"NEEDY BLIND" OF CALIFORNIA—FURTHER COMMENTS

On page 128 of August and page 212 of the September issues of CALIFORNIA AND WESTERN MEDICINE were printed some comments on the manner in which California was determining who were entitled to public funds because of belonging to the group of the "needy blind." The editor sent a copy of the August CALIFORNIA AND WESTERN MEDICINE to Dr. Edward Jackson of Denver, who among American ophthalmologists is held in highest regard and looked upon as the dean of their specialty. For his reply, see page 285 in this issue.

The medical report blank for blindness which Doctor Jackson was instrumental in having the State of Colorado adopt is markedly different from the somewhat loose and indefinite form put out by the Division of the Blind of the Department of Public Welfare of the State of California. It is hoped that the California Division of the Blind will write to other states which make provision for the care of the blind, secure copies of their report blanks, and then, in coöperation with representatives of the medical profession who are ophthalmologists, decide upon a new blank that will better safeguard the interests of the really blind, the taxpayers, and all others who may be concerned.

A comparison of procedures in vogue in other states does not make to the advantage of California. Ours should be as good as the best, rather than but little better than the worst.

ARGUMENTS AGAINST THE CHIROPRACTIC AND NATUROPATHIC INITIATIVES

In the Miscellany Department of this issue, page 285, arguments against the Chiropractic and Naturopathic initiatives are printed, as taken from the booklet sent to all registered voters by the Secretary of State of California.

Do not fail to read the same.

EDITORIAL COMMENT*

ACUTE SUBDELTOID OR SUBACROMIAL BURSITIS—A SUGGESTION

In Dean Lewis's "Practice of Surgery," Vol. 2, Chap. 5, p. 203, one will find an excellent discussion of the clinical features of acute and chronic bursitis in the shoulder-joint, with particular reference to the subdeltoid or subacromial bursae; and, therefore, no further remarks are needed as to the signs or symptoms that would lead to a diagnosis.

In regard to treatment, however, in practically all textbooks and articles on this subject, hot compresses, diathermy, salicylates, and rest have been advocated—which entail a period of disability ranging from two to four weeks.

A method that we have not seen described previously—which has been extremely useful in treating patients with this condition in our office—consists of multiple punctures of the bursa. This method is an extremely simple one, and in a number of our patients has given immediate relief.

The technique consists of inserting a 20-gauge needle, mounted on a 5 cubic centimeter syringe, containing 1 or 2 cubic centimeters of 1 per cent novocain, into the bursa itself, injecting the novocain as the needle is being inserted. A little suction on the plunger of the syringe will often evacuate some clear yellow fluid, always sterile and occasionally containing leukocytes. The needle is inserted into the bursa through the single skin puncture in some ten or twelve different directions in order to thoroughly puncture the wall of the bursa; following which the needle is withdrawn.

We have had a number of patients, either with or without calcified bodies in the bursa itself, who have experienced immediate relief after this treatment, and have required no further subsequent treatment; nor was it necessary to put the arm in a sling.

We consider that the presence or absence of x-ray shadows about the shoulder is of very little significance in the diagnosis of a bursitis.

In view of the striking results obtained by this very simple procedure, it is certainly a method of first choice. The saving of time and expense to the patient is obvious.

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CRYPTIC AND SYNERGISTIC MICROBIC INFECTIONS

In 1918, it was noted in many regions of the Middle West that both man and hogs were suffering from "influenza." In swine the disease was characterized by sudden onset, fever, extreme prostration, and abdominal breathing. The duration of the acute prostration usually varied from two to six days, the mortality from 1 to 4 per cent. Autopsies in fatal cases usually showed an edematous bronchopneumonia. Subsequent inoculation experiments showed that this "hog flu" can be transmitted to healthy swine by the intranasal instillation of infected mucus, or infected pulmonary juices.

Various bacteria have been isolated from such infectious materials, the most common being an influenza-like bacillus found in about 95 per cent of all cases.[1] Attempts to reproduce swine influenza by intranasal instillation of pure cultures of this bacillus, however, have been almost invariably negative. The bacillus is apparently nonpathogenic.

Doctor Shope[2] of the Rockefeller Institute, therefore, turned his attention to the possibility that "hog flu" is caused by a filterable virus. Intranasal instillation of Berkefeld filtrates from demonstrably infectious materials, however, almost invariably produced no very appreciable symptoms. The hogs were often somewhat less active than normal for two or three days after adminis-

* This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California and Nevada Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.