

Concerning Numbers of Valid Signatures Needed for an Initiative Law:

(COPY)

STATE OF CALIFORNIA
Office of the Secretary of State
Sacramento, 3

Sacramento, August 2, 1945.

George H. Kress, M.D., Secretary,
San Francisco.

Dear Doctor:

In reply to your letter of August 1, we advise that the number of signatures necessary to place an initiative upon a ballot at the present time is 178,764.

Yours very truly,

(Signed) FRANK M. JORDAN,
Secretary of State.

Concerning Examinations by American Board of Ophthalmology:

AMERICAN BOARD OF OPHTHALMOLOGY

To the Editor.—Due to transportation difficulties the examination of the Board, originally scheduled for Chicago, October, 1945, has been postponed to January 18th to 22nd inclusive, 1946.

Examinations in 1946, will be held in Chicago, January 18th, through 22nd; Los Angeles, January 28th, through February 1st; New York, May or June; Chicago, October.

Concerning Need of Physicians for Posts in China:

UNITED NATIONS

RELIEF AND REHABILITATION ADMINISTRATION

August 31, 1945.

To the Editor:

May I ask you to be good enough to help us by bringing the following to the notice of the members of your Association?

The Chinese Government has requested UNRRA to provide, as soon as possible, some 200 field personnel of the following categories to strengthen the available Chinese personnel. Such personnel will be required to head the respective services in hospitals of 100 or 250 beds, which will be established in areas recently liberated from the Japanese.

General Surgeons
Orthopedic Surgeons
Genito-Urinary Surgeons
Gynecologists and Obstetricians
General Physicians
Dermatologists and Syphilologists
Ophthalmologists
Otolaryngologists
Radiologists
Dentist
Pediatricians
Laboratory Technicians
X-ray Technicians
Sanitary Engineers
Public Health Engineers
Public Health Nurses
Clinical Nurses

General practitioners with some specialist experience will be acceptable. Candidates should be under 55 years of age and in good physical condition.

Will those interested please write to me at UNRRA, 1344 Connecticut Avenue, N.W., Washington 25, D. C.

Yours sincerely,

(Signed) SZEMING SZE, M.D.,
Chief, Far East Section,
Health Division.

Outpatient Penicillin Therapy of Sulfonamide Resistant Gonorrhea

Under the above caption, from the Venereal Disease Clinic, Christian County Health Department, Hopkinsville, Ky., William F. Fidler, Passed Assistant Surgeon (R), United States Public Health Service, writes as follows in the *Journal of Venereal Disease Information* of the United States Public Health Service for July, 1945:

The efficacy of penicillin in the treatment of gonorrhea was established early in the clinical study of the drug. However, treatment schedules covered relatively long periods of time, the drug being given at either 3- or 4-hour intervals, or by continuous intravenous drip. In April, 1944, Cohn, Studdiford, and Grunstein published studies on the relatively rapid treatment of gonorrhea in females. The treatment period ranged from 3 to 12 hours, injections being given at 3-hour intervals with a total dosage of 50,000 to 100,000 units. A failure was observed in 1 patient who received 50,000 units administered in 3 hours. The Army has been using a schedule of 100,000 units given over a 12-hour period with a 3-hour interval between doses. . . .

SUMMARY

1. From the experience of other investigators, it would seem that a greatly shortened penicillin treatment schedule for gonorrhea is effective.
2. A 4-hour schedule, consisting of a total of 100,000 units of penicillin given in 3 doses of 33,333 units each at 2-hour intervals, was instituted for patients with sulfonamide resistant gonorrhea.
3. Complications were seen in 13 of the 54 patients treated.
4. The patients varied widely as to age: 16 were male and 38 female; 27 were white and 27 Negro.
5. Of the 42 cases followed, 95 per cent satisfied the established criterion of cure, 3 consecutive negative cultures over a minimum of 21 days after the first treatment.
6. The 2 failures were cured by retreatment, giving a rate of cure of 100 per cent.
7. All complications cleared up rapidly.
8. Neither previous treatment nor duration of infection seemed to affect the results.
9. There was no evidence of toxicity in any patient.
10. Our experience indicates that a shortened schedule for the penicillin therapy of gonorrhea in outpatients is effective.

Sir Alexander Fleming—Discoverer of Penicillin

Our, white-thatched Sir Alexander Fleming, discoverer of penicillin, is fearful of the consequences of uncontrolled distribution of his "baby." In a recent interview Sir Alexander remarked that there was danger of "educating the microbe to resist penicillin." In his talk at a dinner tendered him by penicillin producers and the following evening he again referred to this fear. "The greatest possibility of evil in self-medication is the use of too small doses so that instead of clearing up the infection, the microbes are educated to resist penicillin and a host of penicillin-fast organisms is bred out." But he went on to express the hope that this danger could be averted.

The grave-eyed, modest hero of healing described some early difficulties in isolating and identifying *Penicillium notatum* mold after the chance discovery of its powers. He recalled that the original strain of *Penicillium notatum* was isolated by a Swedish pharmacist named Westling, from decaying hyssop. The earliest reference to penicillin might be the portion of Psalm 51 that says, "Purge me with hyssop that I shall be cleansed."

Dr. Coghill, of the Northeastern Research Laboratories in Peoria, once described the search for the best-producing strain of *Penicillium notatum*. Among other things, Air Forces pilots were requested to bring back samples of mold from the "four corners of the earth," but in the end, the highest yield of penicillin was found on a moldy cantaloupe rescued from a Peoria backyard!