which has protected so many practitioners in malpractice suits. The practitioner is only required to show that he had the ordinary skill of his profession and that he exercised this in the given case. If he adopts new procedure the burden of proof would rest on him to show that these were suited to the particular case and were merely an extension of the ordinary principles. As TRACY C. BECKER remarks (WITTHAUS' "Medical Jurisprudence"), experimentation, whether upon charity patients or pay patients, is equally prohibited by well settled rules of law. In other words, a departure from known methods of treatment for the purpose of, or by way of, trying unknown remedies or operations not usually adopted by the profession, if an unfortunate result occurs, renders the defendant liable (*McNevins v. Lowe*, 40 Ill., 209). What constitutes reasonable care and skill is, BECKER remarks, a mixed question of law and fact, like any other question of negligence. Where the evidence is undisputed and no conflicting influences can be drawn from the facts presented it is the duty of the court to determine whether or not there is sufficient proof of want of ordinary care and skill to be submitted to the jury. Where, however, the evidence is conflicting on that point or the inferences to be drawn from the facts established might be differently drawn by different men having the same opportunity for observation, and the same circumstance before them, it is for the jury to say whether or not the defendant has exercised reasonable care and skill guided by proper directions from the court as to the measure of skill required. These involve the question as to how far the practitioner is bound to be familiar with the methods, appliances, drugs and methods of treatment of his profession in general. The rules of evidence which, Dr. EVANS states, are part of the West Virginia statutes, are so destructive of the constitutional rights of citizens of the United States that there is no doubt but that the Supreme Court of the United States would declare all such statutes unconstitutional. While there has been a great deal of what has been called "freak" legislation lately, statutes of the type described are clearly relics of "old dominion" days when law was largely made for the purpose of enriching the king by forfeitures in case of felony.

THE JOURNAL SPECIAL TRAIN.

Medical gentlemen from Illinois and vicinity, the Pacific Coast and the Northwest, who intend to be present at the great jubilee meeting of the ASSOCIATION, are invited to take the JOURNAL SPECIAL, which will go by the Pennsylvania Railway without change from Chicago to Philadelphia. The time limit of ten days is as long as granted by any other route. See advertisement in another column, and make no mistake. The JOURNAL guarantees the most perfect of modern railway equipment.

CORRESPONDENCE.

What Is Wrong with This Prescription?

CHICAGO, April 27, 1897.

To the Editor:—I should be very much obliged if you could have the following questions answered in the columns of the JOURNAL.

Some time ago I was called to see a sick lady and prescribed the following ingredients in capsule. Each capsule contained:

Sod. salicyl.	gr. 2½
Salol	gr. 2½
Codein	gr. 1½
Hydrarg. chlor. mite	gr. 1/8

The patient took only one and within half an hour became very sick, developing severe poisonous symptoms, and later becoming unconscious and extremely depressed, etc. Now I should like to know: 1. What ingredients, if any, were incompatible? 2. If incompatible, what product was formed? 3. If a poison were formed what dose would ordinarily prove fatal? 4. What would be the physiologic action on the various systems, as nervous, urinary, digestive, etc.? 5. What would the mental effect be? 6. What other effects, if any, would be produced on the individual?

I have withheld the symptoms in this case as observed, in order that the answers might not be influenced by a description of them.

Yours very respectfully,

M. D.

Syphilis and Drunkenness.

KANE, PA., May 8, 1897.

To the Editor:—In closing a recent editorial entitled "Legislation against Degeneracy," (April 17) our editor touches the key-note of the situation. Having clearly proven in the preceding paragraphs the futility as well as the injustice of all legal restriction imposed upon the marriage of epileptic and insane, he ends by saying: "The only real safeguards against the propagation of degenerates are to be looked for in the higher moral education of the public and the cultivation of practical moral standards."

