represents an annual death-rate of 15.75, as against 17.28 for the month of August and 16.81 for September, 1902. The corrected death-rate, excluding non-residents and infants under one week old, was 15.18. Among the diseases which showed a decline in mortality were the following: The weekly average of deaths from scarlet fever decreased from 6.25 in August to 4.5 in September; the weekly average from measles, from 5.25 to 3.25; from whooping-cough, from 9 to 6.5; from pulmonary tuberculosis, from 145.75 to 133.75; from diarrheal diseases, from 257.75 to 151.5; from diarrheals under two years of age, from 225 to 133.25; from cancer, from 52.75 to 43.25; and from organic heart diseases, from 72.5 to 71. Among the diseases which showed an increased mortality were the following: The weekly average of deaths from diphtheria and croup increased from 24.75 to 28.75; from typhoid fever, from 14.75 to 16.25; from pneumonia, from 51.5 to 61.5; from broncho-pneumonia, from 32 to 36.5; from acute bronchitis, from 16.5 to 27; and from Bright's disease and nephritis, from 84.25 to 91.5.

A CENTENARIAN. — W. H. Seymour of New York City, whose father and uncle were soldiers in the Revolutionary War, died at his country home at Broekport, N. Y., on Oct. 6, at the age of 101 years 2 months and 21 days, having been born on July 15, 1802. The records of the family appear to have been accurately kept, and it is stated that his age with that of his four predecessors in the line amounted to 428 years.

ATTENDANCE AT PUBLIC VACATION SCHOOLS. — It is officially announced that the attendance in the public vacation schools during the past summer was 567,891, as against 405,169 in 1902, while the attendance at the playgrounds provided by the city was 3,346,291, as against 2,194,666 in the summer of 1902.

TENEMENT HOUSES. — In presenting his estimate, on Oct. 8, for the expenses of his department for the ensuing year, Tenement House Commissioner DeForest made the statement that his staff of inspectors have examined 43,580 buildings. During 1902 they supervised the erection of 643 new houses, the estimated cost of which was over \$20,000,000, and the alteration of 1,468 old ones; and during the first six months of the present year, the erection of 699 new houses, at an estimated cost of \$20,837,270, and the alteration of 1,266 old ones. While much has been accomplished in the way of reform, much yet remains to be done. There are still in

Greater New York over 350,000 of the dark rooms, against which the law is expressly aimed, and an unknown number of cellar rooms occupied in tenement houses, which are forbidden as living rooms, as well as of bakeries, which the law proscribes in tenements.

NOTE FROM THE PHILIPPINES.

WORK OF BOARD OF HEALTH. — Summarizing the general sanitary work of the Board of Health during the month of May, the total number of inspections and reinspections of houses amounted to 204,277; and of cases and other water craft to 2,480. There were 19,854 houses cleaned as a result of sanitary orders, and 431 painted or whitewashed; 649 houses and 22 water craft were disinfected. A total of 15,410 yards were cleaned, repaved or repaired, and the contents of 1,470 cesspools and vaults were removed. During the month 672 sanitary orders were issued, of which 350 were complied with, and proceedings in 17 instances were pending in the courts. A total of 7,598 animals were inspected on arrival at the port; 8,212 were inspected at the abattoir, of which number 21 were condemned. The crematories disposed of 15,543 dead animals and birds, which number included 9,413 rats, and, in addition, 2,121 loads of refuse. The excessive number of animals requiring disposal was due to the loss of animal life in the Santa Cruz fire. There were 17,432 persons vaccinated in the city of Manila, and 125,725 units of vaccine virus issued for use throughout the islands.

Obituary.

WILLIAM JOHNSON DALE, M.D.

DR. WILLIAM J. DALE died at Andover, October 7, in his eighty-ninth year. He had been in poor health for some years and had recently suffered from a cerebral hemorrhage.

He was born in Gloucester in 1815. His father was a surgeon in the War of 1812, his paternal grandfather, Ebenezer Dale, fought at the battle of Bunker Hill, and his maternal grandfather, William Johnson, at the battle of Lexington. He graduated at Harvard College in 1837, and at the Harvard Medical College in 1840. He practiced his profession with success in Boston. In June, 1861, soon after the outbreak of the War of the Rebellion, he was appointed by Governor Andrew surgeon-general of Massachusetts and commissioned with the rank of colonel. Late in that year he was appointed an acting assistant surgeon of the United States Army. In October, 1863, he was promoted by

Governor Andrew to the rank of brigadier-general. All through the Civil War the responsibility for providing proper medical officers for the Massachusetts regiments, the general supervision of all matters relating to the medical staff, the care of the invalided sick and wounded fell upon General Dale. For many years after the war he had charge of the distribution of state aid and of invalided soldiers.

He was an admirable organizer and a first-rate executive, and his duties were discharged with great credit to himself and great advantage to the state, and at the same time with a sympathetic regard for those dependent upon his decisions. An increasing deafness prevented private practice, and gradually interfered with the discharge of his public duties. He resigned his office in 1876, and presently withdrew to the family estate, a farm of about one hundred acres, in North Andover, which had descended in the Johnson family from the original Indian grant in 1636.

