

METABOLIC MISCONCEPTIONS

Precisely what happens when the temperature of a patient rises is a question regarding which every practitioner ought to have accurate information. The experimentalist can bring about changes in body temperature indicative of a delicate heat-regulating mechanism in the organism,¹ but the alterations which he induces by the use of drugs or artificially produced lesions are by no means always analogous to the conditions existing in a febrile patient. The assumption has been widespread that fevers commonly represent an interference with the ability of the body to eliminate heat.

Du Bois² has pointed out, however, that this view is usually false. The rise in temperature in the chills of malaria, which represents an extreme case with complications, is due to increased heat production, and this is caused in part by shivering and in part by some chemical regulation, the nature of which is still in doubt. Again, the Chicago investigators Balcar, Sansum and Woodyatt,³ having produced excessive fever in dogs by depleting the water reserves of the animals, inferred that fever in man may be associated with an abnormal water metabolism. Du Bois insists, however, that there are no striking abnormalities in the loss of heat through vaporization in febrile patients. His calorimetric observations show that their water metabolism corresponds closely with that of patients exhibiting an equal percentage rise in metabolism caused by hyperthyroidism.

Another contradiction of current conceptions has been afforded by Means'⁴ studies of obesity, which show the basal metabolism to be normal. Obesity must as a rule, therefore, be due to a disproportion between food intake and bodily activity, rather than to any fundamental change in the rate of combustion in the body. The widespread treatment of obesity by the administration of thyroid preparations is a device for raising metabolism to an abnormal level. The treatment of simple obesity by producing a state of hyperthyroidism Means⁵ has recently designated as pernicious. Simple obesity can now readily be differentiated from the obesity due to endocrine disorder by determination of the basal metabolism. If this is normal, weight reduction should not be attempted by the use of thyroid, which has already become a practice of the laity and of "antifat specialist" fakers. It relieves one evil by creating another. If we accept Means' dictum⁵ that thyroid should never be given except to persons who

exhibit subnormal metabolism—a rather sweeping pronouncement—we can sympathize with his view that the sale of this drug except on prescription should be prohibited by law.

Current Comment

ANTIVIVISECTIONISTS ATTEMPT SUPPRESSION OF TRUTH

Mr. Baynes' excellent article "The Truth About Vivisection" in the July *Woman's Home Companion* has evidently proved a body blow to the professional antivivisection agitators. This article, which has already been commented on,¹ is written by one of the leading naturalists and animal lovers in the country. After long, painstaking, and impartial investigation he found, not only that there is no basis for the claims on which the antivivisectionists base their case, but also—and far more important, since it shows the mental and moral caliber of the agitators—that their literature is a tissue of misrepresentations and of garbled and obsolete authorities. Physicians have long known this. In the hearing on the Meyers Dog Bill (S. 1258) before the Senate Judiciary Committee, the advocates of the bill quoted, without any reservation, a statement of Dr. Henry J. Bigelow as the opinion of "one of the greatest surgeons in the United States." Yet Dr. Cannon showed that Bigelow was born over 100 years ago, that he made the statement quoted in 1871, that thirty years later he made another and entirely different statement endorsing animal experiments, that this fact was publicly called to the attention of the antivivisectionists at a Congressional hearing eleven years ago and that they were still using the original and misleading quotation. Mr. Baynes found many similar instances. One Dr. John Elliotson is quoted as a physician "of the highest intelligence." Mr. Baynes found that he was a mesmerist who was born 130 years ago. He also found that the whole case of the antivivisectionists is without any sound basis of fact. Mr. Baynes, as the author of the article, and Miss Gertrude B. Lane, editor of the *Woman's Home Companion*, are now naturally subject to all the invective and misrepresentation which the antivivisectionists can command. The following circular letter, sent out by the New York Anti-Vivisection Society over the signature of Diana Belais, shows the fair-mindedness and sweet reasonableness characteristic of this organization:

To All Friends of Animals:—One of the most reprehensible and misleading attacks upon our literature has its place in the July *Woman's Home Companion*, written by one Ernest Harold Baynes, who claims to be a humanitarian, going about the country lecturing to Humane Societies against cruelty to animals, yet at the last moment of his address delivering a strong defense of the most cruel practice in the world—vivisection. (I have been informed that he has done this without warning to the Society employing him.)

Permission has been asked by me to answer his glaring misrepresentations, but appearances indicate there is a general scheme afoot to spread vivisectional teachings broadcast through those magazines appealing especially to women.

In the meantime, please write to the *Woman's Home Companion*, 381 Fourth Avenue, New York City, excoriating this

1. Barbour, H. G.: The Heat-Regulating Mechanism of the Body, *Physiol. Rev.* 1: 295, 1921.

2. Du Bois, E. F.: The Basal Metabolism in Fever, *J. A. M. A.* 77: 352 (July 30) 1921.

3. Balcar, J. A.; Sansum, W. D., and Woodyatt, R. T.: Fever and the Water Reserve of the Body, *Arch. Int. Med.* 24: 116 (July) 1919.

4. Means, J. H.: *J. M. Res.* 32: 121, 1915; The Basal Metabolism in Obesity, *Arch. Int. Med.* 17: 704 (May) 1916. Means, J. H., and Woodwell, M. N.: *Ibid.* 27: 608 (May) 1921.

5. Means, J. H.: Determination of the Basal Metabolism as a Method of Diagnosis and as a Guide to Treatment, *J. A. M. A.* 77: 347 (July 30) 1921.

