

Each teacher should examine all the children in his or her own room, and should report the results of such examinations to the principal.

The following simple form of report to be filled out by the teacher and handed to the principal is suggested:

No.	The name of the pupil.	Do the tests indicate an eye, ear, nose or throat disease? Answer "yes" or "no." If so, which?	Was the pupil given a card of warning?
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.....
.....

I herewith append a picture of the chart which I have devised for school use.

CC **E** 200

C **B C** 100

LXX **N L D** 70

L **R T P E** 50

XL **E Z F B D** 40

XXX **C T L G F O** 30

XX **E O P Z F R D A** 20
(This line should be seen by a normal eye at 200 ft.)

XV **R V T E F R D B R O P W** 15

X **X C A T O L B R V S T E** 10

PLEASE RETURN BY BRANCH OF THIS LINE.

INSTRUCTIONS FOR THE EXAMINATION OF SCHOOL CHILDREN'S EYES AND EARS.

FOR USE OF PERSONNEL TEACHERS, ETC.

1. The child should stand at the distance of 20 feet from the examiner. The child should be asked to read the letters on the chart. The child should be asked to read the letters on the chart. The child should be asked to read the letters on the chart.

GRAWITZ TUMOR OF KIDNEY.*

By E. O. JELLINEK, M. D., (Vienna), Chief Physician Medical Department, German Hospital, San Francisco.

[Concluded from page 56, February JOURNAL.]

In many of our modern text-books, as far as they were accessible to me, is found the statement that a carcinoma of the kidney can be present for ten years and even longer. I believe this statement is incorrect on account of an erroneous consideration of the facts, and I shall submit to your criticism my arguments for my belief.

It occurred to me that carcinomata of those organs, whose function is constantly taxed, grow and disintegrate more rapidly than those which involve structures upon whose function less demands are made and hence are less irritated. Kindly compare e. g. the ultimate conditions of a carcinoma of the stomach, of the mamma and an epithelioma of the cheek. Of these three the most rapidly deleterious is probably the carcinoma of the stomach, not only because digestion is largely impaired, but because the irritation of the constant effect of the normal and of the pathologic gastric juices promotes a more rapid growth of the carcinoma, and what is of much greater importance, a more rapid disintegration. I have seen a female patient, emaciated almost to a skeleton, who suffered from a carcinoma of the pylorus. Two years after gastroenterostomy had been made she was still alive and her weight had increased considerably. Of course, the increase of weight was caused by the better conditions of nutrition due to gastroenterostomy, but at the same time the irritation of the pyloric carcinoma by the gastric juices was neutralized or at least lessened. This carcinoma of the pylorus had been in existence for nearly two years without causing any great symptoms.

When we consider the enormous functional activity and the constant irritation which the kidney undergoes all the time, it seems almost incomprehensible why a carcinoma of this organ should be in existence for a much longer period than in other organs which are less taxed. The following assumption seems to facilitate the explanation of these cases: The symptoms of these renal tumors (case I) which continue for years, namely: sensation of pressure, pain, colic, difficulty in voiding urine, hemorrhages and a slowly increasing anemia are caused by a Grawitz tumor of a benign nature, and which can have been in existence as such for years. Occasionally from causes unknown to us these tumors grow into the vessels. Thereby their malignancy and propensity for metastatic formation begin. Due to hemorrhages, softening and hyalin degeneration, the original nature of a tumor of the suprarenal capsule may have been transformed to such a degree that its original structure cannot be found any more, or only by means of a most careful micro-

* Read before San Francisco County Medical Society, October 8, 1908.

scopical examination. The prevalence of a malignant cellular proliferation leads to the false supposition that originally it was a case of renal carcinoma or sarcoma. Such was the consideration which in case I, whose early symptoms had occurred six years previously, induced me to form the diagnosis of a Grawitz tumor.

In case II a patient was presented to me who had suffered from hemorrhages—it is true for one year only—but they had been very profuse. The patient was anemic and had lost considerably in weight; still he presented by no means the appearance so characteristic of carcinomatous cachexia as I should have expected in a renal carcinoma causing such profuse hemorrhages. We are aware of the fact that Grawitz tumors are very much inclined to hemorrhage owing to their histological structure.

