

1. Did Dr. Hunner treat the patient properly? Did he do her any harm?

2. If his assistant introduced the tiny drain, was Dr. Hunner responsible for his act?

3. If these points were decided against Dr. Hunner, what damages should be assessed?

All the men who knew, the experts of real experience, as contrasted with the lonely pseudo-expert, testified emphatically that Dr. Hunner had treated the patient with the utmost skill and that she had in no way suffered, but was in every way benefited by the treatment.

The second point which the plaintiff sought to establish, namely, that the surgeon is responsible for all that his resident does, although he may have no control over his appointment to the hospital, was decided by the judge in the affirmative on the basis of a law sixty years old, framed even before the birth of modern surgery.

The third point—damages—naturally fell out of consideration if the first—no harm done—was decided in the doctor's favor.

In spite of the overwhelming testimony and of all the evidence and facts against the plaintiff's contention, the jury actually decided against Dr. Hunner and awarded \$1,000 damages, a penalty of about \$2,500, including court costs—this in the twentieth century in our enlightened land, with one of the best of judges, Judge Hemsler, on the bench, and a jury made up of men of exceptional character and intelligence. They simply did not understand the case, and acted on their sympathies. The whole court seemed muddled, like an infant-school solving a difficult mathematical problem. That which was transparent to every surgeon, and the very A B C of his daily practice, was to them a mysterious and impenetrable darkness. So, swayed by their sympathy, they gave the verdict in favor of the plaintiff.

It is evident that the best interests of the medical profession and therefore of the public are gravely menaced by such subversive threatening and irrational legal processes. The first thought of the newspapers has been that perhaps men of eminence will be less willing in the future to serve the poor; but the first effect is not here. I have already reaped the first crop of this suit in my own office. A patient whom I recently relieved from a life suffering by taking out a ureteral calculus casually remarked to an associate as she left for her home, "It is well that Dr. Kelly succeeded, for had he failed my husband would have been ready to sue him."

Another patient cured of a cancer of the face by radium developed a trifling transitory erythema; he at once forgot the inestimable service rendered at a nominal cost and assumed a harsh, bitter, criticizing tone. Another referred to me with a recurrent cancer of the rectum for radium treatment, who is probably recovering, under the best care I can give him, became violently incensed and threatening because of some fancied neglect.

In other words, such trials, with the publicity attending them, circulating unjust and distorted criticisms of the work of our best men, and implying that carelessness and neglect of patients is habitual, tend to influence the public against the profession and to make patients eager to search for fancied wrongs and overanxious to assess large damages for imaginary neglect.

I cannot see any solution of this distressing question which will not fall crushingly on the public. I cannot conceive of a greater misfortune to a community than that the administration of justice should come to depend, not on principles of righteousness, not on a rational determination of right or wrong in each individual case, but rather on the sharpness of the wits of lawyers contending for a prize and determined to have it by fair means or foul.

We see here the outcome of our nation-wide utter neglect in attending to the ethics and the morals of the communities in which we live, the natural sequence of being too busy with the subordinate questions of "science" and making money to think of the infinitely more important questions of ethics.

HOWARD A. KELLY, M.D., Baltimore.

The Grant Method in the Surgery of Epithelioma of the Lip

To the Editor:—In THE JOURNAL (Feb. 15, 1913, p. 507) is an article on "Operation for Epithelioma of the Lower Lip," by Dr. H. A. L. Ryfkogel of San Francisco. The operation is described as not being new, but as having been developed in Dr. Ryfkogel's service by combining the methods of other operators.

Kindly permit me to say that the diagrams and descriptive formation of flaps are a reproduction of my original operation for "Cancer of the Mouth," first published in the *Medical Record*, New York, March, 1899, and more fully elaborated, illustrated and read before the Section on Surgery of the American Medical Association in July, 1905, at Portland, Ore. It was published in THE JOURNAL, Sept. 30, 1905, p. 962. It is of course possible that Dr. Ryfkogel never read this article.

W. W. GRANT, M.D., Denver.

A proof of the above was sent to Dr. Ryfkogel, who replies:

To the Editor:—As any one can readily verify by looking at Dr. Grant's and my articles on epithelioma of the lip, his statement that my diagrams and reading matter are reproductions of his, are untrue. In fact they bear no more resemblance to his than they do to Stewart's, Dieffenbach's and others. I have read Dr. Grant's article and have performed his operation. My objection to it was that it made a lip too tightly stretched; in fact, he himself mentions the frequent necessity of using tension sutures. In the operation performed in my clinic, even when the whole lip is removed, the flaps fall loosely into place without tension. Dr. Grant's flaps are triangular and are swung into place; mine are quadrilateral and are slid together. I should like again to emphasize the fact that there is nothing new in the operation described by me, but that it is rather an assembly of several techniques which has given us so much satisfaction that we thought it worth recording. The same statement can also be made of Dr. Grant's operation. For other differences between the two articles I must refer the reader to the original communication.