1. *J. A. M. A.*, Aug. 6, 1921, p. 469.

nonsensical article—full of perversions—that defends vivisection, and I sincerely hope you may follow my example by telling the editors that not only have you bought your last number, but that you will enter upon a personal campaign to urge others to withdraw all support in future.

I do not ask this of you on solely sentimental grounds, but because we must unmistakably show those who boldly and flagrantly misrepresent our literature that our united strength is something to be reckoned with.

Act at once!

Do not forget that vivisectionists have admitted that our "Medical Opinion" booklet has done them a lot of harm—hence these repeated attempts to undermine it and our other work built up with so much care.

Faithfully yours,

Diana Belais,
President.

Comment is unnecessary. It is also superfluous in view of the admirable editorial of the Boston *Herald* for Aug. 25, 1921, which says:

The New York Anti-Vivisection Society is making a serious mistake in trying to boycott the *Woman's Home Companion* because it recently printed an article by Ernest Harold Baynes, the well known nature lover and humanitarian, on the "Truth About Vivisection." Are the antis unwilling that people should hear the other side? Apparently their president has sent a letter to the faithful in which he asks them all to write to the magazine, excoriating the article, and he further expresses his hope that they will follow his example by telling the editor that they have bought their last copy of it, and they will enter into a personal campaign to urge others to withdraw all support in future. It is not by suppression of intelligent discussion that any cause really derives aid. If the cause of the antis, in this instance, is so bad that they dread the presentation of the other side, it must be even weaker than we supposed.

The attempted boycott of the antivivisection agitators against Mr. Baynes, Miss Lane, and the *Woman's Home Companion* will naturally have little effect that was not anticipated. Every fair minded person must recognize the value of such an unbiased summary of the problem as Mr. Baynes has presented. A public service of great value has been rendered by the author of the article, the editor and the periodical which have had the courage to publish the facts in the face of such an unprincipled opposition as was realized would be encountered.

PUBLIC HEALTH LEGISLATION IN THE SIXTY-SEVENTH CONGRESS

The present Congress was called by the President to meet in special session on April 11, 1921. It took a recess at midnight on August 24, in accordance with a joint resolution which had previously been agreed on. During the session there were introduced in the Senate 2,457 bills and in the House 8,405 bills, beside several hundred resolutions, joint resolutions and concurrent resolutions. Of this large amount of legislative material, 121 were bills relating in some way to public health. The most important of these have already been discussed in THE JOURNAL. As is usually the case, only a few of these bills became laws. The Sweet bill creating a veteran's bureau became a law on August 9. The Sheppard-Towner bill, frequently referred to, passed the Senate on July 22 and is now in the committee on interstate and foreign commerce in the House. The Fess-Kenyon bill, providing for a department of public welfare and regarded as an

administrative measure, is still before the committee to which it was referred. The Willis-Campbell bill amending the Volstead act passed both houses and was referred to a conference committee. The conference report was agreed on by the House prior to adjournment, but not by the Senate. The Smoot-Reavis joint reorganization commission, created by the passage of the joint resolution during the last session of Congress, is now at work on a survey of and plan for the reorganization of the entire executive department of the federal government. It is understood that the plans of the committee provide for a department of public welfare, as a part of the reorganization scheme. Other health measures include the general deficiency appropriation bill, containing an appropriation for the Interdepartmental Social Hygiene Board; a bill for the control of venereal disease in the District of Columbia; a bill creating a department of education, and several bills for the promotion of physical education. The Meyers dog bill, which was introduced at the last Congress, referred to the committee of judiciary and never reported on, was reintroduced in this session and referred to the same committee. No action on it has been taken. The adjournment is in the form of a recess until Wednesday, September 21, with the understanding that no business is to be transacted until Monday, October 3. This recess has no effect on the status of pending bills. All legislation now under consideration will continue as such after reassembling of Congress and if not acted on by the end of the special session will automatically come before the regular session of the sixty-seventh Congress which will meet according to law on December 5.

Medical News

(PHYSICIANS WILL CONFER A FAVOR BY SENDING FOR THIS DEPARTMENT ITEMS OF NEWS OF MORE OR LESS GENERAL INTEREST: SUCH AS RELATE TO SOCIETY ACTIVITIES, NEW HOSPITALS, EDUCATION, PUBLIC HEALTH, ETC.)

ALASKA

Hospital News.—Arrangements have been made with the Bureau of Indian Education to admit, at low rates, natives who need hospital care, to the Anchorage Hospital, which was built and is operated by the Alaskan Engineering Commission for their employees.—In accordance with a general plan for retrenchment, the Alaskan Engineering Commission has decided to limit the functions of the general hospital at Nenana to emergency work, and to transfer the general work to Fairbanks, where arrangements have been made with St. Joseph's Hospital to handle railroad cases under contract. Chief Surg. Thomas O. Lake will make his headquarters at Fairbanks, and will have charge of all the hospitals in the northern division.

CALIFORNIA

Personal.—Dr. Frank W. Hodgdon, Jr., was appointed health officer and city physician of Pasadena, August 16, to succeed Dr. John Severy Hibben, who resigned to engage in private practice.—Dr. C. F. Brown has resigned as surgeon at the San Pedro receiving hospital to take charge of a 200-bed hospital in the province of Hunan, China. Dr. Brown is being sent as a medical missionary to China by the Westlake Presbyterian Church of Los Angeles.

Hospital News.—Following a survey of the hospital facilities of Merced County, plans were made, in consultation between officials of the League for Conservation of Public Health and the Merced County Medical Society, for a hos-