tion of such broadcasts on health matters as are given under the auspices of recognized associations of licensed physicians or Federal, State and local health departments; and be it further

Resolved, That such protest be sent to the broadcasting companies and the Federal Communications Commission.

The members of your organization have doubtless been moved to protest against the type of medical advice that is furnished over the radio in connection with patent medicine broadcasts. This type of promotion in behalf of self-medication is becoming more subtle and radio announcers are endeavoring to tie up their advertising message with some complimentary reference to the medical and pharmaceutical professions.

We believe the time has come for concerted action to curtail this type of activity, in behalf of the lay public which is unable to recognize the difference between correct medical advice and commercial propaganda, and we trust, therefore, that your organization may pass a resolution similar to the one noted above and send it to broadcasting companies and the Federal Communications Commission at Washington, D. C. . . .

319 Trenton Trust Building,

Very truly yours,

JOINT COMMITTEE ON PROFESSIONAL RELATIONS.
Prescott R. Loveland, *Secretary.*

Subject: Certain reports—To be had on application.

THE AMERICAN PUBLIC HEALTH ASSOCIATION

New York, N. Y., May 11, 1939.

To the Editor:—The American Public Health Association has recently adopted five reports dealing with educational qualifications of public health statisticians, school health educators, public health engineers, sanitarians, and subprofessional field personnel in sanitation. A copy of each report is sent you in the hope that you will find it possible to carry an item in your Journal announcing their availability. These reports are distributed free of charge in the hope that they will serve a useful purpose in raising the educational standards of professional public health personnel. Copies may be secured from the Book Service, American Public Health Association, 50 West Fiftieth Street, New York, N. Y.

Your coöperation will be greatly appreciated.

50 West Fiftieth Street.

REGINALD M. ATWATER, M. D.,
Executive Secretary.

Subject: Benzyl benzoate, not Benzoyl benzoate: A correction.

(COPY)

May 11, 1939.

To the Editor:—My article in the April issue, page 265, of CALIFORNIA AND WESTERN MEDICINE, "A Comparative Study of Sodium Thiosulphate Treatment of Scabies as Compared with Benzyl Benzoate," has an error which is of great importance (and which was not noted at the time I corrected the proofs).

Instead of benzoyl benzoate, as stated in the article, it should be benzyl benzoate. These two drugs are entirely different, benzyl benzoate only being active in the treatment of scabies.

I would appreciate it very much if you have any means of making a correction in your next issue of CALIFORNIA AND WESTERN MEDICINE.

Very truly yours,

ARNE ELY INGELS, M. D.

MEDICAL JURISPRUDENCE†

By HARTLEY F. PEART, ESQ.
San Francisco

EXTENSION TO NURSE OF OBLIGATION TO KEEP COMMUNICATIONS CONFIDENTIAL

In the April issue of CALIFORNIA AND WESTERN MEDICINE, the author treated under the title, "Legal and Ethical Protection Given to Facts Made Known to a Physician in Confidence," various phases of the obligation resting upon a physician to keep inviolate, facts learned from or about a patient during the existence of the physician-patient relationship. The following is a brief summary of an opinion of a California District Court of Appeal upon the issue: How far, if at all, does the obligation of confidence bind a physician's assistants? The facts of the case in which the opinion was rendered (*Kramer* vs. *Policy Holders' Life Ins. Assn.,* 5 Cal. App. (2nd) 380) are interesting though recurrent.

Plaintiff brought suit, as beneficiary, upon an insurance policy in which his diseased wife was the insured. On February 2, 1930, in her application for the policy, deceased stated that she had consulted a doctor within three years for a minor operation of the breast, but had fully recovered from such operation and that her present state of health was good.

On July 2, 1930, the insured visited the Coffey-Humber Clinic in Los Angeles. At that time and place, a staff physician, in the presence of his stenographer, took the patient's history and made a physical examination. From the patient he learned, among other things, that between the 11th and 12th of December, 1929, less than two months before the acceptance of her application for insurance her right breast had been removed because of cancer. Also that, at the time of the removal of the right breast, she was informed by the doctor that there was already a tumor of the left breast, and many other facts as to her previous state of health. The physical examination revealed to the doctor that the insured had an extensive spread of cancer, originating in the right breast, which, in his opinion, had been in existence in her system for in excess of two years.

To show that the representations made by the insured in her application for insurance were false and untrue, and known by her to be so, the company attempted to introduce the testimony of the physician as to what he learned in taking the patient's history and making his examination. The appellate court in sustaining the act of the trial court in ruling out the testimony of the physician on the ground that the physician had gained such information in professional confidence, extended its opinion to include a discussion of the position of the physician's stenographer in relation to the confidential communications, which discussion is the latest expression of a California appellate court on this phase of law.

Due to the fact that the stenographer in this instance kept the registry of all appointments, got the patient ready, took off her waist so as to get at her chest, and remained during the examination to take down in shorthand all that the physician discovered, it can be said that her duties resembled those of an office nurse.

The Court said:

As already suggested, the mere presence of a third person does not mean that the privilege has been waived as to the doctor. The capacity in which the third person is present makes a real difference. There are three lines of cases in this respect. One in which a third party is present, whose

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from and syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.