Correspondence

COLLABORATORS IN THE STANDARDIZATION OF BIOLOGIC STAINS

To the Editor:—From time to time, reports from the Committee on Standardization of Biological Stains have appeared, dealing with the investigations in progress. Many congratulations have been received by the chairman of the committee on the results accomplished; but as these accomplishments would have been impossible had it not been for the very hearty collaboration of a long list of investigators, credit for the work should be given to whom it belongs, by publishing the following list of committee members and collaborators. The committee members are: F. W. Mallory, Boston City Hospital, Boston; F. G. Novy, University of Michigan, Ann Arbor, Mich.; S. I. Kornhauser, University of Kentucky, Louisville, Ky., in charge of the work for the American Society of Zoologists; L. W. Sharp, College of Agriculture, Ithaca, N. Y., in charge of the work for the Botanical Society.

[The list of collaborators—eighty-five names—is too long to reproduce.—Ed.]

The work so far accomplished by these collaborators includes an extensive study of American methylene blues, fuchsin, gentian violets and eosins for bacteriologic purposes, and a study of eosin, methylene blue, hematoxylin, orange G and safranin for various histologic purposes; while work is in progress at present on a number of other stains, including methylene green, Bordeaux red, brilliant green, brilliant cresyl blue, cresylecht violet, pyronin and acid fuchsin. The results accomplished are so promising that there is reason to believe that the most commonly used stains will have been standardized before the coming winter is over. It will then be possible to work out some method of certification of stains which come up to the standards.

None of this work would have been possible but for the cooperation of such a large number of investigators, who have responded to every call for assistance in a most gratifying way. It was not anticipated at the start that such a large number would be found to take part willingly in an investigation of this sort. The work, of course, has been entirely voluntary. The committee would like, whenever reporting on any stain, to give due credit to all of these collaborators; but as such a course is not practical, the best plan seems to take the present occasion to express appreciation for their assistance.

H. J. CONN, Washington, D. C.

Chairman, Committee on Standardization
of Stains, National Research Council.

SOCIALISTIC TENDENCY IN MEDICINE— FACTS VERSUS FEAR

To the Editor:—Has the critical sense of the medical profession sunk so low that it will accept a statement and argument on the topic of public medical service, based on such unsupported generalities as would certainly fail to convince if offered in the field of clinical medicine?

Are we prepared to condemn, with Dr. James A. Gardner, on the basis of his chairman's address published in *THE JOURNAL*, August 12, the efforts at prevention and control of venereal disease in which the leadership of such men as Dr. Morrow, formerly, and of his successors, Drs. Keyes, Walker, Stokes and many other eminent urologists has been an inspiration to the public and to the medical profession, and a guide to the policy of governmental and private health agencies?

We are told, apparently on the basis of Dr. Gardner's experience in Buffalo, as no reference is made to any other specific instances of abuse, that there are "many so-called reforms which in reality are little more than the outcome of emotional desires of restless faddists or of the ideas of extreme and radical discontents." And further it is suggested that these reforms have not followed the process of "patient investigation and study of causes unhampered by emotion and prejudice."

And yet what are the facts in Buffalo? Briefly, that at the request of the common council of Buffalo in 1910 a report based on an unusually careful study of the situation by the New York State Charities Aid Association recommended a program of hospital construction which so appealed to the good sense of the council that the decision was then reached to provide adequately for the then present and future needs of the sick.

Branch dispensaries were added to the plan, in no way differing in functions from the dispensaries operated in all the cities of the country in connection with municipal or private hospitals, except that they are logically and intentionally situated to meet the needs of the population and growth of the city, instead of being accidentally located to the great inconvenience of physicians and patients, as is commonly the way in most cities where there is no consistent plan of hospital development. These general dispensaries harbor under the same roof some of the appropriate district functions of the health department of the city, such as baby health clinics, tuberculosis diagnostic and treatment clinics, and venereal disease clinics, thus permitting an economy of cost to the public and a coordination of service which cannot be found in any other of the larger cities in the United States. Buffalo is still short of hospital beds for general medical and surgical patients, and lacks almost entirely facilities for the suitable care of chronic and convalescent patients. In only one respect has the program of hospital construction as proposed in 1910 exceeded the immediate present needs of the city, and that is for tuberculosis, in which the unforeseen and most hopeful reduction in the death rate in the last few years has required a revision in estimates of beds for this disease in 1922.

The hospital plan of Buffalo, including the free public dispensary system, is comprehensive and adequate, but not too elaborate or in any way superfluous. In fact, in one respect the hospital service of the city shows an important lack, namely, in the failure to provide for occupational therapy, that invaluable resource for shortening the period of hospital care by improving the morale of patients through interested employment.

A municipal hospital system which maintains an 88 per cent. use of its bed capacity for general medical and surgical patients throughout the year, as the Buffalo City Hospital did in 1921, deserves much credit for excellence of administration and for the confidence it has won among the medical profession and the public. Only Bellevue Hospital and Mount Sinai Hospital, of all the one hundred hospitals of New York City, equaled this record of performance.

Beyond this hospital and dispensary system serving the needs of diagnosis, prevention and treatment for the health department as well as for the department of hospitals and dispensaries, the only public agency dealing with the sick is the District Nursing Association, which is filling functions similar to those met by like organizations in scores of cities of the United States.

Good and adequate home nursing service for sickness, exclusively under physicians' orders, and for instruction in health protection, requires at least one nurse to 3,000 of the population (preferably one to 2,000). In Buffalo there is one