Thomas Henry George, mc Alabama 86, cb 86, Stone.  
 Hill, Newton, mc Alabama 76, cb 85, Pickensville.  
 Hill, Samuel Feuilleteau, mc South Carolina 52, cb 78, Carrollton.  
 Hill, Samuel Henry, mc univ Louisville 70, cb 78, Carrollton.  
 Hinton, William Gaines, mc Georgia 50, cb 79, Carrollton.  
 Moody, Joseph, mc univ Louisville 71, cb 79, Franconia.  
 Morehead, Henry Clay, mc univ Nashville 69, cb 79, Pickensville.  
 Peebles, Jesse, mc New Orleans 48, cb 84, Stone.

Quinn, James Madison, mc —, cb 80, Beard's.  
 Savage, Victor, mc univ Vanderbilt 98, cb Fayette 89, Gordo.  
 Sterling, Samuel Johnston, mc Alabama 61, cb 78, Olney.  
 Story, Frank, mc Alabama 90, cb 90, Sharp.  
 Williams, Henry Lawrence, mc Jefferson 53, cb 78, Dunbar, Miss.  
 Wyatt, Rufus Roland, mc univ Nashville 84, cb 89, Memphis.  
 Total, 16.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Baird, Duke Orleans, cb 78, Coal Fire.  
 Barnett, J. T., ———.  
 Brandon, Richard Clifton, cb 88, Gordo.  
 Duncan, John Francis, mc Alabama 74, cb 78, Beard's.  
 Gunter, Peter Tittle, mc Memphis 50, cb 79, Coal Fire.  
 Hancock, Jesse, mc Alabama 75, cb 78, Stafford.  
 Murphy, Elmore, mc Alabama —, Bethany.  
 Price, Robert Thomas, mc Alabama 74, cb 78, Lubbub.  
 Reid, J. H. G., mc univ Louisville 90, cb 92, Stone.  
 Reid, T. E., ———.  
 Rickman, John W., cb 78, Stafford.  
 Sanders, Thomas Henry, cb 79, Garden.  
 Upchurch, Harvey B., mc Alabama 92, cb 92, Carrollton.  
 Wimberly, Gilbert Beebe, mc Alabama 92, cb 92, Gordo.  
 Total, 14.

\* Not having received any report from this county, the report here given is that of last year.—Soc'y.

## PIKE COUNTY MEDICAL SOCIETY—Eufaula, 1878.

## OFFICERS.

President, Pugh H. Brown; Vice-President, John A. McEachern;  
 Secretary, Charles W. Hilliard; Treasurer, William A. Crossley;  
 Health Officer, Charles W. Hilliard. Censors—Josephus S. Beard,  
 Edward H. Johnson, John A. McEachern, Leonidas Hendrick, Pugh  
 H. Brown.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bean, James Madison, mc Bellevue 79, cb Bullock 83, Monticello.  
 Beard, Josephus Simmons, mc univ New York 76, cb 79, Troy.  
 Boyd, LeRoy, mc Alabama 87, cb Macon 87, Orion.  
 Broach, Francis Marion, mc Atlanta 90, cb 90, Ansley.  
 Brown, Pugh H., mc univ New York 54, cb 78, Troy.  
 Crossley, William Andrew, mc South Carolina 54, cb 78, Troy.  
 Dewberry, John Hunter, mc Jefferson 58, cb 78, Brundidge.  
 Ford, Elchana Gardner (old law) 56, cb 78, Troy.

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Hendrick, Gustavus, mc univ Pennsylvania 56, cb 78, Brundidge.  
Hendrick, Leonidas, mc Atlanta 90, cb 90, Fresco.  
Hilliard, Charles Wesley, mc Georgia Reform 81, cb 78, Troy.  
Johnson, Edward Harris, mc univ Washington, Md., 69, cb Crenshaw  
82, Troy.  
McEachern, John Adolphus, mc univ Louisville 89, cb 89, Brundidge.  
McSwean, Charles, mc South Carolina 52, cb 78, Brundidge.  
Mullins, James Thomas, mc Georgia 72, cb Montgomery 82, Troy.  
Sanders, William Shelby, mc univ Vanderbilt 92, cb 92, Milo.  
Total, 16.

*Honorary Member.*

Collins, James Marshall, mc univ Virginia 60, cb 78, Troy.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Albritton, George Allen, mc univ Louisville 72, cb Crenshaw 82, Henderson.  
Allen, W. Aaron, mc Atlanta 92, Brundidge.  
Allred, John Parke, state board 78, cb 78, Troy.  
Carlisle, Charles Mallory, cb 84, Milo.  
Davis, Thomas Jefferson, non-graduate, cb 84, Goshen Hill.  
Dennis, Thomas S., mc univ Graffenburg 58, cb 78, Olustee Creek.  
Dismuke, Benjamin James, mc Georgia 57, cb 84, China Grove.  
Eiland, William Anderson, mc Atlanta 81, cb 84, Henderson.  
Foreman, Henry Jefferson, mc Jefferson 58, cb 78, Brundidge.  
Hamil, Irby Watson, mc univ Louisville 76, cb 78, Goshen Hill.  
Hanson, ———, Banks.  
Moore, Thomas F., Linwood.  
Townsend, A. C., China Grove.  
Wagner, John Troupe, non-graduate, cb Montgomery 78, Shady  
Grove.  
Total, 14.

Moved into the county— ——— Hanson, from Auburn to  
Banks; William Shelby Sanders, from Texas to Milo; W. Aaron  
Allen, from Georgia to Brundidge.

Moved out of the county—James Thomas Borden, from Milo to  
Louisville, Barbour county; N. J. Dawkins, from Banks to Barbour  
county.

RANDOLPH COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, Henry B. Disharoon; Vice-President, Joseph C. Swann;  
Secretary, Powhatan G. Trent; Treasurer, Powhatan G. Trent;  
Health Officer, ———. Censors—Powhatan G. Trent, Stonewall  
J. Gay, Jasper D. Liles, Joseph C. Swann, Francis G. Thomason.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Clegg, James, mc Georgia Reform 49, cb 89, Almond.  
 Davis, Samuel John, mc Atlanta 84, cb 85, Rock Mills.  
 Disharoon, Henry Beauregard, mc phy and surg Baltimore 85, cb 85,  
 Roanoke.  
 Duke, Anderson Welcome, mc Graffenburg 49, cb 79, Graham.  
 Duke, Jefferson Davis, mc Atlanta Southern 87, cb 88, Graham.  
 Floyd, William G., mc phy and surg Baltimore 78, cb 92, Roanoke.  
 Gauntt, Elbert Tilman, mc Atlanta 76, cb 84, Wedowee.  
 Gay, Stonewall Jackson, mc Atlanta Southern 88, cb 88, Almond.  
 Hefin, Wilson Lumpkin, mc Georgia 48, cb 85, Roanoke.  
 Jordan, Charles Alexander, mc Atlanta Southern 84, cb 87, Wheeler-  
 ville.  
 Liles, Jasper David, mc univ Louisville 70, cb 85, Roanoke.  
 McClendon, Edward Henry, mc Graffenburg 59, cb 79, Rock Mills.  
 McManus, Michael, non-graduate, cb 79, Wedowee.  
 Pool, Wyatt Hefin, mc Georgia 67, cb 79, Roanoke.  
 Swann, Joseph Charles, mc Atlanta 90, cb 90, Wedowee.  
 Thomason, Francis G., mc Atlanta 81, cb 81, Almond.  
 Trent, Powhatan Glover, mc Atlanta 88, cb 88, Rock Mills.  
 Trent, Powhatan Green, mc Jefferson 67, cb 85, Rock Mills.  
 Welch, James Madison, mc Atlanta Southern 92, cb 93, Truett.  
 White, Luther Leonidas, non-graduate, cb 79, Roanoke.  
 Total, 20.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Overby, Edward P., mc Atlanta Southern 84, cb —, Truett.  
 Vineyard, James L., mc Georgia Reform 49, cb 79, Rock Mills.  
 Total, 2.

Moved into the county—Francis G. Thomason, from Georgia to Al-  
 mond; James L. Vineyard, from Texas to Rock Mills.

Moved out of the county—Charles M. Mickle, from Roanoke to  
 Texas, Ga.

Examinations—For the practice of medicine, James Madison,  
 Welch, mc Southern 92, Truett. Certificate awarded.

Death—William Elbert White, mc univ Transylvania 40, cb 79,  
 Roanoke, aged 73, of cystitis.

## RUSSELL COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

## OFFICERS.

President, William B. Prather; Vice-President, Walter B. Hen-  
 dricks; Secretary, William T. Joiner; Treasurer, William T. Joiner;

Health Officer, Henry H. Allen. Censors—William B. Prather  
Reuben A. Smith, Thomas A. Johnson, Henry H. Allen, Benjamin W.  
Allen.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Allen, Benjamin Washburn, mc Atlanta 84, cb 87, Hurtsboro.  
Allen, Henry Homer, mc Georgia 83, cb 88, Oswichee.  
Hendricks, Walter Branhan, mc univ Louisville 90, cb Pike 90, Hatch-  
echubbee.  
Johnson, Thomas Abner, mc univ Tennessee 80, cb Florida (?) 85,  
Jernigan.  
Joiner, William Thomas, mc Atlanta 91, cb 91, Loflin.  
Norris, John Pinkney, mc Atlanta 91, cb 91, Umland.  
Paschal, George Dennis, mc univ New York 72, cb 87, Hurtsboro.  
Pitts, Robert Newton, mc Atlanta 90, cb 90, Pittsboro.  
Prather, William Butler, mc Atlanta 74, cb 88, Seale.  
Smith, Reuben Arnold, mc univ New York 52, cb 87, Hatchechubbee.  
Williams, Zachary Walton, mc phys and surg Baltimore 82, cb 87,  
Glennville.  
Total, 11.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Black, Nathaniel Spragins, mc univ New York 61, cb 87, Uchee.  
Gilbert, Andrew Jackson, mc Atlanta 89, cb 89, Jernigan.  
Howard, Thomas Watson, non-graduate, cb 88, Girard.  
Jemison, William Washington, mc Georgia —, cb 88, Girard.  
Total, 4.

Moved out of the county—John Wesley Brooks, from Crawford to  
Georgia.

SHELBY COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, Christopher C. Oliver; Vice-President, John H. Wil-  
liams; Secretary, Hugh T. Caffey; Treasurer, Joseph R. Morgan;  
Health Officer, ————. Censors—Joseph R. Morgan, Wilds S.  
DuBose, Hartwell I. Williams, John H. Williams, James H. Gunn.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Acker, James Wilson (old law), 53, cb Tuscaloosa 77, Montevallo.  
Backus, Henry (old law), 53, cb 77, Montevallo.  
Blevens, John Richardson, Calera.  
Caffey, Hugh Thomas, mc univ Tennessee 83, cb Lowndes 88, Calera.  
Davis, Jefferson, mc Georgia 90, cb 91, Montevallo.  
Davis, Ralph, mc Georgia 60, cb Bibb 76, Montevallo.



DuBose, Wilds Scott, mc Atlanta 58, cb 77, Columbiana.  
 Edwards, David, mc Atlanta 60, cb 77, Wilsonville.  
 Fields, James G., cb 77, Calera.  
 Gunn, James Hamlin, mc Bellevue 69, cb 77, Calera.  
 McAdams, Henry Clay, mc Alabama 83, cb Mobile 83, Shelby.  
 Morgan, Joseph Reid, mc univ Louisville 66, cb 77, Shelby Springs.  
 Oliver, Christopher Carleton, mc Atlanta 69, cb 77, Shelby.  
 Smith, Garland Henry, mc Alabama 89, cb 90, Pelham.  
 Williams, Hartwell Isaac, mc Alabama 87, cb 87, Columbiana.  
 Williams, John Harford, mc univ Louisville 75, cb 75, Calera.  
 Total, 16.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Black, Frederick A., mc univ Vanderbilt 90, cb Bibb —, Shelby.  
 Boyer, John Calhoun, mc s of m Kentucky —, cb 92, Wilsonville.  
 Denson, Eli Forest, mc univ Vanderbilt 79, cb 79, Pelham.  
 DuBose, T. D., Shelby.  
 DuBose, — — —, Shelby.  
 Chandler, E. P., Vincent.  
 Goodson, Jasper (old law), cb Tuscaloosa —, Siluria.  
 Griffin, Alpheus J., cb 77, Lawley.  
 Johnson, Joseph Madison, mc univ Vanderbilt 88, cb 88, Pelham.  
 Johnson, William Rufus Knight, mc Atlanta 80, cb 80, Pelham.  
 Kinnett, John F., mc Eclectic, Atlanta, 92, cb 92, Weldon.  
 McGraw, Allen Edward, mc univ Louisiana 78, cb 77, Vincent.  
 O'Harrow, William, Vincent.  
 Taylor, James Franklin, mc univ Pennsylvania 85, cb 87, Montevallo.  
 Tucker, Milton Robert, mc Georgia 60, cb 87, Helena.  
 Total, 15.

Moved into the county—Frederick A. Black, from Blockton, Bibb county, to Shelby; T. D. DuBose, from Fayetteville, Talladega county, to Shelby; — — — DuBose, from Fayetteville, Talladega county, to Shelby.

Moved out of the county—Andrew Thomas Rowe, from Columbiana to Atlanta, Ga.

Examinations—J. F. Kinnett, mc Eclectic, Atlanta —. Certificate granted.

Deaths—James Andrew Simmons, Harpersville; William Robert Singleton, cb Tuscaloosa (old law), Harpersville.

ST. CLAIR COUNTY MEDICAL SOCIETY—Eufaula, 1878.

## OFFICERS.

President, John W. Ash; Vice-President, Oliver M. Steadham; Secretary, Henry S. Garlington; Treasurer, Henry S. Garlington; Health

Officer, Eugene P. Cason. Censors—Davis E. Cason, James M. McLaughlin, John W. Ash.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ash, John Winston, mc univ Louisiana 80, cb 80, Springville.  
Bass, John Burrell, mc phy and surg Baltimore 70, cb 79, Ashville.  
Cason, Davis Elmore, mc univ Nashville 70, cb 79, Ashville.  
Cason, Eugene Presley, mc Alabama 90, cb 90, Ashville.  
Cason, James Calvin, mc Memphis 71, cb 79, Coal City.  
Crump, James Wells, mc Atlanta 75, cb 80, Steel's Depot.  
Dunlap, Perry Gabriel, mc univ Vanderbilt 81, cb 81, Eden.  
Garlington, Henry Speight, mc Alabama 87, cb Etowah 87, Ashville.  
Jones, George Marshall, mc Jefferson 74, cb 79, Springville.  
McLaughlin, James Madison, state board 80, cb 79, Springville.  
Steadham, Oliver Marshall, mc Alabama 86, cb Clay 87, Esonville.  
Vandegrift, Washington Franklin, mc univ Louisiana 80, cb 80, Branchville.  
Total, 12.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Abercrombie, John Patterson, mc Alabama 80, cb Jefferson 82, Cook Spring.  
Brewster, Henry Harrison (old law) 67, cb 79, Ragland.  
Crump, Henry Green (old law) 79, cb 79, Seddon.  
Embry, James Carl, mc Georgia 89, cb 90, Seddon.  
Evans, Richard Proctor (old law) 67, cb 79, Coal City.  
Hamilton, Charles Henry (old law) 79, Eden.  
Jones, James Hunter, mc Atlanta 55, cb 78, Ragland.  
Turner, William M., mc Alabama 92, cb 92, Eden.  
Ware, John Blassingame, cb Clay 79, Kelly's Creek.  
Total, 9.

Moved out of the county—Barnett Linton Embry, from Seddon to Villa Rica, Ga.

Examinations—For the practice of medicine, William M. Turner, mc Alabama 92, Eden; Certificate granted. For the study of medicine, D. F. Funderburg, Cropwell. Certificate granted.

SUMTER COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

President, William T. Hearn; Vice-President, William J. McCain; Secretary, Dudley S. Brockway; Treasurer, Dudley S. Brockway; Health Officer, Dudley S. Brockway. Censors—Jesse C. Houston, Thomas J. Bickley, Mathew B. Cameron, Dudley S. Brockway, John N. Gilmore.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bickley, Thomas Jefferson, mc univ Vanderbilt 81, cb 81, Gainesville.  
 Brockway, Dudley Samuel, mc Alabama 78, cb 78, Livingston.  
 Cameron, Mathew Bunyan, mc Alabama 88, cb 88, Sumterville.  
 Gilmore, John Neil, cb 77, Gaston.  
 Hand, Samuel Patton, mc univ Louisiana 88, cb 88, Coatopa.  
 Hearn, William Thomas, mc univ Louisville 82, cb 82, York.  
 Henegan, Darby, mc South Carolina 58, cb 77, Epes.  
 Houston, Jesse Crawford, mc univ Louisiana 60, cb 77, Belmont.  
 McCain, William Jasper, mc Alabama 91, cb 91, Livingston.  
 Mooney, Jefferson Beri, mc univ Louisville 89, cb 89, York.  
 Parham, John Calhoun, mc s of m Kentucky 77, cb 77, Gainesville.  
 Randall, Newton Fox, mc univ Nashville 78, cb 83, Sumterville.  
 Vaughan, Amos Lemuel, mc univ Louisville 84, cb 84, Cuba.  
 Ward, Henry Bascom, mc Alabama 78, cb 78, Cuba.  
 Young, Oliver Cromwell, mc Northwestern, Mo., 85, cb 85, Almuchee.  
 Total, 15.

*Honorary Members.*

Giles, James Hamilton, mc univ Louisville 57, cb 77, Cuba.  
 James, William Hamilton, cb 78, York.  
 Sholl, Edward Henry, mc univ Pennsylvania 56, cb 78, Birmingham.  
 Smith, Carlos Green, mc univ Pennsylvania 56, cb 77, Palatka, Fla.  
 Webb, Robert Dickens, mc univ Virginia 50, cb 78, Birmingham.  
 Total, 5.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Adams, Solomon Charles, mc univ Louisville 80, cb 80, Sherman.  
 Allison, John Francis, mc South Carolina 50, cb 77, York.  
 Carr, Paul Ellington, mc univ Louisville 91, cb 91, Warsaw.  
 Hale, Robert Hadden, mc univ Louisville 79, cb 80, York.  
 Henson, John McKenzie, mc univ Pennsylvania 54, cb 80, Coatopa.  
 Nash, James Toney, mc univ Louisville 80, cb 80, Livingston.  
 Perkins, Joseph Bolivar, mc univ Vanderbilt 88, cb 93, Belmont.  
 ——— Shamberger, ———, Rosser.  
 Total, 8.

Moved into the county—Joseph Bolivar Perkins, from Mississippi to Belmont; ——— Shamberger from Mississippi to Rosser.

Moved out of the county—Joseph L. Granberry, from Intercourse to Choctaw county.

Examinations—Joseph B. Perkins, mc univ Vanderbilt 88. Certificate awarded.

Death—Robert Henry Arrington, mc univ Louisiana 50, Livingston, of chronic cystitis.

TALLADEGA COUNTY MEDICAL SOCIETY—Anniston, 1886.

OFFICERS.

President, Barckley W. Toole; Vice-President, John W. Heacock; Secretary, Harry R. Boswell; Treasurer, Benjamin B. Simms; Health Officer, William F. Thetford. Censors—John T. Harrison, Barckley W. Toole, George A. Hill, John Dixon, Harry R. Boswell.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Boswell, Harry Rivers, mc univ Louisville 74, cb 86, Talladega.  
 Fooks, Alpheus Olin, mc Atlanta Southern 87, cb Clay 87, Lincoln.  
 Caldwell, William Drayton, mc univ Vanderbilt 88, cb Lauderdale 88, Kymulga.  
 Castleberry, William Trice, mc Georgia 72, cb 86, Lincoln.  
 Dixon, John, mc Jefferson 56, cb 86, Fayetteville.  
 Donaldson, John Thaddeus, mc South Carolina 67, cb 86, Eastaboga.  
 Gorman, Claiborn Harrison, mc Georgia 56, cb 86, Alpine.  
 Hamilton, William Thomas, mc Alabama 80, cb Coosa 80, Ironaton.  
 Harrison, John Tinsley, mc Atlanta 81, cb 86, Munford.  
 Heacock, John William, mc univ Louisiana 66, cb 86, Alpine.  
 Heacock, Joseph Davis, mc univ Tulane 92, cb 92, Alpine.  
 Hill, George Armstrong, mc Jefferson 70, cb 86, Sylacauga.  
 McCants, Jason Samuel, mc Atlanta 66, cb 86, Talladega.  
 Morton, Hartwell Fisk, mc —, cb Fayette 84, Childersburg.  
 Rhodes, Edward Davis, mc Georgia 60, cb 86, Alpine.  
 Sims, Albert Gallatin, mc univ Nashville 69, cb 86, Renfro.  
 Simms, Benjamin Brit, mc Jefferson 85, cb Coosa 86, Talladega.  
 Thetford, William Fletcher, mc univ Louisiana 67, cb Greene 76, Talladega.  
 Toole, Barckley Wallace, mc univ Nashville 61, cb 86, Talladega.  
 Wren, Edward Bailey, mc Alabama 90, cb 90, Talladega.  
 Total, 20.

*Honorary Members.*

Keller, David Cincinnatus, mc univ Pennsylvania 47, cb 86, Sylacauga.  
 Mosley, Robert Alexander, mc South Carolina 88, cb 86, Talladega.  
 Taylor, William, mc univ Louisville 52, cb 86, Talladega.  
 Total, 3.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bailey, Robert Emmett, mc Atlanta 66, cb 86, Silver Run.  
 Coker, Charles Francis, mc —, cb Clay 87, Eureka.  
 Conway, Magnus Eli, mc univ Vanderbilt 88, cb Coosa 88, Sylacauga.  
 Groce, Benton Walton, mc Georgia 42, cb 86, Munford.

Humphreys, S. O., mc Jefferson 85, Jenifer.  
 Keller, William Carleton, mc univ Vanderbilt 87, cb 87, Sylacauga.  
 Kelley, William Pace, mc Alabama 84, cb 86, Childersburg.  
 Lee, Thomas Jefferson, mc univ Vanderbilt 86, cb 86, Childersburg.  
 Pearson, James Emmett, mc Alabama 88, cb 88, Sylacauga.  
 Powell, Thomas Jefferson, mc Maryland 86, cb 86, Childersburg.  
 Sorrell, William Henry, mc —, cb Tallapoosa 82, Childersburg.  
 Stockdale, John Locke, mc South Carolina 54, cb 86, Talladega.  
 Total, 12.

Moved into the county—S. O. Humphreys, mc Jefferson 85, to Jenifer.

Moved out of the county—Thomas Newman, from Talladega to Nashville, Tenn.; Lorenzo Ellis Ray, from Alpine to Edwardsville; Frank Dudley DuBose, from Fayetteville to Shelby county. Reuben Calvin Stevens, from — to Georgia.

Examinations—Joseph Davis Heacock, mc univ Tulane 92, certificate granted; Pruett, —, mc Alabama 92, certificate granted; William Groce Harrison, mc univ Maryland, certificate granted; Reuben Calvin Stevens, mc Atlanta Southern, certificate refused.

Death—Paul Gist, M. D., mc Atlanta 66, cb 86, Talladega, died Jan. 18th, 1898, aged 55.

#### TALLAPOOSA COUNTY MEDICAL SOCIETY—Selma, 1879.

##### OFFICERS.

President, A. L. Harlan; Vice-President, J. W. Hooper; Secretary, J. W. McLendon; Treasurer, G. C. Radford; Health Officer, A. L. Harlan. Censors—G. W. Vines, A. J. Coley, J. A. Goggans, R. V. Salmon, A. L. Harlan.

##### NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Carleton, William George, mc univ Vanderbilt 82, cb 82, Dudleyville.  
 Coley, Andrew Jackson, mc Jefferson 80, cb 81, Alexander City.  
 Davis, Clayton Crawford, mc Alabama 89, cb Chambers 89, Daviston.  
 Freeman, Jeremiah Summerfield, non-graduate, cb 82, Alexander City.  
 Goggans, James Adrian, mc univ New York 77, cb 82, Alexander City.  
 Harlan, Aaron LaFayette, mc Alabama 86, cb 86, Alexander City.  
 Harlan, John Jefferson, mc Alabama 72, cb 82, Hackneyville.  
 Harper, John Wilson, mc Jefferson 84, cb 84, New Site.  
 Hart, Eugene Walker, mc univ Baltimore 91, cb 91, Island Home.  
 Johnson, John Young, mc Graffenburg 54, cb 82, Walnut Hill.  
 Lightfoot, Robert Wilson, mc South Carolina 62, cb 82, Alexander City.

McClendon, Joseph Wiley, mc Jefferson 88, cb 88, Dadeville.  
 Nolen, Abner Jackson, mc univ Louisville 80, cb 82, New Site.  
 Radford, George Clements, non-graduate, cb Clay 87, Bulger's Mill.  
 Reagan, Onslow, non-graduate, cb 82, Alexander City.  
 Salmon, Robinson Vaughn, mc Alabama 75, cb 82, Dadeville.  
 Shepard, Orlando Tyler, mc Graffenburg 54, cb 82, Tehopeka.  
 Smith, Watt Francis, mc Graffenburg 54, cb 82, Thaddeus.  
 Vines, George Washington, mc univ Tulane 71, cb 82, Dadeville.  
 Ward, Lucius Cincinnatus, non-graduate, cb 82, Daviston.  
 Watkins, John Milton, mc univ Louisiana 70, cb 82, Camp Hill.  
 Total, 21.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Banks, Joseph W., mc Atlanta 90, Jackson Gap.  
 Gray, Thomas Marshall, cb Randolph 82, Dadeville.  
 Hamner, Harper Talliaferro, mc univ Vanderbilt 89, cb Chambers 80,  
 Camp Hill.  
 Ison, Hartford Lee, mc Georgia Southern 91, cb 91, Daviston.  
 Jones, Robert O., Tehopeka.  
 Pittman, Jasper J., mc Alabama 91, cb 91, Thornton.  
 Salmon, Robinson Herrman, mc Alabama 93, cb 93, Dadeville.  
 Shepard, Phillip Madison, mc Graffenburg 54, cb 82, Dadeville.  
 Webb, Charles Starr, mc Atlanta 91, cb 91, Walnut Hill.  
 Total, 9.

Moved into the county--Robinson Herrman Salmon, mc Alabama 93, to Dadeville.

Examination--Robinson Herrman Salmon, mc Alabama 93, Dadeville; certificate granted.

## TUSCALOOSA COUNTY MEDICAL SOCIETY--Birmingham, 1877.

## OFFICERS.

President, Eugene D. Bondurant; Vice-President, Oliver H. Burton;  
 Secretary, William G. Somerville; Treasurer, William G. Somerville;  
 Health Officer, John B. Read. Censors--Joseph L. Fant, James L.  
 Williamson, Oliver H. Burton, Eugene D. Bondurant, William G.  
 Somerville.

## NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Allen, Alfred Sidney, mc Alabama 81, cb 81, Cottondale.  
 Bondurant, Eugene DuBose, mc univ Virginia 83, cb Hale 88, Tuscaloosa.  
 Burton, Oliver Hearne, mc univ Tulane 87, cb 87, Tuscaloosa.  
 Clifton, John Montgomery, mc Alabama 88, cb 88, Cottondale.

Elrod, William Washington, mc —, cb 78, Sipsy Turnpike.  
 Fant, Joseph Louis, mc South Carolina 76, cb Marengo 78, Tuscaloosa.  
 Guin, Joel Benjamin, mc Cincinnati 88, cb Lamar 89, Humphrey.  
 Hagler, Prewitt LaFayette, mc Alabama 91, cb 91, Samantha.  
 Hester, William, mc univ New York 67, cb 78, Tuscaloosa.  
 Leatherwood, Timothy Marcus, mc Alabama 91, cb 91, Cottondale.  
 Little, John, mc univ Louisiana 69, cb 78, Tuscaloosa.  
 Lucius, Richard DeKalb, mc Alabama 71, cb 78, Hickman's.  
 Marlowe, Nicholas Perkins, mc Jefferson 69, cb 78, Tuscaloosa.  
 Monroe, Dana Elbra, mc univ Dartmouth 69, cb 89, Vance's.  
 Neilson, Robert, mc Georgia 51, cb 78, Tuscaloosa.  
 Nichols, Andrew Barry Crook, mc univ Pennsylvania 69, cb 78, Tuscaloosa.  
 Norris, Joseph, mc Alabama 91, cb 91, Coaling,  
 Patton, Madison Knox, mc univ Tulane 91, cb Greene 91, Foster's.  
 Read, John Branham, mc univ Louisiana 46, cb 78, Tuscaloosa.  
 Searcy, James Thomas, mc univ New York 67, cb 78, Tuscaloosa.  
 Somerville, William Glassell, mc phy and surg New York 89, cb 89, Tuscaloosa.  
 Trigg, Abram Warren, mc Alabama 81, cb 81, Samantha.  
 Trimm, James Lewis, mc Alabama 81, cb 81, Northport.  
 Williamson, James Lewis, mc Alabama 81, cb 81, Tuscaloosa.  
 Wright, Ruffin Ashe, mc univ Virginia 90, cb Sumter 91, Tuscaloosa.  
 Total, 25.

## PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Beatty, Douglas Pearson, mc univ New York 87, cb 78, Hull.  
 Caldwell, Washington Jackson, cb 84, Hull.  
 Clements, Aley, cb 78, Cottondale.  
 Foster, Ezra, cb Blount 79, Brookwood.  
 McCord, Charles Richard, cb 80, Marcumville.  
 Olive, George Washington, mc Alabama 82, cb 83, New Lexington.  
 Toomey, Mark Anthony, cb 78, Hagler.  
 Total, 7.

Moved out of the county—William Bonnell Hall, mc univ Virginia 91, cb 92, from Tuscaloosa to Sewanee, Tenn.

Examination—For the practice of medicine; Frank Oscar Auxford, mc Atlanta 93, Hull. Certificate refused.

Deaths—Peter Bryce, M. D., mc univ New York 59, cb 78, Tuscaloosa, of chronic nephritis. Reuben M. Searcy, M. D., mc univ New York, 92, cb 92, Tuscaloosa, of self-inflicted pistol shot wound of head.

WALKER COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

President, Joseph A. Goodwin; Vice-President, Charles B. Jackson, Secretary, Andrew M. Stovall; Treasurer, David H. Camak; Health Officer, David H. Camak. Censors—Joseph A. Goodwin, William C. Rosamond, Charles B. Jackson, William L. Gravlee, Andrew M. Stovall.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ballenger, Joseph William, mc univ Vanderbilt 84, cb Cullman 87, Carbon Hill.

Camak, David Hubbard, (old law) 71, cb 84, Jasper.

Cunningham, William M., mc univ Vanderbilt 84, cb 84, Corona.

Davis, Daniel M., mc Georgia Southern 89, mc Bellevue 92, cb 89, Horse Creek.

Deweese, Thomas Peters, mc univ Vanderbilt 85, cb 85, Gamble Mines.

Edwards, Robert Smith, mc Atlanta 71, cb Jefferson 78, Carbon Hill.

Goodwin, Joseph Anderson, mc Alabama 74, cb 81, Jasper.

Gravlee, William Lewis, mc univ Vanderbilt 82, cb 82, Marietta.

Griffin, Richard Parke, (old law) 72, cb 81, Coal Valley.

Hendon, Albert Lucretius, (old law) 74, cb 81, Townley.

Jackson, Charles Beaufort, mc Atlanta 85, cb Tallapoosa 85, Horse Creek.

Manasco, John, (old law) 76, cb 81, Townley.

Miller, Virgil Martin, mc univ Vanderbilt 80, cb 81, Townley.

Rosamond, William Capers, (old law) 55, cb 81, Jasper.

Shipp, Marcellus William, mc Alabama 85, cb Fayette 85, Carbon Hill.

Stovall, Andrew McAdams, mc univ Louisville 80, cb 81, Jasper.

Whitney, Ollis Hillman, mc univ Louisville 90, cb Fayette 90, Eldridge.

