

## Correspondence

### A Postmortem After a Malpractice Suit

*To the Editor:*—In the proceedings of the American Academy of Medicine, as published in THE JOURNAL, July 17, Dr. James A. Spalding, of Portland, Me., reported the case of a malpractice suit in which subsequently a postmortem examination was made, and he asks for information if other such postmortems have been held.

Some thirty years ago a suit for malpractice was brought in Belmont county, O., the charge being that the attending physician had failed to recognize and reduce a dislocation of the hip. The plaintiff, some months after the accident, came to Columbus and was examined by two of the most prominent surgeons of this city who made a diagnosis of dislocation and attempted to reduce it by pulleys (this being the only time I have ever seen pulleys used). I was the "cub" and gave the anesthetic, but made no examination of the case. Their efforts being futile, they reached the conclusion that the acetabulum had become filled in the interval and that reduction was impossible. If I remember correctly a verdict of \$800 was rendered against the attending physician.

Some years later a postmortem examination showed that there had been a fracture of the neck of the femur, and the head of the femur had never left the acetabulum. The unfortunate attending physician had contended all the while that it was a case of fracture, but the verdict had gone against him, and his only satisfaction was in local vindication. The Columbus surgeons had passed to their reward before the postmortem.

J. F. BALDWIN, M.D., Columbus, O.

### A Boosting Club

*To the Editor:*—Why not a "Booster Club" or "Praise Your Brother Club" in the American Medical Association, with no dues or other requirements except that each member pledge himself never to speak unkindly or in criticism of a brother physician to the laity except that physician be also present. Let us renew our vows and wear buttons to show that we mean to keep them.

If such a condition could be brought about we would be held in much greater esteem by our patients and neighbors. Whenever a physician is condemned, maligned or criticized by another physician, the ill-will engendered in the minds of the laity is not against the one physician but the class—individuals are forgotten and the profession is remembered as a whole. If I tell everyone I meet that Doctor Pill is a rank physician; knows nothing of medicine and will stoop to any mean practice, the laity soon forget that Doctor Pill is a "poor doctor" and retain the impression that we are all "poor doctors" ready to stoop to anything.

Let's stop it; raise the standard. Can we get together at St. Louis and organize a club?

Yours for "no knocking."

W. T. WOOTTON, M.D., Hot Springs, Ark.

### An Island Without Flies

*To the Editor:*—The handbook prepared for the U. S. Army of Invasion of Porto Rico, stated that the house fly did not exist on the island, but that a fly called *vomitorum* (*Musca vomitorum*) did exist there, and if one fly was accidentally swallowed, it caused immediate vomiting. After two years spent on the island, the writer states this experience: The house fly accompanied the American Army to the island, and was as numerous in the camps there as in the camps in the United States in the summer of 1898. When the Army left the island the flies disappeared. There were almost no flies to be seen on the island in the summers of 1899 and 1900. I never saw the *Musca vomitorum*, nor heard any one on the island mention them. It is also of interest that the flies which so much annoy horses and cattle by biting them, do not exist in Porto Rico. I never saw one on either horse or cow, but whether they were present with the American horses I do not know.

Now, why do flies not exist in Porto Rico? There is some condition there not conducive to their health. It is true that other insects are scarce on the island. This seems true of all except certain species commonly domesticated and living in homes of people. Bird life and wild mammals are very rare. Reptiles do not exist on the island. Would it not be well for the Rockefeller Institute or some similar organization to investigate the cause of this sparseness of insect life in Porto Rico?

GEORGE G. GROFF,

Late Major and Brigade Surgeon, U. S. V.

## Queries and Minor Notes

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

### BOOKS ON PARASITOLOGY AND BACTERIOLOGY

*To the Editor:*—Kindly give a list of authoritative works in English on general parasitology and bacteriology (both pathogenic and non-pathogenic bacteria) and give the names of publishers. Also tell me what are the best works on immunity and serum therapy.

