of Cardui and Black Draught. He goes to Gadsden about once every thirty days and to Chattanooga two or three times a year. He buys most of his goods in Gadsden and in Rome. He has a nephew in Gadsden and a number of friends there, with whom he talked about Dr. Appleton.

Q.—Whom did you hear what you heard from? A.—Every man whom I talked to.

Q.—Well, whom did you talk to? Did you talk to your nephew? A.—I don't believe I have discussed the question with my nephew.

Q.—Who did you touch the question with? A.—John Doe, Bill Jones and another—

Q.—John Doe. Now, where does John Doe live? A.—He lives in Gadsden.

Q.—What is John Doe's address? A.—Gadsden will get him, I guess.

Q.—What is his business? A.—Well, we were talking—

Q.—No, no; what is his business? John Doe's business? A.—I don't know where John Doe lives there—there is not such a man, but—

Q.—Then you are mistaken when you say you talked to John Doe. What did you mean telling me, under oath, saying that you talked to John Doe, and then saying there is no such person? A.—I mean to say I talked to those people that were there—

Q.—I am asking you why you told me that. A.—That part is not in it.

Q.—There is no such man as John Doe, then? A.—No, sir.

Q.—Then when you said you talked with John Doe, you told a thing that is not true; is that true? A.—That is not in it, I would say.

Q.—You told a thing that was not so? A.—Yes, but—

Q.—When you told me that addressing him at Gadsden would catch him? A.—Yes—

Q.—That was not so, was it? A.—No. That is not so.

Mr. T. J. Scofield:—Well, that is all.

REDIRECT EXAMINATION BY MR. FOWLER

Q.—What did you mean when you say John Doe and Bill Jones?

Mr. T. J. Scofield:—I object to that.

THE COURT:—I would like to know. We may not stop here. Go ahead, Mr. Fowler.

Q.—Please tell what you mean when you said you had talked with John Doe and Bill Jones? A.—He wanted to know how—who it was—

THE COURT:—No, no. You don't know what he wanted to know. He asked you a question, and asked you who you had talked with, and you said John Doe and Bill Jones.

THE WITNESS:—Yes. Well, what I had reference to was the men who I visited there, you know, different men—no interest to me at all; men who were—I was visiting there—friends of mine there in Gadsden.

THE COURT:—Well, how long have you known this John Doe.

THE WITNESS:—There ain't no John Doe. I just added that in there. There is no John Doe—

Mr. Fowler:—You have heard the legal term—

Mr. T. J. Scofield: Q.—What did you mean when I asked you what John Doe's address was, and you told me to address him at Gadsden and that would get him? A.—I mean the way you are asking me, who all I did talk to down there—that kind of irritated me, because there is so many different men down there—

Q.—Yes? A.—friends of mine, and the inference was—

Q.—You did not want to give the names, then? A.—Oh, I don't care nothing about the names, no.

Q.—How did you expect me to reach John Doe, who you say told you—talked to you about Dr. Appleton's reputation by addressing him at Gadsden? You knew there was no such address, didn't you—no such person? A.—Yes.

Mr. T. J. Scofield:—Well, that is all.

After some depositions had been read an adjournment was taken until 2 o'clock p. m. the same day, Monday, June 5, 1916.

June 5, 1916, Afternoon

The Court met pursuant to adjournment and three depositions were read.

TESTIMONY OF MR. FRANCIS P. DUNNINGTON

Mr. Francis P. Dunnington was called as a witness for the plaintiff in rebuttal.

DIRECT EXAMINATION BY MR. HOUGH

Mr. Dunnington testified that he resides near Charlottesville, Va. He teaches in the University of Virginia. He began teaching in 1870 and has taught there continuously. He knew Dr. J. W. Mallett, who came to the university in 1868. Dr. Mallett died in November, 1912. Dr. Mallett came to the university as professor of analytic and industrial chemistry. He then became professor of general chemistry.

He taught in the University of Virginia from 1868 to 1912, excepting two years—one when he went to Texas as professor of chemistry, and the next year when he went to the University of Pennsylvania. The witness changed this to a medical college in the city of Philadelphia.

The witness stated that in his opinion Dr. Mallett was one of the leading chemists in the United States as well as in Europe. He was also Doctor of Medicine. The witness named various scientific societies to which Dr. Mallett belonged. He stated that Dr. Mallett received LL.D. degrees from four universities—the Johns Hopkins and the William and Mary. During 1906 and 1907 Dr. Mallett did work for the Chattanooga Medicine Co. He endeavored to diminish the amount of alcohol which was put in Wine of Cardui. The witness stated that this work ran over several months.

