Correspondence

"DEFECTS IN THE TEACHING OF PATHOLOGY, AND THE LAY PROFESSOR"

To the Editor:—I have been both interested and instructed by the communications of Dr. Douglas Symmers (*THE JOURNAL*, Sept. 20, 1919) and of Dr. Francis Carter Wood (Dec. 6, 1919) relative to the regrettable falling off in the percentage of necropsies performed in our representative hospitals. As the resident medical officer of the Philadelphia General Hospital (Blockley), this fact has caused me considerable concern.

There were in our wards 3,235 deaths in 1918, 535 of this number occurring from September 23 to November 1, during the epidemic of influenza. Of this number, 6.83 per cent. were posted. During the height of the epidemic, the work in the postmortem room was at a standstill, for more pressing work demanded the attention of all. From Jan. 1, 1919, to June 30, 1919, 1,324 deaths occurred in our wards, of which 108 necropsies were performed in our hospital morgue.

Early in June, before the new class of interns reported for duty, I endeavored to discover some plan for increasing our necropsy service. It was decided that each month a post-mortem efficiency sheet should be published, in which the percentage of postmortems and deaths in each service should be set forth in order of rank.

Each visiting physician was also to be notified on a printed form, drawn up for that purpose, of his percentage for the current month. Talks were given the intern staff on the unquestioned teaching value of comparing clinical and pathologic diagnoses. The result was indeed gratifying, as will be shown by the accompanying table for the months of July, August, September, October and November.

PERCENTAGES OF NECROPSIES

Month	Deaths	Necropsies	Average Per Cent.
July	176	41	23.06
August	162	40	24.69
September	131	44	33.58
October	117	45	38.46
November	150	36	24.00

A low postmortem percentage can often be traced to failure on the part of the visiting physician to make known specifically the fact that he expects each case studied in his ward to be posted, if death occurs. But this is not enough, for interest will soon languish unless a resident hospital officer not only does all in his power to simplify the method of securing postmortem permissions, but also continually impresses on the resident staff that a high percentage is expected of each intern, and that his efficiency record shall contain accurate information as to the practical results of his endeavor to secure such permissions. It is not felt at the Philadelphia General Hospital that an intern is interested and efficient, and worthy of the highest commendation, unless his postmortem percentage remains consistently high.

The difficulties encountered at the Bellevue, Boston, and the Philadelphia City hospitals, are similar.

In Philadelphia, by special concession of the state anatomic board, we are allowed to perform necropsies on 35 per cent. of our unclaimed dead from October to June, and 25 per cent. during the summer months.

The coroner's office does not materially increase the number of examinations held at the Philadelphia General Hospital, as permissions are required from the relatives on all coroner's cases, except those in which violence is suspected.

It has been found that the most fruitful procedure to adopt is to secure the written permission before death takes place. The verbal permission, legal in Minnesota and possibly a few other states, removes one of the great stumbling blocks

to solving this problem, and probably explains the high percentage of examinations reported from hospitals in these localities.

Finally, as is suggested by Dr. Wood, there exists a direct ratio between the perseverance and interest that the visiting and resident staffs display and the number of examinations performed. Postmortem examinations can be secured in a large percentage of cases if intelligent and wideawake effort is persistently made.

JOSEPH C. DOANE, M.D., Philadelphia.

Chief Resident Physician, Philadelphia
General Hospital.

To the Editor:—I have read Dr. Hammett's reply to my article on this subject (*THE JOURNAL*, Dec. 13, 1919, page 1852) in which he refers to my "stigmatization" of the so-called lay professor in the medical school as untimely and as showing lack of appreciation of the contributions of such men to medical progress.

I regret that my statements should have been interpreted as an effort to stigmatize gentlemen for whom and for whose accomplishments I entertain respect and admiration. I made no reference to the scientific achievements of nonmedical men which, from Pasteur onward, have been universally acclaimed, but confined myself to criticism of the value of nonmedical men as teachers in the medical school. Doubtless the nonmedical professor is a necessary factor in that stage of evolution through which the schools are now passing, since modern medicine has failed, among other things, to provide its own teachers in the more strictly scientific branches; but I venture to predict that, as time goes on, he will be replaced by an educator whose knowledge of medicine will have been developed by a broader experience than that of the laboratory alone. As it stands now, the medical curriculum is overloaded, not only in the fundamental branches, but elsewhere. In the grave responsibility of proportioning the teaching of physiology, biologic chemistry and anatomy, and in the choice and emphasis of facts to be presented to the student, I believe that we shall ultimately receive more valuable assistance from the properly trained physician than from the highly specialized products of the schools of science.

