

At the time of this writing, the above seems to be the status of some NRA rulings, at least as they apply to physicians. The representatives of the American Medical Association are keeping in touch with the administrators of the NRA law and codes, and if new developments arise the profession will be made acquainted therewith.

### STUDY OF PUBLIC HEALTH PROBLEMS— A PLEA FOR COUNTY SOCIETY COÖPERATION

*A Suggestion for Meeting Programs.*—Before the current issue of CALIFORNIA AND WESTERN MEDICINE reaches its readers, practically all component county societies of the California and Nevada Medical Associations will have resumed their autumn sessions.

This fall it is hoped that the officers and program committees will arrange to have, in addition to the usual scientific papers and discussions, two or more meetings given over to a study of some of the medico-economic problems to which so much space has been given in the official journal during the last several years.

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*Certain County Public Health Problems.*—In every county of California the care of the indigent sick brings into action certain social, economic and medical factors worthy of the interest and understanding of every member of a county medical society. It cannot be too often repeated that constructive efforts aiming at improvement of methods in the care of the indigent sick (and of elimination from the group of charity patients of citizens who have no right to receive aid from public funds or through the gratuitous services of physicians) necessarily must be based on accurate knowledge of facts and figures. To indulge in verbal criticism of conditions without knowing about the existing institutions of each county for the care of the indigent sick, or understanding their relation to the population and economic resources, as well as to the industrial and social conditions of the community, will not make for much improvement in those places where deficiencies and malfunctions exist. First-hand and accurate knowledge is a primary requisite in any program aiming at reforms.

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*Special Studies Have Been Made By Certain County Medical Societies.*—In some of the counties of the State the component county societies (notably Alameda, San Diego, Fresno, and San Joaquin) have made fairly comprehensive studies of these problems, presenting in their committee reports important information concerning their respective communities and suggesting or putting into operation plans for betterment, of value not only to themselves, but to all other county societies.

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*The State Association Offers Its Services to Component County Societies.*—The California Medical Association, acting through its House of

Delegates and Council, in the last several years has spent many thousands of dollars in an effort to aid its component county societies to find a satisfactory solution of some of these problems. However, something more than the expenditure of moneys, and even the active interest of a few members, is necessary. What is needed in order to get the results desired by all physicians is the real interest and active support of practically every member of every county society. To hope for so universal a coöperation is, however, little less than utopian. Nevertheless, if coöperative aid from every member is out of the question, it is not too much to expect it from the officers of every county society. For the officers and committeemen of county societies are the members who, for the time being, are the recipients of the honors of their respective organizations; and as the custodians of the interests of their fellows, and of the entire profession, they fail if they do not sense the importance of the medico-economic problems which today face the medical profession in every part of California.

Presidents, secretaries, and program committees of county societies should feel free to write to the California Medical Association Department of Public Relations for advice and aid in working out practical lines of procedure.\* If outside speakers are desired, the Department and the Association Secretary, upon request, will make an effort to supply them.

It is hoped that those county societies which, as yet, have not taken steps to carry on studies of their public hospitals, dispensaries, and health departments, will get into line in this important work. Local studies and investigations nearly always can best be made by the local profession.

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Other states—Michigan, for example—have brought out reports of great informative value. California and Nevada must not be laggard. With the coöperation of all component societies of the California and Nevada Medical Associations it should be possible to gather the facts and information upon which to base intelligent and united action, that can bring about the elimination of certain public health evils, which all physicians know to exist.

### CALIFORNIA'S FIRST MEDICAL AUTHOR

*Another Historical Contribution by Dr. George D. Lyman.*—Many members of the California Medical Association have probably given themselves the pleasure of reading the absorbing historical narrative, "John Marsh, Pioneer," written by Dr. George D. Lyman of San Francisco and published somewhat more than a year ago. That excellent service to California biographical literature has now been emphasized by another contribution from Doctor Lyman in his introduction

\* The personnel and addresses of all California Medical Association committees are printed in every issue of CALIFORNIA AND WESTERN MEDICINE, advertising pages 2, 4 and 6.

to the reprint of a small book,<sup>†</sup> and having for its title:

CALIFORNIA  
As It is, and as It may be;  
or,  
A Guide to the Gold Region

F. P. Wierzbicki, M. D.  
San Francisco, California  
Printed by Washington Bartlett  
No. 8 Clay Street  
1849

By means of this welcome volume, Doctor Lyman calls our attention to the fact that the first book printed in English in California was from the pen of a physician, a medical student of the University of Warsaw, destined to become a Polish exile because of his participation in the revolt against Russia, which may account in part for his later joining in a movement against General Fremont and his authority.

The book by Wierzbicki is full of interest to every citizen of the Golden State who loves his California. But equally appealing is the story of Doctor Lyman in his search for the forgotten grave of Doctor Wierzbicki. Some paragraphs from Doctor Lyman's story of this quest may be well worth the reading, especially by those readers of CALIFORNIA AND WESTERN MEDICINE who will not have an opportunity to peruse the entire book. A few excerpts, too, from the concluding chapter of Doctor Wierzbicki's book, dealing with "Medical Observations Upon the People and Country," are also worthy of quotation.

