

cians are no different from those of other men, with the exception that they are often larger and more complex. Doctor's families must be fed, clothed and properly educated, as well as those of men of other pursuits. The wherewithal is derived solely from the practice of medicine—the treatment of the sick. To reduce the doctor's income by requiring him to treat the dependents of his community without pay, is no more just than it would be to require the clothier, grocer, butcher, baker, or any other purveyor of necessities to supply any and every poor person with what he needs to keep him warm or from starving. The necessity for medical treatment is rarely more urgent or essential than that for food and protection from the elements. No, there exist no sentimental, ethical, economic or other reasons why a medical man should give his services—except in emergency—without a fair and reasonable remuneration. Any contention to the contrary is a mistake, or sophistry, pure and simple.

In order, therefore, to save the most unselfish and self-sacrificing class of men on earth from still further sacrifices, every thoughtful man should unite to bring about correction of the hospital-dispensary-clinic abuse. Organization on the basis previously outlined means first and foremost increasing the efficiency of our medical institutions, and second, conserving the best resources of the medical profession. More than anything else, however, it means an equitable utilization of the talents and skill of the whole medical profession, and ultimately, when every competent physician is officially part of a public health system, it is reasonable to expect an era of freedom from disease such as the world has never seen.—*Am. Med.*

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I have made frequent use of Resinol, and have found it an excellent salve in some very stubborn cases of skin diseases, where such a salve was indicated, and shall use it freely in the future—C. C. Jolliffe, M.D., New York City.

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APPENDICITIS.—L. G. Guerry, Columbus, S.C. (*Journal A. M. A.*, January 1), reports his experiences with a consecutive series of 545 cases of appendicitis operations, with only 2 deaths, these occurring in the first 100 patients operated on. This experience proves, in his opinion, that there is a factor in the surgical mortality that is not fully appreciated or provided against. In this total of 545 there were 240 chronic cases calling for an interval operation, with no deaths, as might have been expected. Of acute cases, 92 patients were operated on within 36 hours. His rule, so far as he has one, is, he says, to operate as soon as the diagnosis is