

sion of his weakness which is startling. The combative physician discovers the folly of personal conflict over points which the leaders discuss so placidly, and join in hearty friendships after. There can be no doubt that American medicine depends very largely on the AMERICAN MEDICAL ASSOCIATION meetings. The larger these meetings are, and the more widely they are held in different parts of the country, the greater and more beneficent their influence on the general profession. Each man in the profession needs a change of environment; he needs some standard of comparison by which he can estimate his own vantage-ground. The teacher with his admiring crowds of students, the specialist, the country practitioner and the village doctor, are all subject to the laws of environment, and reflect the mental and physical world they live in. They show this in every public gathering and in every ASSOCIATION meeting, and whether they take part or not, are immeasurably benefited by the contact with others who pursue the same calling in different fields. They take home a new dignity and new and wider conceptions of medicine in its best sense. The critics may decide that scientific medicine is not much advanced by these meetings, but this is a narrow view. The gain psychically appears later. Medicine is seen to be something more than diagnosis and therapeutics, and its daily drudgery more than the struggle to obtain a living. Each individual life will appear, from these contacts in National gatherings, larger and less bound down by the environments of home and home influences. The last meeting at Philadelphia should be the beginning of a larger field of medicine in America. The coming meeting at Denver should bring out two thousand physicians and more, each one of whom will go home better fitted to make his environments assist him to higher professional and social ranges of life and living. We are all subject to environments, but to make these environments help and not detract is the province of wisdom. The intense personalities, petty weaknesses and defects of our lives, require therapeutic study and treatment, and one of the great specific remedies is to cultivate a larger and more intimate acquaintance with the profession in both the local and National societies. In this way environments can be made helpful, and we can use what is now so often an obstacle.

THE DIXON CASE AND EXPERT FEES.

The Supreme Court decision in the Illinois case of Dr. DIXON furnishes one of the many instances where Supreme Courts support the dignity of inferior courts at the expense of general principles of law by deciding on an inferior point in such a way as to settle temporarily a general principle unconnected with the inferior issue. The DIXON case turned on two elements; in one, Dr. DIXON was a fact witness and

could be compelled to testify without compensation as such witness. He was asked his opinion, which a pettifogger might easily regard, under the circumstances, as the opinion of a non-expert and treat accordingly. Had Dr. DIXON declined to testify at all, a clear case of expert opinion would have been made out. It is exceedingly doubtful whether even in its excessive desire to preserve the sacred right of government by injunction, the Supreme Court would then have dared to have set itself against the trend of decisions in most of the English speaking countries, notoriously in Great Britain itself.

With the exception of Alabama and Tennessee, the decisions of the Supreme Courts of the various States have, in the absence of a code, been opposed to the taking of property in the shape of expert knowledge without compensation. While Indiana was working under the common law its Supreme Court held that the expert witness must be paid; a position which since its adoption of a code is no longer tenable, as the code makes explicit provision for the case. In Illinois the courts, except where limited by statute, work under the common law. The trend of decisions in Illinois has been to the effect that where a physician has testified to the facts, he can be compelled to give his opinion without promise of further compensation than that of an ordinary witness. This rule is based (according to the position held in *Wright vs. The People*, 112 Illinois 540) on the principle that the physician's opinion is that derived from his original relation of physician to his patient and hence a non-expert matter. This position indicates the desirability of separating fact and opinion witnesses, not merely because of the question of compensation alone but because, as has been previously pointed out by the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, the ends of forensic science can thus be better secured. The great difficulties in expert testimony have arisen from the confusion of fact and opinion witnesses. Of necessity under this confusion, the experts are able to secure one side of the case alone and hence apparent contradictions result, due to imperfect data. The introduction of the hypothetical case, free from any facts observed by the expert to whom it is put, would at once specifically limit the expert to expert functions and secure opinions which would really represent the judicial position of the expert. The expert would undoubtedly give contradictory opinions on different hypothetical cases, but this would enable the jury to see clearly the strength of the positions of the opposed parties. It could by deciding which hypothetical case represented the evidence most truly, avail itself of expert skill in a way most scientific and judicial. Furthermore, from the standpoint of the interest of the physician, the hypothetical case would prevent the confiscation of expert skill by judicial jugglery,

since even the most case-hardened stickler for court dignity would hardly dare to compel a medical man to testify on a mere hypothetical case.

The enactment of a statute such as was presented some years back by the united medical societies of Chicago, would undoubtedly settle the case beyond judicial jugglery. This statute provided for the selection of experts, not for each case, but at the beginning of the year, from whom the city attorney, State's attorney and corporation counsels were to draw in any case, to whom the facts in evidence on both sides were to be presented in hypothetical form while cross-examination was to be limited to these hypothetical questions. No interference could be made with a constitutional right of the individual of calling his own witness. Had the statute been enacted it would have guarded against expert evils on the side of the State, the side where they are greatest and the side which exacts most with least compensation. It would have destroyed the power of an irresponsible county board to use an expert fund as a means of patronage, as has been done by more than one state's attorney of his own accord and at the dictation of the county board whence he draws his funds. It would also have established a precedent for expert compensation, which would have settled the question in Illinois. The physician has an easy redress against private individuals in the matter of expert evidence, but he has none against judges armed with the contempt of court dodge and replete with power to legislate by the great writ of injunction.