Total, 17.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Borden, B. F., mc univ Vanderbilt 90, cb 92, Hewitt.

Dearth, James Kittridge, non-graduate, cb 88, Jasper.

Masterson, William T., mc univ Louisville —, cb Franklin 91, Day's Gap.

Phillips, Alfred B., mc univ Vanderbilt 85, cb 85, Horse Creek.

Smothers, Blenner Hassett, mc Alabama 85, cb Lamar 85, Jasper.

Stevenson, Hugh W., mc Atlanta —, Day's Gap.

Woodson, Loudon Aubrey, mc univ Virginia 61, cb 91, Patton.

Total, 7.



Moved into the county—Robert Smith Edwards, from Trussville, Jefferson county, to Carbon Hill.

Moved out of the county—Jonas Smothers, from Jasper to Moore's Bridge, Tuscaloosa county; W. L. Rosamond, from Jasper to Arkadelphia, Blount county; S. D. Bevill, from Townley to Guin, Marion county; W. C. Mullins, from Jasper to parts unknown.

Examinations—W. L. Rosamond, s of m Kentucky 91; B. F. Borden, mc univ Vanderbilt 90; S. D. Bevill, mc univ Vanderbilt 92; W. C. Mullins, mc Bellevue 89; J. L. Gallagher, mc Alabama 92. Certificates granted.

\*WASHINGTON COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, John W. Wood; Vice-President, ———; Secretary, William E. Kimbrough; Treasurer, William E. Kimbrough; Health Officer, John Gordon. Censors—John W. Wood, John H. Cooper, John Gordon.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Cooper, John Henry, mc Alabama 86, cb 87, Escatawpa.  
 Gordon, John, mc Ohio 66, cb 87, Healing Springs.  
 Kimbrough, William Edward, mc univ Louisville 83, cb 87, St. Stephens.  
 Peavy, John Francis, mc Alabama 88, cb 91, Fairford.  
 Webb, Francis Asbury, mc Alabama 81, cb 91, Fairford.  
 Wood, John Wesley, mc univ Virginia 60, cb 87, Healing Springs.  
 Total, 6.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Shoemaker, W. W., mc Alabama 92, cb —, Rescueville.  
 Williams, William A., mc Alabama —, McIntosh.  
 Total, 2.

NOTE.—No report having been received this year from Washington county medical society, the report of 1892 is here reproduced. Sec'y.

WILCOX COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, John P. Jones; Vice-President, Ruffin Coleman; Secretary, Rufus H. Kilpatrick; Treasurer, Rufus H. Kilpatrick; Health Officer, James C. Benson. Censors—Lucius E. Starr, Thomas G. Jenkins, Thomas W. Jones, Rufus H. Kilpatrick, James C. Benson.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Adams, David, mc Georgia 68, cb 81, Pine Apple.  
Adams, John Blankenship, mc Atlanta 84, cb 84, Pine Apple.  
Benson, James Cook, mc Alabama 87, cb 87, Camden.  
Bonner, James Isaac, mc Alabama 78, cb 79, Rosebud.  
Coleman, Ruffin, mc univ Nashville 64, cb Limestone 78, Rockwest.  
Crum, Floyd Edward, mc univ Louisiana 73, cb 79, Arlington.  
Curtis, Alonzo Bittle, mc Alabama 79, cb 82, Lower Peach Tree.  
Curtis, Christopher Columbus, mc Alabama 82, cb 82, Lower Peach Tree.  
Dale, William Bonner, mc univ Louisiana 61, cb 79, Allenton.  
Gaillard, Edmond, mc South Carolina 50, cb 79, Rockwest.  
Gaston, David Finis, mc univ Louisiana 82, cb 82, Boiling Spring.  
Gibson, Albert Madison, mc Alabama 85, cb 85, Lower Peach Tree.  
Godbold, John Calhoun, mc Alabama 79, cb 79, Nellie.  
Haddox, William Thomas, mc univ Louisiana 68, cb 79, Pine Hill.  
Harris, John James, mc univ New York 88, cb Tuscaloosa 88, Furman.  
Jenkins, Thomas Griffin, mc univ Louisiana 48, cb 79, Camden.  
Jones, John Paul, mc univ Louisiana 61, cb 79, Camden.  
Jones, Joseph Harvey, mc univ Louisville 80, cb 80, Allenton.  
Jones, Thomas Warburton, mc phy and surg New York 90, cb 90, Camden.  
Kilpatrick, Rufus Hall, mc Alabama 88, cb 88, Camden.  
Kimbrough, Franklin Flavius, mc Alabama 90, cb 90, Kimbrough's.  
Lee, Thomas, mc South Carolina 57, cb 80, Furman.  
McDaniel, Edward Davies, mc South Carolina 57, cb 79, Camden.  
Palmer, Ransom Dabney, mc univ Louisiana 86, cb 86, Furman.  
Purifoy, John Howard, mc Jefferson 59, cb 81, Furman.  
Purnell, William Thomas, mc Alabama 76, cb 79, Prairie Bluff.  
Ramsey, David Wardlaw, mc univ Louisiana 70, cb 78, Pine Apple.  
Roach, Thomas Samuel, Rehoboth.  
Spurlin, George Green, mc univ Louisiana 92, cb 92, Rehoboth.  
Starr, Lucius Earnest, mc Alabama 61, cb 79, Camden.  
Watson, David Lipscomb, mc Alabama 91, cb 91, Sedan.  
Watson, William Waldred, mc univ Virginia 87, cb 87, Furman.  
Total, 82.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Cole, William, Snow Hill.  
Cook, Samuel Benjamin H., cb 85, Bethel.  
King, Edward D., Lower Peach Tree.  
Lee, John Francis, cb 83, Allenton.  
Williams, W. H., Sunny South.  
Total, 4.

Moved into the county—John James Harris, Jr., from Tuscaloosa to Furman; George Green Spurlin, to Rehoboth; Ruffin Coleman, from Birmingham to Rockwest; Edward D. King, from Florence to Lower Peach Tree; Thomas Samuel Roach, from Texas to Rehoboth.

Moved out of the county—John Quincy Dansby, from Rehoboth to Selma; Samuel S. King, from Catherine to McKinley, Marengo county.

Examinations—George Green Spurlin, mc univ Louisiana 92. Certificate granted.

Deaths—David McAdams Dansby, mc Georgia 82, cb 80, Rehoboth, died October '92 of senile debility, aged 81. Elbert Duggett Harris, mc South Carolina 53, cb 79, Pine Apple. Died March 1st, 91, of congestion of the brain, aged 61.

#### WINSTON COUNTY MEDICAL SOCIETY—Montgomery, 1888.

##### OFFICERS.

President, Joseph C. Taylor; Vice-President, W. J. Gravlee; Secretary, Harvey C. Johnson; Treasurer, Harvey C. Johnson; Health Officer, Joseph C. Taylor. Censors—Joseph C. Taylor, Harvey C. Johnson, W. J. Gravlee, William R. Bounds.

##### NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Adkins, William Riley, mc — 77, cb Tuscaloosa 77, Double Springs.  
 Bounds, William Riley, mc Alabama 92, cb 92, Double Springs.  
 Ford, David Benjamin, mc —, cb Walker 85, Melville.  
 Gravlee, W. J., mc —, cb 91, Lynn.  
 Johnson, Harvey Calaway, mc Alabama 85, cb 85, Houston.  
 Roden, Benjamin Wesley, mc —, cb Marion 87, Haleysville.  
 Taylor, Joseph Calhoun, mc Alabama 85, cb 85, Haleysville.  
 Total, 7.

##### PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bailey, James Watson, mc —, cb 85, Houston.  
 Carroll, David, mc —, cb Blount 71, Double Springs.  
 Hood, John Wesley, mc —, cb 90, Addison.  
 Total, 3.

Examinations—William Riley Bounds, mc Alabama 92, Double Springs. Certificate granted. Thomas William Cassey, mc Atlanta Southern, 1891. Certificate refused.

THE ROLL OF THE COLLEGE OF COUNSELLORS.

REVISION OF 1893.

THE GRAND SENIOR LIFE COUNSELLORS.

|                                                              |      |
|--------------------------------------------------------------|------|
| Cochran, Jerome, Mobile—Tuscaloosa session.....              | 1873 |
| Jackson, Robert Dandridge, Summerfield—Tuscaloosa session... | 1873 |
| Jackson, Walter Clark, Montgomery—Tuscaloosa session.....    | 1873 |
| Ketchum, George Augustus, Mobile—Tuscaloosa session.....     | 1873 |
| McKittrick, Adam Alexander, Evergreen—Tuscaloosa session...  | 1873 |
| Michel, Richard Frazer, Montgomery—Tuscaloosa session.....   | 1873 |
| Webb, Robert Dickens, Birmingham—Tuscaloosa session.....     | 1873 |
| Total, 7.                                                    |      |

THE GRAND SENIOR COUNSELLORS.

|                                                             |      |
|-------------------------------------------------------------|------|
| Abernethy, William Henry, Tinea—Montgomery session.....     | 1875 |
| Baldrige, Milton Columbus, Huntsville—Birmingham session... | 1877 |
| Brockway, Dudley Samuel, Livingston—Mobile session.....     | 1882 |
| Brown, Pugh H., Troy—Huntsville session.....                | 1880 |
| Cason, Davis Elmore, Ashville—Huntsville session.....       | 1880 |
| Cross, Benjamin Franklin, Decatur—Selma session.....        | 1879 |
| DuBose, Wilds Scott, Columbiana—Montgomery session.....     | 1881 |
| Fletcher, Richard Mathew, Madison—Montgomery session.....   | 1881 |
| Franklin, Charles Higgs, Union Springs—Mobile session.....  | 1882 |
| Furniss, John Perkins, Selma—Mobile session.....            | 1876 |
| Gaines, Vivian Pendleton, Mobile—Selma session.....         | 1879 |
| Gaston, John Brown, Montgomery—Montgomery session.....      | 1875 |
| Goggans, James Adrian, Alexander City—Birmingham session... | 1883 |
| Goodwin, Joseph Anderson, Jasper—Mobile session.....        | 1882 |
| Hayes, Robert Hughes, Union Springs—Huntsville session..... | 1880 |
| Hendrick, Gustavus, Brundidge—Montgomery session.....       | 1881 |
| Hogan, Samuel Mardis, Union Springs—Montgomery session....  | 1875 |
| Hopping, Daniel Stiles, Letohatchie—Birmingham session..... | 1877 |
| Jay, Andrew, Evergreen—Mobile session.....                  | 1882 |
| Johnston, William Henry, Birmingham—Montgomery session...   | 1875 |
| Jones, Capers Capehart, East Lake—Montgomery session.....   | 1881 |
| Kendrick, Joel Cloud, Greenville—Mobile session.....        | 1882 |
| Kendrick, William Toulmin, Montgomery—Montgomery session... | 1881 |
| Luckie, James Buchner, Birmingham—Mobile session....        | 1882 |

|                                                                 |      |
|-----------------------------------------------------------------|------|
| McKinnon, John Alexander, Selma—Mobile session.....             | 1876 |
| Moody, Joseph, Franconia—Mobile session.....                    | 1882 |
| Peterson, Francis Marion, Greensboro—Huntsville session.....    | 1880 |
| Prince, Francis Marion, Bessemer—Birmingham session.....        | 1877 |
| Pritchett, John Albert, Hayneville—Mobile session.....          | 1876 |
| Robertson, Thaddeus Lindlay, Birmingham—Montgomery session..... | 1881 |
| Sanders, William Henry, Mobile—Eufaula session.....             | 1878 |
| Sears, John William, Birmingham—Birmingham session.....         | 1877 |
| Seelye, Samuel Dibble, Montgomery—Montgomery session.....       | 1875 |
| Sholl, Edward Henry, Birmingham—Huntsville session.....         | 1880 |
| Sledge, William Henry, Mobile—Mobile session.....               | 1882 |
| Starr, Lucius Ernest, Camden—Selma session.....                 | 1874 |
| Stovall, Andrew McAdams, Jasper—Mobile session.....             | 1882 |
| Thetford, William Fletcher, Talladega—Montgomery session.....   | 1881 |
| Thigpen, Job, Greenville—Selma session.....                     | 1879 |
| Thomas, James Grey, Mobile—Huntsville session.....              | 1880 |
| Wall, Conrad, Forest Home—Huntsville session.....               | 1880 |
| Wilkerson, Wooten Moore, Montgomery—Birmingham session.....     | 1883 |
| Total, 42.                                                      |      |

## THE SENIOR COUNSELLORS.

|                                                              |      |
|--------------------------------------------------------------|------|
| Baldwin, Benjamin James, Montgomery—Anniston session.....    | 1886 |
| Bragg, Shirley, Lowndesboro—Greenville session.....          | 1885 |
| Goodwin, Albert, Eufaula—Greenville session.....             | 1885 |
| Harlan, John Jefferson, Hackneyville—Montgomery session..... | 1888 |
| Hill, Luther Leonidas, Montgomery—Montgomery session.....    | 1888 |
| Huggins, Jacob, Newberne—Selma session.....                  | 1884 |
| Inge, Henry Tutwiler, Mobile—Greenville session.....         | 1885 |
| Kendrick, Joel Beder, Greenville—Greenville session.....     | 1885 |
| Lowry, Samuel Hickman, Huntsville—Greenville session.....    | 1885 |
| Nolen, Abner Jackson, New Site—Anniston session.....         | 1886 |
| Redden, Robert James, Sulligent—Tuscaloosa session.....      | 1887 |
| Searcy, James Thomas, Tuscaloosa—Selma session.....          | 1884 |
| Trent, Powhatan Green, Rock Mills—Selma session.....         | 1884 |
| Whaley, Lewis, Birmingham—Anniston session.....              | 1886 |
| Wheeler, William Camp, Huntsville—Montgomery session.....    | 1888 |
| Whelan, Charles, Birmingham—Greenville session.....          | 1885 |
| Wilkinson, James Anthony, Flomaton—Anniston session.....     | 1886 |
| Total, 17.                                                   |      |

## THE JUNIOR COUNSELLORS.

|                                                               |      |
|---------------------------------------------------------------|------|
| Binford, Peter, Somerville—Birmingham session.....            | 1890 |
| Blake, Wyatt Hefin, Lineville—Montgomery session.....         | 1892 |
| Camp, Erasmus Taylor, Gadsden—Huntsville session.....         | 1891 |
| Coley, Andrew Jackson, Alexander City—Huntsville session..... | 1891 |
| Copeland, William Preston, Eufaula—Huntsville session.....    | 1891 |
| Crook, John Martin, Jacksonville—Mobile session.....          | 1889 |
| Deweese, Thomas Peters, Gamble Mines—Birmingham session.....  | 1890 |
| Dowling, Oscar, Columbia—Birmingham session.....              | 1890 |

THE ROLL OF THE COLLEGE OF COUNSELLORS. 251

|                                                                 |      |
|-----------------------------------------------------------------|------|
| Duggar, Reuben Henry, Gallion—Montgomery session .....          | 1892 |
| Goode, Rhett, Mobile—Mobile session .....                       | 1889 |
| Hatchett, James Benton, Marion—Huntsville session .....         | 1891 |
| Heacock, John William, Alpine—Huntsville session .....          | 1891 |
| Jordan, James Reid, Montgomery—Montgomery session .....         | 1892 |
| LeGrand, John Calhoun, Anniston—Mobile session .....            | 1889 |
| Marechal, Edwin Lesley, Mobile—Mobile session .....             | 1889 |
| McWhorter, George Tighlman, Riverton—Huntsville session .....   | 1891 |
| Purdon, John Edward, Cullman—Birmingham session .....           | 1890 |
| Rand, Edgar, Leighton—Huntsville session .....                  | 1891 |
| Robinson, Christopher Americus, Huntsville—B'gham session ..... | 1890 |
| Stewart, John Pope, Attalla—Huntsville session .....            | 1891 |
| Thomason, William Levi, Guntersville—Birmingham session .....   | 1890 |
| Toole, Barckley Wallace, Talladega—Mobile session .....         | 1889 |
| Whitfield, Bryan Watkins, Demopolis—Montgomery session .....    | 1892 |
| Wilkerson, Charles A., Marion—Birmingham session .....          | 1890 |
| Wilkinson, John Edward, Prattville—Montgomery session .....     | 1892 |
| Total, 25.                                                      |      |

THE COUNSELLORS ELECT.

|                                                             |
|-------------------------------------------------------------|
| Andrews, Glenn, Montgomery, Montgomery county.              |
| Boyd, Andrew, Scottsboro, Jackson county.                   |
| Cameron, Matthew Bunyan, Sumterville, Sumter county.        |
| Carson, Shelby Chadwick, Bessemer, Jefferson county.        |
| Cunningham, Russel McWhorter, Pratt City, Jefferson county. |
| Desprez, Louis Willoughby, Russellville, Franklin county.   |
| Gay, Samuel Gilbert, Selma, Dallas county.                  |
| Hefin, Wyatt, Birmingham, Jefferson county.                 |
| Hunter, Henry Mitchell, Union Springs, Bullock county.      |
| King, Goldsby, Selma, Dallas county.                        |
| McCants, Robert Bell, Faunsdale, Marengo county.            |
| Moon, William Henry, Goodwater, Coosa county.               |
| Northen, Thomas, Ashland, Clay county.                      |
| Parke, Thomas Duke, Birmingham, Jefferson county.           |
| Watkins, Isaac LaFayette, Montgomery, Montgomery county.    |
| White, Thomas Noel, Spring Garden, Cherokee county.         |
| Total, 16.                                                  |

SUMMARY.

|                                     |     |
|-------------------------------------|-----|
| Grand Senior Life Counsellors ..... | 7—7 |
| Grand Senior Counsellors .....      | 42  |
| Senior Counsellors .....            | 17  |
| Junior Counsellors .....            | 25  |
| Counsellors Elect .....             | 16  |
| Active counsellors, total .....     | 100 |

**THE ROLL OF THE COLLEGE OF COUNSELLORS  
BY CONGRESSIONAL DISTRICTS.**

On this roll the names of the counsellors are given by congressional districts. It is intended to serve as a guide in the election of new counsellors, with a view to the distribution of them in approximate proportion to the number of members in the several districts. It is not considered to be good policy, and it is not considered to be fair and right, to give a few large towns greatly more than their pro rata share of counsellors. The calculations are based on the nearest whole numbers.

**THE FIRST DISTRICT.**

*Names of Counsellors.*—W. H. Abernethy, Rhett Goode, V. P. Gaines, H. T. Inge, E. L. Marechal, R. B. McCants, W. H. Sanders, W. H. Sledge, J. G. Thomas, B. W. Whitfield.

|             |              |    |                   |    |
|-------------|--------------|----|-------------------|----|
| Choctaw,    | members..... | 10 | counsellors ..... | 0  |
| Clarke,     | " .....      | 12 | " .....           | 0  |
| Marengo,    | " .....      | 16 | " .....           | 2  |
| Mobile,     | " .....      | 82 | " .....           | 7  |
| Monroe,     | " .....      | 15 | " .....           | 1  |
| Washington, | " .....      | 6  | " .....           | 0  |
| Totals..... |              | 91 | .....             | 10 |

One counsellor to every nine members.

**THE SECOND DISTRICT.**

*Names of Counsellors.*—Glenn Andrews, B. J. Baldwin, Pugh H. Brown, J. B. Gaston, Gustavus Hendrick, L. L. Hill, Andrew Jay, J. R. Jordan, J. B. Kendrick, J. C. Kendrick, W. T. Kendrick, S. D. Seelye, L. E. Starr, Job Thigpen, Conrad Wall, I. L. Watkins, W. M. Wilkerson, J. A. Wilkinson.

|             |              |     |                   |    |
|-------------|--------------|-----|-------------------|----|
| Baldwin,    | members..... | 4   | counsellors ..... | 0  |
| Butler,     | " .....      | 23  | " .....           | 4  |
| Conecuh,    | " .....      | 9   | " .....           | 1  |
| Covington,  | " .....      | 8   | " .....           | 0  |
| Crenshaw,   | " .....      | 13  | " .....           | 0  |
| Escambia,   | " .....      | 11  | " .....           | 1  |
| Montgomery, | " .....      | 87  | " .....           | 9  |
| Pike,       | " .....      | 16  | " .....           | 2  |
| Wilcox,     | " .....      | 82  | " .....           | 1  |
| Totals..... |              | 153 | .....             | 18 |

One counsellor to every nine members.

THE THIRD DISTRICT.

*Names of Counsellors.*—W. P. Copeland, Oscar Dowling, Charles H. Franklin, Albert Goodwin, Robert H. Hayes, S. M. Hogan, H. M. Hunter.

|          |              |    |                   |   |
|----------|--------------|----|-------------------|---|
| Barbour, | members..... | 19 | counsellors ..... | 2 |
| Bullock, | " .....      | 19 | " .....           | 4 |
| Coffee,  | " .....      | 8  | " .....           | 0 |
| Dale,    | " .....      | 13 | " .....           | 0 |
| Geneva,  | " .....      | 8  | " .....           | 0 |
| Henry,   | " .....      | 15 | " .....           | 1 |
| Lee,     | " .....      | 10 | " .....           | 0 |
| Russell, | " .....      | 11 | " .....           | 0 |

Totals..... 103..... 7

One counsellor to every fifteen members.

THE FOURTH DISTRICT.

*Names of Counsellors.*—John M. Crook, W. S. DuBose, John P. Furniss, Samuel G. Gay, John W. Heacock, Goldsby King, John C. LeGrand, John A. McKinnon, W. F. Thetford, B. W. Toole.

|            |              |    |                   |   |
|------------|--------------|----|-------------------|---|
| Calhoun,   | members..... | 27 | counsellors ..... | 2 |
| Chilton,   | " .....      | 9  | " .....           | 0 |
| Cleburne,  | " .....      | 18 | " .....           | 0 |
| Dallas,    | " .....      | 25 | " .....           | 4 |
| Shelby,    | " .....      | 16 | " .....           | 1 |
| Talladega, | " .....      | 20 | " .....           | 3 |

Totals..... 115..... 10

One counsellor to every eleven members.

THE FIFTH DISTRICT.

*Names of Counsellors.*—W. H. Blake, Shirley Bragg, A. J. Coley, James A. Goggans, J. J. Harlan, D. S. Hopping, W. H. Moon, A. J. Nolen, J. A. Pritchett, P. G. Trent, John E. Wilkinson.

|             |              |    |                   |   |
|-------------|--------------|----|-------------------|---|
| Autauga,    | members..... | 10 | counsellors ..... | 1 |
| Chambers,   | " .....      | 15 | " .....           | 0 |
| Clay,       | " .....      | 19 | " .....           | 1 |
| Coosa,      | " .....      | 14 | " .....           | 1 |
| Elmore,     | " .....      | 17 | " .....           | 0 |
| Lowndes,    | " .....      | 25 | " .....           | 3 |
| Macon,      | " .....      | 12 | " .....           | 0 |
| Randolph,   | " .....      | 20 | " .....           | 1 |
| Tallapoosa, | " .....      | 21 | " .....           | 4 |

Totals..... 158..... 11

One counsellor to every fourteen members.



## THE SIXTH DISTRICT.

*Names of Counsellors.*—S. D. Brockway, M. B. Cameron, T. P. Deweese, J. A. Goodwin, Joseph Moody, R. J. Redden, J. T. Searcy, A. M. Stovall.

|             |         |           |             |         |
|-------------|---------|-----------|-------------|---------|
| Fayette,    | members | ..... 9   | counsellors | ..... 0 |
| Greene,     | "       | ..... 18  | "           | ..... 0 |
| Lamar,      | "       | ..... 9   | "           | ..... 1 |
| Marion,     | "       | ..... 10  | "           | ..... 0 |
| Pickens,    | "       | ..... 16  | "           | ..... 1 |
| Sumter,     | "       | ..... 15  | "           | ..... 2 |
| Tuscaloosa, | "       | ..... 25  | "           | ..... 1 |
| Walker,     | "       | ..... 17  | "           | ..... 8 |
| Totals      |         | ..... 114 |             | ..... 8 |

One counsellor to every fourteen members.

## THE SEVENTH DISTRICT.

*Names of Counsellors.*—D. E. Cason, E. T. Camp, L. W. Desprez, J. E. Purdon, J. P. Stewart, W. L. Thomason, T. N. White.

|            |         |          |             |         |
|------------|---------|----------|-------------|---------|
| Cherokee,  | members | ..... 11 | counsellors | ..... 1 |
| Cullman,   | "       | ..... 9  | "           | ..... 1 |
| DeKalb,    | "       | ..... 14 | "           | ..... 0 |
| Etowah,    | "       | ..... 11 | "           | ..... 2 |
| Franklin,  | "       | ..... 16 | "           | ..... 1 |
| Marshall,  | "       | ..... 8  | "           | ..... 1 |
| St. Clair, | "       | ..... 12 | "           | ..... 1 |
| Winston,   | "       | ..... 7  | "           | ..... 0 |
| Totals     |         | ..... 88 |             | ..... 7 |

One counsellor to every thirteen members.

## THE EIGHTH DISTRICT.

*Names of Counsellors.*—M. C. Baldrige, Peter Binford, Andrew Boyd, B. F. Cross, R. M. Fletcher, S. H. Lowry, G. T. McWhorter, Edgar Rand, C. A. Robinson, W. C. Wheeler.

|             |         |           |             |          |
|-------------|---------|-----------|-------------|----------|
| Colbert,    | members | ..... 9   | counsellors | ..... 1  |
| Jackson,    | "       | ..... 12  | "           | ..... 1  |
| Lauderdale, | "       | ..... 24  | "           | ..... 0  |
| Lawrence,   | "       | ..... 16  | "           | ..... 1  |
| Limestone,  | "       | ..... 7   | "           | ..... 0  |
| Madison,    | "       | ..... 20  | "           | ..... 5  |
| Morgan,     | "       | ..... 18  | "           | ..... 2  |
| Totals      |         | ..... 101 |             | ..... 10 |

One counsellor to every ten members.

THE NINTH DISTRICT.

*Names of Counsellors.*—S. C. Carson, R. M. Cunningham, R. H. Duggar, J. B. Hatchett, Wyatt Heflin, Jacob Huggins, W. H. Johnston, C. C. Jones, J. B. Luckie, T. D. Parke, F. M. Peterson, F. M. Prince, T. L. Robertson, J. W. Sears, E. H. Sholl, Charles Whelan, Lewis Whaley, C. A. Wilkerson.

|             |              |     |                   |    |
|-------------|--------------|-----|-------------------|----|
| Bibb,       | members..... | 10  | counsellors ..... | 0  |
| Blount,     | " .....      | 17  | " .....           | 0  |
| Hale,       | " .....      | 12  | " .....           | 3  |
| Jefferson,  | " .....      | 85  | " .....           | 18 |
| Perry,      | " .....      | 16  | " .....           | 2  |
| Totals..... |              | 140 | .....             | 18 |

One counsellor to every eight members.

GENERAL SUMMARY.

The whole number of members in the state is 1,058, and the whole number of counsellors is 100. This gives one counsellor to every 10.58 members. For convenience, we say one counsellor for every ten members, about.

The first district, with 91 members, and 10 counsellors, has one counsellor more than it is entitled to.

The second district, with 153 members, and 18 counsellors, has three counsellors more than it is entitled to.

The third district, with 103 members, and 7 counsellors, has three counsellors less than it is entitled to.

The fourth district, with 115 members, and 10 counsellors, has one counsellor less than it is entitled to.

The fifth district, with 153 members, and 11 counsellors, has four counsellors less than it is entitled to.

The sixth district, with 114 members, and 8 counsellors, has three counsellors less than it is entitled to.

The seventh district, with 88 members, and 7 counsellors, has two counsellors less than it is entitled to.

The eighth district, with 101 members, and 10 counsellors, has just the number of counsellors it is entitled to.

The ninth district, with 140 members, and 18 counsellors, has four counsellors more than it is entitled to.

## THE ROLL OF CORRESPONDENTS.

REVISION OF 1893.

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|                                                         |      |
|---------------------------------------------------------|------|
| Bozeman, Nathan, M. D., New York.....                   | 1889 |
| Garnett, A. F., M. D., Hot Springs, Ark.....            | 1875 |
| Hoffman, John Richardson, M. D., Athens, Ala.....       | 1890 |
| McDaniel, Edward Davies, M. D., Camden, Ala.....        | 1889 |
| Mitchell, William Augustus, M. D., Eufaula, Ala.....    | 1891 |
| Moses, Gratz A., M. D., St. Louis, Missouri.....        | 1874 |
| Osborn, Thomas Childress, M. D., Cleburne, Texas.....   | 1885 |
| Phillips, N. D., M. D., Gainesville, Florida.....       | 1876 |
| Richardson, Nicholas Davis, M. D., Nashville, Tenn..... | 1882 |
| Rorex, James Polk, M. D., Scottsboro, Ala.....          | 1891 |
| Summers, Thomas O., M. D., Waukesha, Wis.....           | 1875 |

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## THE ROLL OF OFFICERS.

REVISION OF 1893.

## PRESIDENT:

THADDEUS LINDLAY ROBERTSON, M. D.....Birmingham.

## VICE-PRESIDENTS:

Senior—BARCKLEY WALLACE TOOLE, M. D.....Talladega.

Junior—JOHN ALEXANDER MCKINNON, M. D.....Selma.

## SECRETARY:

JAMES REID JORDAN, M. D.....Montgomery.

Term expires 1898.

## TREASURER:

WALTER CLARK JACKSON, M. D.....Montgomery.

Term expires 1898.

## THE BOARD OF CENSORS AND COMMITTEE OF PUBLIC HEALTH.

Cochran, Jerome (Senior Censor), Mobile.....1893-1898

Searcy, James Thomas, Tuscaloosa.....1893-1898

Sanders, William Henry, Mobile.....1892-1897

Seelye, Samuel Dibble, Montgomery.....1892-1897

Baldwin, Benjamin James, Montgomery.....1891-1896

SCHEDULE OF REGULAR REPORTERS. 257

Franklin, Charles Higgs, Union Springs.....1891-1896  
Ketchum, George Augustus, Mobile.....1890-1895  
Whelan, Charles, Birmingham.....1890-1895  
Sholl, Edward Henry, Birmingham.....1889-1894  
DuBose, Wilds Scott, Columbiana.....1889-1894

ORATOR:

WYATT HEFLIN BLAKE, M. D.....Lineville.

ALTERNATE ORATOR:

WILLIAM WADE HARPER, M. D.....Selma.

MONITOR:

WOOTEN MOORE WILKERSON, M. D.....Montgomery.

HISTORIAN:

REUBEN HENRY DUGGAR, M. D.....Gallion.

STATE HEALTH OFFICER:

JEROME COCHRAN, M. D.....Mobile.  
(Official residence, Montgomery.)  
Term expires 1894.

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PLACE OF MEETING—BIRMINGHAM.

Time of meeting, third Tuesday in April, 1894.

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THE SCHEDULE OF REGULAR REPORTERS.

SESSION OF 1894.

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ROBERT SOMMERVILLE HILL, M. D., Montgomery—  
“Recent Progress in Surgery.”  
JOHN THOMAS CHAPMAN, M. D., Bessemer—  
“Recent Progress in Brain Surgery.”  
JACOB HUGGINS, M. D., Newbern—  
“The Eruptive Fevers in Alabama.”  
HENRY MITCHELL HUNTER, M. D., Union Springs—  
“Therapeutic Uses of the Cold Tar Derivatives.”  
EDWIN LESLEY MARECHAL, M. D., Mobile—  
“The Medico-Legal Aspect of Criminal Abortion in  
Alabama.”

- HENRY ALTAMONT MOODY, M. D., Bailey Springs—  
 "The Extent of the Diseases Affecting the Kidneys  
 of People in Alabama."
- WILLIAM GLASSEL SOMERVILLE, M. D., Tuscaloosa—  
 "Recent Progress in Bacteriology."
- WYATT HEFLIN, M. D., Birmingham—  
 "Recent Progress in Gynæcology."
- SAMUEL LEONIDAS LEDBETTER, M. D., Birmingham—  
 "Myopia and the School Room."