Doctor Lyman says, in detailing his pursuit, and how he came to make it:

"Felix Paul Wierzbicki, an exiled Pole and a physician," I repeated after him, "and he wrote a guide-book to the gold regions." My curiosity was whetted. I wanted to know more about this medical man who had afforded California literature a starting-point. . . . That inscription challenged my attention. Could it be possible, I wondered, as I turned the book over, that this little pamphlet was the first book written in English and published in the West? . . .

. . . My survey convinced me of one thing: many a book on the subject of California antedated Wierzbicki's. Many of them had actually been written and published within the confines of California; but Wierzbicki's stood the test. It was the first book written in English to be published not only in San Francisco but in the state. And the further interesting thing about it was that it was conceived by a foreigner and a physician. . . .

. . . From their shelves, I took down a number of auction catalogues. I wanted to find out what sort of a record Wierzbicki's book had made for itself in the auction room. . . .

. . . Still another copy sky-rocketed to \$660.

I marveled at the book. At that rate each page of the pamphlet was worth about \$10! Every word had a market value of at least five cents! In three quarters of a century Wierzbicki had attained the rank of a best seller.

I found myself more curious than ever regarding Author Wierzbicki. Who was he? What had he been? I began a search for biographical data. . . .

. . . "I want to locate the grave of a Polish doctor—Felix P. Wierzbicki," I told the young woman in the office at Gray's. "Perhaps you have a record of where

he was buried. He was born in Poland—so you'll probably find him in the Catholic Cemetery."

I watched as she ran a slender finger down the index of the dead. "No," she said, "not in the Catholic Cemetery. But—here he is, on Lone Mountain." As she spoke she jotted some words on a slip of yellow paper and handed it across to me. I read:

"Laurel Hill—Chain Plot—Tier 3—Grave 55."

I thanked her kindly and hurried away. . . .

. . . Up Pine Street, through the Bush Street gates to Laurel Hill, I sped. At the office—braked to a stop.

"The Chain Plot," I said to the superintendent. "I am looking for the Chain Plot." . . .

. . . "The Chain Plot," repeated the superintendent, as if endeavoring to recall some long-forgotten part of Lone Mountain. "The Chain Plot? Oh yes—over the hill yonder—beyond the mausoleums of those Washoe millionaires." He indicated a spot to the right. When I still hesitated, "Come along," he said, "I'll show you." . . .

. . . "I must locate his grave," I said conclusively, "and get the dates of birth and death from it. The introduction depends upon them. Without dates," I assured him, "there is no possibility of preparing a suitable introduction." . . .

. . . "The Chains?" I asked. "Where are they?"

"Long since rusted away, and parted—too much fog and damp on Lone Mountain," he said.

"Tier 3," I read from the yellow paper. The superintendent looked about. He couldn't even locate Tier 1. . . .

. . . A clump of myrtle with shining leaves that was cascading over a low white marker, half hiding it, caught my eye.

"Back in a moment," I said to the superintendent as I swept myrtle and sand aside, disclosing a low white stone on which was carved three initials: "F. P. W." I read them again: "F. P. W." . . .

. . . Upward we pulled. The sand loosed its hold. We felt it give. With a sucking noise the square top of a marble slab emerged, ever so slightly, above the level of the mound. I leaned forward to read—shall I confess?—with what exultation:

SACRED TO THE MEMORY

OF

DR. FELIX P. WIERZBICKI

. . . "Higher—higher," I called. "There is more carved below, and I can't read it yet." The superintendent tugged with might and main, but made little impression. The sand sucked at the marker and it slipped out of sight. I went to his assistance. Like two possessed, we struggled with that piece of marble. Perspiration in rivulets coursed down our faces. Sand sunk into our shoes. But little by little the sand slackened its hold. Inch by inch we raised the tablet. Again I leaned over to read:

"Born in Charniawce, Poland, January 1, 1815. Died December 26, 1860. Highly esteemed by all who knew him."

There I had it in a brief statement. What I had sought to know. The summation of Wierzbicki's life. The date of his birth. The period of the grave. And a concise appraisal of his life. The epitaph, not a flowery one such as a man like Wierzbicki would have despised, but a brief, austere one such as he would have approved. I was elated. . . .

And among the good things handed down to us by Doctor Wierzbicki himself, are the following observations and sentiments:

. . . Those that mix spirits with their tea or coffee, are the only ones who make a rational use of the beverage; as the spirits act as an antidote to either of the drugs, modifying somewhat, their effects. We would not be, however, understood as advocating the use of spirits; far from it. They are all good in their places as medicines only. As a substitute for tea or

<sup>†</sup> Present edition from The Grabhorn Press, 510 Pine Street, San Francisco.

coffee, chocolate may be used advantageously; it is not a drug; it possesses no remedial powers, in the proper sense of the word; it is only alimentative, nourishing by its natural oil and substance. . . .

