

horrible in contemplation even, the control of our health affairs by a man who could write the letter to you from Washington dated Dec. 7, 1897, and yet he stands, I believe, in line of promotion!

It might be well for you to determine the actuating motive of all those earnest advocates of a separate Department of Public Health; and whether or not Doty and Girdner and Wingate and Porter and Bloxham, the members of the AMERICAN MEDICAL and American Public Health Associations, the press of the South (almost without exception) have had their youthful aspirations clipped by boards of examining surgeons; and if so, shall they be frightened away by the skeletons of a long-forgotten past, exhumed in ghoulis glee from secret archives of the Marine-Hospital Service by your correspondent? It must be so, according to the only argument he has advanced in his letter.

For your information, I will say, that for the past fifteen years I have had ample opportunity of studying yellow fever epidemics in the South. My knowledge of their management has been obtained by both personal observation and reports of the public press, and I believe this information to be as accurate as any furnished by the Marine-Hospital Service. That, in the main, the facts detailed in my letter to you, of the 24th ultimo, are correct, no truthful man acquainted with contemporaneous history can deny. The discrepancy of two years in the "age qualification" is immaterial to my argument, and was an unintentional error. The following clippings, taken from the *New Orleans Item* may prove the correctness of another point made by me:

"A number of Marine Hospital, local physicians, and Health Officer Porter of Florida, all yellow fever experts, had a reunion yesterday in the rotunda of the St. Charles Hotel, and the proposed National system of quarantine was liberally discussed. The Marine Hospital men admitted to having just seven officers in their service who had faced Yellow Jack. Seven physicians, however expert, are hardly adequate to protect the yellow fever frontiers, extending from Charleston, S. C., to the mouth of the Rio Grande, and they admitted this fact."

"It now develops, by the T. D. system of deferentialization, that the Marine Hospital corps have very few officers who have any experience or practical knowledge of yellow fever. They have just six officers out of sixty-five and *The Item* has repeatedly published this fact during the past three months."

Your Washington correspondent would have it appear that I thought too few of the officers of the service came from "south of Mason and Dixon's line," whereas I made no such reference to that historic landmark, but stated that only a small percentage of them came from "south of latitude 37, or that area of the country likely to be invaded by yellow fever," meaning more particularly the Gulf States.

In conclusion, allow me to say, that my "earnest protest" contained no personal reflection upon any officer of the Marine-Hospital Service, many of whom I know, respect and honor; that it was conceived with as little malice as one could find in the breast of a new-born babe.

To Surgeon Banks I would commend, observing his ignorant disregard of the golden law of Christ, the injunction of Allah's prophet: "Be moderate in your speech, for the most unwelcome of all voices is the voice of an ass."

I shall refuse further notice of this gentleman, and trust that he may not again disturb the peaceful trend of my thoughts.

The letter from Washington having been published in the *Evening Post*, I would request the same courtesy be shown me.

Very truly yours, WARREN E. ANDERSON, M.D.

Curetage of the Uterus in Incomplete Abortion.

FT. ADAMS, R. I., Dec. 21, 1897.

To the Editor:—In the JOURNAL of Nov. 27 and Dec. 11, 1897, articles appeared on the treatment of inevitable abortion, and I present the following history of a patient in which curet-

tage was performed as a means of emptying the uterus of the retained secundines, which resulted in the prompt recovery of the patient from an almost moribund condition.

The patient, a female of middle age, multipara, anemic and debilitated, while about her household duties suddenly fell to the floor from continuous loss of blood, which had been a prominent symptom for several days and had been attributed to a more than usually profuse catamenia. All knowledge of a probable pregnancy was denied.

Pain and hemorrhage were very pronounced symptoms, and the patient was at once placed in bed, the foot end raised, morphia and viburnum were administered *pro re nata*; the hemorrhage and pain were relieved for a few hours, only to reappear with renewed force. An examination showed the cervix to be soft and dilated. The lower uterine segment was compressible and softened. The general condition of the patient was very bad, lips white, cornea glassy, radial pulse not perceptible, extremities cold. Upon approaching the bed the patient vomited and sank back utterly exhausted. Subcutaneous injections of strychnin, saline solution and brandy brought about reaction, and chloroform was administered at once; anesthesia was prompt and a remarkably small amount of the chloroform sufficed. The patient was placed in a dorsal position on the Kelly's pad, the cervix drawn down and dilated with steel dilators. An irrigating sharp curette was introduced and the uterus was thoroughly cleaned out. Large pieces of placental tissue were removed but no signs of the fetus were observed. The hemorrhage promptly stopped and the uterus contracted well. A strip of iodoform gauze was introduced into the uterine cavity and allowed to remain twenty-four hours. The patient was removed to another bed and recovered without experiencing further pain, nor was there any subsequent rise of temperature. The bedding from which the patient was removed was saturated with blood to an astonishing degree.