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SCHEDULE OF THE ANNUAL SESSIONS SINCE  
 THE ORGANIZATION IN 1868.

|                                         |      |
|-----------------------------------------|------|
| Selma—Albert Gallatin Mabry.....        | 1868 |
| Mobile—Albert Gallatin Mabry.....       | 1869 |
| Montgomery—Richard Fraser Michel.....   | 1870 |
| Mobile—Francis Armstrong Ross.....      | 1871 |
| Huntsville—Thomas Childress Osborn..... | 1872 |
| Tuscaloosa—George Ernest Kumpe.....     | 1873 |
| Selma—George Augustus Ketchum.....      | 1874 |
| Montgomery—Job Sobieski Weatherly.....  | 1875 |
| Mobile—John Jefferson Dement.....       | 1876 |
| Birmingham—Edward Davies McDaniel.....  | 1877 |
| Eufaula—Peter Bryce.....                | 1878 |
| Selma—Robert Dickens Webb.....          | 1879 |
| Huntsville—Edmund Pendleton Gaines..... | 1880 |
| Montgomery—William Henry Anderson.....  | 1881 |
| Mobile—John Brown Gaston.....           | 1882 |
| Birmingham—Clifford Daniel Parke.....   | 1883 |
| Selma—Mortimer Harvey Jordan.....       | 1884 |
| Greenville—Benjamin Hogan Riggs.....    | 1885 |
| Anniston—Francis Marion Peterson.....   | 1886 |
| Tuscaloosa—Samuel Dibble Seelye.....    | 1887 |
| Montgomery—Edward Henry Sholl.....      | 1888 |
| Mobile—Milton Columbus Baldrige.....    | 1889 |
| Birmingham—Charles Higgs Franklin.....  | 1890 |
| Huntsville—William Henry Sanders.....   | 1891 |
| Montgomery—Benjamin James Baldwin.....  | 1892 |
| Selma—James Thomas Searcy.....          | 1893 |

## THE SCHEDULE OF THE ANNUAL ORATORS.

|                                                   |      |
|---------------------------------------------------|------|
| Gaston, John Brown—Mobile session.....            | 1869 |
| Ketchum, George Augustus—Montgomery session.....  | 1870 |
| Anderson, William Henry—Mobile session.....       | 1871 |
| Weatherly, Job Sobieski—Montgomery session.....   | 1872 |
| Jordan, Mortimer Harvey—Tuscaloosa session.....   | 1873 |
| Seelye, Samuel Dibble—Selma session.....          | 1874 |
| Ketchum, George Augustus—Montgomery session.....  | 1875 |
| Michel, Richard Fraser—Mobile session.....        | 1876 |
| Fournier, Edmund Henry—Birmingham session.....    | 1877 |
| Riggs, Benjamin Hogan—Eufaula session.....        | 1878 |
| Mitchell, William Augustus—Selma session.....     | 1879 |
| Baker, Paul DeLacy—Huntsville session.....        | 1880 |
| Baldrige, Milton Columbus—Montgomery session..... | 1881 |
| Bryce, Peter—Mobile session.....                  | 1882 |
| Sholl, Edward Henry—Birmingham session.....       | 1883 |
| Sanders, William Henry—Selma session.....         | 1884 |
| Searcy, James Thomas—Greenville session.....      | 1885 |
| No oration delivered—Anniston session.....        | 1886 |
| Huger, Richard Proctor—Tuscaloosa session.....    | 1887 |
| Baldwin, Benjamin James—Montgomery session.....   | 1888 |
| Coleman, Ruffin—Mobile session.....               | 1889 |
| Inge, Henry Tutwiler—Birmingham session.....      | 1890 |
| Riggs, Edward Powell—Huntsville session.....      | 1891 |
| Wyman, Benjamin Leon—Montgomery session.....      | 1892 |
| Andrews, Glenn—Selma session.....                 | 1893 |

## THE OBITUARY RECORD.

- BLOUNT COUNTY**—Samuel Hardeman Estell, M. D., cb Sumter 76, Blount Springs; John Cooper Lee, M. D., mc Augusta 58, cb 78, Blount Springs, died July 24, 1892, of paralysis, age 62.
- BULLOCK COUNTY**—James Henry Reynolds, M. D., mc Nashville 54, cb 80, Mt. Hilliard, died Feb. 23rd. 1893, of Bright's Disease.
- CHOCTAW COUNTY**—Robert Bryan Carr, M. D., mc univ Louisville 82, cb Sumter 82, Pushmataha.
- COLBERT COUNTY**—James Marshall Houston, M. D., mc Jefferson 51, cb 81, Dickson.
- DALLAS COUNTY**—Lemuel Lovatt Alston, M. D., mc South Carolina 57, cb 72, Orrville, of Pneumonia; Francis Octavius Lockwood, M. D., mc North Carolina 44, cb 78, Carlowville, from Cancer of the Lip; Frank Tipton, M. D., mc univ Louisiana 70, cb 78, from Narcosis.
- GREENB COUNTY**—Henry Young Webb, M. D., mc Jefferson 46, cb 79, Eutaw.
- LAUDERDALE COUNTY**—James William Stewart, M. D., mc univ Louisiana 58, cb 87, Florence.
- MACON COUNTY**—John Hosea Gautier, M. D., mc univ Louisville 88, cb 88, Tuskegee, died July 14th, 1892.
- MOBILE COUNTY**—Thomas Henry Cox, M. D., mc univ New York 43, cb 78, Mobile, of septicæmia; Daniel Edgarly Smith, M. D., mc Alabama 61, cb 78, Mobile, of phlegmonous erysipelas.
- MONTGOMERY COUNTY**—Henry Lawrence Whipple, M. D., mc univ New York 44, cb 78, Hope Hull, died January 13th, 1893, of cancer, aged 74; Charles Kane Duncan, M. D., mc univ New York 58, cb 85, Montgomery; George Robert Patton, M. D., mc univ Vanderbilt 69, cb 79, Montgomery.
- PERRY COUNTY**—William Washington Wilkerson, M. D., mc Jefferson 55, cb 78, Marion, of chronic Bright's Disease—on March 7th, 1893, aged 59.
- RANDOLPH COUNTY**—William Elbert White, M. D., mc univ Transylvania 40, cb 79, Roanoke, of cystitis, aged 78.
- SHELBY COUNTY**—James Andrew Simmons, M. D., Harpersville; William Robert Singleton, M. D., cb Tuscaloosa (old law), Harpersville.

**SUMTER COUNTY**—Robert Henry Arrington, M. D., mc univ Louisiana 50, cb 77, Livingston, of chronic cystitis.

**TALLADEGA COUNTY**—Paul Gist, M. D., mc Atlanta 86, cb 86, Talladega, died January 13th, 1898, aged 55; Joseph Henry Johnson, mc Jefferson 56, cb 86, Talladega.

**TUSCALOOSA COUNTY**—Peter Bryce, M. D., mc univ New York 59, cb 78, Tuscaloosa, of chronic nephritis; Reuben M. Searcy, M. D., mc univ New York 92, cb 92, Tuscaloosa, of self inflicted pistol-shot wound of the head.

**WILCOX COUNTY**—David McAdams Dansby, M. D., mc Georgia 82, cb 80, Rehoboth, died October, 1892, of senile debility, aged 81; Elbert Duggett Harris, M. D., mc South Carolina 53, cb 79, Pine Apple, died March 1st, 1891, of congestion of the brain, aged 61.





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**THE APPENDIX**

**OF**

**MEDICAL AND SANITARY DISSERTATIONS**

**AND REPORTS.**

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## THE ANNUAL ORATION.

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BY GLENN ANDREWS, M. D., MONTGOMERY,

Member of the Medical Association of the State of Alabama.

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*Gentlemen of the Medical Association of Alabama :*

It is with a sense of peculiar pride and pleasure that I stand before you this evening. To be the spokesman of any assembly of men brought together for the purpose of discussing great moral issues or investigating important scientific questions, or for devising schemes or plans of any kind by which the general welfare of mankind is advanced, is, indeed, a credit, and the broader the field of observation, and the grander the scope for usefulness of such an organization, the greater the honor to be its representative; and hence, it is peculiarly gratifying to me to feel that I am called upon to address you in behalf of the Alabama State Medical Association, an organization whose every act tends toward the elevation and advancement of the people of the State, and whose deeds are characterized by an unselfish devotion to all that guarantees protection and security to their fellow men.

And again, the pleasure of the occasion is heightened by the fact that this representation is to be made to a Selma audience, Selma, a place dear to me as the home of my childhood, for it was along these broad avenues, grand in their shaded loveliness, that youth's sunny hours were whiled away in whilom jest; and, too, it was here, under the skilful care of your own Callaway, that my mind received its first training, and well do I remember how many times and oft, in the little unpainted school house in yonder grove, I used to go to class with more mathematics on my cuff than I had in

my head, and more Latin in my pocket than I carried in my brain. And again, it was here, while suffering from the necessary ills of childhood, that the lamented Kent, by his assuring words, kindly attentions, gentle graces and superior skill, first impressed me with the nobility and grandeur of the medical profession, and implanted in a young heart the seeds of desire to follow a vocation which numbered in its ranks men of such purity of character, lofty intelligence and unselfish devotion to duty—traits so perfectly portrayed not only by himself, but also by his then companions, Drs. R. H. Clark, Park and Riggs, all of whom have since reaped a well merited reward in some sweet haven of peace—and now as far as mine eye ken, a face is seen beaming with a smile of recognition which fills me with a rapture more eloquent than expression, and causes the memory of the days spent here to be nurtured like a precious thing, ever to be cherished and never to be forgotten.

The mandate of the State Medical Association compels the theme of this occasion to be of equal interest alike to the profession and laity, and in my search for such a subject, one has suggested itself which should be of the greatest importance to both doctors and clients, viz.:

#### THE WATER WE DRINK.

Seemingly it is a work of supererogation to address a Selma audience upon a subject so trite, for a stranger here at once is attracted by the numberless flowing wells on almost every square.

However, it is said that the inhabitants of this city boast more of the purity and bountifulness of the water supply, and drink less of it, than any other people on the inhabited globe; and since water is so essential to man's welfare, the idea has suggested itself that if a closer relationship can be effected between this elixir of life and the good people of this place, that then indeed this effort will not have been pronounced in vain.

Again, it is a well established belief that physicians

unhesitatingly refuse to take their own remedies, and since they prescribe more water than any other known agent, it may not be out of place to invite their attention to the salubriousness of this refreshing draught and suggest a trial of its potency in their own peculiar cases.

Through rifted clouds a sunbeam broke, and, falling along a pathway made resplendent by its iridescence, implanted itself upon the ocean's surface, warming it into aqueous vapor, which, in turn, loosed from its restless moorings, rises up in rapid flight higher and higher, and yet higher, until cooled by its own expansion, it falls again in pelucid showers, purifying the atmosphere we breathe and refreshing all things of God's creation. Or, if perchance, caught upon the wings of some idle breeze, it is wafted onward towards the antipodes till some chilling blast suddenly congeals it into icy crystals or snowy prisms, more beautiful than artists can depict, and these descending aimlessly in some mountain gorge, fall one upon another, building themselves upward and upward, finally congealing into an icy mass, broader than the greatest hills and taller than the loftiest mountain peaks. A beautiful picture this, kissed into being by a sunbeam, from the ocean's bosom, and reared by uncontrollable natural laws, the glacier stands in its matchless grandeur and chaotic splendor a very masterpiece of nature's genius. As heat was so potent in the creation of this glacial structure, so it is an equally important factor in its destruction, for the sun's rays concentrated upon its base, soon melts it into water, which, sinking into subterranean chasms, follows along devious and labyrinthian ways to again find access to the earth's surface in some distant spring or rivulet. Or, perhaps, when first freed from its icy bed, it rushes in great volume with torrential fury down the mountain side, widening as it goes into a mighty river, along whose verdant banks nature blossoms in all its loveliness, the song birds make merry, the beasts of the field come and slake their thirst, and man, not forgetful of his needs, plants his habitations.

The stream goes on broadening into a bay, and at last

expands into the limitless sea from whence it came, bearing upon its breast the commerce of nations, and uniting as a fetter distant worlds together. So much for the physical and poetical aspect of our subject.

Physiologically considered, water is of more importance to all organized life than any other substance, excepting, perhaps, the atmosphere, and some scientists even do not make this exception.

Fully seventy per cent. of the human economy is composed of this fluid. It is found in the enamel of the teeth, the bones, cartilage, and tendons, all owe their glistening, flexibility and tenacious qualities to it; the blood its liquidity; the muscular and brain tissue are largely composed of it; besides, it serves as a food for animal life, and then acts as diluent, liquifying the pabulum, thus preparing it for ingestion, and then, serving as a vehicle, conveys the food to the different organs and tissues of digestion, and still continuing in its wonderful work, collects up all disorganized and excrementitious stuffs, conveying them to their proper channels for a final disposition.

Again, water largely controls the regulation of the body temperature by a combined process of oxydation within the organs of the human system and a subsequent exhalation from its surface.

Is it not surprising, then, that more care is not exercised in order to procure a pure and wholesome water for domestic use?

A chemically pure water is composed of oxygen and hydrogen in fixed proportions. The remarkable solvent properties of this agent precludes the possibility of obtaining it in this state except in extremely small quantities, by distillation. Nor is this desirable, for such water is vapid and not agreeable to the taste. However, it is all important to know just what and how much of any extraneous matters may be found in a water, and it remain wholesome.

Hence, in speaking of pure water, we mean considered from a sanitarian's standpoint. Water by test should be limpid, colorless, transparent, tasteless and odorless, retain-

ing this latter property through varying transitions of heat, and containing but a minimum degree of fixed impurities. Since water dissolves every known gas and all solids excepting the diamond and two or three of the so-called noble metals, you readily appreciate the difficulty experienced in obtaining it in a wholesome state, and you must also be impressed with the great necessity of securing it from an unquestionable source, since it is so readily contaminable. Analysis discovers manifold foreign ingredients in all exposed waters, consisting of gases, acids, minerals, animal and vegetable organic matters and living micro-organisms, some innocuous and others productive of specific diseases, the latter being by far the most dangerous.

The Rivers Pollution Commission of England, in one of their excellent reports, adopts the following classification according to wholesomeness for sources of domestic water:

|             |                          |                     |
|-------------|--------------------------|---------------------|
| WHOLESOME,  | { Spring Water.          | } Very Palatable.   |
|             | { Deep Well Water.       |                     |
| SUSPICIOUS, | { Upland Surface Water.  | } Moder. Palatable. |
|             | { Stored Rain Water.     |                     |
| DANGEROUS,  | { Surface Water, from    | } Palatable.        |
|             | { cultivated lands.      |                     |
|             | { River Water, to which  |                     |
|             | { sewerage gains access. |                     |
|             | { Shallow Well Water.    |                     |

Water from a spring or deep well percolates through great thicknesses of rock, gravel or sand and collects beneath an impervious formation, gaining access to the earth's surface again either through an artificial opening or natural fissure.

The process of percolation frees the water from impurities, and often it returns to the surface in an exceedingly pure state. The nature of the formations through which the water passes effect it greatly. When minerals or salines



exist in any quantity the water becomes more or less charged with them and is consequently valueless for a general supply. If possible to be obtained, this is emphatically the best and purest source for potable water.

Upland surface water obtained by impounding the rainfall from a given area of the earth's surface is often remarkably soft, pure and wholesome. Purity of water depends entirely upon the purity of the substances with which it comes in contact. Hence, a collecting water-shed should always be protected from invasion by man or beast, and never inhabited or cultivated. This water contains more or less vegetable matter and swarms of so-called water bacteria, washed from the earth's surface. The nature of the soil effects it somewhat, a peaty marl producing bitter and unwholesome water. When the soil is cultivated, the water more perfectly takes up its ingredients and becomes questionable, especially when fertilizers have been used upon the lands, such water ought never to be used for domestic purposes.

It is a common but erroneous belief that rain water collected in cisterns is the purest of all drinking waters. Rain water may be had in an exceedingly pure condition, but great care is necessary, both in its collection and storage. Rain in falling becomes impregnated with impurities of all kinds, gathered from the atmosphere and the collecting surfaces. By a refusal of the first part of a shower, after a drouth, this can be avoided, for after atmospheric purification, and cleansing of the roofs, the remaining fall, if properly guarded, is safe from impurities. Collecting roofs should always be made of slate. Metal yields too often to the solvent action of the water, thus introducing poisonous substances into the supply.

River and shallow well water is by far the most dangerous. Mountain streams, flowing through an uninhabited region, and having an inflow from natural springs and percolations, together with uncontaminated surface drainings, are pure; but commercial streams, or those flowing through an inhabited territory, are questionable.

The organic purity of river water constantly varies

according to the natural conditions along its course—the surface washings and the garbage and sewage which is thrown into it from the cities along its banks. Sewage contaminations are always dangerous, and totally unfit the water for potability. The theory of self purification of river water has been too often proven chimerical to longer be misleading.

Subsidence, aeration, oxydation and nitrification do remove suspended matters from such waters, and again, one class of bacteria may aid not only in removing these suspended particles, but also in destroying other organisms; but there is no established proof that water when once infected by the germs of a communicable disease ever looses them by any of these processes. These pathogenic germs remain active through long periods of time and varied temperature changes, and are always a menace to human life. The Rivers Pollution Commission of England boldly asserts that there is not a river, tainted by sewage, long enough in the United Kingdom to become so purified by its flow as to render the water safe for domestic use. Boiling alone rids this water of suspicion.

Shallow wells, so common in rural districts and small towns, are fertile sources of mischief. Their location near habitations makes them peculiarly liable to pollution from drains and sewers. The radius of drainage into these wells is frequently considerable, and by siping, or a subterranean fissure, sewage may be introduced into them from great distances. Their water presents all manner of impurities, and very often direct evidences of contamination from drains and sewers. People may drink this water with safety for a long while, but still at great risk, for should a typhoid or cholera patient come into the community, and the emanations from the sick room be carelessly thrown into the drains, the water siping through the porous soil would contaminate the well, and those drinking there would drink to their destruction.

The draught from the old oaken bucket that hangs in the well, instead of tinging the cheeks with a glow of health,

more frequently causes the front door knob to be gracefully draped in sable garbs of mourning. These wells should by law be abolished from towns and cities, and wherever, from necessity, one must be used, it should be always sunk through an underlying impervious strata, and the sides of the well properly walled up to protect against siping. In some localities where the superficial strata consists of clean sand or gravel, the underground water is merely percolated rain water held in abeyance by the impervious underlying stratum. When such an area is situated above a point of possible contamination the supply is pure. The water is obtained by sinking wells, galleries, or tunnels into the sub-soil, allowing the water to rise in such openings, and it is then conveyed by conduits to the place for distribution. So great a city as Brooklyn, N. Y., is thus supplied. Wells of this character are often sunk near rivers, and a mistaken idea obtains that the water sipes into them from the stream, when in reality it is the underground current flowing toward the river. Care must be exercised to prevent improper drains into these tunnels.

Thus, briefly, has been outlined the ordinary sources of drinking water. Each locality, according to its own peculiar situation and needs, is governed in its selection of one source or another. Difficulty in obtaining it, and expense, often renders spring and artesian waters impossible, and then upland surfaces afford the best supply. Uncertainty and possible contamination militate against rain water, but this is far preferable to either shallow wells or river water infected by sewage.

The source of supply largely controls the manner of its storage. Many of the impurities existing in the water are removable by simple processes, but when tainted by sewage nothing except boiling renders the water potable.

The supply from springs or artesian wells merely needs protection, and as little handling as possible. Carefully collected rain water in properly constructed cisterns or tanks, situated above or under ground, according to circumstances, is ready for use. Underground cisterns should be

located remote from drains or sewers, if possible lined with slate, and made secure against contamination from sipping, and a free circulation of air should be provided. Water is better preserved in subterranean cisterns than in the cypress tanks above ground, on account of the influences of the summer's heat upon the latter, causing a putrefaction of retained matters.

All cisterns require constant supervision and occasional cleanings.

An extract from one of Smart's articles along this line illustrates the dangers of cistern water when it is not properly protected. He says of 558 cisterns examined in Memphis, Tenn., in 1879, 167 were undoubtedly leaky, 177 apparently sound, the remainder on the border line, and that many of these contained water contaminated by sewerage, which is easily understood when it is recalled that of 4,744 cisterns and wells, 369 were built under the basements of houses and within ten feet of a drain, 3,039 from ten to fifty feet of such drains, and 1,336 over fifty feet from organic accumulations. No one can wonder at the appearance of an epidemic under such circumstances.

The supply from rivers, streams, lakes and upland surfaces is generally collected in reservoirs or stand-pipes, and then distributed through the city by means of conduits or pipes. As already shown, a majority of these waters hold in solution or suspension particles of clay, sand, vegetable and animal organic matters, gases, and innocuous or poisonous micro-organisms. If no sewage or other contaminating influence has gained entrance to the water supply, the process of purification is both expeditious and simple.

Water by mere subsidence loses much of the suspended impurities. The effect of such sedimentation is considerable, and just so far beneficial. To illustrate, there are four sedimenting basins used by the city of St. Louis, Mo., each having a capacity of 18,000,000 gallons; the settling process only goes on eighteen hours, thirty hours being required for perfect subsidence, yet there is an annual removal of

nearly 200,000 cubic yards of sedimented deposits from these basins. Water contained in such basins is prone to become foul at any time from putrefaction of the retained sediment.

Filtration through filter beds constructed of broken rocks, screened gravel and sand, or of porous iron or coke, or similar materials, removes to a considerable degree suspended matters and many living micro-organisms. Water untainted by sewage, after passing through such filter beds, is clarified and pure.

There are now in use artificial filters, built on a large scale, which, together with the addition of certain chemical agents, remove almost perfectly suspended particles. The power of sand filtration depends on the thickness of the filtering medium, and the time occupied in the process of filtration. These filters must be constantly cleaned, or soon they become foul and dangerous. It is not the province of this essay to discuss the different modes of constructing and operating these devices, but merely to point out the results obtained by their use. Experience shows that suspended matters and organic impurities are largely removed by proper filtration, and that the number of many varieties of bacilli is greatly reduced, some families, in fact, entirely disappearing; but without exception, each experiment has proven that the pathogenic germs of specific diseases, such as typhoid fever or cholera, invariably pass through all filtering contrivances.

The Rivers Pollution Commission of England is emphatic in its conclusions on this point. They say:

First—"The existence of the specific poisons, capable of producing cholera and typhoid fever, is attested by evidence so abundant and strong as to be practicably irresistible. The poisons are contained in the emanations from persons suffering from these diseases."

Second—"The admixture of even a small quantity of these emanations with a large volume of drinking water is sufficient for the propagation of those diseases among persons using such water."

Third—"The most efficient artificial filtration leaves in water much invisible matter in suspension, and constitutes no efficient safeguard against the propagation of these epidemics by polluted water. Boiling the water is the only sure disinfectant, and this can only be effected on the small or domestic scale."

No one in touch with advanced scientific thought longer questions the generation and transmission of disease by germs, and also that many of these organisms gain entrance into the human system through the medium of drinking water. Filtration as shown rids the water of many of these germs. Unquestionably the poison-producing malaria is perfectly removed in this way, and although the germ is perhaps often conveyed atmospherically, still, wherever a pure water supply has been introduced into a malarious district, there has been a great reduction, if not a complete suppression of the disease. Our own immediate section, once famous for yellow, and congestive chills, bears evidence. But germs of other maladies, such as cholera and typhoid fever, are not so happily gotten quit of. These organisms survive through varying temperatures, and for long periods of time; and hence, every precaution should be used to prevent their gaining access to the general water supply.

By way of illustration, note the following array of facts:

In one of Smart's reports he states that in Brooklyn, N. Y., where the water is untainted by sewerage, the average death rate from typhoid fever for the ten years preceding 1885, was 15 to the 100,000.

In the city of New York, where there is slight contamination from this source, 26 to the 100,000.

In London, England, where there is constant supervision over the water supply, the average is 28 to the 100,000, while in Boston, Cincinnati and Philadelphia, all of which cities have a supply of water from rivers polluted by sewage, the average death rate from this disease during the same period was 45 to the 100,000, 63 to the 100,000 and 66 to the 100,000, respectively.

To make the fact more pointed as to the source of this disease, New Orleans, recognized as the filthiest city in America, using rain water collected in cypress tanks above ground, and consequently uncontaminated by sewage, only showed an average death rate from typhoid fever of 25.6 to the 100,000.

From a computation of these figures it will be seen that in the city of Philadelphia alone there were about 50,000 cases of illness, with more than 5,000 deaths, from a slow and loathsome disease, during the period alluded to, which might have been largely prevented by a proper water supply.

These facts bespeak their own argument.

The fearful epidemic of cholera which spread over the eastern hemisphere a year ago adds proof to the transmission of this disease by water. Many eminent German authorities attribute the outbreak at Hamburg to the polluted water drawn from the river Elbe, the cholera germs having been introduced into the streams from cities along its banks many miles away.

London, by the epidemics of 1854 and 1866, lost 16,000 souls, solely due to the contaminated water. A single cholera patient arriving at Tolouse in 1884, and escaping the health authorities, started an epidemic of the Asiatic plague, which, in a few weeks, spread over Southern France, Italy and Spain, and destroyed about 25,000 people. It is proper to exercise the strictest sanitary precautions in every respect, but Alabama might expend all the money in its treasury in cleaning and disinfecting a city, and still if the germs from a cholera patient should gain access to the general water supply of that city, a scourge would be the inevitable result.

Thus briefly I have outlined some of the dangers constantly arising from many water supplies.

How can they be best combatted?

Unhesitatingly I assert that all corporate towns and cities should own and operate or control their water systems. This interferes with greedy corporations, but such action

would secure by far the greatest good to the people. The State should provide an expert sanitarian and scientist, whose duty it should be to discover and point out the best source for a water supply for each community, as well as take cognizance of other matters of sanitation.

Each city ought to provide a similar officer. This indicates seeming expense, and hence suggests objection to the unthinking, but there is no wealth so dear as good health, no riches so precious as protection from disease. Of course, legislation alone can institute such measures, and it takes men to make such legislation.

Seemingly, some representatives misinterpreted their duties when serving at the state capitol, for instead of surrounding the people with the greatest safeguards against disease, they attempted apparently to invite it within our borders.

There is actually a statute in Alabama requiring every pharmacist doing business in a place of more than 900 inhabitants to pass a stated examination, while any nincompoop who pleases can dispense drugs in a smaller locality. No reason is assigned for this discrimination, but a general impression prevails that the framers of this bill, in their wisdom, conceived death to be preferable to life in so small a village. Again, only last winter, your representatives in one branch of the legislature, actually created a doctor of a man, residing in a remote corner of the State, who, by his own acknowledgement, was incapacitated to stand the required medical examination.

The only assignable cause for this mad act was that the man was a good enough doctor to practice upon the people who were fools enough to inhabit such a precinct. What a pity that these savants could not be herded together and be made to swallow the nauseous decoctions as prescribed by their doctor and compounded by some one of their ignorant village druggists. All this, by way of parenthesis, to impress the importance of wise legislators in order to gain benefit from legislation, and, my confreres, it is not only our privilege, but our duty, to aid in securing such men to represent us.



No man stands higher or exerts a greater influence in any community than a conscientious and learned physician.

In dark days of trial they stand alone on a parity with the man of God, as a comfort and solace to their fellow beings.

A retrospective glance of a few short months ago, when a cholera epidemic overhung the world like a wintry pall, and death haunted men's souls like some horrible phantasmagoria, reveals physicians standing in the midst of desolation and defying the insidious messenger of death with a heroism so great, so grand, and so daring, as to challenge the admiration of the universe.

All this is well enough; but, my countrymen, you have a higher and a grander duty. You should, by your learning and efforts, teach the people of the State the dangers of such epidemic invasion, and wherein they lie, and point out proper means for security and protection, and aid by your every effort in securing them. By so doing, the world will be bettered by your life, science will be advanced, your profession will have another star added to its already rich galaxy, and you will have subserved unselfishly the best interest of your fellow man, thus following out the dictates of God, which, above all else, is as it should be—man's chiefest ambition and highest attainment.

## MONITOR'S ADDRESS,

BY WILLIAM HENRY SANDERS, M. D., MOBILE,

Censor and Grand Senior Counsellor of the Medical Association of  
the State of Alabama.

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One of our best lexicons defines ethics to be "The science of human duty," or "The body of rules of duty drawn from this science."

Sir Wm. Hamilton coincides with this definition and calls it "The science of the laws which govern our actions as moral agents."

Both definitions declare that ethics is a science, and not a code of arbitrary rules, and both likewise declare it co-extensive with the relations, of every kind, existing between human beings.

Like all sciences, it must, and does, depend upon immutable and eternal truths to discover which, and thereupon to formulate a perfect code of morals, is the aim of ethical philosophy.

It is claimed and believed that the laws of ethics are as constant and universal as those of physics, and that violations of the former are as certainly followed by evil consequences as of the latter.

The philosophy of ethics, therefore, is a profound subject, and naturally has claimed the earnest study of some of the master intellects of ancient and modern times.

Plato reasoned well on this subject, as on many others, and in those masterful dialectical compositions bequeathed us he pointed out many of the beautiful truths in morals that have survived for more than two thousand years, and remain as fresh and vigorous to-day as when first proclaimed.

Aristotle quickly followed and rivaled, if he did not excel

him, and between these two pioneer philosophers the lights of virtue and morality were placed upon an eminence far higher than they had ever before occupied, and from which their effulgence beamed across the dark gulf of the middle ages, to be caught up and re-brightened by Hobbes, Butler, Fenelon, and others in the early dawn of modern civilization.

In giving credit to these early thinkers and writers, ancient and modern, I would not be understood as overlooking or forgetting that original and inspired fountain of truth and morals from which have gushed exhaustless streams of wisdom to purify and enrich every human code.

"And as ye would that men should do to you, do ye also to them likewise," is the golden rule therein stated that constitutes the germ and finished fabric of the whole science of morals.

No sixteen words ever put together compress so much of meaning and truth in them as do these.

Indeed, they cover the entire field of human duty and furnish a simple and clear guide that, if rigidly followed, would conduct us unerringly through all the emergencies and responsibilities of life. Volumes might be written and not contain so much of the real substance of ethical truth as do these few simple words.

Were every code of civil and criminal laws extant abolished and the letter and spirit of this golden rule observed, crime and wrong would be banished from the face of the earth and the millenium would reign supreme.

It is the province of ethics simply to define what is right, and not to point out, except by antithesis, what is wrong. The doctrine of penalties and punishments is wholly foreign to its scope.

As has been well said, "It deals with the physiology of morals and not the pathology." It insists that we do right because it is right, and not because there is a penalty attached to doing wrong. It even denies us credit for resisting temptation to do wrong, and demands that we shall, under all circumstances, prefer the right and feel no inclina-

tion to the wrong, although such inclination may be successfully resisted.

Not only so, it requires that we pursue the right for its own sake, and not for any profit or advancement that may accrue therefrom.

How pure and grand is this conception, and how it lifts us to the very mountain tops of ethical philosophy!

A young man carried to D'Alembert the solution of a difficult problem and said: "I have done this in order to have a seat in the Academy."

D'Alembert congratulated him very coldly and replied: "Sir, with such dispositions you will never win one. Science must be loved for its own sake, and not for the advantage to be derived."

What a regret one feels that the young man did not solve the problem for the sake of solving it, and thus unconsciously and unintentionally win a seat, perhaps, in the Academy!

Further, the quality of expediency is radically incompatible with ethics. If ethics be founded upon truth—a proposition no one will deny—it necessarily follows that its principles are universally applicable and can never be violated with impunity.

The speaker is aware that the doctrine that "what is expedient is right" is held by some, but he prefers the transposition of this dictum made by Herbert Spencer, namely, that "what is right is expedient."

Experience has repeatedly taught that any good accomplished by a policy of expediency is but apparent and short-lived, and that sooner or later the pure and eternal law of ethics that has been contravened will assert its supremacy and put its transgressors to discomfiture and shame. If, therefore, in constructing and enforcing a code of ethics we would have it correspond with the purest and highest teachings of philosophy the slightest tinge of expediency must be scrupulously eliminated.