H. A. L. RYFKOGEL, M.D., San Francisco.

A proof of the above was sent to Dr. Grant, who replies:

To the Editor:—In reply to Dr. Ryfkogel's note, kindly permit me to quote from my article as formerly published in THE JOURNAL, as follows:

"When half or more of the entire lip is removed, I am in the habit of perfecting and completing the operation by making an incision from each angle of the mouth backward and slightly downward half to one inch in length, down to the buccal mucous membrane, and then separating the latter from overlying tissues above, below and posteriorly to the extent of half an inch. The lip above and below is now beveled from the inner border in order to conform to natural conditions and also to make it easier to cover. The mucous membrane is now divided in the middle line and the flaps united to the skin by one continuous suture of chromicized catgut."

As to tension, my language in the article is as follows: "If the tension is great or considerable from the amount of tissue excised, I am in the habit of inserting one mattress suture." There is not a line as to the "frequent necessity" of using tension sutures.

W. W. GRANT, M.D., Denver.

A Method of Making Buttermilk

To the Editor:—The use of buttermilk for several days or a week, to the exclusion of sweet milk, eggs or other food, is a simple and safe method of relieving the stomach which has proved useful and effective in many cases, especially when large quantities of sweet milk have been taken for a long period. It will be possible to return then to the former diet without difficulty.

The physician is often asked where the buttermilk may be obtained. When a supply of known purity is not available from a dairy, it may interest some to know that there are small glass churns on the market with a capacity of from 1 to 4 quarts, for use in the home. By taking new whole milk,

allowing it to thicken in a warm room for twenty-four hours and then churning for from five to eight minutes you will have, after removing the small amount of butter which accumulates on the dasher, a fresh, evenly distributed, curdy buttermilk which is palatable and much superior to the artificial product made from lactic acid tablets.

ALEXANDER ARMSTRONG, M.D., White Haven, Pa.

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.

FRUITOLA AND TRAXO

To the Editor:—Could you send me any information concerning a "gall-stone cure" named "Traxo," which I believe is manufactured in California?

A. M., Texas

ANSWER.—Our correspondent doubtless refers to a nostrum exploited in connection with the fraud, "Fruitola," both of which were exposed in THE JOURNAL, Sept. 24, 1910. The matter has been reprinted in a pamphlet entitled "Fake Gall-Stone Cures" (price 4 cents) and also appears in the second edition of "Nostrums and Quackery." Fruitola and Traxo are both put up by the Pinus Medicine Co., Los Angeles: Fruitola as a "cure" for gall-stones, and Traxo as a "tonic." Fruitola, as stated in THE JOURNAL article, consists of two parts, a liquid and a powder. The liquid was found to be essentially olive oil flavored with anise; the powders were found to be Seidlitz powders. The state chemists of Kansas analyzed Traxo and reported that in addition to 20 per cent. of alcohol it consisted mainly of taraxacum (dandelion) and cascara with a small amount of chloroform and soluble alkaloid.

INFORMATION CONCERNING A COPPER-MINING COMPANY

To the Editor:—Can you give me any information in regard to Haynes Copper Company, 82 Beaver Street, New York, or refer me to any one who can? The stuff, of course, has all the earmarks of a fake, and I wish to save a medical friend from making a foolish investment.

W. P. BRIDICK, M.D., Kane, Pa.

ANSWER.—The following is digested from an article in the "Copper Handbook." This book is considered fairly reliable, but one may well bear in mind that it probably gives the best possible version of the matter.

The main office of the company is 301 Columbia Trust Building, Los Angeles; C. B. Stranahan, manager. The company was organized in 1906 under the laws of the state of Arizona as successor to the Jerome Mines Development Co., with a capital of 2,000,000 shares, \$1 per share. The latest statistics given are of 1910; they have eight veins patented—an area of 160 acres; there are various veins carrying a variety of ores estimated by the company to average 6.2 per cent. copper, 3 ounces silver and \$1.60 gold per ton. Sulphides were found about July, 1910, and the management hopes to find a continuation of the United Verde ore bodies. Considerable drilling and construction have been done. The mine is wet, causing occasional interruptions before the installation of the triplex pump. There are twelve buildings on the property.

SERODIAGNOSIS OF SYPHILIS—WORKS ON THE DUCTLESS GLANDS AND ON IMMUNITY

To the Editor:—1. Please tell me where I can obtain material for the Noguchi skin test for syphilis. 2. Please refer me to some works on the ductless glands and on immunity.