How are we to attain these practical moral standards? As our editor remarks, immorality and illegitimate births will be greatly increased if we are to render it illegal for those of epileptic, insane or tubercular tendencies to marry. While, too, it can not be denied that their taints do often exist as an inheritance, it is equally true that, given a suitable environment and mental, moral and physical cultivation the children of just such alliances may grow up sound in body and mind, frequently proving themselves even the superiors of their more careless as well as more fortunate neighbors.

The practical moral standard should be raised and our nation properly educated to a realizing sense, not of the danger in alliances of the epileptic, insane and the tuberculous; for their condition, though the result of an inheritance is but an indication, a symptom, of a far reaching and more dreadful condition from which they usually result, and as I said they may live down their defective and diseased condition.

We should raise our standard of temperance and chastity and our legal enactments should be directed against the social evil, syphilis and drunkenness.

While few deny that tuberculous, epileptic, insane and neurotic parents tend to produce like conditions in their offspring none can deny a far more potent cause for all these conditions and a multitude of others. This is the drunkenness and debauchery which is adding to the number of dipsomaniacs and syphilitics and is so appallingly on the increase of late years.

These are met with everywhere and in all ranks of life. They fill our hospitals, insane asylums, almshouses and prisons. They create hordes of tramps and criminals to over-run our

country and propagate disease, while they teach immoral practices.

For every epileptic, tuberculous and insane person who inherits his condition from a parent similarly affected, at least ten bear their disease as the result of a parent's debauched life or inherited syphilis or of the drunkenness of the father at the time of conception, or the prolonged indulgence of one or both parents in alcoholic liquors, tobacco and other narcotics.

Yet despite the well known truth of my present assertion the medical profession advises a higher standard of education and rigid legislation chiefly against trivial matters, such as the expectoration of tubercular sputa, the communion cup and marriage in insane and tuberculous families. At the same time they would countenance the legalized saloon and brothel where a business is made of seducing and debauching our girls and boys, polluting their pure minds and contaminating their sound bodies.

One might wish as much reason regulate the method of conduct and improve the morals of a mad dog in order to prevent hydrophobia as to strain at the gnats of epilepsy and tuberculosis while he swallows such camels as syphilis and drunkenness.

Is it not high time that the profession becomes aware of the true source of the diseases which are devastating our country and taxing its resources to their utmost to find institutions large and numerous enough to hold the victims.

EVAN O'NEILL KANE, M.D.

Compact Portable Sterilizer.

NEW YORK, May 6, 1897.

To the Editor:—Dr. Wetherill's description of a "compact portable sterilizer for surgical instruments and dressings," (May 1, page 856) shows the need he experienced of demonstrating, in a feasible manner, the ease with which sterilization can be obtained anywhere and everywhere, thus taking from surgery the greatest impediment to success.

This is especially gratifying to me, particularly as Dr. Wetherill, to whom the thanks of the profession are due for his lucid description, publishes an exact counterpart of my nested sterilizer, which was shown at the forty-sixth annual meeting of the AMERICAN MEDICAL ASSOCIATION in Baltimore, May 7, 1895, at the Berlin exhibition last summer and which was described in the JOURNAL, July 27, 1895, and more fully in my little book on "Surgical Asepsis," page 119, published by Saunders of Philadelphia in March, 1895.

Those who know Dr. Wetherill will appreciate that this note is in no sense a stricture upon his above mentioned letter. I merely pen these lines to call his attention to the facts so that he may at his convenience, correct any misapprehension that may arise regarding the origin of this sterilizer. I know Dr. Wetherill will do this as readily as would yours very truly,

CARL BECK, M.D.

ASSOCIATION NEWS.

Executive or Business Committee.—The first meeting of this Committee will be held in Parlor C, Hotel Walton, cor. Broad and Locust Streets, Philadelphia, on Monday May 31, 1897, at 5:30 p.m. Subsequent meetings will be held at the same place and hour, unless otherwise ordered by the committee, for the consideration of matters referred to it by the ASSOCIATION, and for the transaction of business.

L. DUNCAN BULKLEY, M.D.,

Secretary of Committee.