Dr. Dale was a handsome man, of large stature and fine presence,—such an one as would anywhere attract attention. He outlived all his family. His only surviving son, W. J. Dale, Jr., who was at one time assistant postmaster of Boston and subsequently a member of the State Board of Railroad Commissioners, died in 1896.

Correspondence.

A LAWYER'S VIEW OF "PRIVILEGED MEDICAL COMMUNICATIONS."

Boston, Oct. 2, 1903.

MR. EDITOR: I have read with considerable interest the papers on "Privileged Medical Communications," published in the JOURNAL Sept. 3, 1903. Mr. Stimson makes out a pretty strong case for the law as it stands at present. I do not think, however, the policy of having such communications privileged ought to be condemned because the New York law has worked poorly. I believe that communications between physician and patient ought to be privileged just as much as those between attorney and client. At present the physician and his patient are at the mercy of attorneys who may be unscrupulous and may put in evidence which is immaterial to the issues in a case, solely for the effect to be produced upon a jury. In the excitement of a trial the temptation to do this sort of thing may be pretty great. On the other hand, if such communications are privileged the physician will be the judge whether certain communications made to him by his patient, which may not be material to the case, shall or shall not be disclosed. And the physician being a witness, impartial, and not under the same excitement as an attorney, I think can be counted on to decide the propriety of giving such testimony more fairly than an attorney.

Where confidential communications are by law made inadmissible in evidence, or "privileged," the purpose is to shield the person whose interests are at stake—not to excuse the other party to the communication from divulging it. So in the case of conversations between attorney and client—the privilege of excluding them is that of the client and not of the attorney. The attorney is excused from testifying, not for his own sake, but because his testimony may injure his client. And this is the way in which the New York law operates in the case of physicians. It is the patient who has the power to decide what shall be told and what withheld, and not the

physician. The faults of the New York law are obvious, and outweigh its advantages. It increases the difficulty of defending actions for personal injuries, and this tends to encourage the bringing of such suits for blackmailing purposes. I think few lawyers of standing would favor it.

But a law making medical communications privileged in the interest of the medical profession would stand on a different footing, and would be approved by many members of the legal profession. Such a law roughly should allow the physician to refuse to testify as to matters that in his opinion have no bearing upon the issues raised in the case at bar. Of course, this leaves the physician to pass upon the materiality of the evidence, but the question is one which he is probably better fitted, by reason of his professional knowledge, to decide than the court. He has, supposedly, no interest in the outcome of the case. If he believes justice requires the disclosure he can make it; but if he thinks a question is intended to prejudice a party by dragging in irrelevant matter, he can plead the privilege of his profession, and refuse to answer.

Moreover, there should be exceptions in certain cases, as Dr. Cheever suggests. And yet, his exception, including cases where the patient is unwilling to have the testimony go in, I think, is too far-reaching, because it practically would put the law on the same basis as that in New York. His third exception "to expose crime" is rather too narrow. It would be better to make no change in the existing law so far as it affects criminal cases.

Two reasons suggest themselves for confining the proposed change to civil matters. The first is that in criminal cases the most searching and thorough examination of all evidence should be encouraged; and second, that such legislation being experimental, it is just as well to confine it at the outset within rather narrow limits.

Truly yours,

JOHN NOBLE, JR.

AN OVERWORKED THEORY.

PHILADELPHIA, Oct. 10, 1903.

MR. EDITOR: In reference to your courteous editorial criticism of my article in your columns upon the "Ill Health of Parkman" will you permit me in view of the anomalous condition (criticism by one's own host before the other guests) a few words of reply? The first word of my protest must refer to your commendation of my method as "scientific" and at the same time taking away the essential qualities that make an opinion scientific. If my theory is "carried to an extreme"; if few "follow me"; if my theory is "somewhat overworked"; if my "attitude is extremely radical"; if you carefully abstain from assenting that there is any truth whatever in the "theory"—then of course the theory and its author are not scientific. The essence of science is accuracy in gathering and stating facts and in logical induction from them. To be scientific is certainly to avoid theorizing, extremism, hobby-riding, etc. I have sought to be scientific; I believe I have been; I value at the very highest my own consciousness that I have been, and next to that the opinion of my professional colleagues that I have succeeded. You charge me with what all scientists recognize as the greatest scientific sin. I think this was both unnecessary and unwarranted.

In the same mail that brought me your editorial comment was the following letter. I could furnish you with the details of almost any number of such cases:

"916 PINE STREET, PHILADELPHIA.

"MY DEAR DR. GOULD: After all the cases you have reviewed one case more or less can count for little, but I would like to give you mine at least as an illustration. I was an omnivorous reader from early childhood, and early had irritable headaches. They were laid to various causes, and when I was twelve to fourteen my eyes began to 'trouble me.' I was in an Asiatic town, where my father (Rev. W. F. Williams, D.D.) was a missionary, and