Candi-Sch. of date. Pract.	PASSED. College.	Year Grad.	Per- cent.
2041 R.	College of Phys. and Surgs., Chicago.	1902	78.4
2042 R.	University of Michigan.	1902	87.4
2043 R.	University of Baltimore, Md.	1902	78.1
1981 H.	Hahnemann Medical College, Chicago.	1901	85.2
2071 R.	Physicians and Surgeons, Wisconsin.	1902	81.1
2072 R.	University of the South, Tennessee.	1900	78.6
2073 R.	University of Pennsylvania.	1893	82.8
2064 R.	College of Phys. and Surgs., Keokuk.	1902	78.6
2065 R.	College of Phys. and Surgs., Keokuk.	1902	78.4
FAILED.			
2079 R.	University of Minnesota.	1902	76.6
2009 R.	University of Minnesota.	1902	77.2
2010 R.	University of Minnesota.	1902	77.8
2020 R.	University of Minnesota.	1902	74.5
1985 R.	University of Minnesota.	1902	71.6
1987 R.	University of Minnesota.	1902	77.1
2005 R.	University of Maryland.	1902	73.9
2083 R.	Hamline University, Minneapolis.	1902	70.5
2040 R.	Hamline University, Minneapolis.	1896	73.1
2050 R.	Hamline University, Minneapolis.	1902	74.1
2053 R.	Hamline University, Minneapolis.	1902	72.0
2085 H.	Hahnemann Medical College, Chicago.	1897	50.7
2081 H.	Hahnemann Medical College, Phila.	1902	72.6
2082 R.	University of Michigan.	1877	63.2
2074 R.	University of Kansas.	1899	67.7
2075 R.	College of Phys. and Surgs., Chicago.	1902	73.5
2076 R.	College of Phys. and Surgs., Chicago.	1902	74.6
2077 R.	College of Phys. and Surgs., Chicago.	1902	69.9
2078 R.	College of Phys. and Surgs., Chicago.	1902	68.4

* Undergraduate.

† Was refused license because unqualified to take the examination.

Queries and Minor Notes.

QUESTIONS OF ETHICS.

To the Editor:—During a little controversy recently, the following questions came up and the matter is referred to you for decision:

CASE 1.—Dr. A. had a little patient with chronic trouble. Dr. B. was called in consultation. Patient grew some better. A few months later became worse. Dr. A.'s visits were not received kindly by patient. The father asked him on that account to discontinue them. Dr. B. was sent for, but was absent from town, attending some meeting or convention. Dr. C. was then called. A few days later Dr. B. returned. He and patient's father incidentally meeting in street, the father told him he had called for him, but being absent had called Dr. C., but expressed no intention of changing. Dr. B. calls on Dr. C., states the conversation, and practically demands the case to be turned over to him. Dr. C. refused, but agrees to abide by decision of father, who wished Dr. C. to stay with the case.

Query.—Had Dr. B. the right to demand patient from Dr. C. when he (Dr. B.) was not the family physician? Is it customary for physicians to care for competitor's practice in his absence, when not requested, and on return of absent brother, turn over said practice to him—except in the instances where he is the family physician?

CASE 2.—Dr. A. had a call to visit Mrs. Blank; being absent from home, Dr. B. was called in. About a week later Dr. A. was called in consultation with Dr. B. Patient died.

Dr. B., assisted by Dr. A. and undertaker, held postmortem next day. At close of postmortem, Dr. B. suggested that Mr. Blank might want to see conditions found. Dr. A., whose hands were free, offered to carry message.

The friends were found in the kitchen—two rooms distant from the one in which autopsy was held. Dr. A. inquired for Mr. Blank. A friend said he was at the barn, and sent a little boy to call him. Dr. A. remained in the room, expecting the prompt return of husband. Some minutes elapsed, however, and while thus waiting, one of the friends made inquiry as to the conditions found. Dr. A. explained, making a draft on margin of newspaper to illustrate. Some minutes later Mr. Blank came and Dr. A. delivered message and hastened back to report.