My function, however, is not to discuss the subject of general ethics, but to briefly present some points in connection

with special ethics, or that code which prevails, or should prevail, among the members of the medical profession.

Before engaging in this discussion, allow me to stop for a moment to inquire from what source should a code of medical ethics emanate?

Shall each member of the profession make his own code, or shall a code be agreed upon by some organized body of medical men?

Manifestly the former plan would be impracticable and absurd; the latter, therefore, must be, and is, the proper way. If so, then by what organized body or bodies of medical men should a code be constructed?

Shall it be done by the doctors in each neighborhood, town, city, county or state, or shall it be by the doctors of all the states?

If done by the doctors in each locality, great diversity of provisions would likely enter into the various codes, many of which might be in conflict with each other.

Then, in the multiplicity of codes frequent violations would be apt to occur through ignorance.

For these reasons, and others I can not now stop to mention, it is obvious that the great body of the profession is the proper source from which a code of ethics should emanate.

This is, as you all know, in accord with the existing condition of things, the code adopted by the American Medical Association being the one to which we all owe allegiance. This code appears to have been written in strict conformity with the highest principles of ethics. No one can read it carefully without feeling that for the time being he has dwelt in an atmosphere of pure truth, which has greatly reinvigorated his moral courage.

A recent correspondent of *The Journal of the American Medical Association* says of it: "Its style is perspicuous without dogmatism, copious without redundancy, and elegant without pedantry. Its tenets have no flavor of magisterial assumption, but are formulated in reason and justice, so plainly set forth that the "wayfaring man, tho' a fool, need not err therein."

Agreeing with this estimate, the speaker is not one of those who insist that a revision of the code is imperatively demanded. He is willing to hear all propositions for changes that may be made, and to adopt them if found more enlightened and more in accord with justice and right than the old ones, but he cannot repress great doubts as to the possibility of this being the case.

The advocates of revision contend that the code is not adapted to the present status and needs of the profession. Lack of adaptability may be due to either one of two causes—the profession may be too good for the code, or the code too good for the profession.

Few will deny that the latter is the true situation. If so, the proper remedy lies in elevating the profession to the level of the code, and not in debasing the code to the level of the profession.

The fact is, the code was written for a high-toned and educated profession, and when the profession reaches that standard everywhere all complaint of want of adaptability will instantly cease.

To conceal or refuse to expose the gross and culpable ignorance of a member of the profession is one of the provisions of the code hardest to carry out, sometimes putting conscience to the rack, but when ignorance becomes supplanted everywhere by skill and intelligence, there will no longer be any occasion for embarrassment on this score.

It is conspicuously apparent that education in the profession is making steady advances, and judging the future by the past the time cannot be far distant when the title of "doctor of medicine" will invariably represent an adequate amount of professional skill and capacity. In the face of this progressive reformation we are compelled to lament the fact that the standard of ethics is not being correspondingly elevated. On the contrary, we fear it is being sadly lowered.

Allured by the prospect of some immediate and temporary gain, selfish and short-sighted members of the profession do not hesitate, on occasions, to ruthlessly invade funda-

mental and time-honored principles of ethics, utterly and shamelessly indifferent to the wreck they are making of those principles, as well as to the damage that thereby results to their professional brethren—damage that not infrequently recoils upon themselves with especial force and retributive justice.

The laws of ethics being fixed and eternal will sooner or later, assert their supremacy and expose the folly of the time-serving policy that attempted to transgress them.

The only safety, then, lies in adhering tenaciously to a high standard, and so much the better if such standard be growing hoary with age and be the work of generations of the good and great.

A few words in regard to some of the special provisions of that old code, which it should be our pleasure to honor by observance, and I shall have finished. The duties it imposes are classified as follows:

1. Duties of physicians to their patients, and correspondingly the obligations of patients to their physicians.
2. The duties of physicians to each other, and to the profession at large.
3. The duties of the profession to the public and the obligations of the public to the profession.

Under the first head, or that of the duties of physicians to their patients, I wish to call attention to one or two provisions, and quote from the code as follows:

"Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed. \* \* \* None of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance should ever be divulged, except when imperatively required."

Although the mere statement of this provision is sufficient to carry conviction of its justice, yet I am persuaded that it is frequently violated, more, perhaps, from thoughtlessness than other cause.

Understanding the object of this address to be, to call attention to specific points in the code, I have brought

forward this one, believing that the mere mention of it will secure the more general observance of the rule quoted.

I quote again from the code :

"A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease."

Nothing is more reprehensible than the violation of this rule.

If reports are to be credited, there are physicians who are so continually defrauding the undertaker and gravedigger out of their rights by reaching their patients *just* in time—a feat which, according to their account, no other doctor could have performed—that a suspicion not altogether creditable to their candor will creep into the minds of acute observers and critical hearers.

Occasions do arise on which doctors reach their patients very opportunely and render them very valuable services that are very urgently needed, but it should be regarded as a misfortune for any given doctor should these occasions be continually happening to him, or should he be the only doctor who could have met the emergency.

We now pass to the other phase of this division of the subject, namely, the obligations of patients to their physicians. Doubtless you all will agree that to do justice to this part of the subject many hours might be devoted to its discussion, but I beg that you will not feel uneasy lest I exhaust your patience, for I shall barely do more than touch upon this part of the subject.

The code lays down judicious rules that should guide persons in the selection of a physician, and then very properly advises them to repose in the one so selected full and implicit confidence.

Nothing is more disagreeable to a sensitive and capable physician, one who conscientiously feels that he understands the case in hand and is able to treat it in accordance with the most approved teachings of his science, than to harbor



doubts as to whether or not he enjoys the confidence of his patient.

When these doubts amount to conviction the situation is unbearable, and the sooner the doctor withdraws from the case the better for him.

There is one form of obligation due from the patient to the physician I fain would pass by unnoticed, for, to me, it is by far the most disagreeable of all the points of relationship existing between patient and doctor. I allude to the business feature. Would that it could be entirely eliminated from the problem, but in the present utilitarian age this seems wholly impracticable.

The nature of this obligation is clearly indicated by the delicacy with which it is alluded to in the code.

"Honorarium," "pecuniary acknowledgment," are the terms employed, thus divesting it, as far as possible, of the elements of a cold-blooded business transaction.

No high-toned physician should ever name a larger honorarium than is just, and no appreciative patient should ever tender less.

By far the most disagreeable and humiliating experience of a physician is to be compelled to contend with a patient over the pecuniary part of the transaction.

A patient should convey to his doctor the honorarium due very much as I *suppose* a man does toward the preacher who has cured him of bachelorhood at the hymenial altar, slips it into his hands and says naught about it. Unfortunately, however, in this wicked world we cannot always depend upon people doing things in this agreeable way, therefore it becomes necessary, on occasions, for doctors to demand and enforce their rights.

When so, they should have the courage to do it fearlessly and fully, for it is demoralizing to people to permit them to disregard their obligations. Were a single law promulgated that would do most toward reforming the world it would undoubtedly be one to compel people to respect their financial obligations. Could this be accomplished, it would certainly and forever abolish a long catalogue of other crimes

to which the disregard of financial obligations is the entering wedge.

One more point in this connection. The world is very much in the habit of undervaluing the services of physicians.

Let an indictment lie against a man that endangers, even remotely his life or liberty and his entire possessions are freely at the service of the attorney who secures for him a verdict of "not guilty."

Let the same man be stretched upon a bed of disease and tied to life by a mere thread, and often he will begrudge the doctor who rescues him a fractional part of what in the former instance he would cheerfully give. There is no way of correcting this under-estimate of the services of physicians except by the physicians themselves. It goes without saying and is known of all men that the poor and the unfortunate can command the services of doctors with the same freedom as the rich and fortunate. Let us hope that the profession will never cease to pay this debt to benevolence, and that in paying it they will be actuated by the highest and purest dictates of ethical philosophy, do benevolence for the sake of benevolence.

Under the second classification, or that of the duties of physicians to each other and to the profession at large, I shall briefly advert to one point, but that one I deem of vital importance. The code of ethics teaches that a close and confiding fraternity should exist among doctors.

Let us make this a living truth, and not a mere formal profession. When rumors reflecting upon the professional or moral character of a brother physician reach us let us never forget to obey the Latin maxim, "Audi alterum partem."

Let us go further, and not only hear the other side, but *seek* for it. Were this made an invariable rule the damaging rumors would often be traced to a false assumption of facts or to a thorough misapprehension. The explanation or correction thus ascertained would not only prevent the growth of prejudices and enmities, but lead to close and

confiding friendships and do honor to the man who *sought* and *found* "the other side." True to the teachings of ethical philosophy, our code prescribes no penalties or punishments; indeed, these words do not occur in it from beginning to end.

It may, and does, happen that the profession must sometimes deal with violations of the letter and spirit of the ethics.

When this becomes necessary the highest punishment that can be inflicted, and the one that should humiliate a proud and sensitive man the most, is to deny the erring brother the privilege of professional fellowship.

Time leaves us but a few moments in which to discuss any point connected with the third and last head in our classification, or, the duties of the profession to the public, and the obligations of the public to the profession. In truth, the necessity for a discussion of this topic has been greatly abridged by the able and exhaustive manner in which the duties of the profession to the public were treated of in the monitor's address of last year. These duties are undoubtedly of the highest and most exacting kind, and consist, mainly, in preventing, by every means possible, the origin and spread of disease.

The physician who would not instantly raise his hand, if, by so doing, he could banish disease from the earth, is unworthy of the title he holds, untrue to the moral principles he professes, and unfit for the fellowship of his professional brethren.

The enlightenment of the public upon all sanitary questions and the practical administration of hygienic laws lie at the very foundation of professional duty, and should claim the wisest and most faithful work of physicians.

In Alabama the profession are earnestly endeavoring to discharge this trust, and it is to be hoped will not relax their efforts until the State shall have been placed in the foremost rank for salubrity and health. It remains to be seen whether the people and the State will support the

profession in their effort to achieve this great work, for without such support success will be impossible.

No reasonable person would likely deny to the members of the medical profession the possession of knowledge on questions of public health superior to that of the non-professional, admitting which the absurdity of withholding from the former the power of using that knowledge to the best interests of the public becomes self-evident.

As paradoxical as it may seem, the profession have reason for complaint on this point. The authorities seem reluctant to confer upon the doctors the power of dealing with the problem of public health to which their special knowledge clearly entitles them.

If they do not know how to deal with this problem the pertinent question arises: Who does?

The challenge is broadly made for an instance to be pointed out in which they ever proved recreant to this trust when reposed.

History, therefore, fortifies reason in establishing the wisdom of consigning the guardianship of the public health to the medical profession.

Until this is done we feel justified in affirming that the public will not have discharged the obligation it owes to the profession.

## PROGRESS IN MEDICINE.

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BY THOMAS WILBORN AYERS, M. D., JACKSONVILLE.

Member of the Medical Association of the State of Alabama.

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Pausing for a moment in our rapid onward march, we look back across the ages and are profoundly impressed by the fact that these closing years of the nineteenth century are indeed "the cradle of a new epoch."

If, a quarter of a century ago, a prophet had dipped into the future and foreseen the wonders which have since been accomplished in the material world, he would have been laughed to scorn as a wild dreamer, drunk with a disordered imagination.

The realm of thought has transcended the conception of the ages past, and stands limitless to-day with grand achievements and mighty possibilities for the future.

The midnight sentries of old earth are keeping vigil, ever and anon proclaiming a new world discovered, a strange celestial visitor in the solar system, a fifth satellite of Jupiter come within our ken, the queen of night soon to be brought by the aid of our powerful telescopes to within a score of miles. The patient Columbus of the heavens comes with his instantaneous photographs of far-off worlds, and with his treasures of observation and calculation, to make us "gaze and wonder much and praise" the glorious triumphs of the human intellect in these latter days.

The problem of aerial navigation, so long a vexed one to the scientists, is about to be solved by the skycycle, which, when perfected, will fulfill the dead laureate's vision, in which he

"Saw the heavens fill with commerce, argosies of magic sails,  
Pilots of the purple twilight dropping down with costly bales."

Through the power of mechanism, irrigation, and fertilization, agriculture has become a charmed science beyond the most sanguine fancies of our toiling forefathers. The great African desert which our sires would have thought folly to cultivate has, by these magic agencies, been largely reclaimed and made to "blossom as the rose."

By the clicking of the Mergenthaler linotype, one man's speed is quickened to that of eight setters of type, according to the old process.

In education, too, the world is striding forward, and in almost every department of learning, the modern child may know far more than the sage of antiquity. Alabama, no less progressive than the elder sister states, has done much, and will do more, for the harmonious development of the three-fold nature of her sons and daughters. In her various schools she provides ethics for the spiritual part, mental pabulum for the intellectual, and manual training for the physical.

Twenty-five years ago, the human mind, great though its achievements were even then, had not conceived of a scheme so chimerical as that of harnessing the lightning to so prosaic a work as the running of street cars. And since this has been accomplished so thoroughly and so speedily, may we not safely predict that, ere the dawn of the twentieth century, the Mann Boudoir and Pullman Vestibule cars, considered so luxurious at present, will be superceded by trains made perfect through some later invention of the wizzard Edison?

This wonderful man and his brother electricians have already accomplished feats so astonishing as would have caused their ancestors to stand aloof at such connivance with the evil one and his powerful magic. How utterly incredulous would they have been at the idea of sitting in New York city and carrying on, in ordinary tones, a conversation with friends in Chicago; or of imprisoning the human voice and liberating it at will by means of the tiny indentations on the phonograph's paraffine cylinder; or of the prodigious changes destined to be wrought by the transporta-

tion of mail and express matter through pneumatic tubes; or of reading at the breakfast table an account of yesterday's revolution in France, or last night's earthquake among the isles of Greece.

Not only have advances been made by the study and manipulation of electricity on the lines already suggested, but the progress made with it in the practice of medicine has really been wonderful. With it we are enabled to even light up some of the hidden recesses of the human body. By a very ingenious little electrical instrument, we can now light up the human bladder and examine its contents. This is a step in progress which is marvelous, and when first made known, astonished the medical world.

By means of the electro-magnet, foreign bodies, as particles of iron and steel, can readily be removed from the eye. The apparatus is connected with one cell of an active battery, and the end placed as near as convenient to the foreign body to be removed. When the circuit is closed the current passes through the wire of the electro-magnet and renders the iron core magnetic.

The blacksmith who gets a piece of iron or steel in his eye and goes to his physician and has it removed in this manner, needs no further evidence to convince him that progress has been made in the practice of medicine.

The girl, who for years has had a beautiful face made less beautiful by an abnormal growth of hair on the face, is also convinced of this progress, when, by the use of electricity, she has the unwelcome hair removed permanently, painlessly, and without leaving a scar.

By the use of electricity we can also easily remove warts, moles, and small fibromata of the skin. Angiomata, papillomata, pigmentary nævi, are also readily destroyed by means of electrolysis.

For the past few years electricity has been extensively used in the treatment of many diseases of the nervous system. It has also been found a valuable agent in cutaneous and venereal diseases.

In cases of apoplexy, the electrical treatment is beneficial

upon the paralysis of sensation and motion and the depressed circulation and nutrition of the paralyzed muscles. Where there is loss of function of the sensory nerves, due to inflammation, compression, or traumatism, a large proportion of the cases yield very readily to the influence of the electric current.

Cases of facial palsy, as a rule, yield promptly to electrical treatment.

In cases of neuralgia, much benefit is often derived and relief afforded from the application of electricity over the seat of the lesion; and in cases of chronic rheumatism, the happiest results often follow the use of the galvanic current.

In exophthalmic goitre the excessive frequency of the pulse, the enlargement of the thyroid gland, and the prominence of the eyeballs are directly influenced by electrical treatment.

When intestinal obstruction is due to atony, or paralysis of the intestinal walls, no other treatment is now considered equal to the current of electricity.

In puerperal hemorrhage, where the bleeding comes on during or after labor, there is no agent that can be relied upon with so much confidence as electricity.

For the destruction of foetal life in extra-uterine pregnancy, nothing is now thought of except the application of electricity.

While the progress in the use of electricity in medicine already mentioned is marvelous, yet probably its greatest usefulness has been achieved in the practice of gynecology. As has been said, "many of the diseases of women, especially metritis, endo- and peri-metritis, as well as inflammation of the adnexa, appear theoretically to be suitable for electrical treatment, and have proven so in practice."

#### PROGRESS IN DIAGNOSIS.

Twenty-five years ago the guides in making diagnosis were few and simple. They were confined to the pulse, the tongue, the temperature, as inaccurately judged by the pulse and touch, and the expressions of the countenance.



With the progress which has been made, no one of us present to-day would attempt to practice medicine if we could not secure an armament more elaborate and comprehensive than was our father's of a quarter of a century ago.

The physician of to-day must not only be able to examine the tongue, feel the pulse, examine the lungs and heart by the ear, but he must have as a constant companion a self-registering clinical thermometer, and must be able to handle skillfully the stethoscope, the otoscope, the laryngoscope, the ophthalmoscope, the gastroscope, the microscope, and many others that now compose the diagnostic armament, which were not dreamed of forty years ago.

Truly during the last quarter of a century a most wonderful progress has been made in diagnosis. By the use of the clinical thermometer, we are enabled to keep a correct daily record of the temperature of any case under treatment. It enables us to discriminate between functional and organic affections. It is exceedingly valuable in the treatment of all fevers; in the study of apoplexy, of palsies, and of hysterical affections, and often enables us to tell when diseases are feigned. It is indispensable in determining whether a rapid pulse is due to fever or debility.

The invention of the clinical thermometer has made such progress in the practice of medicine that to deprive the practicing physician of it to-day would be to make him as a mariner at sea without his compass.

By the aid of instruments invented within the last few years, we now literally look within the human body and see the wonderful mechanism therein contained. As already stated, by the use of an ingenious little electric lamp and instrument we are now enabled to look within the human bladder. By the use of the ophthalmoscope we can now see the living retina of the human eye and view the pictures daguerreotyped upon its sensitive surface. Of late years we have been enabled to inspect the vocal cords by the aid of the laryngoscope, and our knowledge of the diseases of the larynx has been revolutionized through its influence.

There are many other new and valuable instruments now

used in making diagnosis, but to give a detailed account of them would make this paper entirely too lengthy.

These improved methods of diagnosis have enabled us to make corresponding improvements in the treatment of diseases. For one of the most important features in the management of any case is a proper diagnosis.

#### PREVENTIVE MEDICINE.

While the progress in the other departments of medicine has been such in recent years as to challenge the admiration of the reading world, yet probably in no other department has it been so great as in the work to prevent and control epidemics of disease.

The recollection of the ruin of communities and cities in Alabama by the spread of yellow fever and cholera is still fresh in the memory of the people. A few years since there was constant dread that our southern country would be scourged by an epidemic. Annually the yellow demon found its way through our southern ports. Yearly several of our southern cities were depopulated. The people fled for their lives. All commercial interests were crippled. The minds of the people throughout the southern country were filled with the direst apprehensions.

But with the progress made in quarantine and disinfection, our people now feel comparatively safe. Now an educated sanitary official stands at every port of entry to prevent the spread of any germ of contagion among our people. Public boards of health are organized and in operation in every state, and should yellow fever, typhus fever, cholera, or smallpox find its way into the states, by an organized effort on the part of our boards of health, by the means of quarantine and disinfection, we are soon enabled to prevent its spread and to stamp it out of existence.

The progress made in this particular in recent years has not only been marvelous in the protection which it affords to the health and lives of the people, but has been worth its millions to the business interests of the United States.

By the famous discovery of Jenner, smallpox has been robbed of its terror, and by vaccination all can feel comparatively safe during an epidemic of this loathsome disease.

Not only has great progress been made in preventing the spread of disease on the lines suggested, but the investigations of bacteriologists of recent years has done much to enlighten the minds of the profession on the specific causes of many diseases, and by the proper use of valuable disinfectants, which we now have, we are enabled to so destroy the germs in the excreta and sputum, and to fumigate and disinfect the rooms of patients who have had certain diseases, as to prevent their spread.

We now know that typhoid fever is due to a specific germ, and that this disease is spread almost exclusively by the contamination of drinking water from the excreta of typhoid patients. In the former years, the excreta of typhoid patients were emptied without any effort at disinfection, and the rule was, that when one patient had typhoid fever, nearly all those who used the drinking water from wells near by had the same disease. Now, as soon as we are called to see a typhoid patient, we at once commence the disinfection of all excreta, and thus prevent the spread of this long continued fever. This is so important, that the physician who fails to have the excreta of his typhoid patient disinfected should be considered guilty of the very greatest negligence.

By the use of disinfectants we are also able to prevent the spread of scarlet fever. As soon as a case of scarlet fever is seen, all persons except the nurse are excluded, and no article of any description is allowed to be removed from the sick room until it is thoroughly disinfected. As soon as the patient is removed from the sick room, the room with all its contents is thoroughly fumigated and disinfected before it is allowed to be occupied.

Such progress has been made on this line, and our sanitary laws are being so rigidly enforced that the White House, occupied by the President of the United States, is treated as would be the humblest cottage in the land. A

short time since, when the grand children of President Harrison had scarlet fever, the board of health erected the warning sign and closed the doors of the White House to all visitors. After these children recovered, the board of health sent its officials and had the room occupied by the little ones thoroughly fumigated and disinfected.

Such confidence is had in our ability to destroy germs of contagion, that President Cleveland felt perfectly safe in carrying Baby Ruth into the White House a few weeks after it had been thus fumigated.

Ten years ago, Koch, the German bacteriologist, announced to the world the discovery of the bacillus tuberculosis. Not only this, but it is now well established that consumption is contagious, and that "its spread is largely due to the fact that the sputum of consumptive patients, which always contains bacilli, floats about in the air after being dried and pulverized and is inhaled by healthy people." It is also now well known that there is no danger of contagion from the sputum of consumptive patients as long as the sputum is kept moist. This has only recently been known by the medical profession, and it is now carrying on a campaign of education, and to a certain extent is making an effort to impress upon all consumptives the importance of casting their infected expectoration into a receptacle containing a disinfecting fluid. By this effort it is hoped to greatly decrease the number of cases of this fearful disease which yearly slays its thousands. The effort to prevent the spread of this disease dates back only a few years, and the mass of the profession is not yet thoroughly aroused to a sense of its duty in this important work. If, during the session of this Association, we can properly impress upon the profession in Alabama the importance of making a united effort to stamp out of existence this fearful, and as yet incurable, disease, which is annually slaying one-seventh of all the people who die in the United States, we will then have done a work of inestimable value to the coming generations in this State.

The masses of the people are ignorant of the fact that

consumption is contagious. The father who now suffers his infected expectoration to become dry and pulverized and thus inhaled by his children, is ignorant of the fact that he is scattering bacterial annihilation among those whom he loves. He needs to be told of the knowledge which we have recently acquired. Whose duty is it to furnish him this information? Some may answer, the State of Alabama. Probably so. But the medical profession should not wait for the state to do this work, but should deem it a privilege—a work of love—to scatter an address in every nook and corner in Alabama, furnishing the people the necessary information for the prevention of the spread of this fearful disease.

During the past twelve months cholera and typhus fever have both found their way to the city of New York. They came in such a manner as to threaten a scourge for this entire country. But our boards of health, with their recent knowledge and appliances, were equal to the emergency, and soon stamped the invading monsters out of existence.

The successful manner in which these threatened panics were controlled was a triumph for medical skill and sanitary knowledge, and is a recent and living illustration of the great progress made in preventive medicine.

The public has not failed to recognize the efforts the medical profession has made to prevent the spread of disease, and is yearly becoming more and more imbued with the truth that "prevention is better than cure."

Not only is the use of disinfectants valuable in preventing the spread of disease, but they occupy a most important place among other remedial agents in the treatment of disease, and hold out to us the hope that in the near future we will be able to cure all diseases which are now listed among the incurable.

Never in the history of the world has so much time and study been given in laboratories in learning the origin of disease, and the means by which these organisms may be destroyed.

From the success which has already crowned this study,

it is reasonable to believe that the time is near when we will be able to isolate and distinguish the peculiar organism to which every disease owes its origin.

While it is true that little progress has as yet been made in discovering remedies to destroy in the human system the discovered germs in typhoid fever, consumption and other diseases, and while we are yet forced to stand by a typhoid patient as a spectator and see the fever run its course, and confess that consumption is incurable; yet the discoveries recently made are on the right line, and as we become familiar with disease and the cause of disease, we will in time discover the antidote.

Yes, we have sufficient reasons to lead us to believe that we are just now upon the threshold of the grandest discoveries in the practice of medicine the world has ever known—that the time is not far distant when we will be able to cure all manner of disease.

Grand as the progress has been during the past century, we can now confidently look forward to a more glorious future.

Progress has been made in the treatment of so many diseases that I dare not undertake the time to enumerate them, and will allude only to diarrhoeal diseases, as the progress made in these cases is directly in line with the germ theory of disease which we have just been considering.

The ancient fallacies of the pathology of diarrhoeal diseases have been exposed, and we now know that micro-organisms play an important part in these diseases.

Dr. Emmett Holt in discussing the relation of bacteria to diarrhoeal diseases says: "Clinically we are brought face to face with a group of symptoms which admit of no other satisfactory explanation, in the light of our present knowledge, than that they are of toxic origin from the absorption from the intestines of ptomaines produced by bacteria. These symptoms are high temperature which autopsies show are not inflammatory; profound nervous symptoms, such as great prostration, delirium, coma, or convulsions, without, in most of the cases, any demonstrable changes in

the brain, and often subsiding when the intestinal contents have been discharged; and, finally, the great evolution of offensive intestinal gases seen in nearly all acute cases."

So long as these diseases were considered to be due to dentition and atmospheric heat *per se*, it was considered useless to make any effort at prophylaxis, and we now look back over the past with the sad reflection that thousands and thousands of children have died who might have been saved had the profession been in possession of our present knowledge as to the cause of these diseases.

But since we have progressed so as to have a better understanding as to their causes, we have adopted such prophylactic rules as have greatly decreased the number of cases, and we hope the day will soon come when diarrhoeal diseases will not be known as the greatest scourge of infancy.

Not only has our recent knowledge of the causes of these diseases enabled us to decrease the number of cases by looking closely after the hygienic surroundings of children, and to the sanitary conditions of cities and communities, and by regulating the quantity and quality of food children take, but we have made corresponding progress in treatment.

Formerly these cases were treated almost exclusively with vegetable astringents containing tannin; such as kino, catechu, etc. The profession is now agreed upon the fact that these drugs, instead of being beneficial, are positively injurious. The same can also be said of the mineral astringents, with the exception of bismuth.

No matter how much faith we may place in the value of any combination of drugs, if they disturb the stomach in these cases, they are exceedingly harmful, and this is sufficient reason why we have discarded the astringent plan of treatment.

With our present knowledge of these troubles, the indications for treatment, as Holt well says, are (1) "to evacuate the fermenting masses from the stomach and intestine; (2) to combat the process of decomposition by drugs and proper food; (3) to restore healthy action by intestinal hygiene; (4) to treat symptoms and complications."

With this plan of treatment we have been more successful in the treatment of these cases, and as we better understand their cause, we will better understand how to treat them, and we hope the time is near when the cemeteries in every city and community will not be so numerously dotted from square to square every year by the graves of little ones who have died from diarrhoeal diseases.

#### NEW REMEDIES.

The subject which has been assigned me is so comprehensive—there has been such progress made in every department of the practice of medicine—I find it impossible to cover the field with one brief paper, and have no doubt many will be disappointed, and feel that I have omitted the very things which I ought to have included in this report.

But before I close, I must refer to one other thing, for it would certainly be considered a very great oversight if, in preparing a paper on the "Progress of Medicine," no allusion should be made to the large number of new remedies and therapeutical agents which have been presented to the profession during the last five years.

These new preparations have been so numerous, that to consider them alone would require a much more lengthy paper than would be admissible upon this occasion. Indeed, to even *name* them would require considerable time.

Many of these new preparations have been tested sufficiently to prove that they are valuable. They have greatly aided in making this century an important period of time in the progress of medicine, and will take a prominent and permanent place among our therapeutical agents, while many others of the new remedies which have been presented to the profession have been "weighed in the balance and found wanting," and will occupy no place in the future history of medical progress.

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The work which the medical profession has done, and especially the work in the line of preventive medicine,



during the last century, has shown it to be entirely unselfish. We feel confident that the unselfish labor expended by our profession in the interest of the country has, in a *measure*, been appreciated by the general public. But surely the works we personally do must be few and small in the aggregate of history, and the value of our services will not depend absolutely upon the estimate the world places upon them, but upon truth and justice; and he who is now giving his labor and life in the interest of medical progress must be content to labor on with the assurance that he will be rewarded as he—

“Who, whether praise of him must walk the earth  
Forever, and to noble deeds give birth,  
Or must go to the dust without his fame,  
And leave a dead, unprofitable name,  
Finds comfort in himself and his cause,  
And while the mortal mist is gathering, draws  
His breath in confidence of Heaven’s applause.”

**BODILY DISEASE AS A CAUSE OF INSANITY.**

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By EUGENE DuBOSE BONDURANT, M. D., TUSCALOOSA.

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It is a fact not generally recognized by the profession at large, nor by those who plan the curricula of our medical schools, that probably no other of the specialties into which the science of medicine has, through its rapid growth and development, become divided, is of such importance to the general practitioner, and so closely related to the general practice of medicine as that of psychiatry, or the science of the so-called mental diseases. It falls to the lot of every physician to deal at some time, and, alas, not infrequently, with this most distressing of all the manifestations of disease; and a large share of responsibility rests upon the shoulders of the medical man who is called upon to treat the early stages of mental aberration, and to decide as to the necessity or advisability of depriving a patient of his liberty, removing him from the home and social circle, and subjecting him to the supposed disgrace of legal committal to a hospital for the insane.

Notwithstanding this, I think I may safely say that no department of medicine receives at the hands of teachers and students such scant courtesy and attention; and the very general ignorance of this subject not only among the people at large, but among otherwise quite well educated and informed physicians, is a just cause for regret and surprise. Many of the crudest, most vague and most erroneous ideas regarding the nature and pathology of mental disease find general credence, and retard not a little the advance and diffusion of more rational and correct ideas concerning

the nature of insanity, as well as render the course of an attack of mental disorder more painful and distressing for the individual patient than would otherwise be the case.

A century or two ago the scientific study of insanity was unknown; the dependence of mind upon physical structure was but imperfectly recognized, and any possible relation between intellectual disturbance and bodily disease was not thought of. The insane were bewitched, or possessed of devils, which could be exorcised by charms or driven out by ill treatment. It is only within the past hundred years that the insane have been brought under the care of medical men, and during the first half of this period but little advance was made. Alienists, attracted by the ever changing and endless variety and complexity of the mental symptoms, expended their time and energies chiefly in the study of the psychological aspect of the disease, giving to delusions, hallucinations, imperative conceptions and other accidental and non-essential mental symptoms, that attention which had more profitably been devoted to the underlying bodily states of their patients. Even to the present time the overshadowing influence of psychology is but too apparent. Not a few intelligent people—physicians too—entertain in more or less definite shape the idea that the "mind" may become disordered or diseased without disease of bodily tissues. It is, however, apparent that, having once attracted the attention of medical men and been made the subject of critical investigation, the study of insanity has, despite the disadvantages under which it has labored, progressed with rapid strides. And as it advances, it becomes more and more closely united with and dependent upon the general science of medicine.

It is now recognized that disorder of mind is unknown without correlative disorder of the organ of mind, the cortex cerebri; we have advanced still further to the discovery that primary or demonstrable disease of the brain is found in but a small proportion of the recent insanities, the essential cause existing is disease of distant organs and tissues, the brain functions being only secondarily disordered, and ana-

tomical changes in cerebral structure appearing only after the primary cause of the disease has been long operative.