The problem before the profession of Illinois is therefore a double one on the expert compensation question. The first thing to be done is the passage of a statute along the lines mentioned. The second is to secure a proper test case on pure opinion evidence and carry this to the United States Supreme Court if necessary. The JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION has repeatedly urged action along these lines. The DIXON case adds special emphasis to its warning that special organization for political power of the physicians as physicians is needed.

CORRESPONDENCE.

Asiatic Plague and Cholera Centers.

ESCHENZ, CANTON THURGAU. }
SWITZERLAND, Oct. 26, 1897. }

To the Editor:—My second letter on the above subject has been unavoidably delayed while rustivating on the shores of the Swiss lakes and among the Alps, emulating the goat in mountain-climbing and other praiseworthy pursuits. Of my observations and experiences at European health resorts, I shall write at length on some future occasion. I must now get back to Mesopotamian epidemics and Turkish quarantines.

On May 28, 1893, cholera was reported to have broken out in Bassorah and among the Bedouin tribes of Lower Mesopotamia. A quarantine was forthwith established about half way between Bagdad and Bassorah, with a military cordon extend-

ing from the Persian frontier to the Euphrates; but in spite of government vigilance and red tape, a battalion of comma bacilli advanced boldly up stream, passed the guards unchallenged, and then attacked a town on the bank of the Tigris just above the quarantine station. Quarantine officers and comma bacilli now began a race, alternately gaining on each other, until the latter finally entered Bagdad unobserved and in advance of the former, making their presence known in the "City of Peace" on August 24. The quarantine station was now removed to some distance above the city, and communication with the Persian gulf region was re-established. Never shall I forget the rejoicing of fifteen hundred Bagdad Jews who had been on a pilgrimage to Ezra's tomb, when they learned cholera had invaded their homes; jubilant they entered the city after nearly three months of enforced exile, which but for the Arabs of the desert would also have been three months of enforced fasting. Shouts of joy rent the air, as the steamer approached, shrill dissonant trills from a thousand throats drowning for a time the sound of mourners' doleful dirges sung to frantic time-beating on naked breasts. Except forbidding the sale of watermelons nothing was done to stay the ravages of the epidemic; and when one morning some sixty or seventy cuffahs (round boats built of basketwork and covered with bitumen) loaded with melons came down the river and a couple of hundred soldiers were sent to empty their contents into the middle of the stream, some two thousand Arabs swam out, gathered in the spoils, and sat down on the river bank filling their bellies with the forbidden fruit. Whenever I looked out of the window, my eye dwelt on an enlivening, security-inspiring scene.

Within my range of vision was the U. S. Consulate and the health offices. The space between the two being filled with donkeys and men and their excrements. Near by and up stream a row of water-carriers were filling their skins from the river, and just above them a row of men defecating on the river bank, while above the latter was a row of men washing clothes soiled with cholera dejecta. A wall projected into the river below and near the water-carriers, admirably adapted to arrest all floating bodies coming down stream near the shore, and here dead sheep, camels, dogs, solid excrements, etc., were floating. Further up-stream a bridge crossed the Tigris and from this are emptied the privy contents from mosques along the bank.

Truly an invigorating sight! Jews and Christians fled to the deserts as soon as the first cholera bulletin was issued; but the Mohammedans remained, hoping *inshallah*—"if God willed it"—that the death angel would pass them by, and, if not, satisfied that fleeing would not save them. The epidemic raged furiously for about four weeks, but lingered on until toward the end of November, typhoid fever and diphtheria following in its wake. One peculiarity of this epidemic was the unusually high child mortality. The fatality of epidemics in Turkey can only be guessed at, and not even approximately, as the number of deaths recorded bears no relation whatever to the actual number. Many deaths are concealed by surreptitious burial in cellars; only comparatively few of the total number are reported, and from those reported the daily mortality bulletins are boiled down by the Wálé and health officer in secret council.

Early in 1893 the U. S. Treasury Department and Hospital Marine Service seem to have had a severe paroxysm of epidemiphobia, and a number of laws and regulations, some no doubt wise and some otherwise, were framed and sent out to confound consular and quarantine officers, lead merchants and shippers into temptation to conceal, deceive and prevaricate, perhaps even to bribe the local health officer into outright lying, or attempt to induce U. S. Consuls to inspect America-bound ships through the bottom of champagne glasses heavily gold-framed (the most convenient official spectacles invented)