most typical cases of supposed hemotogenic jaundice, the excretion of bilirubin is necessarily connected with and dependent on, the liver.[4]

More recent research has proved that there is not, at present, any sound basis for the conclusion that the bile pigment occurring in jaundice has any source other than the liver. According to our view, every form of jaundice is occasioned by obstruction.[5]

THE DIFFUSION OF SMALLPOX.

In Pennsylvania there are not as many cases of smallpox as there were on January 1, and although the disease seems to be under control there were three fresh cases at Reading within the last two weeks, one at Saxton, Bedford County, one death at Pittstown, Bedford County, and seven cases of smallpox and five of varioloid at Tyrone Forges, the disease at the latter locality traced directly to Reading. A mild case of varioloid has also been found in Philadelphia in the person of a young lady who contracted the disease in Connecticut. This is the first case in that city for some time.

In New York City the number of cases is gradually increasing, and there are cases at several points throughout the State. There are still cases at Winchester and Norfolk, Conn., and on February 9 a case was found on a railroad train in that State. The disease still exists in Boston, but seems to have been stamped out at Somerville, Worcester, Holyoke, Lowell and Brookline.

Fresh cases are reported at Lewisburg, West Va., and a case of varioloid at Walliston, Anson County, N. C., one at Shelby, Ohio, one at South Bend, Ind., also at Otsego, Mich., and at Janesville and Milwaukee, Wis. Cases are also reported at Manhattan, Round Grove, and the poorhouse, Edwardsville, Ill., Duluth, Minn., and Luverne, Keosauqua, Marion, Council Bluffs, Keokuk, Fort Madison and New Hampton, Iowa. The Chicago health authorities daily find new cases.

Taking everything into consideration, the efforts to control and prevent the spread of the disease have been very successful, especially in some localities, where the infection did not spread beyond the first cases attacked. The Wisconsin and Iowa State Boards of Health have ordered the vaccination of all the school children in their respective States, and the Illinois Board has extended the scope of the vaccination order of that Board. It is undoubtedly the duty of the health authorities to secure the vaccinal protection of every one they possibly can. We shall no doubt have many more outbreaks, owing to the diffusion of the contagion over so large an area, in addition to the fact of the presence of the disease in New York and Chicago, the greatest distributing centers in the country, and the increase of the tramp element. The suggestion of Dr. Probst, Secretary of the Ohio State Board of Health, that all railway employes should be vaccinated, is a good one, and should be carried out. The low death rate by the disease is still notable, and another feature that is marked is the great number of cases that are found in general hospitals in the large cities. The latter is, no doubt, owing to the fact that the poor seek hospital shelter much sooner than usual, and thus make the control of this disease more difficult.

There are now in the United States twenty-eight suspected places, a greater number than we have had at any time since 1882. In England there are about the same number of places, but we do not have so many cases. There are now in the United States about 375 cases, while the fresh cases for the past week have been about 175.

In Paris, smallpox has been prevailing for some time and is increasing, owing to the neglect of vaccination. Vaccination matinees have been the order there, but this has not been found sufficient to check the disease, and there is now to be general and obligatory vaccination in all the communal schools, primary and secondary, and the Assistance Publique has organized a system of public gratuitous vaccination, at stated hours, at twelve of the hospitals located in different parts of the city.

THE CAUSE OF DEATH.

The cause of death and a number of other medicolegal questions, as many as would hardly, ordinarily, be raised and decided in a half dozen or more cases, are exhaustively considered by the United States Circuit Court of Appeals, Sixth Circuit, in the case of the Manufacturers' Accident Indemnity Company v. Dorgan, decided Nov. 6, 1893, and just reported in the advance sheets of 58 Federal Reporter, page 945. This was an action brought to recover for the death of a person who had gone on a fishing excursion, and was found by one of his companions, twenty minutes after he was seen playing a trout, lying in the brook, with his face downward and submerged in six inches of water, dead. The points decided of special interest to the medical profession, taken seriatim, are as follows:

While the opinion of a non-expert witness is not admissible in evidence on facts which it is possible for him to detail to the jury so that the latter can draw its own inference therefrom, a physician who performs an autopsy may be asked his judgment of the conditions which he has found in the body of the deceased person, and what they indicate as to the cause of death.

But a question is incompetent, which asks a physician, not present at an autopsy, whether in his judgment, from the testimony offered with regard to the autopsy, he would say that the autopsy was such as

[4] Gamgee, p. 365.
[5] Bungee Physiological Chemistry, p. 379-380.