It is to this extremely interesting and important phase of insanity, viz., the influence of bodily disease other than disease of the brain, in the causation of insanity, that I shall more especially ask your attention. What we call insanity is not a disease, it is a symptom or group of symptoms of disease. When we recall the intimate association and interdependence of the central nervous system and the other organs and tissues of the body, it is readily comprehensible that disease or disorder of the one must induce correlative changes in the other; and an organ such as the gray cortex, whose physiological function is ready response to stimuli, will most quickly and surely reflect any serious departure from the normal in other organs. That almost all forms of disease induce some intellectual disturbance, slight or serious, is known to none so well as to the general practitioner of medicine. The disinclination to mental exertion, the ideational sluggishness, the depression of spirits, irritability, etc., attendant upon many of even the minor bodily ailments, are generally recognized; while every physician is familiar with the more serious delirium with well defined hallucinations, illusions, delusions, emotional weakness and intellectual dullness accompanying the severe febrile affections, and typically shown as a result of the toxic states of mania a potu, and morpho-mania. This delirium differs in any case only in degree and duration from "insanity;" and I would especially emphasize the fact that many cases of true insanity—typical acute manias, acute melancholias and acute dementias, enduring for long periods and too often incurable, are symptomatologically and pathologically but the delirium of disease—the psychic expression of cerebral malnutrition, hypernutrition or toxæmia.

The authors of most of the text books of mental disease, in framing their definitions, attempt to exclude all such delirium from the term insanity. Some make the compromise of excluding only the delirium of short duration. In prac-

tice we never speak of the milder delirium, nor of that enduring for brief periods only—that, for instance, which accompanies an acute illness and disappears as the illness subsides—as insanity; but it is well to bear constantly in mind that no essential difference exists; the dividing line is drawn for convenience, and is purely arbitrary.

The development of mental aberration of any kind and degree is dependent upon two factors, united in varying proportion in different cases, viz., inherent brain instability, and unwonted and unfavorable conditions external to the brain. The first of these factors is an inherited quality and for all practical purposes unchangeable; the latter is supplied by the constantly changing and complex forces operating from without, the most important single agency being physical disease. The brain of ideal balance will exhibit perverted action under only the severest strain; actual destruction of anatomical elements being necessary to the manifestation of serious intellectual disorder. In an organism, however, predisposed by inheritance to a ready overthrow of mental equilibrium, changes in the quality of the blood supplied to the brain, or a slight lowering of general nutritive tone, will be quite sufficient to initiate serious intellectual disturbance; and in extreme cases of this class—those of the well recognized “insane constitution” very slight physical disorder—so slight as to be with difficulty detected—will be followed or accompanied by a degree of mental disorder out of all proportion to the gravity of the bodily disease. To this class belong many of the cases of acute insanity developing without apparent bodily disease or other adequate cause.

Turning now to the more especial consideration of the distinct diseases which experience has shown are most apt to exhibit intellectual disorder as a symptom, or to leave in their train some perversion of mental character, the first and most important group is encountered in the acute diseases attended by elevation of temperature and characterized by contamination of the blood stream—all of the acute germ diseases, and in particular scarletina, typhus and typhoid,

the malarial fevers and influenza. The mental disorder in these cases is of two kinds, the well known and almost always to be expected delirium occurring during the acute stage of the fever, and the much more serious mental disturbance which develops at varying periods after the subsidence of the disease, often after convalescence is apparently well established. To the first of these classes belong most of the typho-maniacs; to the latter the so-called post-febrile insanities, which may assume the form of either a mania, melancholia, or dementia; the two last named being most common. The cause of the mental disorder in these cases is complex—a combination of high temperature, the presence in the blood of the specific poison of the disease, and the toxic effect of some of the products of tissue metamorphosis, which under normal conditions are thrown off by the excretory organs, but are here retained by reason of disorder of the eliminative apparatus, prominently the kidneys. It is probable that the delirium occurring during the height of the febrile attack is especially due to the first two of the agencies named, high temperature and the specific poison of the disease acting upon the more or less unstable nerve cell. In the post-febrile cases it is especially the last named influence which is most at fault—the retention of excrementitious products.

We receive quite a number of cases at the hospital in which serious and acute mental disorder accompanies some form of acute illness; the cases are frequently serious; a certain proportion prove fatal; some become chronic, and probably in most instances some mental defect remains; in those cases which recover or improve, the disappearance of the bodily disease or a material change for the better in physical state precedes the disappearance of the intellectual disorder, and throughout the attack the dependence of the mental symptoms upon the physical state is very apparent.

Post-febrile cases are still more common. Here the delirium during the acute stage is slight or entirely wanting, but at periods varying from a week or two to several months after the fever has subsided, usually without much physical

improvement in the intervening period, an attack of more or less serious mental disorder begins; it pursues a more chronic course than the cases just named, and is a rather unpromising form of mental trouble, frequently passing into hopeless dementia, or leaving at least some slight dulling of intelligence or change in character. The intellectual deficiency often seen after scarletina, especially in children, will occur to many as an example.

An interesting phase of the pathology of these post-febrile insanities is presented by the kidney complications which our experience here has shown to be of extremely common occurrence. Almost without exception we have found albumin and renal casts present in the urine, and in a large proportion of the cases an undoubted and quite severe nephritis exists. It is more than probable that this renal weakness is largely responsible for the development of the intellectual disorder. The poison of the original disease, in its passage through the kidneys, sets up an acute inflammation, which interferes with the normal function of the gland; the retained products exert their toxic influence upon the cerebral cells, already weakened and rendered unstable by the exhaustion of serious illness, and an attack of acute melancholia or dementia is the result. Althaus applies the term "delirium of inanition" to this entire group, and remarks that "the condition is always owing to sudden exhaustion of brain power from excessive destruction of unoxidized albumin of cerebral tissues." It would, however, seem reasonable to assume that the necessarily serious toxæmia from the cause mentioned above plays a not unimportant part in the etiology of the post-febrile insanities.

Among the specific infections which have recently attracted attention as being prone to incite mental disturbance, the influenza or "la grippe," prevalent over a considerable portion of the country during several winters past, should be prominently mentioned. A very large number of cases in which insanity has developed a short time after the subsidence of an attack of influenza have already been reported. Probably many of my hearers have met with such cases in

practice, and can readily recall the prostration, mental as well as physical, which is often seen to follow this malady. At the hospital we have had about twenty-five cases under care; very few have recovered entirely; more have died; usually most directly from the resulting renal complication, and the great majority have become hopelessly demented.

The part played by malaria in the causation of insanity in Alabama is not easily determinable. So far as I am aware, very little has been written upon the subject; and at the insane hospital the difficulty of obtaining accurate and reliable information concerning the illness preceding admission to our wards renders our experience less valuable than it would otherwise be. Still, we receive in the course of a year a small number of cases in which distinct malarial infection, usually in its more chronic forms, can be traced. The patients have had chills—possibly an attack of continued fever, and come to us very emaciated, anæmic, pale and weak. Probably general blunting of intellectual power is the most common mental symptom. The subject would repay closer investigation.

Typhoid fever is a not infrequent cause of mental disorder and weakness, which, under unfavorable circumstances, may assume the gravity of insanity. These severe forms of intellectual weakness are unfavorable, and rarely recovered from. Fortunately the disease is becoming rare, and cases of insanity from this cause are not frequent in Alabama.

Of all the forms of bodily disease encountered among the patients which we have under treatment at the hospital, no other is so frequent, nor so intimately associated with the mental disorder as disease of the kidneys. This occurs not only as a complication of acute infectious diseases, as above briefly mentioned, but as a primary lesion in both its acute and chronic forms. We have during several years past made repeated examinations of the urine in more than thirteen hundred insane patients, and have found albumin and casts present in something more than one half of the cases. The several hundred examinations made shortly after admission of the recent cases to the hospital show a still higher per-



centage of renal disorder—about sixty-five per cent. exhibiting albumin and casts in the urine. Not all of this large proportion show other symptoms of renal disorder, though the vast majority do, giving in the œdema, pasty complexion, anæmia, gastric and intestinal disorder, headache, and other uræmic symptoms indubitable clinical evidence of Bright's disease. It would be easy at any time to select from our population at the hospital an hundred or more very typical and characteristic cases of nephritis, representing every form and variety of this disease. It is a frequent cause of death. These rather startling assertions find ample confirmation in our post mortem records, which in near one hundred and fifty cases examined and studied microscopically, reveal the existence of serious kidney lesions in more than half of the cases investigated.

The chronic forms of nephritis preponderate, and especially the cirrhotic or arterio-sclerotic type, from which so large a proportion of our old chronic demented suffer. The mental disorder accompanying the more serious chronic lesions is as a rule permanent and incurable. The acute insanities associated with acute renal disease is not rarely recovered from, the subsidence of the renal trouble being usually promptly followed by distinct change for the better in mental condition.

Tuberculosis, in its various forms, is another disease which is extremely common among the insane. At our State Hospital it, as a direct cause of death, occupies the first place, more than one-fourth of the deaths on our wards during the past fifteen years having been due to this cause. Reference to our pathological records for two years past will show that tubercular disease of some organs and of some degree has existed in more than half of the cases examined; or to be explicit, in one hundred and fifty-four autopsies, tuberculosis was discovered in eighty-one instances, though in a certain proportion of these the tubercular disease was not the cause of death. The proportion of disease is distinctly higher among the negroes than among the white patients.

The possible influence of phthisis in the etiology of men-

tal aberration has been much discussed. Several writers describe a characteristic "phthisical insanity" having as its distinctive features a moody melancholy with fixed delusions of suspicion and persecution, running a chronic course and rarely or never recovered from. That some disorder of mind accompanies many cases of phthisis is well known; the peculiar cheerfulness and hopefulness in the face of inevitable death—the "*spes phthisica*"—is of this character, but not rarely the intellectual disturbance is much more serious, and is justly termed insanity. We have seen a number of cases in which an acute melancholia, or more rarely an acute mania, has developed simultaneously with tubercular disease of the lungs. It is not remarkable that this disease should so frequently be associated with insanity, since the circumstances favoring the development of mental disorder are all present in an unusual degree. Probably the temperament which favors the development of tuberculosis is also liable in an unusual degree to disorders of mind; and the marked dyscrasia of phthisis—the anaemia, general malnutrition, the specific poison, and the derangement of the excretory apparatus, all contribute to the production of a high degree of blood contamination. Here, as in the typical post-febrile cases, we find nephritic complications common. We have not been able to detect a characteristic phthisical insanity among the cases we have seen; melancholia with delusions is the most common group of symptoms, but we see essentially the same mental state in other conditions and from other causes; and a considerable proportion of the cases of insanity with tuberculosis assume other forms—acute excitement, paranoia, or acute dementia.

Another form of disease to which some few cases of mental aberration can be traced is organic heart trouble—the various valvular defects. This lesion is usually chronic. When existent from early life an undoubted influence is exerted upon mental character and development. Its influence in this way—as a predisposing cause, owing to diminution in general resistive power, is much more important

and far reaching than its power for the production of individual attacks of insanity. The subjects of cardiac diseases are supposed to be irritable, nervous, melancholy, and hypochondriacal. This condition exaggerated becomes a chronic melancholia, and unfits the subject for social life. Several cases of this kind have been brought to us recently. They are in general incurable.

Information as to the frequency of heart disease among the general population of our State is not obtainable, but it is probable that the proportion of such cases is smaller than among the patients of the Insane Hospital. We find, in examinations of the patients admitted during the past several years, that nearly or quite fifteen per cent. show a valvular lesion. During last year my colleague, Dr. Wright, made a physical examination of most of the white patients then in the Hospital, the majority of course being old chronic cases, with the result of discovering distinct valvular defect in about eleven per cent.—among seven hundred and two patients examined, eighty-two were found to exhibit the lesion in question.

The idea seems quite prevalent in the medical profession that among women disease of the generative organs and disorders of menstruation play an especially prominent part in the causation of mental disturbance; we find that some supposed uterine disorder or abnormality is more frequently than any other single cause, mentioned by the medical men sending patients to us as the exciting cause of the intellectual disturbance. Our experience at the Hospital is not in accord with this view; serious disease of the uterus and its appendages is not common among our patients; menstrual disorders and irregularities are common, it is true, but are themselves symptoms of a general lowering of nutrition, rather than a cause of ill health or of mental disease. At our autopsies, the generative organs are usually found to be in normal state; a few fibroids, a few ovarian cysts with an occasional instance of periuterine inflammation making up the sum total of the morbid anatomy of the reproductive

organs, at some one hundred and fifty post mortem examinations.

This subject should not be closed without some reference to the mental disorders of pregnancy and the puerperal state, usually grouped together under the term "puerperal insanity." These by no means rare and often quite serious forms of mental disease show many of the characteristics of acute delirium and post-febrile insanity, and probably belong to the same etiological group—the prime cause being toxæmia. The insanity is usually acute in character, and is fortunately very frequently recovered from, many cases not being sent to the Hospital at all. The mental symptoms assume very various forms, and are not characteristic; so that the term does not represent a definite clinical picture.

Many other diseases than those above referred to—probably all of them in some degree—occasionally contribute to the causation of mental disorder. Some authors have attempted to describe characteristic forms of insanity due to the various bodily ailments giving us a "gouty insanity," a "diabetic insanity," "rheumatic insanity," "insanity of oxaluria and phosphaturia," and so on through almost the entire range of diseases flesh is heir to; but in practice it is impossible to detect specific differences in the clinical features, and the whole subject may be summed up by repeating that "insanity" is only a symptom of disease; may be a symptom of any disease; and the form the mental aberration assumes—mania, melancholia or dementia—is its least important feature, the three classes named being pathologically identical.

It has been suggested and seems not improbable that a morbid process of sudden or rapid development is apt to induce maniacal excitement, while the more chronic affections—the dyscrasias and marasmatic states—incite melancholia or simple dementia.

The recognition of the direct dependence of the mental symptoms of insanity upon the bodily state of the individual possesses important practical bearings upon the question of diagnosis and treatment. Many of the acute mental dis-

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orders can be cared for at home. It is not necessary to commit a typhoid fever case to an insane asylum because the mental symptoms are prominent, as has been done. The mental symptoms may be disregarded, and the treatment addressed to the bodily ailments. Tonics and a liberal dietary accomplish more than moral agencies and the whole range of nerve sedatives.

The above very hurried resumé of an important subject is intended rather to provoke discussion than to be exhaustive.

### THE NEGRO AS A CONVICT.

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It is my purpose in this paper to present a few practical facts, with such deductions as may be logically made therefrom, limiting the discussion to his morbidity and mortality. It is not my purpose to enter into any thorough consideration of the essential anatomical or physiological differences of the races except as demonstrated or logically established by the data at hand. It is clinical facts, not theoretical problems I would discuss.

Since my connection with the convict system of Alabama, there have been but two races represented in our convict population: the Caucasian and the Negro—the latter including that hybrid of humanity—the mulatto of all shades. From the consecutive examination of some 2,500 convicts that were in the penitentiary in March, 1883, and received from jail from that date to October, 1884; and from March, 1887, to October, 1888; and from October, 1888 to 1890, it appears that 15.43 per cent. were whites, and 84.57 per cent. were negroes, or in a ratio of one white to 5.41 negroes. Questions of health, morbidity and mortality, then, practically mean the consideration of these important subjects in connection with and as applying to the negro race. This proposition will be fully demonstrated in this paper.

From March, 1883, to October, 1884, including only state convicts wherever confined; and from October, 1884, to October, 1886, state and county convicts; and from October, 1886, to October, 1888, including only state and county convicts at Pratt Mines; and from October, 1888, to October,

1890, including state and county convicts at Pratt Mines, and state convicts at the Walls at Wetumpka; and from October, 1890, to October, 1892, state convicts at the Walls and at Pratt Mines, it appears from the penitentiary physicians' and inspectors' reports covering these periods for the above places, that there were from all causes 553 deaths. This period embraces only 9 years and seven months. Of the 553 deaths 37 or 6.67 per cent. were among white convicts and 516 or 93.33 per cent. among the negro convicts. Thus the ratio of white to negro deaths was 1 to 13.94, while the percentage of mortality of the white and negro is as 1 to 2.57. That is to say, that out of an equal number of white and negro convicts the mortality would be more than two and a half times greater in the latter.

Of the 553 deaths, 70 or 12.65 died from the direct and indirect effects of violence—accidental, suicidal, homicidal, etc. Of the 70 deaths from violence 14 were white, or 37.83 per cent. of the total mortality among the white convicts; 56 were negroes or 10.85 per cent. of the total mortality among the negro convicts. This leaves dying from disease, including "not known," 483, to-wit: White, 23 or 4.76; negro, 460 or 95.24. Ratio of white to negro deaths from disease, 1 to 20, while the actual percentage of mortality is 1 to 3.69. That is to say out of an equal number of white and negro convicts the mortality of the latter would be 3.69 to one of the former, or a little more than 250 per cent. greater.

From these figures the following facts are established, to-wit:

1st. That there are nearly 5.50 times as many negroes as whites committed for crime.

2d. That the negro mortality is nearly three times greater than the white.

3d. That over one-third of the white deaths were due to violence.

4th. That only a little over 10 per cent. of the negro deaths were due to violence.

5th. That from an equal number of white and negro con-

victs there would be a little more than 3½ of the latter to 1 of the former die from disease.

From these facts it may be logically concluded:

1st. That, (taking it for granted that our laws are impartially administered so far as race is concerned), there is something in or about the negro—some inherent principle or acquired property,—the former being a part of his original creation, or from long continued hereditary influences—the latter of environment,—religious, social, political, etc.—that prompts him to acts of crime, or that there is a deficiency of that restraining power which limits the action of universal depravity of the races.

2d. That as a physical entity he is inferior to the white man either in anatomical formation and the physiological performance of function, or that there is something in him that more greatly predisposes him to disease, or that aggravates the type of disease, or that he is wanting in recuperative or reconstructive power—certainly as a convict.

The first question I leave to the political economist, moralist and philanthropist.

The second, however, is, to those who are responsible for his health and life, a problem of absorbing and burning interest. Strange to say, this aspect of the convict problem in Alabama has never received the attention it deserves, so far as the question of prison life, work, discipline, etc., affects the health and lives of negro convicts. So far as I know, there has never been, heretofore, any attempt to compare the mortality and morbidity of white and negro convicts with a view of ascertaining the differences, if any, and the causes therefor.

I submit below in parallel columns, one for whites and one for negroes, a classification for the primary causes of death.

|                              | NEGRO. | WHITE. |
|------------------------------|--------|--------|
| Unknown .....                | 36     | 1      |
| Violence . . . . .           | 58     | 14     |
| Pulmonary Tuberculosis.....  | 72     | 1      |
| Peritoneal Tuberculosis..... | 27     | 1      |



|                                 | NEGRO.     | WHITE.    |
|---------------------------------|------------|-----------|
| Acute Miliary Tuberculosis..... | 25         | 0         |
| Miscellaneous Tuberculosis..... | 40         | 3         |
| Croupous Pneumonia.....         | 66         | 2         |
| Catarrhal Pneumonia.....        | 4          | 0         |
| Fibroid Pneumonia.....          | 7          | 0         |
| Pleurisy.....                   | 11         | 0         |
| Typhoid Fever.....              | 28         | 3         |
| Other Fevers.....               | 16         | 0         |
| Meningitis.....                 | 15         | 3         |
| Meningitis Tuberculous.....     | 2          | 0         |
| Pericarditis.....               | 3          | 0         |
| Endocarditis.....               | 0          | 1         |
| Organic Heart Disease.....      | 23         | 3         |
| Aneurism.....                   | 2          | 0         |
| Dropsy.....                     | 5          | 0         |
| Gastritis and Enteritis.....    | 27         | 2         |
| Dysentery.....                  | 1          | 1         |
| Tertiary Syphilis.....          | 2          | 0         |
| Anæmia.....                     | 0          | 1         |
| Erysipelas.....                 | 2          | 0         |
| Apoplexy.....                   | 2          | 0         |
| Paralysis.....                  | 0          | 1         |
| Lumbar Abscess.....             | 1          | 0         |
| Measles.....                    | 0          | 1         |
| Cancer.....                     | 2          | 0         |
| Bright's Disease.....           | 2          | 0         |
| Miscellaneous.....              | 19         | 0         |
| Cystitis.....                   | 1          | 0         |
| Intussusception.....            | 1          | 0         |
| Hip Joint Disease.....          | 1          | 0         |
| Pott's Disease.....             | 3          | 0         |
| Measles and Pneumonia.....      | 7          | 0         |
| Convulsions.....                | 2          | 0         |
|                                 | <u>514</u> | <u>38</u> |

I submit also, in parallel columns, one for white and one for black, a classification of the complications existing, as a supplement to the foregoing:

|                             | NEGRO. | WHITE. |
|-----------------------------|--------|--------|
| Croupous Pneumonia.....     | 22     | 2      |
| Catarrhal Pneumonia.....    | 9      | 0      |
| Pleurisy with Effusion..... | 16     | 0      |
| Pulmonary Consumption.....  | 1      | 1      |

|                                  | NEGRO.     | WHITE.   |
|----------------------------------|------------|----------|
| Tubercular Meningitis.....       | 5          | 0        |
| Acute Miliary Tuberculosis... .. | 4          | 0        |
| Tuberculosis of Bowels.....      | 2          | 0        |
| Tuberculosis of Larynx.....      | 1          | 0        |
| Organic Heart Disease.....       | 8          | 1        |
| Pericarditis.....                | 7          | 0        |
| Atheroma.....                    | 1          | 0        |
| Tubercular Pleurisy.....         | 4          | 0        |
| Gastro-Enteritis.....            | 11         | 0        |
| Perforation of Bowels.....       | 10         | 1        |
| Meningitis.....                  | 5          | 0        |
| Pleuro-Pericarditis.....         | 1          | 0        |
| Pneumonia and Meningitis.....    | 1          | 0        |
| Cystitis and Stricture.....      | 1          | 0        |
| Dropsy.....                      | 7          | 0        |
| Erysipelas.....                  | 3          | 1        |
| Dysentery.....                   | 1          | 0        |
| Bright's Disease.....            | 1          | 0        |
| Syphilis.....                    | 1          | 0        |
| Phlegmonous Abscess.....         | 2          | 0        |
| Cardiac Thrombosis.....          | 17         | 0        |
| Malarial Fever.....              | 1          | 0        |
| Rheumatism.....                  | 1          | 0        |
| Pulmonary Infarction.....        | 5          | 0        |
| Abscess Parotid.....             | 1          | 0        |
| Paralysis.....                   | 1          | 0        |
| Measles.....                     | 2          | 0        |
| Jaundice.....                    | 2          | 0        |
| Bronchitis.....                  | 2          | 0        |
| Myo-Carditis.....                | 2          | 0        |
| Pulmonary Congestion.....        | 4          | 0        |
| Pericarditis and Meningitis..... | 1          | 0        |
|                                  | <u>170</u> | <u>6</u> |

In discussing these tables, the 70 deaths from violence and 37 "not known" causes are not here considered, leaving negroes 424 and whites 22. It appears that the primary diseases in the 424 negro deaths involved the thoracic organs in 265 or 62.50 per cent., to-wit: Various forms of tuberculosis, 137; of pneumonia, 84; pleurisy, 11; heart, pericardium and large blood vessels, 33.

Of the 22 white deaths, the thoracic organs were involved with the primary disease in 9 or 40.90 per cent., to-wit: tubercular disease, 4; pneumonia, 2; organic heart dis-

ease, 3. It thus appears that there were nearly double the deaths among negroes from acute and chronic thoracic disease.

Add to these the same classes of disease in the complications and we have 358 or 84.33 per cent. among the negroes and 14 or 63.63 per cent. among the whites. These complications were in many cases the cause of death, but they do not represent a corresponding number of convicts, as sometimes two or more complications exist in the same case.

Of acute febrile disease, there were 42 deaths or 9.90 per cent., 26 typhoid and 16 other forms of fever, among the negroes; 3 or 13.63 per cent. among the whites.

Occurring as a primary disease and as complications, there were among the negroes 50 cases of organic heart disease, 36 chronic and two of acute myo-carditis, 12 of pericarditis, making a total of 50 or 11.71 per cent. Whites, 6 or 27.22 per cent.

Meningitis occurred as a primary disease and as a complication in negroes in 20 cases or 4.71 per cent. Whites in 3 cases or 13.63 per cent.

Tubercular disease in all forms existed as a primary disease or complication—among the negroes, in 182 or 42.92 per cent.; among the whites, 6 or 27.27 per cent.

Croupous pneumonia existed among the negroes in 88 or 20.75 per cent.; among the whites, 4 or 18.18 per cent.

I will not take up your time with a further analysis of this table

From the foregoing facts the following conclusions are legitimately made:

1st. That there is a much larger class of diseases represented among the negroes than among the white deaths.

2d. That the whites are more liable to die from accidents, meningitis and the essential fevers than the negroes.

3d. That the negroes are especially predisposed to tubercular disease, the various forms of pneumonia, pleurisy and organic heart disease—in other words, to thoracic diseases generally. The problem, therefore, resolves itself into the inquiry, why are negro convicts predisposed to the development of these diseases?

1st. Is it due to any deficiency in the anatomical development or formation?

Right here there is danger of straying away from the clinical into the theoretical, so I will have very little to say in answer to this question. Aside from the well known facts, the black skin, flat nose and foot, etc., etc., there is, in my opinion, in the negro race, when compared to the white, a hypo-cranial and thoracic development, and a hyper-abdominal and genital development. It is apparent to us all that the cranium is smaller than the white; that the cranial capacity is less, necessarily follows. Post mortem examinations have convinced me that the cranial wall is thicker; that the brain is smaller; that the convolutions are less prominent and the sulci more shallow. Hence, the inevitable conclusion follows, that brain function is not equal to the white race.

An examination of hundreds, or rather several thousands of negroes, has convinced me that the normal thoracic movements in ordinary respiration are deficient and that the thorax is not capable of as great movement during forced inspiration and expiration.

If this be true, what is the reason?

Is it in the want of muscular development, mobility of the bony walls, or pulmonary elasticity or capacity, or in the encroachment of the abdominal organs below? In my judgment the causes are to be found, (a) in less lung capacity, (b) less muscular development, particularly of the accessory muscles of respiration, and (c) the more or less encroachment of the abdominal organs. The first two are largely conjectural; but I think the latter is susceptible of demonstration by physical signs. Examine a series of whites and a series of negroes, noting carefully the line of beginning hepatic dullness on the right side, and the line of beginning gastric tympany on the left, and you will find that these lines are *higher* in the negro than in the white. If there be no error in these observations, the conclusion is inevitable, that the perpendicular diameter of the interior of the thorax is thereby diminished. In a general way I will say that it

is very rare that the physical signs are *absolutely negative*. There is either diminished expansion, a prominent clavicle with depression below and above, and an asymmetry in movement, points of asymmetrical percussion sounds and vocal resonance and fremitus, with more or less modification of the normal, rythmical, clear vesicular murmur, with, in a considerable percentage of cases, adventitious sounds. The latter remarks are true, to some extent, in both races, but much more conspicuously so in the negro.

As to the hyper-abdominal and genital developments, all one has to do is to see 300 or 400 negroes naked in a large bath house and step through a door, and see 75 or 100 white men in the same condition to convince him of the correctness of this view.

The general muscular development, taken as a whole, is good in the negro; but the chest muscles and muscles below the elbow and knee are deficient. I conclude, therefore, that the negro, as a whole, is inferior to the white in anatomical development, and in the symmetrical arrangement of systems and organs, etc. That there should, therefore, be a correspondingly weakened function and predisposition to disease is apparent.

That environment has a great deal to do with the causation of disease, both predisposing and exciting, there can be no question.

The question, therefore, is, have the white and negro convicts the same environment? I answer emphatically that they have. This is certainly true at the places from which the above statistics were obtained. Hence the difference in mortality cannot be explained by a difference in environment.

The effects of prison life, however well ordered, are beyond all doubt detrimental to both mind and body, regardless of race. It affects the mind more in the white and the body more in the negro.

Now, just in proportion to the bad hygienic surroundings—both general and personal—will these effects obtain, particularly the effects on the physical condition. If these con-

ditions are such as to be productive of disease they will operate more disastrously on the negro, both in morbidity and mortality. Therefore it is under more or less unfavorable environment that the physical inferiority of the negro race becomes manifest. In certain statistics published by Col. John T. Milner, it appears that in certain northern prisons, New Jersey, Pennsylvania, New York and Ohio, and in the border state of Missouri, for a series of years, the average white mortality was 1.55, and the negro mortality 5.05 per annum. The same may be said of the negro as a soldier. Among the U. S. white troops during the war the average annual death rate was 53.04 per 1000; and of colored troops 143.04 per 1000, or 1 to 2.68, almost as much as the difference in the Alabama penitentiary. Given the same environment the white man will have much the longer life. If the environment be bad then the negro mortality will increase much more rapidly than the white. That prison life, however well ordered, is always more or less unfavorable to life and health, the statistics of civil and military prisons prove. Why is this so?

The following in my judgment are the principle reasons, so far as civil prisons are concerned:

*First*, as to the convict himself. If he be guilty, there is not only a possibility, but even a probability that there is some occult condition, which we do not understand, inherited or acquired, that operates upon the mind in such a way as to suggest crime, or that cripples the moral inhibition that restrains crime, in either case affecting that mental and moral equipoise that inspires honesty and obedience to law, so that crime is committed not merely because of the common depravity of mankind, which in the individual criminal may be unrestrained, but because of this occult condition over which the criminal has no control. If there be truth in this conjecture, is it not logical to conclude that this occult condition would affect, in some way, the physical condition also? If he be innocent, then the horror of the situation—innocence in chains—would certainly act detrimentally to health.

In both cases, whether he be guilty—the victim of some

imperative power that forces him to crime, or the voluntary action of total depravity; or innocent—the victim of circumstances or of perjury,—he is a human being deprived of his liberty, with all that that means to him, socially, politically, religiously and sexually. The inspiration to work, to live, almost, is dead. He becomes subdued and cowed, and his whole mental, moral and physical nature is more or less depressed and weakened. Therefore, he at once becomes more susceptible to disease; latent diatheses become active, existing mild diseases are increased in severity; the susceptibility to germ infection is increased; and, finally, his ability to withstand disease of all kinds is more or less diminished.

*Second.* The change of hygienic surroundings, from a segregated to an aggregated relationship; from home, however humble, to prison, where he is thrown in contact with hundreds of his fellow beings, breathing more or less the same air, becoming exposed to the infection of germs of various diseases, especially the tubercle bacillus; submitting to a hygiene to which he has not been accustomed, in a word, to a changed environment altogether.

*Third.* The change of his personal hygiene in matters of clothing, diet, sleeping, drinking and the kind and amount of work, etc.

These general remarks apply to all convicts, more or less, white and black, but the first affects the white more, and the negro least; the last two affect the negro more especially. That is to say, the negro has less capacity to accommodate himself to any new environment, particularly a bad one. Finally, in the majority there occurs, sooner or later, a certain mental and physical resignation to the inevitable, that counteracts to a great degree the evils of prison life—in other words, a hygienic mental, moral and physical acclimation.

These conclusions are sustained by the following facts:

*First.* The greatest amount of morbidity and the greatest mortality are among those recently received—thus: total deaths at Pratt Mines, state and county convicts, for the two years ending October 1st, 1888, 80. Of these only 17 were

received prior to January 1st, 1886, and 63 from that date to October 1st, 1888. (See Inspector's Report, p. 199). Also, total deaths of state and county convicts at Pratt Mines and state and county convicts at Walls, for the two years ending October 1st, 1890, 132. Of these, 59 had been in prison not more than one year, and 36 not more than six months. (See Inspector's Report for 1890, p. 254). Further, convicts are not classed up until they have been in prison for some time; therefore, the 3d and 4th class convicts are mostly of those recently received. Percentage of mortality for each class, two years: 1st class, 3.68; 2d class, 6.49; 3d class, 8.61; 4th class, 13.79; \$11 class (those who work outside, for whom the company pays \$11), 5.40.