Cross-examination was waived.

After the reading of some depositions an adjournment was taken until Tuesday, June 6, 1916.

(To be continued)

Correspondence

The Ever Present Question of Dispensary Abuse

To the Editor:—Dr. J. Whitridge Williams, in his address published in THE JOURNAL, June 17, 1916, p. 1902, dwelt at some length on the question of dispensary abuse. He advocated the "socialization of medicine" for the cure of many evils now connected with the practice of medicine. Some such system as the *Krankenkassen* of Germany, or the national health insurance law of England, which requires employer and employee, as well as the state to contribute, ought to be adopted in this country. Under this system the patient contributes toward the doctors' and hospital fees, with the result that it raises the man of moderate means above the level of a charity recipient, and does not place all the burden of the medical care of the indigent sick on the physician, who is often compelled to earn a living for himself and dependents. That there is a possibility of the desired social reforms becoming a reality in the course of time we may well assume from the fact that over thirty states have already adopted the workmen's compensation laws, and that a tentative health insurance bill has recently been enacted in New York (THE JOURNAL, June 17, 1916, p. 1951).

However, we must bear in mind that it is "a long way to Tipperary." It may take a generation before the wished for reforms come about; we may or may not live to see the day of the "socialization of medicine." As it is, the practice of medicine at present is in a state of transition, and the evils of which many of us complain are apt to be on the increase, as Dr. Williams himself admits. And yet he thinks that the abuses complained of are less general than is commonly believed. The majority of Baltimore practitioners with whom I have spoken feel convinced that many people who are able to pay receive free treatment at the dispensaries. These abuses do exist, in spite of the fact that some fortunately situated members of our profession would make us believe that it is all a delusion. Whoever read my paper on "Dispensary Abuse," which was published in the *Maryland Medical Journal* in June, 1915, and who is not prejudiced on this question, will agree that this abuse is a serious problem, the solution of which ought not to be deferred. In Dr. B. S. Veeder's article on "Standards for Determining the Suitability of Patients for Admission to a Free Dispensary" (THE JOURNAL, July 8, 1916, p. 85), I find among the replies, sent by the dispensary authorities to his inquiry as to the methods used in Baltimore to determine the worthiness of the applicant for free treatment, the following statement: "There is no standard, nor is there any attempt at financial investigation," a fact too well known by many of us in this city. The patient who, notwithstanding his ability to pay, resorts to the public dispensaries for purely selfish reasons, encroaches on the legitimate economic interest of

the practitioner, and the profession should feel no hesitancy in combating this invasion.

Dr. Williams maintains that many patients resort to dispensaries to get better treatment, either because they could not be examined properly, on account of the lack of equipment in the office of the average general practitioner, or because the doctors whom they happened to consult were not efficient. The inefficiency of medical men should be a diminishing factor in driving patients to dispensaries, since medical colleges are turning out better educated and more competent men from year to year. When it comes to our specialties, there is no justification for a person in good circumstances to frequent a dispensary, for he will usually find the same physician conducting the free clinics. Now this physician could surely treat him just as well, if not better, at his private office, where he has more time at his disposal. If the patient does resort to the dispensary, it is merely to avoid parting with his cash. On the other hand, if one medical man treats him carelessly, he is at liberty to go to another who will treat him properly, but he has no moral right to go to a free clinic. As I have stated in the paper above referred to, the bestowal of free treatment on those who can afford to pay exerts an evil effect in many ways. Not only does it stunt the moral sense of the applicant, and weaken his self-reliance by making him a recipient of charity, but it also robs the deserving physician of part of an income.

Dr. Williams justly asserts that a private practitioner cannot compete with a well equipped dispensary, which has a number of trained nurses and a well organized social service department at its disposal. But why should members of an honorable profession be permitted to become victims of circumstances over which they have no control?

Socialization of medicine would probably be the best solution for many of the difficulties we are up against, but shall we, when so much can be done in the meanwhile to mitigate the evil, fold our arms and do nothing until this question adjusts itself in a remote future?