M. B. McCausland, M.D., Imbay City, Mich.

ANSWER.—1. The Noguchi test for syphilis is supplied by H. K. Mulford Co., Philadelphia. See N. N. R., 1913, p. 237.
2. The following are good books on these subjects:

Vincent, S.: Internal Secretions and the Ductless Glands, Longmans, Greene & Co., New York, price \$3.50.

Fraser, E. T.: A Manual of Immunity, Macmillan Co., New York, price \$1.25.

Simon, C. E.: Study of Infection and Immunity, Lea & Febiger, Philadelphia, price, \$3.25.

Ricketts, H. T.: Infection, Immunity and Serum-Therapy, American Medical Association, price, \$2.

BEEBE'S THYROID SERUM

Dr. A. T. Downing, Littleton, N. H.: We summarized the facts March 23, 1912, p. 880.

DOUBTFUL CAUSE OF DEATH OF INFANT

To the Editor:—I wish to report a recent case of an infant's death. It seems extremely interesting to me as I cannot find anything in the literature of a similar nature, while several physicians with whom I have discussed the case are likewise agreed. The family history of the father and the mother was possibly tuberculous; otherwise negative. The mother, a primipara aged 28, apparently in good health and of ruddy complexion, went through pregnancy with nothing to indicate any deviation from the normal, and was delivered at full term (few forceps left occipito-anterior) of an apparently normal girl baby weighing 8 pounds. Both mother and child did nicely until the morning of the fifth day, when the baby was found dead in its crib about an hour after nursing. There was nothing to indicate the cause of death. Autopsy showed the small intestine in a condition of complete collapse and the large intestine enormously distended. Macroscopically the peritoneal surface showed small yellowish-white spots dotting the greater part of the large bowel. The mucous membrane showed nothing abnormal macroscopically. A section of the large bowel (about 6 inches long) was sent to a laboratory with a returned diagnosis of congenital absence of follicles of the large intestine, making it incompatible with extra-uterine life.

I would like to hear from some one who has had or heard of such a case. It might be well to add that the patient was in the hospital and that the baby nursed its mother with apparent satisfaction.

H. E. THOMPSON, M.D., Bethlehem, N. H.

ANSWER.—We are of the opinion that the condition noted should not be regarded as the cause of death.

NO AUTOMOBILE NUMBER THIS YEAR

To the Editor:—Will there be an Automobile Number this year?
J. E. ASAY, M.D., Rock Island, Ill.

ANSWER.—No.

Medical Education and State Boards of Registration

COMING EXAMINATIONS

ARIZONA: Phoenix, April 7-8. Sec., Dr. John Wix Thomas.
CALIFORNIA: San Francisco, April 1. Sec., Dr. Charles B. Pinkham, 929 Butler Building.
COLORADO: 612 Empire Building, Denver, April 1. Sec., Dr. David A. Strickler.
IDAHO: Boise, April 1. Sec., Dr. O. J. Allen, Bellevue.
ILLINOIS: Armory Battery B, Chicago, April 20-May 1. Sec., Dr. James A. Egan, Springfield.
MINNESOTA: State University, Minneapolis, April 1-4. Sec., Dr. Thomas S. McDevitt, Lowry Building, St. Paul.
MONTANA: The Capitol, Helena, April 1. Sec., Dr. W. C. Riddell.
NEW MEXICO: Santa Fe, April 14. Sec., Dr. W. E. Kaser, East Las Vegas.
OKLAHOMA: Oklahoma City, April 8. Sec., Dr. John W. Duke, Guthrie.
RHODE ISLAND: State House, Providence, April 3. Sec., Dr. Gardner T. Swarts.
WEST VIRGINIA: Huntington, April 14. Sec., Dr. H. A. Barbee, Point Pleasant.

A PREMEDICAL COLLEGE YEAR

Recognizing the need of a better training for those who are to study medicine than that furnished by the usual high school, the Council on Medical Education of the American Medical Association, in 1904, prepared what was termed an "ideal standard" which suggested, that, in addition to an accredited four-year high-school course, a year in physics, chemistry and biology and a reading knowledge of a modern language, preferably German or French, be made the minimum requirement for admission to medical colleges. It was understood that this additional year's work might be taken either in a college of liberal arts or in a preliminary year given by the medical school itself. At the annual meeting of the American Medical Association at Atlantic City in June, 1912, the House of Delegates adopted a recommendation instructing the Council on Medical Education to include in Class A (among acceptable colleges) after Jan. 1, 1914, only medical schools which require for admission not less than one year of college credits in chemistry, biology, physics and a modern language.

At a regular meeting held in Chicago, Feb. 23, 1913, the Council on Medical Education adopted a resolution that the work of the preliminary year should correspond in excellence and in content at least with the work in the freshman year in standard colleges and universities. A subcommittee was appointed to prepare a detailed outline of the minimum requirements for the preliminary year's work.