Thus the mortality diminishes as the class is increased, and *vice versa*. The following is the percentage of morbidity represented in the days lost: 1st class, 13.80; 2d class, 18.47; 3d class, 19.58; 4th class, 41.38, or nearly one half the total; \$11 class, 6.79. It is a fact about which there can be no dispute, that the greater the number of convicts required to keep up a certain average, the latter depending upon the average term of the convicts, the greater is the morbidity and mortality. Hence, the death rate of county convicts is always greater than state convicts. I think that I have shown in this paper that the negro as a convict, so far as a low rate of mortality is concerned, is a failure. It would be interesting right here to enter into a full and complete discussion of the adaptability of the negro for coal mines, but I forbear, inasmuch as this subject was thoroughly considered by me in a paper before this Association two years ago. I will say, however, that there is no doubt in my mind whatever, that the county convict system ought to be abolished altogether, and if not altogether, certainly so far as mines are concerned; and not more than fifty per cent. of the negroes sentenced to the penitentiary should work in coal mines, and not even these unless there is adopted a system of prison hygiene which will permit of some open air exercise and sunlight.

In conclusion, I will submit that the race problem will be



largely settled in the event of public works being established throughout the south, which means ready money for the negro; that means the profitable practice of prostitution, and that means gonorrhoea and consequent sterility; tuberculosis and other pulmonary diseases will do the rest.

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**PROGRESS IN SURGERY.**

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Senior Counsellor of the Medical Association of the State of Alabama.

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DISCUSSED BY

RUSSELL McWHORTER CUNNINGHAM, M. D., PRATT CITY.

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Mankind owes to Sir Joseph Lister an everlasting debt of gratitude which it can never repay. Last December when he arose in the grand amphitheatre of the Sorbonne to address the illustrious Pasteur, in the name of medicine and surgery, whose seventieth anniversary scientific representatives from nearly all the countries of the civilized world were that day celebrating, he was received with an enthusiasm not second to that which greeted the great French biologist. Since he inculcated his great principle of aseptic and antiseptic treatment of wounds, the greatest of modern triumphs, the palisades which impeded the onward march of our art have been broken and operations are daily being successfully performed which would have "brought down condemnation for reckless disregard of life" upon such prodigious masters as Henry Syme and John Hilton. In courts of justice to-day the question is not, Are you a believer, but did you observe asepsis and antisepsis?

In this paper, I will not speak of the progress of gynecic or ophthalmic surgery, but confine my remarks to the domain of the general surgeon.

Prof. Lannelongue in June, 1890, removed from the head of a microcephalic idiot a narrow strip of bone, nine centi-

metres long and six millimetres broad, parallel with and to the left of the sagittal suture. He reported great mental improvement, and his operation for this deplorable condition was re-performed by a number of American and English surgeons, notably among them were Keen of Philadelphia, Wyeth of New York, and Victor Horsley of London, with varying opinions as to its feasibility. Mr. Horsley maintains that premature synostosis of the cranial sutures in microcephalus is the primary condition, and not secondary to defective brain development, and resting upon this pathological basis is a firm supporter of the operation.

In a letter to Prof. Morton from Dr. Keen, which was read before the Philadelphia Academy of Surgery recently, he said: "Up to the present time I have done nine linear craniotomies, the earliest one November 19th, 1890. Of this number, three died immediately after the operation from shock. The other six have improved to some extent. As yet, I do not feel that I can formulate any opinion further than to say, that the very sanguine views put forth by Lannelongue in both his papers are, I think, not justified. That it will do some good I am inclined to believe."

My own experience with the operation is limited to one case. During the early part of the spring of 1891, Mr. R. M. consulted me concerning his microcephalic child, then about six years of age. The child manifested no sign of intelligence whatever, showed great restlessness and was constantly uttering inarticulate cries. The lower extremities were rigid and the child was unable to stand. The hands seemed to be in perpetual motion and without power of grasping any object within reach. She slept very little. I operated by making an incision through the scalp directly over the superior longitudinal sinus and extending from the line of the hair to a point in the occipital bone. Drawing the scalp well to one side I applied a 3-8 inch trephine, the inner margin of which was a finger's breadth from the median line. I trephined in the same way at the lower end of the wound and connected the openings with a Hay's saw, thereby removing a strip of bone a little more than a quar-

ter of an inch in breadth and about three inches in length. The operation lasted about one hour and the patient made a good recovery. The child is quiet, sleeps well at night; and when food is handed, she grasps it and carries it to her mouth. The mother thinks she takes some notice of her surroundings.

With Dr. Keen's rongeur forceps the operation can easily be done now in twenty minutes, which is a decided improvement over the saw and trephine method. The operation has been performed forty-four times, with nine deaths. Whether it will maintain a permanent place in surgery remains to be seen.

The pioneer operation for cerebral tumor was performed by Godlee on a patient of Dr. Hughes Bennett in 1884. To Victor Horsley, however, is due the credit of establishing it among the recognized operations of surgery. The character of tumors of the brain is more often tubercular and next in frequency sarcomatous, as shown by 580 cases collected by Seguin and Weir, of New York. The diagnosis of these tumors is often very difficult, for there are latent zones, as the anterior portion of the frontal lobes and parts of the parietal and occipital lobes, where there are no localizing symptoms produced and our only guides are such general symptoms as headache, vomiting, and perhaps convulsion. If located in the centres of special senses or motion, or in the paths of nerves from these centres, the diagnosis is comparatively easy. An idea of its size may be gained by considering the amount of paresis and involvement of adjacent centres. Keen, Weir, and Horsley each removed a tumor of four ounces with two recoveries.

A tumor, amenable to operation, being diagnosed in a given locality, the parts are shaved and cleansed with a one in twenty carbolic solution; a semi-lunar flap is made with its center over the tumor. Large trephines from  $1\frac{1}{4}$  to 2 inches in diameter are applied at the two extremes of the area to be removed, and the bone between them is divided with a Hay's saw. The dura mater is opened for four-fifths of the circumference of the exposed

area and one-eighth of an inch from the bone, so as to have room for suturing. The tumor may be removed by Horsley's flexible knife, or the handle of an ordinary teaspoon. Hemorrhage is seldom troublesome and can be controlled by sponge pressure. The dura mater should be sutured with fine catgut. An opening must be left for drainage, and about 24 hours is the time required for the tube to remain in situ. If the tumor has been removed the bone must be replaced and the scalp flap secured with silkworm gut sutures, otherwise the bone should be left out of the wound.

In trephining for abscess, which is caused in fifty per cent of cases from suppuration in the ear, if pus is not found after the opening is made over the most probable spot, a hypodermic syringe having a long slender needle attached may be pushed in various parts of the brain, but always in a direct line and never moved laterally. The abscesses are usually about the size of a walnut and are best evacuated by inserting a pair of slender forceps by the side of the aspirating needle to enlarge the track, after which a drainage tube is introduced.

In an excellent paper read before the Philadelphia Academy of Surgery in September, 1891, by the late Dr. D. Hayes Agnew on "The Present Status of Brain Surgery," he drew the following conclusions which I have thought well to give before leaving this department.

1. "That all fractures of the skull attended with depression, however slight, and entirely irrespective of symptoms, should, in view of the late after effects, be subjected to the trephine.

2. "That trephining for Jacksonian epilepsy is to be regarded as only affording temporary benefit.

3. "That trephining for cephalalgia or traumatic epilepsy (medical measures having failed) should be undertaken with every prospect of success.

4. "That trephining for hydrocephalus is a useless operation.

5. "That trephining for intra-cranial traumatic hemorrhage is both an imperative and highly promising operation.

6. "That trephining for abscess, in view of the fact that all such cases left alone almost invariably terminate fatally, is entirely proper, and that the earlier such operation is done the better."

#### OPERATIONS FOR NEURALGIA OF THE FIFTH.

For that intolerable suffering of trigeminal neuralgia "characterized by furious pains following one another in flashes with lightning-like rapidity," Galen first proposed neurotomy, but the operation was first performed by Marschal in the middle of the last century. The pathology of this disease has been very obscure, but in June, 1891, Dr. Dana, of New York, made some examinations which seem to shed light upon this most interesting question. He examined five superior maxillary nerves removed from cases of tic-douloureux. In three of them there was obliterating arteritis of the nutrient vessels of the nerve; in the other two no blood vessels could be found. There were no changes in the nerve tissue proper.

Carnochan was the first surgeon who performed neurectomy of the superior maxillary division of the fifth by what is commonly known as the antral method of removing Meckel's ganglion, a full account of which appeared in *The American Journal of Medical Sciences* in 1858. Relief after neurectomy in a great majority of cases is not permanent. Of the 135 cases collected by Wagner, only 18 remained cured as long as three years. Of the three cases which I have operated upon, the pain in the first two has been greatly mitigated; in the third absolutely no suffering for thirteen months, when it returned suddenly in supra-orbital branch, which was removed and has given relief for the last six months. But a want of success in many cases caused surgeons to look for more radical measures, and Prof. Rose, of London, removed the Gasserian ganglion for the first time in November, 1890. The patient is placed under chloroform and the eyelids are stitched together to prevent accidental

injury to the ball. An incision is made along the zygoma commencing a half inch below the external angular process, carried to the angle of the jaw and along the lower border as far forwards as the facial artery. The flap should be carefully dissected so as to avoid wounding Stenson's duct or the seventh nerve. The zygoma is drilled, divided and drawn down with the masseter muscle. The coronoid process of the inferior maxillary is similarly treated and turned up with the temporal attached. The internal maxillary artery is tied and divided, after which the external pterygoid is severed, exposing the foramen ovale. A half inch trephine with a long handle is applied to the foramen, enlarging it for the introduction of a hook with a cutting edge on the concave border to remove the ganglion. The trunk of the nerve should be used as the guide. A head mirror is of great service in enabling the surgeon to control hemorrhage, which is always troublesome. Antiseptics are freely used and the bone replaced and held in position by silver wire in the drill holes. The soft parts are sutured with sterilized silk. There are seven cases on record in which this operation has been performed, the earliest one about 2½ years ago; and the relief thus far has been perfect, as to its permanency time alone can tell. There are certain inconveniences experienced subsequent to the operation, such as a soreness and stiffness about the parts, with some headache. The trophic centres for the nutrition of the eye are situated in the upper and anterior segment of the ganglion, which renders the condition of the ball serious. To obviate that, Prof. Rose has suggested leaving that part intact, but so far no case has been reported where the experiment has been tried. Since the publication of Mr. Rose's operation, Victor Horsley has removed the roots of the nerve as they pass from the pons to the Gasserian ganglion. He accomplished it by exsecting the squamous portion of the temporal bone, opening the dura mater, tying the middle meningeal artery and lifting the temporo-sphenoidal lobe. They lie in a canal beneath the tentorium, which he opened. His patient died from shock a few hours after the operation.

## LAPAROTOMY FOR GUN SHOT WOUNDS.

To the late Dr. Robert Kinloch, of Charleston, is due the credit of having first performed abdominal section for gun shot wounds of the abdomen. The patient was a negro, operated on in the Roper Hospital in 1881, but died a few hours afterwards, and the operation virtually slumbered until Prof. W. T. Bull, of New York, published in *The Boston Medical and Surgical Journal* November 27th, 1885, his case in which seven perforations of the intestines were closed and the patient made a good recovery. Statistics show that when the expectant treatment is adopted, 88 per cent. of all penetrating wounds of the abdomen are fatal, and when involving the stomach or intestines, death is almost certain. Dr. Coley, of New York, has recently collected 165 cases of penetrating gun shot wounds of the abdomen treated by laparotomy, with 54 recoveries and 111 deaths—a mortality of 67 2-10 per cent. His conclusions are:

1. "Exploratory incisions in the region of the wound to ascertain whether or not it is penetrating.

2. "If penetrating, median laparotomy as soon as possible after the injury has been received, unless suffering from shock.

3. "Signs of peritonitis just beginning or well developed, while diminishing the chances of success, are by no means a contra-indication for operative interference."

The hydrogen test of Prof. Senn, which caused a furore among laparotomists a short time since is now very properly discarded, for the reasons given in *The Boston Medical and Surgical Journal* by Dr. Cabot.

1. "The test is not an infallible index of the condition of the alimentary canal.

2. "It shows nothing as to the condition of other viscera, wounds of which frequently demand operative interference.

3. "It prolongs the operation, interferes with respiration, adds to the shock.

4. "It increases the liability of sutured wounds to give way."



## ABDOMINAL SECTION IN TYPHOID FEVER.

If a desperate remedy is ever admissible in a desperate case, it certainly is in perforating typhoid ulcer. The first operation in this country was reported to the Academy of Surgery of Philadelphia by Prof. Morton in December, 1887; the next by Dr. Bontecou, of Troy, N. Y., which, like the first, was unsuccessful. Prof. Van Hook, of Chicago, has collected nineteen cases of operation, with four recoveries. In two of the successful ones reported, there seems to be some doubt about the correctness of the diagnosis. The conclusions drawn by Van Hook and endorsed by Morton are :

1. "There is no rational treatment for perforation in the course of typhoid fever except laparotomy.
2. "The indication for laparotomy when perforation occurs in typhoid fever is imperative.
3. "The only contra-indication is a moribund condition of the patient.
4. "Collapse is often at least temporarily relievable by hot peritoneal flushings.
5. "The stage of the fever is not to be considered as an indication or as a contra-indication for laparotomy.
6. The severity of the typhoid fever is alone not a contra-indication.
7. "Early laparotomy offers the most hope.
8. "The symptoms of peritonitis should not be awaited before operating."

## INTESTINAL ANASTOMOSIS.

To Maisonneuve is due the credit of originating the idea of a communication above and below an impermeable bowel. Both of his cases being unsuccessful, the operation fell into discredit, though Van Hacken, in 1863, performed a number of experiments on dogs, until Prof. Senn read his paper before the International Medical Congress, in Washington, in 1887, and brought it into the area of practical surgery. To accelerate the operation, he used as artificial aid bone

plates. Dr. Davis, of Birmingham, and Dr. Abbe, of New York, suggested catgut rings and mats, with which they were very successful in their experiments on dogs, but as the latter remarks, there is a great difference when performed on man, and has since discarded them as being liable to cause leakage, obstruction and irritation of the interior of the bowels. Another point upon which he lays great stress is to have the intestinal openings at least four inches so as to overcome stenosis from cicatricial contraction. In his paper published upon this subject, in the April number of the *New York Medical Record*, he reports seven cases operated on, of which two died.

## APPENDICITIS.

So long since as 1867 Dr. Willard Parker, of New York, suggested the propriety of surgical interference in acute suppurative appendicitis, but the first successful case was reported, I believe, by the late Dr. Henry B. Sands in 1888; since which time it has been so extensively written upon and discussed that it is like a twice told tale. The indications for the operation, as shown by Dr. Osler, are :

1. "In all cases of acute inflammatory trouble in the cæcal region when, whether tumor is present or not, the general symptoms are severe, as shown by tympany, spreading pain, increase in fever and increase in the rapidity of the pulse.

2. "When a definite tumor is present, associated with attacks such as have been described, particularly if they have been recurrent.

3. "In recurrent appendicitis, when the attacks are of such severity and frequency as seriously to interrupt the patient's occupation."

As to the question of operating in the interim of attacks or waiting for one, the consensus of opinion is to adopt the latter course, as it is by no means improbable that there will be complete healing.

I will not consume your time with the technique of the operation, but pass to some of the operations of the gall bladder.

Cholecystotomy, or making an incision into the gall bladder for gall stones and empyema, is a very successful operation with a mortality of only about 6 per cent. It was first performed by Dr. Bobbs, of Indiana, in 1867, but to Dr. Marion Sims is due the credit of perfecting it in 1878. Since then it has been so frequently performed that it can hardly be classed among the novelties of surgery.

Cholecystectomy, or removal of the gall bladder, was first proposed by Langenbuch in 1880. It is indicated where it is impossible to unite the wounds in the gall bladder to that of the parietes, or where the walls have been so damaged by disease or manipulation that the sutures will not stand. The operation is not difficult, and the mortality is about ten per cent.

One of the latest operations on the gall bladder is that of Dr. Gaston, of Atlanta, which he terms duodeno-cholecystotomy, and is performed by establishing a fistula between the gall bladder and duodenum in cases of occlusion of the ductus communis choledochus from destructive inflammatory changes or pressure from malignant growths. Winniwater, of Vienna, had a somewhat similar operation, but he connected the gall bladder with the colon, thereby losing the physiological action of the juice in digestion.

#### HERNIA.

Hernia is of such frequent occurrence and so annoying that operations for radical cure have been proposed from the earliest times, "and the subject has furnished a fruitful field for the deft hand of roguery in drawing contributions from the pocket of gullability." In the latter part of the eighteenth century a charlatan had knighthood bestowed upon him in England and a reward of twenty-five hundred dollars a year and twenty-five thousand paid down for a secret nostrum, which proved to be sulphuric acid applied so as to cause ulceration of the hernial coverings. The earliest operation by what is understood as the open method was first performed by Mitchell Banks. He separated the

sac from its surroundings, applied a ligature high up about its neck and removed the portion below, after which he closed the inguinal ring with silver wire. He was soon followed by MacEwen, of Glasgow, who first published his operation in the December number of *The British Medical Journal* of 1887. Instead of removing the sac as Banks did, he puckered it by means of a suture and made it pad the abdominal aspect of a hernial opening. The result of these operations is, that of 66 cases operated on after Bank's method, 44 were totally successful and 7 partially. Of 81 after MacEwen's, 48 were compelled to wear a support. McBurney, of New York, has recently published his operation in the *New York Medical Record*. After dissecting out and removing the sac, he sews the skin to the deep fascia and packs the wound with iodoform gauze to have it heal by granulation and form a firm scar, which will obliterate the canal. It usually requires from three to six weeks. Mr. Tait, in a paper read before the British Medical Association in 1891, condemned the methods of removing the sac and closing the aperture, as he held in cases of strangulation it was often very difficult and in all cases dangerous. He advises opening the abdomen by median incisions, for the following reasons:

1. "Accuracy of the diagnosis by digital exploration through the abdominal incision.
2. "Ease of manipulation and breaking up of adhesion.
3. "Facility of reduction of the hernial protrusion by traction as compared with pressure.
4. "No weakening of the tendinous pillars of the apertures.
5. "The sac need not, as a rule, be opened.
6. "In case it is necessary to make an artificial anus, the median line is the situation of election in preference to the unyielding tissue of the groin.
7. "In cases of complicated strangulation incomplete operations, with their serious consequences, will be entirely obviated.

8. "The operation is comparatively simple and is easily performed.

9. "The result is in most cases complete and permanent cure."

It is performed by "opening the abdomen in the median line, after which two common glovers sewing needles with one piece of salmon silk worm gut, are fastened in some convenient needle-holder at a very slight angle to one another so that their points completely coincide, and can be made to enter through one hole in the skin. The left forefinger covers or occupies the inner aperture of the sac, the needles are made to enter from without, and then separated. The outer needle is then made to dip deeply into the external column of the ring, and the inner needle similarly into the inner column. The needles are then pulled out through the central incision, and as many sutures as may be thought desirable are inserted in this way. When the insertion of the stitches is completed, they can be tied from within and cut short. The abdominal wound is then properly closed."

#### TREATMENT OF ANEURISM.

In 1890 MacEwen of Glasgow published in *The British Medical Journal* a new method of treating aneurisms by "inducing the formation of white thrombi within the sac." The parts rendered thoroughly aseptic, a needle is passed through the aneurism until it touches the opposite wall when the point is made to irritate the lining membrane of the entire sac by constantly shifting it. The operator must bear in mind that the amount of irritation should be limited only to reparative exudation, as a step beyond would probably cause softening and rupture. It may be necessary to repeat the operation for weeks.

The last number of the *Annals of Surgery* contains the report of an interesting case of aneurism of the external iliac treated by Prof. J. D. Bryant after this method.

## TISSUE TRANSPLANTATION.

To prevent unsightly contractions from extensive burns, it has recently been proposed to transplant tissue from the lower animals to man. In Prof. Morton's excellent paper before the Philadelphia Academy of Surgery, to which I am indebted for many facts in the preparation of this report, he publishes Dr. Miles' case of a boy with an ulcer covering almost the entire left leg, the result of a burn, cured by transplanting "the whole cutaneous tissue, with the exception of the adipose layer" of a smooth-skin puppy a week old. The boy's ulcer was thoroughly cleansed and all blood removed, when strips of skin four inches long and a half inch wide were pressed into the wound, after which the whole was covered with a bandage. The dressings were removed in 72 hours and the pieces, with one exception, had become firmly attached. After three weeks the small spots that remained bare were filled with human skin, and in six weeks the patient had entirely recovered. When examined seven months later, the color of skin did not differ from other portions of the body, nor was there any hair or secretion. The animal should always be very young, that the tissue may be empowered with great growing force. Prof. Hong, of Munich, has proposed the shell membrane of a fresh egg for the same purpose; the shell side of membrane should be applied to the wound. Dr. A. M. Phelps, of New York, tried bone transplantation in a boy with ununited fracture of the leg, by confining a dog two years old in plaster paris bandage for three weeks, when the bandage became loose and the graft was cut from the dog, but the experiment failed. The graft was one inch in length and contained the nutrient artery. Dr. Phelps claims the stimulation the fracture was subjected to has excited a reparative process which bids fair to unite it.

## DR. RUSSELL McWHORTER CUNNINGHAM.

The doctor has read us a most excellent paper. It is in keeping with the advanced surgical thought and practice of the day.

There is one thing, however, to which I desire to call attention, and that is the rule for trephining, as quoted by Dr. Hill. I do not believe that it is always advisable to trephine in cases of depressed skull *without symptoms*. In the practice of Dr. Hill and other surgeons who are prepared for such work and who have experience, I think that such should be the practice. My observation during the past ten years, during which time I have examined *seriatim* several thousand men, a large percentage of whom had had head injuries, and quite a number with depressed bone, the result of injury, has convinced me that a man with a depressed skull may go through life without unfavorable symptoms. During all this time I can recall but one case in which there was epilepsy, and he was an hemeplegic, the result of a considerable fracture and depression of bone in the anterior parietal region. Of course in all cases of compound fracture; in cases of simple fracture, with considerable depression; and in all cases where there are symptoms of compression, with or without apparent depression or fracture, the trephine should be used. Discretion and judgment should guide us here as elsewhere in medicine and surgery. Still, I am of the opinion, that the more liberal and general use of the trephine should be advised and practiced.

We have cases without apparent depression that remain more or less unconscious for days and recover perfectly. We also have cases of extensive injury, with considerable depression, without symptoms. In such cases, when we operate, we will find that the intra-cranial hemorrhage has escaped through the fractured bone. Hence I believe that the majority of cases of fracture of the skull with or without depression, unless the latter be extensive, in which there are symptoms of compression, the latter are due to the hemorrhage, not infrequently, below the dura mater. In conclusion, I will submit that we all feel much better if we have

left our patients without depressed bone, regardless of its extent or the symptoms.

In regard to hernia. This is an important field. In all cases when we operate for strangulated hernia we should endeavor to make a radical cure. In ordinary cases, when a truss is satisfactorily worn, I doubt the utility of the operation. The doctor, in my judgment, has left out the most important operation, to-wit., Dr. Marcy's, of Boston. His operations consist, essentially, in the use of a series of continuous buried tendon suture, a description of which will be found in the Transactions of the Southern Surgical and Gynæological Association when printed. I do not know that Dr. Marcy's operation has ever been published. He reports, I think, 80 per cent. of cures.

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DR. L. L. HILL,

In closing the discussion on his paper, said: "I am aware there are innumerable operations for the radical cure of hernia, but the short time allowed did not permit of my naming all of them. As to which is the most important depends upon the individual taste of the surgeon. Out of the vast number proposed, those which I have selected are considered the chief operations in the recent writings of such distinguished authorities as Mr. Treves and Mr. Jacobson, of London; Dr. McBurney, of New York, and Prof. Morton, of Philadelphia. Dr. Marcy published his operation in his book on hernia sometime since, and a distinguished editor says: "It seems to be a very complicated way of effecting the object aimed at." The doctor said, in concluding his remarks, that I had not mentioned Baxter's operation. Intentionally so, for I considered it still *sub-judice*. Dr. Baxter published an account of his operation in the March number of the "Annals of Surgery" and stated, if I remember correctly, that his experience was limited to one case. Until it has been sufficiently tried and won a position among legitimate surgical procedures, it is not entitled to a place in a report on the progress of surgery.



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**CONTINUED FEVERS IN BIRMINGHAM.**

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BY THOMAS DUKE PARKE, M. D., BIRMINGHAM.

Counsellor-elect of the Medical Association of the State of Alabama.

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DISCUSSED BY

RUSSELL McWHORTER CUNNINGHAM, M. D., PRATT CITY.

JONES CADWALADER ABERNETHY, M. D., BIRMINGHAM.

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I have been requested to present a report at this meeting, on a subject that has been the cause of more contention and controversy in our county society than all other subjects combined, namely: The Continued Fevers of Birmingham.

The time has not yet come for an exhaustive and final report on this subject and this short paper will only attempt to deal, in a brief way, with some phases that seem fairly well settled and to point out some of the possibilities of future investigation.

Eleven years ago, the late Dr. M. H. Jordan of Birmingham, read a very instructive paper on this subject before this Association, and was inclined to the hybrid or typhomalarial nature, though his title was "Observations on Epidemic Typhoid as it Prevalled in Birmingham in 1881." Pryor to that time even, and until within the last two years no subject has rivalled it as a theme for discussion or for difference of opinion. But to name fevers in the county society was to precipitate a discussion that generally was ended only through the lateness of the hour.

Some held that the fevers were "typhoid," others "malarial," others hybrid, others styled them simply "continued fevers," and others still "Birmingham fevers." Not only so but members who were found one year among the adherents of one diagnosis might be heard on another side the following years, when cases were seen that varied from the type. To know the physician in charge of a fever patient was to know from what fever the patient suffered, and this confusion of diagnosis in fevers of similar type largely gave occasion to the very unscientific and confessedly blind nomenclature, "Birmingham fever."

The adherents of the malarial causation based their opinion largely on exclusion of typhoid. The fever usually did not answer the classical descriptions as laid down in the text books, nor did they present all the symptoms as observed by some of them in other latitudes. There was no marked remittance in the cases, nor would quinine in large doses—though faithfully tried—have any effect upon the course of the fever, and though many of the cases suffered from intestinal hemorrhages, from relapses, from diarrhoea, still malaria was made to account for all these symptoms.

The war of discussion waged in and out of society year after year without the light of post mortems, but some five years ago post mortem examinations began to be made. Dr. Jordan, in his paper, refers to 49 deaths in the previous year, but states that not one autopsy was made. As post mortem examinations have grown in number, the belief in the typhoid nature of these continued fevers has increased, until to-day I feel safe in asserting there is practical unanimity. So far as I know the lesions of typhoid fever, the ulceration or engorgement of Peyer's patches and enlargement of the spleen have been universally found in all post mortems on cases of continued fever.

While I believe these continued fevers of Birmingham are typhoid, I still recognize that the microscope must be the final arbiter in excluding any malarial element. I do not look, however, for any such malarial complication to be

shown by the microscopic examination of the blood, 1st, because quinine has proven itself useless in combatting these fevers—because it is difficult to understand how a combination of poisons should render the course of the disease milder and also because in other localities, as in Galveston, microscopic examinations have proven the absence of malarial parasites in similar cases diagnosed malaria and in which the subsequent course proved them to be cases of typhoid.

There is a hope that within the next year or two something definite may be learned about these fevers. Two microscopes with high powers will be brought into requisition, and it is to be hoped that their owners may acquire the skill and expertness sufficient to arrive at some definite conclusion, either in a positive or negative way or both.

In several hospitals in this country the blood of all suspected patients is examined for malarial organisms, and if found, the treatment is governed accordingly.

Where malaria has been diagnosed by microscopic examinations it has been found that quinine, iron and arsenic either inhibit or destroy these organisms, and this would seem a very strong point in connection with the large doses of quinine fruitlessly given in our continued fevers, but lest lengthy discussion of this point by me without the crucial test of the microscope would only too strongly recall the weary years of discussions in our society, without post mortems, I desist.

It has come that from the blood-examination even the kind of attack, whether tertian, quartan, remittent or chronic malaria, can be predicted, and in many instances, from the stage of development of the organisms, how soon the paroxysm may be expected.

The time cannot now be far distant when treatment will be instituted and intelligently, in the light of microscopic examinations, in all cases that are probably malarial.

I believe that it will be as much required in the precise methods of the future as is now the information afforded by

physical diagnosis in many other diseases. I doubt not there are members present who can recall the days when physical diagnosis was practically unknown, and I likewise do not doubt that many here will see the microscope in constant use in malarial districts. In the good old days—of blessed memory—men were born doctors, as they were born with a caul and second sight; but with the increase of precise methods, the race is fast dying out and every aid to more precise knowledge is demanded.

There has been no uniformity of invasion. Some cases have come on with the classical prodromal stage of malaise, headache, epistaxis, followed by gradual rise of fever, till end of first week, but the majority come on with a chill or chilly sensation and fever of  $102^{\circ}$ ,  $103^{\circ}$  or  $104^{\circ}$ . Others begin with high temperature ( $104^{\circ}$  or  $105^{\circ}$ ) and chill, and after four or five days, fall to  $102^{\circ}$  and continue for three weeks or more.

Abdominal pain masks diagnosis in the beginning of some cases.

Dr. Jordan in his paper calls attention to a symptom commonly seen, and it is one that is especially called attention to in the Medical History of the War of Rebellion, and that is the slow pulse—pulse of 90 or 95 with temperature  $102^{\circ}$  or  $103^{\circ}$ . The pulse gradually increases in frequency as exhaustion incident to the continued fever supervenes.

The countenance is usually bright and may be flushed, though some cases present the classical facies of hebitude or indifference.

The tongue has a white fur at beginning. Some cases with temperature of  $103^{\circ}$  or  $104^{\circ}$  run through attack with slight coating. Others present sordes and dry cracked tongue.

The bowels are at times constipated, and in other cases loose and require attention.

Rash usually appears at end of first week, though it is not constantly present. My observation is that those men constantly see rash who open blinds and with good light search

for the rose-colored spots. Those seldom see them who do not expect them and who casually examine.

Bronchitis is a very prominent symptom in the beginning of some cases and even during the course of attack, and not infrequently obscures diagnosis. I recall one case in a young man, where my diagnosis of typhoid was becoming very unsettled in my own mind, so prominent became the lung symptoms, and yet a little time confirmed the diagnosis.

I know of another case where a patient was treated for pneumonia, and only upon the dead table was the diagnosis refuted and the lesions of typhoid discovered.

This man could not speak English, and had come under the observation of a professional friend without his being able to find out how long he had been sick. The prominence of lung symptoms and the apparently typical flushed face of the patient completely misled this brother, whose surprise upon opening the pleural cavity would only be equalled by that of some of the rest of us, if we were to make post mortems on all our fatal cases. I do not think the frequency of this bronchitis in typhoid is sufficiently emphasized.

Another form seen in one instance is the petechial. There was profuse epistaxis in this case, requiring the tampon on more than one occasion. Over the arms and trunk, wherever the skin was exposed to bites of mosquitoes, dark blue spots were to be seen. This case recovered, and I believe the authorities state that it is not a symptom of grave import. The blood was examined in this case, but no malarial organisms could be found, nor was the blood disorganized. The fever ran a course of three or four weeks.

Dr. Osler calls attention to another form—the cerebro-spinal—and states that he has made post mortems on three different cases diagnosed cerebro-spinal meningitis, and found only the typical lesions of typhoid fever. They presented headache, photophobia, retraction of neck, rigidity, and even convulsions.

In a word, we have cases of all degrees of severity and of all the varying types—from the ambulatory to

the most virulent—from those that are typical to those which vary radically from type; and it is clear how so much confusion has existed when only symptoms were relied upon for forming opinions.

Parotitis, thrombosis of veins of lower extremities, intestinal hemorrhage, intestinal perforation, are complications noted in due proportion. Statistics are not available in private cases.

Relapses occur at times, and one attack as a rule gives immunity, though the rule is often broken.

I believe that septicæmia and tuberculosis in its many forms, are the two diseases most often mistaken for typhoid, after the patient has been ill several days.