Query.—Was Dr. A. guilty of discourtesy toward Dr. B. in not referring inquiring friend to him for information, since he had been in the case with Dr. B.?

July 10, 1902.

ANS.—As regards the first case, we see no reason why Dr. B. should necessarily succeed Dr. A. in the management of the case. In any event the wishes of the parent should rule. As regards the second case, we take it for granted that there is nothing involving the question of privileged communication. In a general way it would be better to reserve the reports of autopsies for those most interested and entitled to know the facts. Still, there may be no special impropriety in the course followed by Dr. A. under the circumstances which are not completely given. If no discourtesy was meant none should be understood.

PRACTICE IN CUBA, PORTO RICO AND MEXICO.

BLOOMFIELD, Mo., July 7, 1902.

To the Editor:—Will you kindly inform me through your columns of the laws governing the practice of medicine in Cuba, Porto Rico and Mexico?

D. R. C.

ANS.—A full account of the requirements was published in THE JOURNAL of Dec. 23, 1899, which is probably accessible to the reader. The question was also answered in THE JOURNAL, Vol. xxxvii, p. 1713. It seems that there must be elaborate identification of the diploma before it entitles the holder to be examined

at the National University, City of Mexico. We presume examinations are required in most if not all of the states of the Republic, and certainly in the Capital, and are severe and in the Spanish language. A thesis in Spanish is also required. We do not know what will be required under the present government of Cuba, but under the military government examination by a committee of professors of the University of Havana was required. As to requirements in Porto Rico the inquirer is referred to Dr. W. F. Smith, Secretary of the Superior Council of Health, San Juan. An examination will probably be also required there, though it can be waived at the discretion of the council.

DEATH OF EMIL HOLUB.

TAYLOR, TEX., July 12, 1902.

To the Editor:—In the last issue of your paper, I observe the statement that Dr. Emil Holub, the noted African explorer, is not dead, as stated in THE JOURNAL some weeks ago. I take the liberty to inform you that Dr. Emil Holub died Feb. 21, 1902, at 8:45 p. m., at his home in Vienna. He died from the effects of pernicious malaria, complicated by erythema nodosum and interstitial nephritis. The direct cause of his death was uremia.

Yours truly, F. C. FLOCKINGER, M.D.

GOAT LYMPH.

CHICAGO, July 11, 1902.

To the Editor:—Please answer through THE JOURNAL the following: Is the Roberts-Hawley Lymph Compound of any value? What is the opinion of the best posted men?

W. L. B.

ANS.—The Roberts-Hawley Lymph is a proprietary preparation exploited in a way we do not approve. Moreover, as said once before, we do not advertise it because we have no faith in it.

IS THERE AFEBRILE TYPHOID?

CHELSEA, IND., July 12, 1902.

To the Editor:—Can there exist a genuine case of typhoid with the temperature normal or below normal? I would like to hear the views of the editor and other members of the profession.

H. A. G.

ANS.—Good authorities, like Anders, Musser, and others, say there are cases of typhoid without rise of temperature, but that such are very rare.

Correspondence.

West Virginia Society in Line.

ELKINS, W. VA., July 14, 1902.

To the Editor:—In enumerating in your last two issues the states which have adopted constitutions and by-laws patterned after those proposed by the American Medical Association you have omitted to include among them the State of West Virginia. Fraternal yours,

WM. W. GOLDEN, Secretary.

NOTE.—In THE JOURNAL of June 14, 1902, page 1590, we credited West Virginia with adopting "by unanimous vote" a constitution and by-laws "in entire conformity" with the plan of the American Medical Association, and we regret to have omitted the state in the editorials to which Dr. Golden refers. West Virginia is in line.

What is Accounted Successful Vaccination?

COLOMBUS, OHIO, July 9, 1902.

To the Editor:—This subject is considered under the Medical Department of THE JOURNAL, July 5, 1902. It is an important question, and in my opinion the decision is unjust and incorrect.