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to enable a physician to state with any degree of certainty the cause of death, because it asks him to make his own inference as to what the evidence of the other witnesses tends to show, and then, upon such inference to give his opinion. To properly elicit his opinion as to the character of the autopsy, and its usefulness in showing the cause of death, counsel should state the scope and character of the autopsy, as he understands it, so that the jury, in weighing the answer of the witness, can know exactly upon what facts it is based. The difference between this question and a similar one put to the physician performing the autopsy, is that here the witness is asked to weigh other men's evidence, a function peculiarly belonging to the jury, while there the witness is asked an expert opinion of bodily conditions seen with his own eyes. Had the physician, whose judgment of the autopsy is thus asked, been present at the autopsy, a question calling for his opinion as to its evidential weight in determining the cause of death would be a proper one.

A physician who has made an autopsy may testify as to whether there was any occasion for making other than those he made, as, for example, an air or water test with the heart of the deceased, where the sufficiency of the autopsy to show the normal or abnormal condition of the heart is questioned because of a failure to make such tests. He may also be asked as to the purpose and scope of his investigation. And on the same ground, his testimony that he cut open and examined the stomach to see if there was any trace of alcohol in it may be corroborated by showing that his attention had been directed to the fact that deceased had been drinking on the day of his death.

The words, "voluntary exposure, unnecessary danger, and hazardous adventure," as used in an insurance policy exempting the insurer from liability for death produced by such exposure, do not refer to such exposure as men usually are going to take—such as is incident to the ordinary habits and customs of life. In order to constitute a defense as a contributing cause, the exposure must be something beyond the ordinary, or a wanton, a piece of gross carelessness, as we would term such in our designation of a person's conduct in the usual walks of life.

An involuntary death by drowning is a death by external, violent, and accidental means.

If a person suffers death by drowning, no matter what is the cause of his falling into the water, whether disease or a slipping, the drowning, in such case, will be the proximate and sole cause of the disability or death, unless it appears that death would have been the result, even had there been no water at hand to fall into. The disease is but the condition; the drowning is the moving, sole, and proximate cause. A precedent on this point is furnished in a case where the insured was seized with an epileptic fit and fell into a stream, and was there drowned while suffering from the fit. It was there held that the death was within the risk covered by the policy, and not excluded by a provision of the policy that it should not extend to any injury caused by, or arising from, natural disease or weakness, or exhaustion consequent upon disease. This doctrine has also been approved by the Supreme Court of the United States.

On the other hand, an "accidental" death by drowning results from, and is caused indirectly by, fits, vertigo, or other disease, if the fall into the water, from which drowning ensues, is caused by such disease. And if an insurance policy provided that it should not apply to an accident to which a fit contributed indirectly, the insurer would not, under some of the decisions be liable.

The court concludes that the jury in this case might, from the circumstances, properly have found the verdict which they did find, namely, that the unconscious and helpless condition of the insured in which drowning ensued, arose, not from disease, but from indigestion or want of food, or some other temporary cause, and that judgment of the court below, on the verdict in favor of the beneficiary of the insurance policy in controversy should be affirmed.

CORRESPONDENCE.

Medical Legislation in Ohio.

Troy, Ohio. February, 1894.

To the Editor:—I desire to call the attention of the members of the American Medical Association in Ohio, to a medical bill now pending in the Legislature, known as the Mosgrove substitute bill. This bill provides for an examining and registry board composed of seven physicians as follows: "Representation shall be given to the different schools of practice in the State as nearly as possible in proportion to their *numerical strength in the State*, provided, however, that *no one school of practice shall have a majority of the whole board.*" The last clause of the bill destroys the apparent fairness of the first one, inasmuch as there are now engaged in active practice in the State six regular physicians to one of all other schools combined. The composition of this board under the law would necessarily be four irregulars and three regulars, the one irregular in active practice in the State would be represented by four members of the board, while the six regulars in the State would be represented by three on the board, a shameful discrimination against the majority and against the regular school. The irregulars having the majority would be able to control the board and elect a president, secretary and treasurer of their own liking; have power to establish grades determining the standing of medical colleges; countersign permits to practice and in fact practically control the business affairs of the board. The irregulars can always be relied on to stand together in a question against the regular profession and as four is a majority over three, we would be outvoted every time when a question of schools was involved.

The Code of Ethics of the American Medical Association, Art. IV, Sec. 1, forbids the holding of professional consultation with irregulars. Yet this bill puts these unworthy

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