Medical Aid Section.—An effort will be made at the approaching Semi-Centennial of the ASSOCIATION in Philadelphia, to complete the organization of a Medical Aid Section for the benefit of disabled physicians and of the widows and orphans of physicians, members of the Section, with the coöperation and

endorsement of the several State and municipal medical societies; the friends of such Section of a Medical Aid Society hope to organize and have appointed all the officers required to make the Section a corporate body of the ASSOCIATION and to convince the profession, that those now throughout the country who are non-members will find it to be to their advantage to join our ranks.

Section on State Medicine.—The annual dinner of this Section will be held at 8 o'clock, Tuesday evening, June 1, at the Aldine Hotel. Those who desire to join with the Section at this dinner in celebration of the twenty-fourth anniversary of its organization, are requested to notify the chairman, Elmer Lee of Chicago, or the secretary Louis F. Bishop of New York.

Section on Diseases of Children.—Dr. J. A. Larrabee, the chairman of the Section on Diseases of Children of the AMERICAN MEDICAL ASSOCIATION, extends a cordial invitation to the members of the Philadelphia Pediatric Society, and others to attend its sessions during the meeting of the ASSOCIATION June 1 to 4, and also to attend the dinner on the evening of June 1, the subscription to which is \$2.00.

Committee on Registration.—The Bureau of Registration will be opened in Horticultural Hall at 1 P.M., on Monday, May 31.

JOHN MARSHALL, M.D.

Chairman of Committee on Registration.

SOCIETY NEWS.

Association of American Physicians.—Twelfth annual meeting held at Washington, D. C., May 4, 5 and 6, 1897. Dr. J. M. Da Costa, president, in the chair. The president delivered the Annual Address (see p. 911).

Dr. George B. Shattuck of Boston then delivered an address on the "Serum Test for Typhoid Fever." Seventy-three patients were studied and the tests were made under the supervision of Dr. Leary of the pathologic department of the Boston City Hospital. The clinical statements are unnecessarily subject to the unavoidable peculiarities of hospital practice, but the effort was made to have them as accurate as possible. The date of the beginning of typhoid fever is counted from the first symptoms, but the examiners are not always correct even when they wish to be. A few cases have been thrown out; thus in some of these cases a large number of these tests might have been made had more time been at our disposal. Liquid blood was used and only incidentally could we make out the proportion of serum in the typhoid cultures. The diazo reaction has been used in a large number of these cases and in the laboratory a longer maximum of time, an hour, was allowed for the reaction than some would consider justifiable. Many of the reactions had occurred in less time and the room culture reacts more promptly than the thermostat culture. Of the 145 cases 125 were typhoid fever, 17 were not typhoid fever and one was doubtful, which is not much to go on. The method of bacteriologic testing was next taken up. But in this suffice it to say that the spleen of the patient was taken as a basic culture and from this daughter cultures were made. All the tests were made with cultures given at the room temperature, they seeming to be more satisfactory, for in the room culture the organisms were fewer in number and larger and more motile; the reactions, while perhaps slower, were absolute. In the thermostat cultures sediment of dead organisms interfered with the diagnosis. The technique was that commonly practiced, but an hour was made the limit of time for the test and a shorter limit would have made many tests doubtful. With 116 cases with a clinical diagnosis of typhoid the reaction occurred in 16 before the tenth day and in 1 as late as the 122d day. Eleven cases gave a doubtful clinical diagnosis, and of these 4 gave no reaction at any time. One was without doubt meningitis; another was an old endocarditis; the third and fourth were probably typhoid, although it is very uncertain. In five of these eleven doubtful cases a positive result was obtained. In the first of these there were almost no symptoms but the reaction took place on the twenty-second, twenty-third and twenty-fourth days. The second case was a professional man of 52, he was a steady drinker, he suddenly became mentally confused while in another city and later had another attack resembling vertigo with aphasia; the urine contained blood, albumin and casts, the serum test gave prompt reaction. The third case was probably meningitis but