DOUGLAS SYMMERS, M.D., New York.

"TEST FIGHT ON SOCIAL INSURANCE IN NEW YORK"

To the Editor:—There is cold comfort for the medical profession of New York in the editorial announcement in *THE JOURNAL*, December 6, p. 1774, of the coming effort of the governor of this state, backed by the New York State Federation of Labor, to put through the scheme for compulsory health insurance at the coming session of the state legislature.

After wrestling with this matter for four years, the Medical Society of the State of New York has definitely gone on record against it. This step was taken at a special meeting of the House of Delegates called to discuss the subject. The New York County Medical Society has long been on record as opposed to the "principles" of compulsory health insurance. Nevertheless, much of the vitality of this measure has been due to the pleas for "constructive" work and for "study" of it by the influential not to say the ruling portion of this body.

The present attitude of the county society on this question is one of unanimous disapproval. This was brought about by the exigencies of an election contest, just closed, in which both sides were compelled to declare their opposition to compulsory health insurance as a matter of safety.

In the same way, it may be stated, the state society was compelled to take a definite stand by the growth of associations, leagues and guilds of medical men organized to oppose this measure more effectually than had been done in their opinion by their local and state organizations.

For four years the medical men of New York state have been compelled to fight this battle at each session of the legislature, at a loss of time and at an expense of money which many of them could ill afford against paid public servants and others who were not losing anything by advocating a system of compulsory health insurance. At my suggestion last year, the late president of the Medical Society of the State of New York, Dr. Thomas H. Halsted, called the attention of all the county societies of the state to this matter early in the session of the legislature instead of waiting for the perfunctory hearing toward the close of the session to take action on it. Again this year I advised an active discussion of the subject by medical men with their candidates for the assembly well in advance of the date of election, instead of waiting till after this event, as was the case in its discussion by the state society.

In your article you say that New York "is an ideal state in which to discuss and test out this important subject." Judging by the facts given above, it has been tested out by medical men in this state, not only to their hearts' content, but to their hearts' sorrow. For them the discussion is closed. An official presentment of this fact by the Medical Society of the State of New York duly attested to the governor and the legislature should be the only action on their part at the coming session of the legislature in regard to compulsory health insurance. If this measure is to be enacted into law, let it be definitely understood that the great body of the medical profession of New York will have to be impressed into carrying out its medical provisions by the hand of the state, a form of compulsory medical service which the people will not be slow to recognize as one in every way inimical to their interests and unworthy of the traditions of the great medical profession.

JOHN P. DAVIN, M.D., New York.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

GRADUATE COURSES IN PUBLIC HEALTH

To the Editor:—Please let me know if any medical school in Chicago grants a degree in public health, and if any of this work can be done during the summer.

ETTA SELSAM, M.D., Indianapolis.

ANSWER.—No medical school in Chicago gives public health courses leading to a degree. A list of the schools giving such courses and a description appeared in *THE JOURNAL*, Aug. 16, 1919, page 516.

The New Netherlands Law on Narcotics.—Although the three international conferences on regulation of the consumption of opium, etc., were held in the Netherlands (1911, 1913 and 1914), and France, England and the United States have long since passed laws, the Netherlands completed its legislation on the subject only in October, 1919. The law of Oct. 4, 1919, is said to be a model of conciseness and allows fewer loopholes for infringement of the spirit of the law than the more extensive and sometimes galling laws of the other countries. A full summary of the law is given in the *Nederlandsch Tijdschrift voor Geneeskunde* 2:1577 (Nov. 15), 1919, with comment by Professor Muntendam. He says that the abuse of narcotics is almost negligible in the Netherlands in comparison with other countries. But the new law will prevent importation of the vice of drug addiction just as the legislation against absinthe has prevented the development of absinthe abuse. He adds that the benefit from a law depends on the way in which it is enforced, and in this case much depends on the decisions of the committee who are to pass judgment on the narcotic content, etc., of "patent medicines" and other proprietaries and nostrums.