. . . California has never seen so great a mortality as within the last year, among the strangers who arrived recently; and some would lay the blame to the climate. We, however, would deny it in toto, and assert it is the fault of the patient and his physician in most cases. The diseases that may be said to be incident to the climate, are tractable, and we had the good fortune to lose not a single case as yet, be it diarrhea, dysentery, fever and ague, or what may be called California fever—a confused type of all fevers. But we have treated our patients a little differently from the routine practice, from the injunctions of books and professors. . . .

. . . In fever and ague, we are not fond of using much sulphate of quinine, except merely to interrupt the periodicity of the disease, for which great doses are not required; this done, we cleanse the bowels thoroughly, then pay attention to the diet, which should be nourishing but light. A strict attention on the part of the patient to this rule, for two or three weeks, improves him rapidly, and guards against a relapse. Under such a course of treatment as we have here briefly indicated, and which an experienced physician can easily comprehend, our patients recover without much delay. And it is our inmost conviction that the diseases of the country are not at all formidable, if properly managed; and that the climate is not the cause of the mortality that lately has been committing such a havoc in the ranks of the strangers. In our opinion, the climate of California is one of the most healthy, as a general rule, if people understand how to adapt themselves to it. . . .

. . . There is always a class of people who find fault with any climate, because it is the most convenient cloak for their follies, or an excuse for their ignorance in the art of preserving health. . . .

## EDITORIAL COMMENT\*

### IMMUNOLOGIC EFFECTS OF ALKALINE DIETS

IX†

Several special diets have been proposed as adjuvants in the treatment of certain chronic infections, the purpose of which is a therapeutic alteration in acid-base equilibrium. Thus far, however, such dietary therapies have been largely empirical, few immunologic studies of acid-base equilibrium having been made on laboratory animals. Doctor Bonanno's<sup>1</sup> currently reported data are, therefore, of basic interest.

Rabbits and guinea-pigs were used by the Turin investigator, their normal acid-base equilibrium being altered by the addition of certain calcium or sodium salts to routine diets. The results with the acid diets were in accord with clinical experience: within from fifteen to thirty days there was

a pronounced lowering of phagocytic power and of the bactericidal power of the blood serum, which latter was associated with a reduced complement titer. Anaphylactic susceptibility was increased. Specific antibody production was inhibited.

The results from the alkaline diets, however, were contrary to clinical expectation, since experimental alkalosis was rarely if ever of immunologic benefit to the animal. In a typical test of this type, Doctor Bonanno's control or normally fed guinea-pigs were injected intraperitoneally with a routine dose of low virulent tubercle bacilli; and these guinea-pigs survived, on an average, for ninety-five days. All of the alkali-fed guinea-pigs injected with the same dose died between the twentieth and the forty-second day.

As a general conclusion from his data, Doctor Bonanno was forced to the opinion that any experimental variation from normal acid-base equilibrium is an immunologic disadvantage to normal animals. If this is equally true in clinical medicine, immunologic benefits can be expected only in cases in which the prescribed diets correct preëxisting acid-base abnormalities.

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### PERINEPHRITIS

Perinephritis is generally secondary to infection in the kidney (pyelitis, pyelonephritis, pyonephrosis) and is in proportion to the intensity of this infection. Perinephritis of extra-renal origin is rare. The cure of perinephritis depends upon the eradication of the causative infection in the kidney. Perinephritis is frequently followed by more or less fibrous tissue reaction, with resultant perinephric adhesions or sclerosis. The term "perinephric adhesions," and not "perinephritis," expresses the true pathology after infection has been eradicated from the kidney. Perinephric adhesions, as a rule, have no significance as a cause of pain. In fact, nephropexy is done with the avowed purpose of forming adhesions to hold the kidney in place. Tuberculous kidneys are frequently surrounded by the densest adhesions, yet we frequently find that these patients never have any pain referable to the kidney, just as patients with extremely movable kidney may be entirely devoid of pain. Perinephritis, or more correctly speaking, perinephric adhesions may cause pain under the following conditions: in the adhesions are so formed as to constrict the kidney pedicle, or by contraction of scar tissue to cause torsion or disturb the normal position of the kidney with consequent interference of the renal circulation, or to interfere with urinary drainage by constricting or obstructing the ureter or pelvis of the kidney. The latter presupposes perinephritis associated with peripyelitis or periureteritis. Diagnosis depends upon demonstration by horizontal and vertical pyelography of evidence of dilatation, or interference with the motility of ureter, pelvis or calyces, and the presence or absence of malposition, torsion or immobility of the kidney. In

\* 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.

† Part I of this series was printed in the February CALIFORNIA AND WESTERN MEDICINE, page 116; Part II in March, page 188; Part III in April, page 275; Part IV in May, page 380; Part V in June, page 447; Part VI in July, page 59; Part VII in August, page 133; Part VIII, in September, page 206.

<sup>1</sup> Bonanno, A. M.: Zeitsch. f. Immunitätsforsch., 77:59 (Nov.), 1932.