Malarial troubles at the outset present the greatest difficulty, but intermittency or marked remittency and use of quinine, with in the near future the microscope, must form the bases of diagnosis.

June, July, August and September are the months of greatest prevalence, to judge from report of the Hospital of United Charities, by general consent. From these statistics for three years, '90, '91, '92, the percentage of mortality was 25½ per cent. This is far too great for private cases, as not only are light cases not sent, but neglected cases and those almost moribund are admitted to swell the mortality record far beyond that of private practice.

The duration of the disease varies from fifteen days to six and eight weeks, according to the severity of attack, probably averaging twenty-five days.

The coal-tar derivatives enjoyed great force for a period as anti-pyretics, but I think time and experience have largely relegated them to the past as being too depressing in their after-effects. Sponging I think is more generally relied upon to reduce fever. Cold baths are not used on account of their impracticability in private practice, though I think there can be no question that the best results in treatment are obtained where they can be systematically applied.

After a purge of some kind, usually calomel, to open the

bowels at the beginning, and repeated if needed, the treatment is largely supportive and expectant. Individual physicians have their favorite constant medicines, as muriatic acid—or nitro-muriatic—or syrup of hypophosphites, or iodine or carbolic acid, but none claim decided curative effects.

Stimulants in the form of whiskey or brandy are given as soon as the pulse shows any disposition to climb higher, and are given in increasing quantities as weakness is manifested. The diet consists of milk, broths and gruels, but principally of milk. Some claim that milk agrees with all patients, but I happen to know from personal experience some of the discomfort that arises from undigested milk-curd in the intestines of a fever sufferer.

Chloral or opium are given for the insomnia; turpentine largely for the tympanitis; strychnia and strophanthus for the heart failures and fast pulse; opium and bismuth—acetate lead, salol, etc.—for the diarrhoea, when exceeding three or four operations.

Intestinal antiseptics have not given results that have been satisfying to any number of physicians and are consequently not relied upon.

These continued fevers have lessened in frequency since the drainage has been improved—the water supply changed for the better, and since surface wells have been less used for drinking purposes; but they still occur as they did in the valley before Birmingham was founded. With the water supply polluted as was that of Birmingham prior to five years ago, it is difficult to see why more cases did not occur, for quite a large inhabited territory drained into the small creek from which the water supply of the city was taken. I think all the weight of evidence is to the effect that the disease must find entrance through the alimentary canal.

My reading convinces me that there is no uniformity of symptoms in typhoid fever in other localities and other countries. All authors note variations from type, and it is especially so noted by the writers of the Medical History of

the War of the Rebellion—by Osler and by others in this country and on the continent.

All of us have seen cases of pneumonia that did not follow the classical course as laid down in the text books—cases of pneumonia where consolidation did not show for three or four days—cases without cough. We have seen cases of every disease that depart from type. We do not yet know why the continued fevers assume, as a rule, a milder form in this latitude. Neither do we know why diphtheria and scarlet fever are generally so much milder with us than in the other latitudes. These are questions that must be left to a future day.

Finally, I am not prepared to deny that cases of malarial fever do not occur in Birmingham, but the contention is, that the vast majority of the cases seen are cases of typhoid fever. One case I recall where, from the surroundings and the tertian remittency of the fever—not intermittency—from the aching of muscles and stomach irritation, I diagnosed malarial remittent, and proved the diagnosis by the treatment by quinine, which checked the disease in five days.

Many cases are checked after three or four days by good doses of quinine, but it is the continued fevers to which reference is made in this report.

I wish, finally, to emphasize again my belief that the time has not yet come for the settlement of this question, and that to the microscope on one side and the examination of the dejecta and of the urine for typhoid fever on the other, must be left to final arbitration.

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DR. RUSSELL McWHORTER CUNNINGHAM.

That there has been a modification of the clinical history of the classical fevers, or that we have a new fever in Alabama, particularly throughout the mineral region, I think we all agree. The question is, have we a new fever, or are certain forms of fever, constantly observed, aberrant forms of the classical fever? I have some statistics here, covering



four years at the Pratt Mines prison, in which the following classification occurs :

Typhoid, 80; continued fever, 176; other fevers, 172. Thus, out of a total of 428 cases, in only 80 did the symptoms justify a diagnosis of typhoid fever, and the vast majority of these were not typical. Of the 80 cases of typhoid, 10 or 12.50 per cent died. Of these, six were complicated with pneumonia, one with perforation, one with meningitis; leaving only two to die without complications.

Of the remaining 348 cases, only two died—one complicated with pneumonia, and one with parotid abscess. The last case was diagnosed typhoid, but the post mortem disproved it. Again, in one or two of the typhoid deaths the diagnosis had been "continued fever," the post mortem showing typhoid. I therefore believe that we sometimes have cases of both typhoid and continued fevers in which we make an erroneous diagnosis. When I say typhoid fever, I mean the fever characterized by the recognized anatomical signs of that disease.

Typhoid fever is a serious disease, and a considerable mortality will attend outbreaks of it, both from the disease itself and from the complications—pneumonia, perforation, hemorrhage, etc. The term "continued fever" I am aware is a term of unscientific meaning. Yet we have in Jefferson county—certainly at Pratt Mines—in both private and institution practice, a large number of cases in which pyrexia is the only important symptom—the cases lasting from a few days to several weeks, and always get well if properly managed and no complication—which is rare—occurs. In this fever the ordinary symptoms of fever—unless high—are not of importance. Appetite fair, bowels, as a rule, costive, tongue coated—edges red, no nausea nor vomiting, digestion good; no subsultus, nor delirium, nor headache—at least slight headache only, if present at all—sleep well; very little prostration; urine somewhat scant and increased in specific gravity; pulse from normal, sometimes slower than normal, to 100, seldom reaches 120; temperature from 100° to 101° in the morning; 102° to 104° in the evening.

These cases can not be aborted. Antipyretics respond promptly—they should be used, however, with caution. A fluid diet, an occasional enema, and the mineral acids are the main features of treatment. I have seen hundreds of such cases. I cannot call them typhoid; hence, for want of a better term, I call them "continued fevers." That some of them may be aberrant typhoid, I have no doubt.

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DR. J. C. ABERNETHY.

This fever is a hybridism, presenting multiform phases, and frequently complicated by other diseases, and by presenting such diversified features, I do not believe it depends upon a specific germ, as do cholera, yellow fever, &c. It was found as prevalent on Red Mountain, Shade's Valley and Shade's Mountain near Birmingham, in 1882 up to 1888, as it was in the city during that period; and the city at that time was poorly drained and very filthy. It can be frequently aborted by the use of mercurial purgatives and quinia with antifebrin—if seen early. If this does not succeed in a few days in stopping the fever, my custom is to continue the use of quinia in small doses with salol or any other antiseptic—some of the coal tar products in small doses, so as to hold the fever from 99° to 102°, with nourishment and rest at night. These coal tar products have this peculiarity, that the longer they are used the smaller the dose required. I can ordinarily control the temperature of this fever with anti febrin with as much certainty and regulation as an engineer can regulate and control the steam entering the steam chest of his engine. I have seen no deaths, except a few cases of intestinal hemorrhage and one or two from perforation.

### TUBERCULOSIS IN THE NEGRO.

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DISCUSSED BY

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Tuberculosis in the negro is the same thing as tuberculosis in the white man, or as tuberculosis in the lower animals, with the exception that the so-called tuberculosis gallinosus (the tuberculosis of fowls) seems to be a separate and distinct disease, and should not, therefore, be called tuberculosis at all, if we wish to avoid confusion.

Such being the case, it seems necessary, even in a paper limited to tuberculosis in the negro, to make a few remarks on tuberculosis in general. But, in doing so, I shall spare you any resumé (even if I were competent for such a task) of the almost interminable discussions by the pathologists, especially the German, on the morbid anatomy and histology of tubercle. No doubt most of you have read and heard as much on that subject as you desire to. My paper will be confined solely to the etiology and prevention of tuberculosis, with special reference to its prevalence in the negro.

It is only necessary to say, in this connection, that since the discovery by Koch of the bacillus tuberculosis as the true cause, the *agens morbi*, of the disease, the accepted doctrine has been that the disease is a unit, that there is but one tuberculosis, that it is a non-hereditary, specific, infectious disease. It was only the influence of a great genius

like Virchow that could have induced the profession to abandon the original teachings of Laennec and to believe that tuberculosis was a non-specific disease, due to the resorption of the exudative products of any ordinary inflammation that had previously undergone caseous degeneration. It was fitting that the refutation of this heresy should come from Koch, a countryman of Virchow.

I accept the definition of tuberculosis given by Osler in his work on Practice, viz: "An infectious disease, caused by the *bacillus tuberculosis*, the lesions of which are characterized by nodular bodies called tubercles or diffuse infiltrations of tuberculous tissue which undergo caseation or sclerosis and may finally ulcerate, or in some situations calcify." It will be seen that under this definition the affection belongs to the infectious and not to the autogenous class of diseases, or, in other words, that it is exopathic and not endopathic in its origin.

The importance of this subject of tuberculosis, from a sanitary point of view, can scarcely be exaggerated. It is responsible for more deaths than any other one disease; according to Hirsch, for two-sevenths of all the deaths that occur in the world and for more than half of those occurring in middle life, the active period of man's existence. It is certain that statistics do not adequately represent to us the extent of the destruction of life due to this terrible plague. Even if it were supposable that all the deaths due to pulmonary tuberculosis were fully reported under that head, how many cases must there be of tuberculosis of other organs, as the meninges, the abdominal viscera, the bones, &c., that fail of diagnosis and are consequently reported under other names, as "congestions" of various organs, &c.! Nor does even this tell the whole tale of the evil and misery inflicted upon the world by the *bacillus tuberculosis*. Those who are in the habit of making autopsies on the bodies of persons dying from all manner of diseases, tell us that it is very rare to find one the apices of whose lungs do not show evidences of obsolete tubercle. It is probable, then, that

more than one-half of the cases of pulmonary tuberculosis undergo spontaneous recovery. But though they have eventually recovered, how much suffering and valetudinarianism must these persons have undergone!

The disease affects both sexes and all ages, from the suckling infant to the octogenarian. Histologically, it may affect any or all the organs and tissues of the body, though the lungs are the most frequent seat of the disease, because most exposed to the infection. As to geographical distribution, it prevails from the poles to the equator; no climate is exempt from it. As to zoological distribution, it affects every known species of animal. The dog, the goat and the horse seem least susceptible, whilst the cow is peculiarly susceptible to the disease. These facts have very valuable sanitary bearings, as will be seen later on.

The zöological distribution of tuberculosis stands in striking contrast to that of syphilis, a disease so similar to it in other respects, both being infectious diseases; for, as Keyes aptly remarks, "the sad privilege of having true syphilis seems to be the exclusive prerogative of man." This universal distribution of tuberculosis, histologically, geographically and zöologically constitute it, beyond all question, the greatest scourge of the earth.

The inoculability and infectiveness of tuberculosis is the most important fact in medicine that has been demonstrated during the present century. Although nearly every great clinician, from Hippocrates down, has, upon purely clinical grounds, expressed a belief in the infectiveness of the disease, yet the idea seems to have taken no great hold on the general body of the profession; they seem still to regard it as hereditary and autogenous. The complete demonstration of the inoculability of tubercle was made by Villemin in 1865 by experiments on guinea pigs, followed a little later by the still more complete experiments of Cohnheim and Solomonsen. Those of Cohnheim were especially valuable for the reason that he was at first a disbeliever in the conclusions that Villemin had reached.

It only remained now for Koch to demonstrate what was the active agent that conferred upon tuberculous matter its infectiveness. He made the first announcement of his discovery of the bacillus tuberculosis to the Physiological Society of Berlin on March 24th, 1882, a date destined to be forever memorable in the history of medicine.

I find some doctors, especially among the old and so-called "practical" ones, very skeptical as to the scientific value of bacteriological investigations. For the benefit of this class, I will here copy Koch's four famous postulates. The chain of evidence regarded by Koch as essential to prove that a given organism is pathogenic was composed as follows:

1. The micro-organism must be found in the blood, lymph or diseased tissue of man or other animal suffering from or dead of the disease.

2. The micro-organism must be isolated from the blood, lymph, or tissues, and cultivated in suitable media, *i. e.*, outside the body. These pure cultivations must be carried on through successive generations of the organism.

3. A pure cultivation thus obtained must, when introduced into the body of a healthy animal, produce the disease in question.

4. Lastly, in the inoculated animal the same micro-organism must again be found.

I cannot conceive how scientific rigor could go further. The only adverse criticism that I am able to endorse is that made by Prof. Vaughan, of the University of Michigan, in his work on "Ptomaines, Leucomaines and Bacterial Proteids; or the Chemical Factors in the Causation of Disease," viz: that when all the conditions of the four postulates are fulfilled in reference to any particular germ, it is not even then proved that it is the *sole* cause of the particular disease, but only that it is *a* cause. According to him, micro-organisms cause disease, not by mechanical interference, as supposed by some, or by robbing the blood of its oxygen or destroying the red blood cells, as supposed by others, but by means of chemical poisons developed in the course of the life-

history of the organism—as a general rule each organism developing its own particular poison or poisons; just as each species of plant develops its own particular alkaloid or alkaloids. “Suppose,” he says, “that a botanist in visiting Arabia should find the coffee tree producing a berry, which, when properly prepared and taken into the system, produces certain effects which are due to the alkaloid, caffeine, and which invariably follow the drinking of a decoction of these berries; would our supposed discoverer be justified in concluding that the coffee tree is the only plant in the world capable of producing these supposed characteristic effects? Should he reach such a conclusion, the fact that it is not warranted would be shown by a study of the tea plant of China and the guarana of South America.” The case is similar with many bacteria. Thus the tetanus germ of Kitasato and that of Tizzoni are known to be different, yet each is capable of inducing tetanic convulsions. So there are about half a dozen germs capable of producing the summer diarrhoea of infants. And many other instances might be given, but it is to be observed that in all such cases the disease has not a well marked, typical, clinical history, as tuberculosis has.

I think, therefore, that we are justified in concluding not only that the tubercle bacillus is certainly *a* cause of tuberculosis, but that in all probability it is the *only* cause.

It is, then, certain beyond all doubt or cavil that tuberculosis is a non-hereditary, infectious disease. How, then, can we properly speak of any such thing as a predisposition to tuberculosis any more than of a predisposition to any other infectious disease, as syphilis, smallpox or yellow fever? The word “predisposition” is only applicable to the autogenous diseases, as rheumatism and the like. There may be more or less susceptibility to or immunity from any or all the infectious diseases, but there can be no such thing as a predisposition or tendency to any one of them. The most susceptible person in the world would never have tuberculosis unless he becomes infected with the bacillus. A man either has

syphilis or he has it not; in the same way he either has tuberculosis or he has it not. In the one case, he has probably received the syphilitic virus on an abrasion and has not washed it off; in the other, he has probably inhaled the tubercle germ and has failed to cough it up. The seed must first be sown.

Omitting the rare cases of accidental inoculation through wounds, &c., the sources of infection in tuberculosis are principally two: First and chiefly the inhalation of the dried expectoration of tuberculous patients, and secondly the ingestion of tuberculous food, and under this head mainly of tuberculous milk.

The number of tubercle bacilli in the expectoration of tuberculous patients is simply astounding. Dr. Nuttall of the Johns Hopkins Hospital, by methods which it is not necessary to detail here, but which seem to be as accurate as the circumstances permit, estimated the number of bacilli in the expectoration of a patient not far advanced in tuberculosis during the twenty-four hours at from one and a half to four and one-third billions. What myriads upon myriads of these bacilli, then, must be expectorated by a patient in the last stages of consumption? Suppose, too, that these bacilli, as is so often the case, are spat up in a room into which there is no free access of sunlight and that there is no care taken to disinfect the expectoration, what must the inevitable consequences be?

As has been previously remarked, the cow is peculiarly susceptible to this disease. It is much more prevalent among dairy cattle than among beef cattle. The percentage of tuberculous cows among some dairy herds has been estimated as high as 50 and even 60 per cent. The most expert veterinarian cannot, by the ordinary means of examination, diagnose a case of tuberculosis in a cow in its early stages. It is only by testing them with tuberculin that the sound can be differentiated from the diseased animals. In every instance where the tuberculin test indicated the presence of tuberculosis and the animal was afterwards killed, the au-



topsy confirmed the diagnosis. It is not necessary that the udders of a cow should be tuberculous in order that her milk should convey the infection. It is sufficient if she has a general tuberculosis or even a local tuberculosis of any important organ. When we consider how extensively cow's milk is used as an article of food, especially for infants, we can readily imagine what an important role it plays in the dissemination of tuberculosis. It is believed that nearly all cases of scrofula (which is simply another name for tuberculosis of the lymphatic glands) occurring in children can be traced to nursing a tuberculous mother or wet nurse, or to feeding with milk from a tuberculous cow.

If all tuberculous sputa were thoroughly disinfected or better still, destroyed, and the use of tuberculous milk excluded, the problem of the prevention of tuberculosis would be practically solved, for all the other sources of the infection are comparatively unimportant.

But for the production of tuberculosis, it is not sufficient that the seed be simply sown. As in the parable of the sower "who went forth for to sow," the great majority of the seed happily fall by the wayside and perish. The next largest number fall upon stony ground and fail to take root, whilst a comparatively few only fall on good ground and bring forth an abundant harvest of disease and death.

What is this "good ground" upon which it is necessary for the seed to fall in order that a crop of the disease may be produced? Stated generally, it is a condition of catarrhal inflammation of the part where the infection is received. Where it is received by inhalation there must first be a laryngeal, tracheal, bronchial or alveolar catarrh. Where it is received through the ingestion of tuberculous food, there must first be a gastric or intestinal catarrh. The gates are in some way, as it were, opened by inflammatory processes for the entrance of the foreign invaders. It has been a frequent observation of clinicians that an ordinary, persistent bronchitis may terminate in phthisis pulmonalis. The laity commonly speak of "a bad cold going into consumption."

It is not likely that this catholic consent, this general consensus of opinion, both of the profession and of the laity, in all times and in all countries,—*semper, ubique, omnibus*,—can be erroneous. This state of inflammation (generally catarrhal), then, is the second factor necessary for the production of tuberculosis.

But even after the gates have been left ajar by some inflammatory process and the foreign invaders have entered the citadel, they have not yet gained the victory; it still remains for them to overpower the garrison. This garrison is composed of the phagocytes of the body. They must be functionally weak and inactive or few in number before they can be overcome. Anything that lowers the general vitality, as deficient food, whether of quality or quantity, insufficient clothing or housing, overwork, exhausting disease, &c., greatly increases the vulnerability of a subject. If a white rat, for instance, which is ordinarily immune to anthrax, be put upon a treadmill and worked until exhausted, he becomes quite susceptible to the disease. This increased vulnerability, as some would express it, or lowered functional activity of the phagocytes, as others would prefer to state it, constitutes, then, the third factor necessary for the production of tuberculosis.

To state the whole theory of the etiology of tuberculosis in mathematical language, I would say:

Tuberculosis =  $xyz$ , an equation wherein  $x$  represents the introduction into the system of the active agent of the infection, the bacillus,  $y$  stands for the state of catarrhal inflammation which prepares the "good ground" for its reception, and  $z$  represents the weakened functional activity of the phagocytes.

I imagine that some of you are by this time asking yourselves the question, "what has all this to do with the negro?" Simply this, that the etiology of tuberculosis in the negro is the same as the etiology of tuberculosis in any other animal. It is only necessary now to apply the principles here developed to the case of the negro. "The nigger is in the wood pile," and I will now proceed to uncover him.

There are no statistics in existence, as far as I am aware, as to the prevalence of tuberculosis among the negroes whilst they were slaves, but it is the unanimous testimony of all those who are old enough to remember, both in and out of the profession, that he was considered at that time as almost entirely exempt from the disease. The only negroes here in the black belt who had consumption were those who were brought either from some of the border states or from the sea coast, and thus had had opportunities of receiving the infection. Those who were born and reared here never had it. There can be no question as to the apparent immunity that he then enjoyed, but I believe that this immunity was only apparent. He was probably as susceptible then as he is now. The negro himself has not changed; he was the same negro in slavery times that he is now. But his whole environment and circumstances have totally changed. Whatever sins against or injustice to the negro may be alleged by some, truthfully or otherwise, against the practice of negro slavery as it formerly prevailed here in the south, one thing is certain, viz., that it involved a system of sanitary police that served to effectually protect him against the ravages of consumption. This undoubted fact should and does teach a great lesson in sanitary science. It proves unquestionably that tuberculosis, the greatest plague of the earth, is pre-eminently a preventable disease,—a fact of immense practical importance for the health and happiness of the people of all countries.

But how sadly for the negro has all this changed, a change from almost complete exemption to extreme prevalency. Vital statistics wherever they have been gathered, whether in northern hospitals, or by health boards here in the south, or by the United States Census Bureau, show conclusively that the disease is now very prevalent and very fatal among the negroes. A circumstance to be specially noticed in this connection is, that this great change commenced *immediately* upon his emancipation. It was frequently remarked upon by observant persons during the first few years after the war. Our experience here in the south, however, is not

an isolated one of the kind. The English and German physicians in Africa have long observed that, whilst consumption was scarcely known in the interior of that continent, yet that when the inhabitants of these regions were brought to the seacoast, and especially when they were carried to Europe, they quickly succumbed to the disease. The Indians in their savage state were formerly supposed to be exempt from the disease, but now it is rapidly increasing among them, and their death rate from this cause is already enormous.

Whilst the death rate from tuberculosis amongst the Indians is three times as great in the reservation in New York as in Dakota, yet the tribes inhabiting the foothills of the Rocky Mountains, where consumption is extremely rare among whites, and where patients from the east do well, show a death rate from this cause that is described as "enormous."

The causes, which led up to this great prevalence of the disease in a race that was previously almost exempt, naturally arrange themselves into three classes, corresponding to the three factors which we saw entered into the etiology of tuberculosis—the  $x$ ,  $y$  and  $z$  of our equation. Taking up the first, the  $x$ , let us inquire if the negro has more opportunities now, than in slavery times of coming across the infection? In order to answer this question, we must compare his environment and his circumstances then and now. Then, he was surrounded by a veritable *cordon sanitaire*, as it were. He was confined in quarters; he could not visit even a neighboring plantation or village without the written permission of his owner, except on pain of being taken up and punished by the "patrollers." Hence his old song, "Run, nigger, run, or the patteroller catch you." He could not marry off the plantation without the consent of his owner, who was generally an intelligent person, and would not allow him to marry a consumptive or sickly woman. Now, he travels wherever his own sweet will leads him and his means permit, and he marries or rather cohabits with any negress he fancies. Then, if he was guilty of any

petty misdemeanor, he simply received a lashing from the overseer, and was put to healthy exercise in the open air; now, during the criminal week of our courts the court-houses are redolent with his perfume, and our jails and convict cells are crowded with them. Prisons have ever been considered a prolific source for all infectious diseases. Then (in slavery times), the owner of nearly every large plantation employed a white preacher to hold orderly and decent religious services on Sundays in the open air; now the negro has developed into a highly religious animal and rejoices in "big meetings" and "revivals," generally held in small, ill-ventilated and ill-lighted meeting houses. Then, he attended no political gatherings; you all remember what large "pow-wows," conventions, &c., he held during and after the reconstruction period. Then, the negro children generally played, most frequently stark naked, in the open air and sunlight; now they are crowded into small school houses where no attention is paid to hygienic arrangements. Then, if a negro became sickly his owner sold him off, just as a person would get rid of a sickly mule now. Then, on every large plantation, the sick were cared for in a special house provided for the purpose, a veritable hospital, by the mistress assisted by selected nurses. Now, the sick room is also the sleeping room for probably a half-dozen other persons. It is also the cook room. How can the contagion fail to spread under such circumstances? Then, attention was paid to the under-drainage of the cabins in the quarter, and they were regularly whitewashed and limed; now, the negro allows all manner of filth to accumulate under his cabin. From these and many other instances that might be mentioned, it is evident that the negro's opportunities for meeting up with the infection have been increased manifold. He must pay the penalty of becoming civilized. I think that this is the *great* cause of the change that we have noticed here in the south in his relations to tuberculosis.

As regards the second factor in the causation of tuberculosis, the state of catarrhal inflammation which furnishes the suitable soil for the infection, it is certain that the negro

is now more exposed to the causes of these inflammations than he was then. Whilst bronchitis and the other catarrhs are probably of microbic origin, yet the causes assigned are "taking cold" from exposure, insufficient clothing, bad housing and the like. Similarly, gastric and intestinal catarrhs are usually believed to be due to improper food. In slavery times the negro was furnished by his owner with an abundance of plain but wholesome food, he was comfortably clad and housed; now he has to provide all these things for himself. How poorly he does this, in many instances, you all know.

Under the third class of causes that have wrought this great change in the negro, it may be noticed that not only tuberculosis but all other infectious diseases have greatly increased in the race since emancipation, for the same reasons that have already been assigned. This is especially true as regards syphilis. Whilst syphilis is not tuberculosis and does not beget tuberculosis or scrofula any more than a sheep begets a goat, yet it is undoubtedly true that an attack of syphilis frequently greatly lessens the powers of vital resistance to disease in its subject; he becomes more vulnerable.

The circumstances that have brought about this change in the negro seem to me so numerous and various that it is impossible to think of and enumerate them all. I have endeavored to indicate and classify a few of them as best I could. I think the causes I have assigned are adequate to account for the effect observed.

This is probably the proper place to note the clinical variety of tuberculosis most frequently met with in the negro. This is the *phthisis florida* of the writers, the "galloping consumption" of ordinary parlance. The disease generally runs a much more acute course in the negro than in the white man. One form is especially acute and should be mentioned on account of its liability to be mistaken for pneumonia, viz: acute pulmonic phthisis. A stout, robust negro is taken with a sudden chill, followed by high fever and intense pain in the side with suffocative feelings. Soon

there is mucoid expectoration which afterwards becomes rusty colored. The attending physician is apt to suppose that he has a typical case of croupous pneumonia, but the eighth and tenth days pass by and the expected crisis does not occur. The physician still flatters himself with the belief that it is a case of unresolved pneumonia and that everything will finally be all right, but the symptoms continue to increase in severity, and at the end of the second or third week his man is probably dead. By reason of strength, though, he may last two or three months—hardly ever longer. The only means of early diagnosing such cases from pneumonia is by means of the microscope, finding the bacillus in the one and the pneumococcus in the other. It is probable that many deaths have been assigned to pneumonia that were really due to acute pulmonic phthisis.

#### II. PREVENTION.

This paper might here appropriately end, but it seems to me that it would be incomplete without adding a few words as to the prevention of tuberculosis. I have already said that it is pre-eminently a preventable disease. A knowledge of the etiology of *any* infectious disease always gives us the key to its prevention. I know of scarcely any other infectious disease whose etiology is better understood than that of tuberculosis, and, therefore, it ought certainly to be preventable. Theoretically, it is possible to banish tuberculosis from the face of the earth, but there are many practical difficulties in the way of the accomplishment of so desirable an end.

This Association is by law the state board of health. We should at once resolve ourselves into a society for the prevention of tuberculosis, and each county medical society should be a subordinate society for the prevention of tuberculosis. We are very apprehensive about the invasion of this country by cholera during the coming summer, and get appropriations from Congress to aid in preventing it, and hold conferences of health officers in regard to it and so on.

But here is a greater plague all around us, constantly, unceasingly and unremittingly at work, causing an hundred fold more disease and death, yet we are not alarmed and absolutely do nothing to antagonize this enemy that is all around us and constantly menacing us. The very constancy of his menaces have probably rendered us familiar with and indifferent to him. Because it is never epidemic like cholera or yellow fever, we overlook the fact that it probably yearly kills more people than all other infectious diseases combined. Year after year we go on losing the ablest bodied in the land, white and black, those in middle life, from consumption, and never think of protecting ourselves against its ravages. The main function of a board of health is to protect the public against disease. What greater or more inviting field for its activity could a board of health have than is furnished in the case of tuberculosis? In what other direction can a board of health find such an opportunity for usefulness? I know of no other.

A patient dies in a room of small-pox; the room is at once fumigated, disinfected and ventilated before any other person dares to occupy it. I remember an instance occurring soon after the war, where a negro died of smallpox in a cabin, and the owner of the plantation immediately set fire to it and burnt up cabin, body and all. This was certainly a very effectual method of getting rid of the infection. Why should not the same precautions be taken where the death occurs from tuberculosis as where it occurs from smallpox? The one disease is as infectious as the other. It is true that a more intimate contact is necessary to convey the infection of tubercle and that the breath of tuberculous patients is not infective, but their dried expectoration is highly so, and may retain its virulence in an unventilated and unlighted room for months after death. Do you ask what measures I would propose for the prevention of tuberculosis? I would answer, preliminarily, that any preventive measures applicable to the blacks must be equally applicable to the whites, for it is one and the same disease in both races. The etiology is the same, and consequently the



methods of prevention must be the same. I would also answer that, as for myself, I have but little faith in the virtue of legislative enactments for the prevention of disease, and, as for that matter, for the prevention of anything else. I have still less faith in education, as education ordinarily goes. But I do have great faith in the efficacy of a *true* education, an education in *things* and not merely in *words*, which are only the symbols of things. To state it in other words, I do believe in the efficiency of an education in science. It is first necessary to impress upon the doctors of the state the infective nature of the disease and the sources of the infection. I fear that even some of our doctors have not as yet adequately grasped the idea of the infectiveness of tuberculosis. Many of us still regard the disease as hereditary and autogenous and consequently as not preventable. Many of us, I fear, have not kept abreast with the progress in the investigations on this subject. How can we reasonably expect the general public, especially ignorant negroes, to be instructed as to the infectiveness of tubercle, until the profession itself is thoroughly indoctrinated in the idea. The specific measure looking towards the prevention of tuberculosis that I would recommend would be the preparation, by the committee of public health, of a health circular, giving instructions as to the infective nature of the disease and directions as to disinfecting and disposing of the tuberculous sputa. It should also insist on the precaution that no infant should be fed on cow's milk until it be first sterilized by thorough boiling. Goat's milk might not need this precaution. Such a circular should be distributed first to all the doctors in the state and then to the public generally, and especially to the negro preachers and school teachers. These are generally the most intelligent of their race, and thus I think a great work in sanitary education might be forwarded. By § 1282 of the Code of Alabama, it is the duty of county boards of health "to examine as far as practicable into all cases of malignant, pestilential, infectious, epidemic and endemic diseases occurring in the county, and the cause thereof, and to take such steps as may be neces-

sary for their abatement and prevention." By § 1289, it is the duty of the county health officer "to keep a book to be styled 'Register of Infectious Diseases,' in which he must register all cases of pestilential or infectious diseases occurring in the county reported to him, with such other details as he may be required to enter," and "to make diligent inquiry into all cases of pestilential or infectious diseases occurring in the county, coming to his knowledge, or of which he is informed, reporting the facts thereof to the county board of health, and employing all such means as he has authority to employ to prevent the spread of such disease." By § 1282, it is the duty of every physician, attending or treating any case of pestilential or infectious disease, within such time as may be prescribed by the county board of health, to make a full report thereof to the county health officer, specifying the name of the patient, the locality within which such patient was, or may be found, the character of the disease, and such other details as are or may be prescribed by the county board of health. If a case of pestilential or infectious disease, not attended to or treated by a physician should occur, it is the duty of the head of the family in which it occurs, or of the person on whose premises it occurs, to make a like report thereof to the county health officer." It will thus be seen that so far as legislation goes we have already all the law that is needed for the prevention of tuberculosis. The county boards of health might make the additional requirement that the health officer, immediately on learning of a case of the disease, should confirm or disprove the diagnosis by means of a microscopical examination, and should give instructions as to the disinfection of all tuberculous expectoration or discharges from tuberculous ulcers. The bacillus tuberculosis is not now a saprophyte, though it was probably originally one; it is now a true parasite. That is to say, it cannot live indefinitely outside the body of its host. This fact is of importance, as it should greatly encourage us in our efforts at disinfecting tuberculous matter of all kinds. Another fact

that should encourage us is, that it is readily killed by sunlight. It is probable that tuberculous expectoration on the streets, or other places where sunlight has free access, loses its virulency before it becomes dried and floats in the air.