The dispensary abuse should be mitigated, and if the remedy is only temporary, it should, nevertheless, be applied until the relation of medical practice to society is properly adjusted. Dispensaries of the better type in this city have social service departments, and the one attached to the Johns Hopkins Dispensary is a model of its kind. However, it would add to its laurels by becoming a potent agency in wiping out an abuse which does great harm to a goodly part of our professional brothers. All that the dispensary authorities would have to do would be to refer every applicant whose personal appearance does not indicate that he is poor or needy, for investigation. It is an old axiom, "Where there is a will, there is a way."

Another means of overcoming dispensary abuse would be the adoption of medical partnerships, or the group plan, already in vogue in many communities. By means of this plan, men of various specialties would combine, e. g., a roentgenologist, the laboratory man, the internist, the eye, ear nose and throat specialist, etc. Consequently there would be no excuse for a patient to frequent the public dispensary for a diagnosis requiring either the use of different apparatus, not to be found in the office of the average practitioner, or the consultation of different specialists.

M. M. SAVAGE, M.D., Baltimore.

Statistics on Hay-Fever Plants Wanted

To the Editor:—As the fall hay-fever season commences in most localities in August, the American Hay-Fever Prevention Association requests interested observers in each state to report on any or all of the following points:

(1) Beginning of the florescence of the (a) common rag-weed (*Ambrosia elatior*), (b) giant rag-weed (*Ambrosia trifida*), (c) the western rag-weed (*Ambrosia psilostachya*), (d) the cockle bur (*Xanthium pennsylvanicum*), (e) marsh elder (*Iva ciliata*), (f) the western marsh elder (*Iva axillaris*),

and (g) the gaetnerias. These plants bloom in most sections in August and September, and are all wind-pollinated and potentially hay-fever plants.

(2) The date of the beginning of fall hay-fever in these sections, and the coincidence of its development with the florescence of one or more of these plants.

A large number of replies will increase the statistical value of the reports. Any other statistical information will be appreciated. Address American Hay-Fever Prevention Association, Audubon Building, New Orleans, La.

W. SCHEPPEGRELL, M.D., President.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

CITY AND RURAL HEALTH

To the Editor:—Within the past several years, I have noticed some articles relative to country life conditions, and that the rural sections were less sanitary than the city. I think I have also seen somewhere the statement or opinion given that most of the epidemics in the city came from the country, and that the death rate in the country was greater than in the city. I cannot recall the article or writers. Have careful investigations been made in the last several years, and do they bear out the foregoing statements? I have seen some statistics, but some of these are thought inaccurate, as those of the city often include deaths of persons brought in for better care and treatment; there are usually no regulations requiring accurate records in the rural sections, and so on.

Any information regarding the foregoing will be greatly appreciated.
D. T. KIZER, M.D., Springfield, Mo.

ANSWER.—There can be no doubt that the average sanitary conditions are worse in the rural districts than in the large urban centers except so far as overcrowding and its direct effects are concerned. It is notorious that the means for the disposal of excreta are more generally bad in the country than in the town, although it is true that in some parts of some cities wretched conditions in this respect are still to be found. The chances of contamination of the water supply by such insanitary dispositions are evidently far less in the town tenement with its piped supply than in the village communities or farms where the water is taken from an open stream or from a shallow well. Animals which are liable to serve as distributors of parasitic diseases constitute a greater danger in the country than in the town. Breeding places for flies are the commonplace of farm conditions, the exception in the town. Finally, the administrative sanitary control of the towns is better. The statement that most of the epidemics in the city come from the country is evidently too general. The majority of epidemics commence with pre-existing cases, and those cases may as well exist in the town as in the country; and in the former, owing to the congestion of population, there is larger opportunity for infection by contact. On the other hand, certain diseases lend themselves peculiarly to propagation by means of products—notably milk—of the rural districts which are sold in the towns. It is therefore to be expected, and it has been proved, that a large number of urban epidemics of such diseases as typhoid fever, germs of which may lie latent in carriers and be propagated by products like milk, are traceable to a rural source. The insanitary conditions which prevail in the country are, however, largely outweighed by the overcrowding in the towns, as is proved by the relative death rates. The life tables just published by the Bureau of Census (United States Life Tables, 1910, Bureau of the Census, Department of Commerce; copy sent free to every medical man on application to Director of the Census, Washington) give a series of tables of the vital statistics for the white population in the cities and in the rural part, respectively, of the original registration states. These tables are based on the estimated population, 1910, and on the reported deaths in 1909, 1910 and 1911. We quote from pages 38 to 45, column 7. This column shows the numbers of the population living in age interval, to one death in the same age interval (calculated for a hypothetical stationary population). The higher the figure the lower the mortality.