Medical Education, Registration and Hospital Service

COMING EXAMINATIONS

- ALABAMA: Montgomery, Jan. 13. Chairman, Dr. Samuel W. Welch, Montgomery.
ARIZONA: Phoenix, Jan. 6-7. Sec., Dr. Ancil Martin, 207 Goodrich Bldg., Phoenix.
COLORADO: Denver, Jan. 6. Sec., Dr. David A. Strickler, 612 Empire Bldg., Denver.
DISTRICT OF COLUMBIA: Washington, Jan. 13. Sec., Dr. Edgar P. Copeland, The Rockingham, Washington.
HAWAII: Honolulu, Jan. 5-8. Sec., Dr. J. R. Judd, Honolulu.
INDIANA: Indianapolis, Feb. 10-13. Sec., Dr. W. I. Gott, 84 State House, Indianapolis.
KANSAS: Topeka, Feb. 10. Sec., Dr. H. A. Dykes, Lebanon.
MINNESOTA: Minneapolis, Jan. 6-9. Sec., Dr. Thos. McDavitt, Lowry Bldg., St. Paul.
MISSOURI: St. Louis, Jan. 12-14. Sec., Dr. George H. Jones, State House, Jefferson City.
NATIONAL BOARD OF MEDICAL EXAMINERS: St. Louis and Chicago, Feb. 18-25. Sec., Dr. J. S. Rodman, 1310 Medical Arts Bldg., Philadelphia, Pa.
NEW MEXICO: Santa Fe, Jan. 12-13. Sec., Dr. R. E. McBride, Las Cruces.
NEW YORK: New York City, Albany, Buffalo, Syracuse, Jan. 27-31. Asst. Professional Examinations, Mr. H. J. Hamilton, Albany.
NORTH DAKOTA: Grand Forks, Jan. 6. Sec., Dr. George M. Williamson, Grand Forks.
OKLAHOMA: Oklahoma City, Jan. 13-14. Sec., Dr. J. M. Byrum, Shawnee.
OREGON: Portland, Jan. 6. Sec., Dr. Frank W. Wood, 559 Morgan Bldg., Portland.
PENNSYLVANIA: Philadelphia, Jan. 13-17. Pres., Dr. John M. Baldy, Harrisburg.
RHODE ISLAND: Providence, Jan. 2-3. Sec., Dr. B. U. Richards, State House, Providence.
SOUTH DAKOTA: Pierre, Jan. 13. Sec., Dr. Park B. Jenkins, Waubay.
VERMONT: Burlington, Feb. 10-12. Sec., Dr. W. Scott Nay, Underhill.
WASHINGTON: Spokane, Jan. 6-8. Sec., Dr. C. N. Suttner, 415 Old National Bank Bldg., Spokane.
WEST VIRGINIA: Charleston, Jan. 13. Sec., Dr. S. L. Jepson, Masonic Bldg., Charleston.
WISCONSIN: Madison, Jan. 13-15. Sec., Dr. John M. Dodd, 220 E. Second St., Ashland.

GRADUATE MEDICAL EDUCATION IN GREAT BRITAIN AND FRANCE

LOUIS B. WILSON, M.D.
ROCHESTER, MINN.

At the meeting of the Executive Committee of the Council on Medical Education of the American Medical Association, Feb. 3, 1918, the Committee on Graduate Medical Degrees appointed the previous year was continued, and its duties enlarged to include a study of the entire problem of graduate medical instruction in this country and in the countries of our allies. The personnel of the committee is as follows: Louis B. Wilson, chairman; N. P. Colwell, secretary, and Isadore Dyer, John M. Dodson, A. C. Eycleshymer, William Pepper, Jr., Victor C. Vaughan, J. M. T. Finney, Edward Jackson, and James Ewing.

The chairman of the committee was instructed, should he be ordered to military duty in Europe, to make such observations and collect such information concerning graduate medical education there as time and opportunity would permit. It so happened that he was stationed in London during April, 1918, and in France from April, 1918, to June, 1919, except for a brief visit again to England in April, 1919. During this time he had conferences with Sir William Osler, chairman of a committee representing the London medical schools; with Sir George Makins, Prof. Arthur Keith and Sir Arbuthnot Lane of London; Sir Berkeley Moynihan of Leeds; Sir Robert Jones of Liverpool; Sir Harold Stiles and Sir William McCormack of Edinburgh; Col. J. G. Adami of the Canadian Medical Service, and with Sir Walter Morley Fletcher of the Medical Research Committee. In France similar conferences were held with Prof. Henri Roger, dean of the Faculty of Medicine of the University of Paris; M. Georges Destouches, secretary of the faculty; Dr.