Successful vaccination is the inoculation of a person with the virus of cow-pox to such an extent that he is for an indefinite period of time rendered immune from variola. This is the only tenable definition for any physician who believes in the one great specific prophylactic measure which we possess. On the decision of this point depends much of the result of the contest between the anti-vaccinationists and those who believe that variola can ultimately be stamped out by vaccination.

The particular case in question can not be discussed, for we do not know how long before exposure the person was vaccinated; nor do we know the facts on which the testifying physician based his testimony.

In lieu of this information, I will briefly discuss a case which came to my knowledge. A medical student desired to

visit a smallpox hospital. He had never been vaccinated, and so took this precaution before making the visit. Not only was the local lesion typical, but most intense general symptoms developed, with high temperature and eruption. Shortly after recovery the visit to the hospital was made and an autopsy was performed on a body dead of variola. Within two weeks he developed a most virulent form of confluent variola, recovery followed, though life and death hung in the balance for a day or two.

Was this student successfully vaccinated? Most emphatically no, for the object of vaccination was not attained. Did the vaccination do any good? We can only surmise; without it I fear that death would have been on the lower side of the balance.

Our lack of facts regarding immunity leaves us at liberty to draw various conclusions from this case. However, I believe that we are justified in assuming that he was an extremely susceptible subject. I believe that revaccination should have been practiced immediately on recovery from the vaccinia, and revaccination should have been continued until no reaction, either general or local, resulted.

This brings me to my ultimate conclusion and object. Vaccination should be repeated until no reaction, either general or local, results, with the use of an absolutely reliable virus and herein lies the only true test of "successful vaccination."

H. C. CRUMRINE, M.D.

Opposes Making Dentists Semi-Physicians.

CHICAGO, ILL., June 21, 1902.

To the Editor:—Dr. Peck's plan to teach physical diagnosis to dentists seems to me a highly superfluous one. To gradually make the 40,000 dentists in this country semi-doctors is to add to the already much overcrowded medical profession an additional burden. The doctor seems to forget that a man who is not licensed to practice medicine has no business to do so, and if making a physical diagnosis and then advising the patient along such lines is not practice of medicine, what is it? He forgets, too, that while the dentist in such instances gets remunerated for his part of the work the doctor is thrown out of his legitimate fee. Nearly every patient who goes to a dentist is the patient of some physician, and it would be the height of discourtesy, to say nothing of the lack of necessity in 99/100 of the cases, to request a physical examination before proceeding with the dental work. A dentist who has ordinary intelligence and judgment will not keep a nervous woman in a chair for a long sitting, and if he can not discover her condition from casual observation he certainly can not from an unwelcome physical examination. Dentists have got along very well under the present conditions. We do not hear of any dire calamities befalling any of their patients. If dental professors will instruct their pupils to be careful, to not want to get the work done too quickly for the money there is in it, they will eliminate all necessity for unusual refinements. So far as embarrassment to the dentist is concerned there could be none, as no patient expects him to do what he has no pretensions to. When ether or chloroform is required he refers the patient to his physician, who looks after all such details, relieving him—and properly—of all responsibility. Many dentists now prescribe for patients, thinking they know more than a physician. Dr. Peck might, with equal force, suggest that symptomatology and pathology be added to the curricula of pharmacy schools that pharmacists might judge of the adaptability of prescriptions to the patients for whom they are asked to fill them. What with the hypermultiplicity of medical schools, free dispensaries, prescribing druggists, midwives and faith healers, the regular physician has a hard road to travel without adding further to his burdens. Dr. Peck, no doubt, has found his medical knowledge useful, and if he insists that dentists should have it let him likewise insist that they should take the medical degree. Physicians might as well have dentistry added to their curricula as the reverse proposition. How would the dentists like that? The doctor may say that I am looking at it from a selfishly pecuniary standpoint rather than a high scientific one. This may be true to an extent, and I find justification in