Concerning the question of a probable diagnosis of a Grawitz tumor *intra vitam* and its treatment, I take the liberty of submitting to you the following conclusive results, retrospective of the pathogenesis of a Grawitz tumor:

1. A Grawitz tumor is a frequent condition of renal tumors, in my opinion perhaps the most frequent of all. It is a benign tumor which can exist for years with more or less pronounced disturbance. On the other hand, primary carcinoma of the kidney is very rare.

2. A Grawitz tumor, in consequence of its sanguineous condition, easily causes hemorrhages of a more or less pronounced violence and duration; they cause corresponding degrees of anemia which endangers the health of the patient. But this anemia has no relation with those cachexias in renal carcinoma, even after a short existence. A Grawitz tumor forms no metastases and does not invade the neighboring organs, provided the vessels are not intruded by it, in which case its nature becomes malignant.

3. Since the danger of a transition into a malignant state is always present in a Grawitz tumor, the invaded kidney should be removed as early as possible, in case of suspicion of the existence of such a tumor, provided, of course, the condition of the other kidney does not contraindicate such an operation.

4. After years of a benign condition a Grawitz may turn into malignant tumor, and from hemorrhages, softening, hyalin degeneration and malignant proliferation it may appear transformed in its structure to such a degree that its real origin cannot be recognized at all, or only with the greatest difficulty, in spite of the most careful microscopical examination. Surely not an inconsiderable number of malignant renal tumors of many years' existence may have originated on this basis.

5. Considering the adduced arguments, I believe a diagnosis of a Grawitz tumor *intra vitam* can be made with a certain degree of probability.

UNDIGESTED THOUGHTS AND COMMENTS.*

By JAMES P. BOOTH, M. D., Los Angeles.

GENTLEMEN: Just before leaving my home to be present at your meeting today, the thought occurred to me that at these meetings there always occur some moments of leisure time, when there is no paper to be read, when no one cares particularly to talk, and when perhaps a brief paper might be relished, even though it be hastily written, and perhaps altogether indigestible. I concluded then to prepare under the above heading, and read to you if permitted to do so, some of my gleanings from recent readings in the medical journals, together with my crude opinions on the matters treated. My object is to provoke discussion, and the fact that a varied assortment of opinion is presented will no doubt excite one or two members at least to present their views on each subject.

Sun Pain.—In his scholarly "History and Etiology of Migraine," Dr. George M. Gould of Philadelphia says (*Journal American Medical Association*, January 16, 1904): "The old term 'Sun Pain,' applied to the disease, is of illuminative significance. It was so called because it lasted, in olden times when the theory was formed, only so long as the sun shone, and ceased with darkness. Now, in those times all reading and writing was done by daylight. At night the absence of artificial lights compelled cessation of literary, sewing, and handicraft occupations. With this ocular rest, as always, came immediate relief of the ocular reflexes called headache and megrim." How far back the "olden time" dates is not shown, but "Sun-pain," with all of its concomitant terrors, and distressing sufferings, is not so old but that some of us who have practiced the Healing Art in the swampy regions of our Southern rivers, recognize and remember in the name an old enemy. In those old days, "Sun-pain" was believed to be solely of malarial origin, and its punctual periodicity of attack, together with its vanquishment by quinine, were cited as proofs positive of that origin. Those old practitioners who remember these facts will also call to mind that the "Sun-pain" of the "olden time" occurred quite as frequently among the negro slaves as it did among the whites. In those days the negro was not given to reading and writing, but his work consisted of plowing, hoeing and wielding the axe; yet those same negroes who were not at all given to literary work, suffered the torments of "Sun-pain" just the same—a pain which no ocular rest could relieve, but which quinine cured. *Tempora mutantur, et nos mutamur in illis.* Is it possible in the changes that do so regularly occur that the old-fashioned "Sun-pain" of ma-

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