R. F. L., North Carolina.

ANSWER.—There is no work in English covering the subjects mentioned that can be considered complete. Probably the work in English which considers both pathogenic and non-pathogenic forms from the broadest standpoint is the "Text-book of General Bacteriology," by E. O. Jordan (W. B. Saunders Co.). Other reliable books which treat of the pathogenic forms are Muir and Ritchie, "Manual of Bacteriology," (Macmillan Co.), and Park's "Pathogenic Bacteria and Protozoa," (Lea & Febiger).

Several books in English on immunity and serum therapy give the general principles well. Among them are "Infection, Immunity and Serum Therapy," by H. T. Ricketts, (American Medical Association Press); also Ehrlich's collected studies in "Immunity," translated by Bolduan, (John Wiley & Sons), and Binnie's translation of Metchnikoff's "Immunity in Infective Diseases," (Macmillan Co.).

### UNTOWARD EFFECTS OF CHRYSAROBIN

*To the Editor:*—Please inform me if the local use of chrysarobin is usually followed by coloring of the skin in other parts of the body. I recently prescribed an ointment containing chrysarobin and salicylic acid for psoriasis of the arms and legs of a robust adult; the ointment to be applied with a brush. After three applications the patient returned showing a deep discoloration of the finger nails and the skin about the eyes. The coloring of the nails seemed to be throughout the nail substance, as scraping them deeply would not remove it, and the patient is sure that at no time did he get any of the ointment on the nails. I have used chrysarobin very frequently, but have never seen its use followed by such pigmentation, nor do I find any mention made of the discoloration occurring at so great distances from its application.

W. C. G., Michigan.

ANSWER.—The absorption of chrysarobin from the skin has been rarely observed, but there are a number of observations which show that it may be absorbed and produce constitutional effects sometimes of a severe nature. The effects are of three kinds: (1) Chrysarobin dermatitis, in which the skin is colored brown, and chrysarobin may be found in the pigment; (2) chrysarobin keratitis, in which the deposit begins in the deeper layers of the cornea and produces an inflammation in the cornea and sclera which may extend to the conjunctiva; (3) chrysarobin nephritis, caused by the excretion of the drug through the kidney. Chrysarobin is changed to a large extent on absorption to chrysophanic acid, which does not appear to be irritating. Chrysarobin itself may, however, be found in the urine along with albumin and casts.

M. Winkler, *Cor.-Bl. f. Schweiz. Aerzte*, 1907, xxxvii, p. 561-567) investigated the absorption and excretion of chrysarobin when applied to the skin as is usual in psoriasis and came to the conclusion that as it is ordinarily used the danger from absorption of chrysarobin is very slight. He did, however, find one case of chrysarobin conjunctivitis in which there was a slight excretion of chrysophanic acid in the urine with slight albuminuria. Linde (*Deutsch. med. Wchnschr.*, 1898) reports a case of severe nephritis accompanied by keratitis following the application of chrysarobin. R. Volk (*Wien. klin. Wchnschr.*, 1906, xix, p. 1194) reports a case of chrysarobin dermatitis and severe nephritis following the application of chrysarobin for an undetermined skin disease. Chrysophanic acid was found in the urine. Krause (*Ztschr. f. Augenht.*, 1906, xv, pp. 233-238) reports three cases of corneal affection due to chrysarobin. The affection of the cornea appeared to be primary and due to the absorption of the drug. C. J. Kipp (*THE JOURNAL A. M. A.*, May 18, 1907, xlviii, p. 1678) reports a case of kerato-conjunctivitis from application to the nose.

It is advised by many to be cautious about applying chrysarobin to the scalp for fear of producing conjunctivitis. H. C. Baum (*THE JOURNAL A. M. A.*, June 23, 1906, xli, p. 1811) refers to a case in which blindness resulted from application to the nose. J. C. Fox (*THE JOURNAL A. M. A.*, June 23, 1906, xli, p. 1911) states that the remedy discolors the nails and hair.