the trite but true saying that "self-preservation is the first law of Nature." The enemies of the medical profession are not the wholesale pharmaceutical houses, as many would have us believe, but are in the ranks of the profession itself, who, in their own selfish desire for success, start all kinds of medical schools which graduate all kinds of students, irrespective of their moral, physical or mental qualifications. They get the poor devil's money; in return the poor devil, who has to make a living, finds he can not do it legitimately, so turns quack. No, we do not need more doctors nor half doctors. We need a profession whose leaders are ethical, not only in tongue but in acts. If they are sincere let these leaders subvert self, make one medical school out of three, instead of getting jealous of each other and making three out of one. Let them tell a prospective student that he has less chance to succeed in medicine than he has to win money at a horse race instead of evasively remarking "there is always room at the top." These latter observations are a little apart from my criticism of Dr. Peck's paper, but still, I think, are apropos.

H. E. DUNLOP, M.D.

390 N. Clark Street.

Osteopaths Must Take the Usual Examination—Alabama Supreme Court Decision.

MONTGOMERY, ALA., July 2, 1902.

To the Editor:—Knowing the interest of THE JOURNAL of the American Medical Association in all questions involving the practice of medicine, I send you a copy of a decision just rendered by the Alabama Supreme Court, the highest tribunal of the state, in a case which was appealed to that body last November. The decision is of great importance to the profession in Alabama, and in my judgment is of interest to the profession at large. To me it seems to present a "clear-cut" argument as to what constitutes the practice of medicine. I am told by members of the legal profession that the Alabama Supreme Court occupies a high judicial rank, and I feel sure its position will not suffer from this decision, which was prepared by Judge J. R. Tyson, and unanimously concurred in by the other members of the court. If you think it or any part of it is worthy a place in your valuable journal you are at liberty to use same. I am very respectfully,

R. S. HILL.

THE SUPREME COURT OF ALABAMA.

NOVEMBER TERM, 1901, 6 DIV., 479, E. EUGENE BRAGG VS. THE STATE OF ALABAMA. APPEAL FROM JEFFERSON CRIMINAL COURT. JUDGE: J. R. TYSON.

It is admitted that defendant was engaged in the practice of osteopathy as a profession and means of livelihood without having obtained a certificate of qualification from one of the authorized boards of medical examiners.

The most important question presented is whether the practice of osteopathy is "the practice of medicine in any of its branches or departments" within the meaning of Section 3261 of Civil Code and 5333 of Criminal Code. The contention of defendant is, that it is not. He predicates his insistence mainly, indeed we may say wholly, upon the fact that in the practice of osteopathy no drugs or other medicinal substances are administered or applied, internally or externally; nor is the knife used or any form of surgery resorted to in the treatment of diseases. In fact, the practitioners of that school of the healing art repudiate as remedial agents, all drugs, medicinal substances and the knife and other surgical instruments and appliances, in the treatment of or alleviation of diseases and therefore need have no knowledge of their use. They, of consequence, know nothing of the medicinal properties of drugs and other medicinal substances or of the compounding and administering of drugs in the cure of diseases. Their method of treatment is entirely external, consisting of "a system of a manipulation of the limbs and body of the patient with the hands, by kneading, rubbing or pressing upon the parts of the body." However, in order to practice the profession of osteopathy skillfully and scientifically, it is admitted that the practitioner must know anatomy, physiology, hygiene, histology and pathology. Confessedly, the requirement of a knowledge on the part of the practitioners of all of these branches of the science of healing the sick or diseased is to enable him to skillfully determine the disease with which his patient is afflicted and to aid him in making a proper application of his system of manipulation. For it is entirely clear from the evidence that the practitioner does not make the same application of his remedy to all diseases, but that he applies such system of manipulation as is most remedial in alleviating or curing the particular disease he is called upon to treat. In other words, after a diagnosis of the disease of the patient, he applies the remedy most suitable to its cure, confining it, however, to his system of manipulation as a remedial agent.

So, too, a practitioner of medicine is required to know anatomy, physiology, hygiene, histology, and pathology in order to enable him to skillfully and scientifically determine from what disease his patient is suffering, and after so determining, he must also know