

## REDIRECT EXAMINATION BY MR. T. J. SCOFIELD

The witness stated that he knew Mr. Marcus G. Noel who runs a drug store at Boyce, Texas. Mr. Noel was working for Mr. McIntosh. The witness himself owned the building.

## TESTIMONY OF MR. HARRIS M'INTOSH

Mr. Harris McIntosh was called as a witness for the defendant in surrebuttal.

## DIRECT EXAMINATION BY MR. T. J. SCOFIELD

Mr. McIntosh testified that he has resided in Waxahachie, Texas, for twenty-one years. He knows Dr. G. M. Goddard. He knows Marcus Noel, who was in his employ managing a drug store at Boyce. He considers the general reputation of Dr. G. M. Goddard for truth and veracity as good, and he would believe him under oath.

## CROSS-EXAMINATION BY MR. WALKER

The witness testified that he has not talked with any of the witnesses for the plaintiff concerning the character of Dr. G. M. Goddard. Mr. Marx made arrangements with the witness to come to Chicago.

## Closing

Following this testimony the attorneys for the defendant rested their case. The attorneys for the plaintiff also rested their case. Arrangements were made for the purchase of bottles of Wine of Cardui, so that the jury might drink them.

The Court ruled that attorneys for each side could talk six hours for the presentation of argument.

An adjournment was taken until 2 o'clock the same day.

Following addresses to the jury, the Court read his instructions. The latter were published in *THE JOURNAL* July 1, 1916, p. 51.

## Correspondence

## Aromatic Spirits of Ammonia

*To the Editor:*—In *Queries and Minor Notes* (*THE JOURNAL*, July 15, 1916, p. 231) Dr. Horatio C. Wood, Jr., in reference to the administration of aromatic spirits of ammonia, speaks of what was to him a very amusing incident, and belittles the "country doctor" who administered the drug as a stimulant in shock. Dr. Wood's article insinuates that the "country doctor" was ignorant of the action or rather the inactivity of the drug in question. Perhaps so; but I am at a loss to see how and where he was at fault, for the literature, "authentic literature," is teeming with references to, and recommendations of, aromatic spirits of ammonia as a diffusible stimulant.

In Forchheimer's "Therapeutics of Internal Diseases" (Billings), recommended and commended by many leaders of the profession, the following recommendations of aromatic spirits of ammonia are made:

In combination with other drugs as a diffusible stimulant to sustain "heart force" during short periods in lobar pneumonia.

As a cardiac stimulant in strophanthus poisoning, and as a cardiac stimulant in edema of the glottis.

Dr. De Lee recommends it as a stimulant in fainting following postpartum hemorrhage.

Betha refers to it as a stimulant, useful in syncope, asphyxia, collapse, and poisoning from narcotics and depressant agents.

Musser and Kelly's "Practical Treatment" recommends it in acute fatigue, claiming that it is as effective as strychnin or atropin.

Dr. Edward Otis, the same work, recommends it as a stimulant in dyspnea of advanced tuberculosis, and again in threatened collapse from excessive loss of blood in hemoptysis of pulmonary tuberculosis.

Dr. Alfred Stengel recommends it as a stimulant in influenza.

Dr. Hare recommends it as a rapidly acting diffusible stimulant, surpassing all others.

Dr. James Anders, in his article on pancreatic hemorrhage, refers to it as a stimulant.

Dr. James Tally refers to it as a diffusible stimulant in congestion of the lungs, and recommends it as such.

These references are picked at random, and no doubt scores of other authors recommend aromatic spirits of ammonia as a stimulant.

I myself have never administered a dose of aromatic spirits of ammonia, so that I take no offense at Dr. Wood's reference to the physician who administered it in a case of shock. But if aromatic spirits of ammonia is useless as a stimulant, then who is to blame for its administration by the members of the profession? Is it the country doctor or the "men higher up," those who are supposed to be peers of the profession, who write and edit works which the medical journals recommend to the profession? I refer here to aromatic spirits of ammonia; but it is only one of a hundred drugs and remedies that are recommended by the leading physicians of the country as being something which they are not and as possessing therapeutic virtues which they do not possess.

Is it the country doctor to whom Dr. Wood refers who is to blame? No, it is not. It is the authors, first, of the leading medical works, and secondly of the medical journals in recommending these works to the profession without taking the trouble to point out their fallacies.

Whom, then, is the busy practitioner to believe? He has no time for scientific experiments. He wants facts, and for these he depends on the medical journals and literature to which he subscribes. If the statements of these are fallacious, he is not to blame. Is he to accept the findings of the laboratory workers who claim that a drug possesses no therapeutic virtues, or is he to accept the word of the clinicians who assert that practically the drug possesses therapeutic virtues that the laboratory technician says it cannot and does not possess?

ROLAND F. HOTARD, M.D., Winter Park, Fla.

[Dr. Hotard's letter was referred to Dr. Wood, who says:]

*To the Editor:*—I had no intention of casting any slur at the "country doctor," for I know from personal experience something of the problems he has to meet and how conscientious he is in meeting them. The array of authority which Dr. Hotard quotes, I am sorry to say, does not surprise me. If Dr. Hotard will read my paper on "Pharmacologic Superstitions" (*THE JOURNAL*, April 8, 1916, p. 1067), he will see that I comment on the fact that men of authority in medical circles lend their commendation to therapeutic measures which cannot be defended on either scientific or clinical grounds.

The medical profession as a whole—including both the city doctor and the country doctor—are not to be blamed for the leaders they have chosen to follow, but for the unreasoning blindness with which they follow those leaders. I do not believe that we should accept the dictum of any one, however eminent, as final proof of the efficacy of a therapeutic measure, but that each should prove the truth for himself. In the paper referred to above I have laid down at some length the criteria by which, in my opinion, the value of any remedial agent can be judged.

HORATIO C. WOOD, JR., M.D., Philadelphia.

### Observations on the Coagulation Test for Syphilis as Devised by Hirschfeld and Klinger

*To the Editor:*—Cole and Chiu (*Arch. Int. Med.*, November, 1915, p. 880) made a report on some 600 serums and spinal fluids successfully examined in this laboratory by the coagulation test. These tests were all made in the late spring of 1915. At irregular intervals during the summer of 1915 and up to autumn of that year the coagulation test was successfully used in conjunction with the Wassermann reaction. Then it was noted that twice the amount of calcium chlorid was required for preparation of serozyme that had been used previously. The reaction then began to be very questionable in its results and remained so until late this spring. Since then, it has once more become quite trust-