Whilst on the subject of prevention, I may as well mention an idea that has occurred to me, an idea, however, which I advance with some diffidence. It is this: It has been demonstrated in the cases of some infectious diseases that if the blood serum of an animal, that is ordinarily immune from a particular disease, be injected into one that is susceptible to it, the immunity is conferred on the susceptible animal. What the exact chemical nature of the immunity conferring substance, existing in the blood serum of the one animal and not previously in that of the other, has not, as far as I am aware, been definitely determined, but it is probably in the nature of a ferment or enzyme. Unfortunately, there is no animal that is completely immune from tuberculosis. The dog, the goat and the horse, as before remarked, are the least susceptible; that is, they possess a comparative immunity. Might it not be possible that this comparative immunity could be conferred on other animals, man included, by the injection of the filtered and sterilized serum of dog blood, goat blood or horse blood? I think the idea is worthy of investigation by some of our experimenters. Certain French doctors have already used the serum of dog blood in the treatment of tuberculosis and have reported good results therefrom.

Unless some preventive measures are adopted, the prospect is that as our cities become larger and more densely populated and the facilities for travel multiply, tuberculosis will spread more and more rapidly, not only among the blacks but also among the whites, just as it is now spreading with increasing rapidity among the Indians. I have already said that it is probable that the majority of the cases of tuberculosis undergo spontaneous recovery. The question naturally suggests itself, are these persons who have obsolete tubercle liable to reinfection? I have been unable to

find any literature bearing on this point. We know that the syphilitic person is not liable to reinfection; the virus of chancre is not auto-inoculable. We also know that this protection is transmitted in some degree to the children of syphilitic parents. The whole civilized world has now become syphilized, and hence we have no such terrible epidemics of syphilis as occurred in Europe in the sixteenth century, attacking the Pope and the royal families, as well as the "common masses of the common people." Syphilis has now become a comparatively mild disease, when occurring among civilized races. But when it occurs among the retarded races—retarded that is in their evolution—it exhibits the same virulence that it did in Europe in the sixteenth century.

May not this same process of evolution explain the greater immunity from tuberculosis possessed by the whites over the negroes and Indians? The two diseases have so many analogies that it seems to me that this is not an improbable explanation.

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DR. EDWARD HENRY SHOLL.

In a paper on "The Negro and his Death Rate," read before the Jefferson County Medical Society—afterward published in the medical, sanitary, insurance and other journals of this country—I gave the following statistics, based on the vital statistic reports of the corporate limits of the city of Birmingham, from January 1st, 1890, to May 1st, 1891,—population, 27,000:

Deaths from pneumonia—whites, 57; negroes, 65.

Population—whites, 17,550; negroes, 9,450.

Rate per thousand—whites, 3.24; negroes, 6.88.

Deaths from consumption—whites, 21; negroes, 63.

Rate per thousand—whites, 1.19; negroes, 6.88.

Equalizing figures of population, death rate of whites from pulmonary diseases to total death rate of whites, is 19.20; of negroes, 41.28,

A study of the vital statistics of Birmingham for the year 1892, furnished me by Dr. H. N. Rosser, health officer, gives the following:

Deaths from consumption—whites, 26; negroes, 37.

Rate per thousand population—whites, 1.48; negroes, 3.91.

Deaths from pneumonia—whites, 20; negroes, 26.

Rate per thousand—whites, 1.14; negroes, 2.75.

Total death rate per thousand, pulmonary diseases as above—whites, 2.62; negroes, 6.66.

Total death rate of pulmonary diseases in proportion to total death rate—whites, 18.40; negroes, 41.13.

Rate to total death rate by consumption—whites, 10.40; pneumonia, 8.

Rate to total death rate by consumption—negroes, 24.10; pneumonia, 17.03.

County of Jefferson, excluding Birmingham—population, 62,032; 65-100 whites; 35-100 negroes.

Consumption—deaths per 1,000 population—whites, 64-100; negroes, 25-10.

Consumption ratio to total of deaths—whites, 8.77; negroes, 39.90.

Pneumonia deaths per 1000 population—whites, 54-100; negroes, 1.7.

Ratio to total of deaths—whites, 5.48; negroes, 17.08.

Total ratio of deaths by consumption and pneumonia—whites, 14.25; negroes, 56.98.

## GYNÆCOLOGY IN ALABAMA.

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BY ISAAC LAFAYETTE WATKINS, M. D., MONTGOMERY,

Counsellor-elect of the Medical Association of the State of Alabama.

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DISCUSSED BY

SHELBY CHADWICK CARSON, M. D., Bessemer.

RUSSELL McWHORTER CUNNINGHAM, M. D., Birmingham.

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To make a report on a distinctive Gynæcology in Alabama is a duty I assume with great trepidation—in fact, there is no such thing. The great ease and rapidity with which knowledge is disseminated at the present time, has obliterated inter-state characteristics. With the exception of some minor differences in technique and in manipulations in different countries, gynæcology is the same the world over.

The few remarks to which I shall briefly ask your attention, will demand on your part a charitable consideration if they assume too much of a personal experience or observation. The topics will be discussed in the most superficial manner, without the effort of being novel.

GYNÆCOLOGY AS A SPECIALTY.

It is no longer necessary to urge upon this intelligent body the fact that this is one of the most important specialties pertaining to medicine. Its functions are to deal with all pathological conditions peculiar to women, including obstetrics. The sexual organs of the female are of a very delicate structure and intensely sensitive function. These facts have not been recognized by the cruel hand of fashion and custom in modern civilization.

A thorough knowledge of their anatomy and physiology, with some degree of familiarity with collateral branches of medicine and surgery, is necessary to accomplish the ends and aims of one who devotes his time to this branch of medicine.

The family physician as surgeon, accoucher and medical factotum is now, in the larger cities at least, a thing of the past. From a sentimental view the idea is not an agreeable one. The surrendering of the pleasant and confidential relations of family and physician, and giving place to half a dozen attendants upon the different ills of the family—much after the plan of the business man's, can but result in great good to any community. The inability of one mind to acquire all the possibilities of the medical science is too clear to admit of discussion in this connection. The man who attempts to attend a woman in confinement, or to treat a pathological condition of her organs of generation, is dealing with that function which peoples the world. It is in his power to make two blades of grass grow where none had grown before, or he may through ignorance, or neglect, destroy her only chance for that most noble function of women—namely, "to replenish the earth." I would again urge that you no longer trust to the fashionable coverings of petticoats and skirts as a shield to protect you from imperfect work, but consider the great importance of what you are doing, and prepare yourselves before you assume charge of these cases.

The gynæcologist has no royal road to fortune. In the whole domain of medicine there is no more fertile field for criminal negligence than in gynæcology. Many women refuse examination,—trusting, rather, to some one of the so-called female regulators. It most frequently depends on the indisposition of the doctor. He either has not the time, or the arrangement convenient, to make a vaginal examination. Remedies which have been followed by relief on former occasions (although an entirely different pathological condition may exist) are prescribed. No amount of charity can excuse such work. Many cancers *uteri* have passed be-

yond the hope of relief for failure of recognition. But a few stomachs have been converted into a medicine repository for the relief of symptoms, when relief would soon have followed had proper treatment been resorted to. As gynecologists let our efforts be directed in a way that this department may compare favorably with other branches of medicine.

You, gentlemen, who go in and out as general practitioners, cannot escape a very grave responsibility. It is to you that mothers apply first for advice when difficulty attends the period of puberty. Let your advice be wise, and with a judicious hygiene at this important time you will render female patients less susceptible to disease when they reach maturity, and better able to perform their marital duties and capable of bringing forth that much desired progeny. In this age of progressive medicine it would be profitable if we could devise some way to keep our young women from becoming so early in life gynecological patients.

It would be a more agreeable task for me to pass on to the consideration of some one of the capital operations in surgical gynecology, but these will receive due consideration by special papers. I shall, therefore, discuss only minor operations and practices in gynecology.

The question of diagnosis in this branch of medicine is one beset with many difficulties. It has been the custom heretofore to divide gynecological patients into two classes, namely, married and unmarried. With unmarried women you are not to propose examination without first seeking relief by the use of special medicines. This is a pernicious doctrine, and should not be regarded with favorable consideration. You have no more right to let an unmarried woman suffer for want of proper treatment than one who is married.

Not a few girls are subjects of vaginitis, endometritis and displacement, which if properly treated would save them from the more serious forms of disease of the fallopian tubes and ovaries.

The symptoms which you may elicit in the rational his-



tory of a gynæcological patient are too numerous for me to mention; at the same time there are but few symptoms which can be regarded as peculiar to the female organs of generation. The desire for sympathy, the natural tendency to hysteria or the effort to deceive you are all to be considered, and it is at last left with you to determine the validity of symptoms. As a rule it is pain which drives a woman to consult a gynæcologist. This pain may be located in different parts of the body. Aside from the pelvis it may be located in legs, head, heart or stomach. It is this feature that has given rise to that very familiar expression "hysteroneurosis." Pain in the lumbar region may be the result of one of several conditions. It is not true as taught by most text books that backward displacement pressing on the sacral nerves causes it. In the majority of instances it is due to diseased ovaries and tubes low down in Douglas' space. This condition is always accompanied by endometritis and the combined influence may give rise to very annoying pain in the back. Pain in the leg is produced by inflammatory deposit in the broad ligament with inflamed and adherent fallopian tubes and ovaries. It is these pathological conditions which give rise to that common symptom so frequently referred to as prolapsus or "falling of the womb" with a sensation as though everything was coming out. These are very expressive terms with the laity and not infrequently heard from physicians. An examination will reveal a thick and broad ligament with inflamed and adherent fallopian tubes and ovaries—either in Douglas' culdesac or attached anteriorly; sharp cutting or stinging pain in the ovarian region so frequently met with, and once thought to be the result of gonorrhœal salpingitis, is symptomatic of ovaritis simply. That atrocious pain in the bladder so often encountered is now known, in the majority of cases, to be the result of some inflammation elsewhere in the pelvis. In operations on the cervix I have witnessed the symptom to a very annoying degree. These symptoms are no longer explained by an exaggerated antifixion. The organ possesses the happy faculty of adjusting itself to changed rela-

tion to a marked degree, as is shown in the presence of fibroid tumors, Alexander's operation or hysteroraphy.

Pain best calculated to excite the solicitude of the doctor as well as the patient is that commonly known as dysmenorrhea. Until recently it was the custom of authors to give some fanciful classification of this symptom. The effect was misleading, both in diagnosis and in the application of remedies. Pain preceding the flow is generally the result of tubal abnormality, and that accompanying the flow caused by endometritis—generally just within the internal os. The relief of the endometritis, with free drainage established, will effect a cure in a very large majority of the cases of dysmenorrhea.

Rational symptoms in gynæcology are worth less than in any other branch of medicine. As a rule, time spent in obtaining them is wasted. The physical signs, after all, constitute our only guide.

Many things have been written on the subject of posture in gynæcology. Recently William Warren Potter published a series of articles on the subject, which do more credit to his scholarly attainments than to his practical observation as a specialist. His cut showing Sims' position is imperfect in that the right leg is above and in front of the left, permitting the abdomen to come in contact with the table and the pelvic organs to advance in the same direction to the great disadvantage of the operator. This position properly is on the left side with the left arm behind, both legs drawn up to nearly a right angle with the body, with the right leg directly over the left. In this position, with the perineum retracted, the greatest capacity of the vagina is obtained.

With a knowledge of your purpose, it is not a difficult matter to get the most favorable position. My individual choice is, for examination: The back, with the head on a very thin pillow, the legs drawn up, with instructions for the patient to breathe through her mouth. For all treatment, where an assistant can be obtained, I prefer the Sims' position.

On inspection of the vagina, we get symptoms I desire to

discuss more fully. After parturition few vaginas return to their original shape, due to lacerating or separating some or all of the muscular fibres of the sphincter vaginae and transverse perineal muscles with their fascia. We now know that the pelvic floor is composed of more than a mere mass of cellular tissue covered with integument from an inch to an inch and a half long. The majority of injuries received during parturition involve in some manner these tissues. Within the last decade, these injuries and their treatment have, through the efforts of some honest workers, been very much better understood. Gynæcology is greatly indebted to Dr. Emmett for his untiring efforts in this direction.

In order that I may give a more definite idea of what I wish to say, it will be necessary for me to recall to your minds the anatomy of the vaginal outlet. The perineum is an elastic body composed of muscular fibre, fascia and adipose tissue so arranged as to best protect the three outlets, the anus, vagina and urethra. The levator ani muscle has its origin in the pubes, passes down in front of the vagina to the rectovaginal septum, where portions of its fibre spread out and form a broad aponeurosis extending some distance up the rectum, while other fibres pass around the anus to be inserted in the coccyx. The transversus perinei muscles arise from the ischia and pass in front of the levator ani muscle, where they are inserted in the perineal body. This muscle assists in the formation of the ischio-perineal fascia, which is a broad ligamentous band arising from the ischia and enters into the formation of the perineum also. The function of this structure is to turn the vaginal tissue inwards, draw the anus forwards, and to support the rectovaginal septum. A destruction of these perineal attachments frequently occurs either by the passage of the head or the shoulders during parturition. This may occur without any perceptible rent in the mucous membrane of the vagina. The transverse muscle contracts and separates the vaginal walls, the levator ani loses its power to constrict the vagina and we have a rolling out of the anterior and posterior vaginal walls or cystocele and rectocele. This fre-

quently occurs without disturbing the skin portion of the perineum to any perceptible degree. This is the condition in which that form of relaxation of the perineum has occurred, as described by some authors. It results in a general prolapsus of all the pelvic organs, rectocele and cystocele. This is partly due to an effort of other tissue to close the vagina and the accumulation of feces in the rectum. I have seen destruction of the superficial structure without any of the pathological conditions mentioned above. The internal or submucous injuries are rarely recognized by the casual observer; symptoms are attributed to others, and frequently imaginary troubles are looked for and a treatment only temporary at best in its effects is applied. To detect a submucous laceration it is only necessary to bear the perineum down and instruct the woman to cough, when the difficulty is perfectly clear. The patient will complain of an excessive coolness in the vagina on turning in bed, or an audible flatulence in walking or any exertion, as coughing or laughing. This is very disgusting to a refined woman, and frequently keeps them out of society. With these special symptoms we have failure of general health, imperfect nutrition, with depressed spirits and loss of confidence in her ability to bear children, or that she was bearing children too fast. These symptoms are certainly familiar to you all. A description of the operation devised by different surgeons for the relief of this condition would consume too much time for me to attempt it here. The most satisfactory operation in my hands is Bennett's V operation. It is more difficult to perform than some others, but leaves the vagina in a more natural condition, and when properly done will relieve the symptoms.

The text books on obstetrics contain a great deal about protecting the perineum from injury during delivery. Few of them, however, say anything about the anterior vaginal wall. Serious damage to the anterior wall resulting in displacement of the bladder is too common to be so neglected. The most frequent abnormality is cystocele or prolopsus.

The usual symptoms of imperfectly emptying the bladder, frequent desire to urinate, with headache, are the result.

These patients may be rendered comfortable by the use of some one of the numerous pessaries devised for anterior displacement, but they do not relieve the condition. The operations in general use are unsatisfactory, since the effects are not lasting. The elliptical operation by Dr. Watkins of Chicago is the best so far devised. Owing to the relaxation, it requires patience and some skill to perform it.

Lacerations of the cervix are not given the same attention now as a few years ago. It is no longer regarded necessary to operate on every cervix which has a slight rent. The lacerations deserving attention are divided into lateral, bilateral and circular. These injuries have different effects on different women. I have seen very slight rents produce symptoms, when much larger ones had no unpleasant effects.

In this country, at least, the propriety of operating on a lacerated cervix is no longer questioned. The symptoms requiring the operations are both local and remote. The reflex symptoms of disease of the cervix are yet a subject of different theories. One, and the most plausible theory is, that they have their origin through the influence of the sympathetic nervous system. The cervix is covered with erectile tissue, richly supplied with sympathetic nerves. Headache occurring every six or eight days, disturbed vision, palpitation of the heart and gastric disturbances are frequently produced by these cervical lesions. Although Dr. Emmett does not operate more than once in ten times where he did formerly, he is yet a strong advocate of trachelorrhaphy for the relief of these symptoms. The operation is simple, and any physician should be able to perform it. It should be done under strict antisepsis and thereby prevent appendigeal complications following the operation. The application of nitrate of silver and other caustics for the purpose of curing "ulceration" so-called, and smoothing over the cervix, is a very unwise practice. They destroy the glandular functions of the organ and cause cervical hyperlasia.

The endometrium has not been neglected by medical writers of the present. It is the lining membrane of the uterus and fallopian tubes. It is of glandular formation and is thrown off with each menstrual period. It has no parallel organ in the body and is the most easily infected of all other tissues. Its most formidable enemy is abortion. Next to this is the filthy instruments of doctors. Diseases of the endometrium formerly were divided into different classes according to the location of the inflammation. This is unnecessary, since it extends very rapidly through the entire uterine tissue when once established.

The treatment of endometritis has undergone some change in the last few years. Dr. Polk of New York has inaugurated what he calls drainage treatment, that has now become generally accepted as the most valuable remedy at our command. As it has not yet found its way into all the text books, it may not be unprofitable for me to give a brief description of the operation here.

The instruments necessary for the operation are Sims' speculum, volselum forceps, uterine dilator, cervical tube one half to three eighths of an inch in diameter, with handle attached; Bozeman's intrauterine irrigator, and very slender dressing forceps. Though a very short time is required to do the operation, it is too painful to attempt without an anesthetic, except where the os is patulous. The patient anesthetised, and on her left side, the genitalia should be thoroughly washed with soap and warm water, vagina irrigated with bichloride solution one to two thousand; with Sims' speculum the perineum is retracted; the anterior lip of the cervix caught up by the forceps, the dilator is introduced through the internal os and the blades dilated to three quarters of an inch. With a sharp curette the entire endometrial surface is passed over, the force depending upon the firmness of the uterine wall, noting closely its condition as you pass over it. The cavity is then irrigated with bichloride solution, one to five hundred [thousand?], until all hemorrhage is stopped. If this give trouble, mop the cavity out with Churchill's Tincture, which generally controls it.

To prevent poisoning, the cavity should have one quart of warm sterilized water passed through it. Iodoform gauze in strips three fourths of an inch wide is inserted through the tube with the slender forceps. Two to five yards may be introduced. It should remain four to six days, then it should be removed and renewed in bad cases. Patient should be kept in bed ten days. The strictest antiseptic precautions should be observed in every step of the operation. The symptoms following the operation are variable. I have seen some violent cases of uterine colic produced by the packing. In these cases it is a wise course to remove the gauze and insert a grooved rubber tube, and if tolerated, it should be left for two or three months. I have resorted with perfect satisfaction to this treatment in recent cases of catarrhal salpingitis and ovaritis. Though not successful in every instance, it should be given a trial in young women with these troubles.

A report on gynæcology would not be complete without some reference to abdominal surgery. While I am not unmindful of the fact that the task of the critic is no easy one, and that his efforts are more than likely to make him enemies, I cannot refrain from saying something of that class of physicians who appear so frequently in medical literature in the most emphatic denunciatory terms of that class of surgeons. Antisepsis is veritably a weapon of defense for the surgeon, and doubtless it has encouraged him to venture where his operative skill was unnecessary. Yet if he who so vehemently attacks him would grant him average honesty, such opposition would be less noticeable. These mourners over the so-called mutilations are men either wanting in skill or energy to undertake such work, or those who have done so and failed. The doctor who works for other than the interest of his patient should not be allowed to practice medicine. When indicated, there is no branch of medicine that affords such happy results as the removal of diseased ovaries and tubes.

Hysterectomy for malignant disease of the uterus is generally conceded as a justifiable operation. With its perfected

technique, the mortality has been reduced to the minimum. The results from the operation are not what it is desirable to have them. This is largely due to operating too late. When physicians appreciate the necessity of vaginal examination, and cease to prescribe without some knowledge of the cause of symptoms, these cases will reach the surgeon sooner and his work will be more effectual. The custom of consigning these unfortunate women to the grave after they have advanced beyond a certain stage, without medical aid, is wrong. With the proper use of some of the disinfectants and germicides her life may be prolonged and at the same time made much more comfortable. I have by the bi-weekly application of mixture of tannic acid and iodoform rendered them very comfortable and kept down the offensive odor.

#### RELATION OF PELVIC AND PSYCHICAL DISEASES IN WOMEN.

Authorities on mental aberration recognize the somatic influence over the function of the brain. In the heated discussions between alienist and gynæcologist, the only practical question has been lost sight of, namely, are insane women capable of suffering from pelvic disease, and can surgery do nothing for their relief? It is not my purpose to discuss this subject; rather to give some conclusions reached by careful observation by W. P. Manton of Detroit and Dr. Rhoe of Chicago.

Barnes has said: "An insane woman has as much right to treatment for pelvic disease as her sane sister. Out of eighteen patients operated on by Dr. Rhoe, whose insanity had taken the form of melancholic mania, periodic mania, hysterical mania, puerperal insanity, epileptic insanity and hysteric epilepsy, in twelve relief or benefit followed the operation. Dr. Manton states, as gynæcologist to two insane hospitals, he is of the opinion that a large percentage of the female patients of the asylums would be relieved or benefitted by treatment by a competent gynæcologist.



## DR. SHELBY CHADWICK CARSON.

The few remarks which I wish to make will be for the purpose of ridiculing the *abuse* of what is, under proper circumstances, quite a remedial measure. I refer to the wholesale mutilation of women. The well known radical views—as enunciated at Huntsville two years ago—of the gentleman just preceding me led me to suppose they would be in order on this occasion. His assertion in regard to the examination and treatment of virgins gives rise to the thought of what a dearth of sentiment is there—what a severely practical age is this upon which we have fallen! We were wont to think that the lovely Venus merely employed a figure of speech when she referred to that portion of her anatomy “where pleasant fountains lie;” but, in these latter days, it has proven a veritable fountain of perennial joy to that species of the genus homo the *carving* (if not carnivorous) gynæcologist. He seems to regard it as a “park” to be explored, a region worthy of his *steel*. Nay, were the Goddess of Beauty herself, arrayed in all the magic witchery of her charms, followed by all the nymphs, naiades and graces of mythology, to come trooping on dress parade before one of these, he would merely transfix her with a gaze that would pierce the integumentary system and lay bare the reproductive organs. Woe be to her where there is the least departure from the norm! He ignores one of the “golden gems” of Goodell: “Women have *some organs outside* of the pelvis.” Now, I belong to a limited degree and in some mild manner to this order of men, and while I have never—as Treves of London says others are inclined to do—“performed radical cures” upon all of my hernia cases, removed the ovaries from the majority of my nervous female patients, and tapped the ventricles of all hydrocephalics;” yet I have by constant care and persevering use of mild measures relieved and cured many cases of ovaritis, ovarian neuralgia, sub-involution, endometritis—and I think I can safely add pyosalpinx. I have had a purulen tendometritis with a profuse discharge, where the inflammatory process had

travelled along the tube and made exquisitely sensitive the sympathetic ovary, to yield like magic to Polk's method of rapid dilatation, curetting and packing. In many cases of pelvic disturbances have I seen the pinched features, the wan cheek, and the emaciated figure give place to robust health without the intervention of the knife.

It would be unbecoming in one so humble as myself to criticize those brilliant masters in this department who have written their names high up on the honor roll, to whom the voices of thousands go up in applause; but I must say, Mr. President, that I love them for the mistakes they have made, for the finger points—as danger signals—they have set up in the shape of unsexed women with uncured neuralgias, unrelieved abscesses and still existing adhesions, and unsightly ventral hernias.

I regard them as brilliant surgeons whose skill, coupled with the application of their knowledge of asepsis, enables them, with impunity, seemingly to tamper with the brittle thread of life—not as the eradicators of disease.

As opposing the too ready resort to radical measures in this department, I have carefully compiled the following opinions from men of standing, both in Europe and America, and classified them under several separate headings.

#### WHAT CAN JUSTIFY A REMOVAL OF APPENDAGES?

*Champneys, of London:*

You may take it as a maxim, that the necessity for these operations arises occasionally; but I think you may also take it as a corollary, that any long list of these operations consists, in the main, of unjustifiable interferences. It is not the question of "another life saved," but of another life unjustifiably exposed to risk. To cure a patient by this method, whether she be a subject of perimetritis, or neurosis, or dispareunia, or what not, when she could have been cured without it, is just as bad surgery as to amputate a leg for a curable ulcer or for a curable disease of the joint. Thus, in examining lists of operations do not look at the

column filled with big D's and big R's. There wont be many big D's in any list of operations published. When there are many big D's the operations will not be published. But look for facts that will give you an indication of the justifiability of the operation—the duration of the illness, the details of the treatment, and the previous medical treatment—and these I am sorry to say you will often fail to find. Every recovery where the operation is unjustifiable, is very little less than an escape from punishment for a crime. That some who have largely practiced removal of the appendages disown the justifiability of a large amount of the work done, more or less in their name, will appear from this quotation from the *Lancet*: "The new principle introduced and certainly alluded to on the other side of the Atlantic as 'Tait's law,' was first of all subject to a geat deal of misrepresentation; and even within the last few years I have heard the President of a distinguished London society say that 'Tait's law' was, that when you were in doubt you must open the abdomen. I have constantly had to repudiate any such statement, because I hold that in every case in which the operation is performed the serious risk to the patient's life is to be justified by the incidence of suffering which she is undergoing, or the degree of risk of life to which she is being constantly subjected by the disease. There can be no doubt whatever that within a short time there has been a large amount of grave malpractice on this point, and a large number of patients have been operated upon who ought never to have been touched."

#### DOES THE OPERATION CURE?

*Coe:*

"Recovery after operations was by no means synonymous with restoration to health; and in some instances sequelæ were left which were more intolerable than the original condition."

*Pilcher:*

"Allusion, at least, ought to be made to certain occasional sequelæ which in cases are unavoidable. I refer to herniæ

forming in the cicatrix of the wound in the abdominal wall, the fistulæ from ligatures, to fecal and urinary fistulæ which in rare cases result from persistent attempts to separate adhesions. Again—mental disturbances are undoubtedly among the possible sequelæ of the removal of the uterine appendages.

*Champneys :*

“Through the removal of the uterus I have known a woman to become perfectly mad, and remain mad. Many such cases are on record.”

HOW LONG BEFORE YOU CAN JUDGE THE RESULT?

*Tait :*

“Ablation of the appendages in chronic inflammatory affections does not bring about immediate relief from pain, and often causes much disappointment to the patient and a lot of trouble to the surgeon.

*Pilcher :*

“Within the past two years I have been compelled to remove the appendages for the relief of chronic inflammatory conditions in four instances. All recovered excellently from the operations, but all continue to assert that their old pain is not relieved.”

*Champneys :*

“Now, another question arises. Here is the woman; she has been operated upon; when is she cured? You may say, ‘Of course, as soon as she gets up.’ Oh no, not a bit of it. Operators warn us that it is months and even years before patients are cured or the beneficial effects are seen. A woman comes to you with diseased appendages. You operate; she is not a bit better. You say, ‘You won’t be better yet; it may be months.’ . . . My advice is, give her the months or years before the operation, rather than ask her to give them to you afterwards. Be patient with the cases

before an operation and you will have less cause to ask them to be patient with you afterwards."

TIME FOR OPERATING.

*Champneys :*

"Supposing it has been decided to operate, how early should it be done? Lawson Tait says (vol. 1, p. 376)—'As a rule the acute stage does not involve a heavy mortality. In fact the great majority of cases of chronic inflammation of the uterine appendages only have the illness which represented the acute stage called to mind by questioning.' . . . The first claim for the operation was for cases which had defied long patient treatment, or which were threatening life; but early operation has been more and more advised, and has been largely practiced on the ground that prevention is better than cure, and that diseased appendages, especially pyosalpinx, are a perpetual menace to life. Now, the mortality from diseased appendages is very small, and that of the operation very high.

"Perimetritis is probably the very commonest of all the serious diseases of women. What happens to these cases? They do not die. A large majority of them get quite well. How long should you wait? The time has been reduced and reduced until there is none of it left. Well, now I tell you plainly that this is to operate unnecessarily on a large number of women who would get quite well without the operation. Tait says (p. 419)—'Whilst I cannot say that I am free from a suspicion that hydrosalpinx is occasionally fatal, I cannot be very well brought to believe that its risks are great, and I do not think that we could imagine chronic ovaritis, with adhesions, having a fatal result.' What would be an example of justifiable operation? Ans. When a patient has been ill since marriage or since her confinement—some years—with constant pains, emaciation, and recurrent attacks of inflammation, and has undergone prolonged medical treatment during a couple of years. If we are to act on the principle 'that prevention is better than cure,' we

would simply say that all women should be mutilated, lest by chance they should at some time become affected by gonorrhoea or by puerperal diseases.

"It is an omen of promise for the future," as some one has wisely said, "that to-day on every hand surgeons are bringing together their ripened experiences so that out of their aggregation more satisfactory conclusions may be reached as to the real benefits which the surgery of these days has to promise to those suffering from pelvic diseases."

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DR. RUSSEL MOWHORTER CUNNINGHAM.

The doctor has given us a most excellent paper. There is no department of the medical profession in a more flourishing condition than that of gynæcology. No specialist deserves more credit. He has a work distinctively his own. In no department of the profession do skilled work and favorable environment as to hospital, nurses, etc., etc., play a greater part in getting good results. Therefore, the gynec specialist has a field clearly his own. Still, the general practitioner has an important relation to the diseases of women. In the first place a specialist is not always available; when not the educated general practitioner should not hesitate to do the gravest operations to save life. No brave man would allow a woman to bleed to death from the ruptured sac of an ectopic gestation; or from a septic peritonitis, or an ovarian tumor, or gradually bleed to death from fibroids without opening the abdomen and meeting the indications as best he can.

The one thing to which I desire to specially call attention is the use of the sharp currette, by the general practitioner, in the manner spoken of in the paper or as it is commonly called Polk's operation. The use of this instrument is condemned altogether by some; in the hands of the general practitioners by all specialists, particularly Thomas and

Emmet, the most widely read authors in this country. The many indications for the use of this instrument; the prompt and effectual relief it often gives, and its comparative safety in the hands of a man who has the practical knowledge to do aseptic surgery and ordinary skill in the use of instruments, should, in my judgment, authorize its use by the general practitioners. Late pathology of female diseases has in the main revolutionized our ideas of treatment. Now it is the *periuterine* structures and not the uterus and its mucosa that oftenest cause symptoms referable to the genital systems. Notwithstanding, however, the uterine mucosa, in the vast majority of cases, is the *fons et origo mali* of these periuterine conditions—as the primary field of microbic invasion or as the starting point of inflammation. It is hard to conceive of a healthful state of the uterus and its mucosa and diseased appendages in the same patient—at least in most cases—hence the necessity, in most cases, of treatment referable to the uterus and the uterine cavity. The curette meets most of these indications; it removes structures foreign to the cavity—whether the remains of physiological structures that have become pathological, or structures the result of pathological processes; it removes the diseased tissue; it depletes the vessels. Add to it gauze packings and drainage and the uterus is stimulated into activity—inflammatory products are absorbed, a healthful circulation is established—periuterine inflammation prevented, and, when present, almost always symptomatically relieved and sometimes even cured.

For beginners, I recommend the Houk's curette—Sims' is a dangerous instrument.

The next Annual Meeting of the Medical Association of the State of Alabama, will be held in the city of Birmingham on the third Tuesday in April, 1894, at 12 o'clock noon, continuing four days.

Each county is entitled to send two delegates. The assessment upon the County Societies is ONE DOLLAR for each member, exclusive of Counsellors and Delegates, the former of whom pay a FEE OF TEN DOLLARS and the latter FIVE DOLLARS. Further particulars will be found in the Annual Circular Letter of the Secretary, to be issued March 1st, 1894.





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