It can probably safely be asserted that the safety of patients suffering from abortion lies in the prompt relief and abatement of the alarming symptoms, allowing the pregnancy to continue, or the evacuation of the uterus of all the products of conception. The immediate and remote dangers of abortion are many, any one of which might end fatally. If it is determined that a case of abortion is inevitable, the sooner the uterus is empty the safer for the patient. If surgical intervention will accomplish this object with less suffering, and avert such possible complications as hemorrhage, putrid intoxication, septicemia and peritonitis, suppurative arthritis, embolism, tetanus and chronic uterine disease, its general adoption would seem to be commendable.

WILLIAM ROBERTS, M.D.,
Hospital Steward, U. S. Army.

The New York Medical League and the Sick Poor.

NEW YORK CITY, Dec. 15, 1897.

To the Editor:—Many good people are suffering from the apprehension, and misapprehension, that the New York Medical League is opposing charity to the sick poor. This is entirely foreign to the purposes of that body, therefore we are directed to communicate to you and, by courtesy, through you to the public, the following statement:

The New York Medical League believes:

1. That there is not enough charity work done in this city.
2. That there is too much of the benevolence business transacted. That many worthy poor are deprived of the alms provided for them, because all those alms do not reach the truly needy through the proper direct channels. And that it is a shame that any institution should show handsome annual profits and yet beg for city money, especially when its earnings represent monies derived from the poor.
3. That all dispensaries, etc., should be free, for it is a cruel

and unnecessary hardship to ask poverty-stricken persons to pay anything for medicines or surgical appliances.

4. That it is a bad policy to give city money to private institutions, to the detriment and loss of the public ones appointed for the care of the sick poor. We believe that the city institutions should be repaired, improved in sanitation and illumination, and should furnish larger and better accommodations. The city money should be used to give better food, warmth and clothing to the patients under treatment in the city hospitals.

5. It is all wrong to give public money to medical colleges; the profits go into the pockets of the faculty or into the institution. These incorporated colleges are close corporations and just as much money-making enterprises as a grocery store and a gas company.

6. It is an outrage that the public institutions should be obliged to maintain a patient on less than thirty cents a day, while the city gives over one dollar per day to private institutions for the same work.

7. The Board of Estimate and Apportionment stood a tie, two to two, and the chairman cast the deciding vote. Therefore, the Mayor is responsible for the fact that the municipal institutions will be a reproach to our city because the money that should have gone for their urgent necessities has been given away. As he himself stated in a certain case, it was given because he knew the man interested.

8. The tax-payers are willing that private persons should give their own money, but we do not believe they approve of any diversion of public money away from the public institutions, or of any gift of the same to close corporations.

9. Finally, we wish to state that in the large gathering that protested, there were representatives of tax-payers' associations, business men, etc. The doctors were there simply to give evidence against the farce behind the scenes, partially veiled by the mantle of a so called charity.

DOUGLAS H. STEWART, M.D.,
Cor. Sec., New York Medical League.

License in Germany.

DETROIT, MICH., Dec. 20, 1897.

To the Editor:—Dr. B. Becker's friendly corrections and suggestions concerning the licensing of physicians in Germany are to the point, but in some instances incorrect. While the subject is too unimportant to consume much of your space, once begun, I believe in finishing anything correctly.

An American graduate in medicine, in order to matriculate at a German university needs possess no further documents than his diploma and passport. Whether or not an A.B. or A.M. degree of this country would be considered an equivalent by the German authorities of a *testimonium maturitatis* I am not prepared to say. Any physician desiring to leave this country for the sake of engaging in the practice of medicine in Germany where, by the way, there is absolutely no demand for a foreign physician, can get the necessary particulars by addressing either Seine Magnificenz p. t. Decanus der medicinischen Fakultät der Universität (Berlin, etc.), or the Board of Examiners.

The study in the preparatory school, gymnasium, embraces a curriculum of fourteen semesters (seven years) only. A young man may enter the university at the age of 17 years. Dr. Becker is correct concerning the statements that such universities as Johns Hopkins, Harvard, etc., are not considered equivalent to a German university. Any United States medical college in good standing with the Association of American Medical colleges is "OK" as far as this goes in Germany.

If the government calls a physician, surgeon or scientist to a chair in a university, even if he be a graduate from a so-called irregular college in this country, he is immediately licensed to

practice medicine without any further ceremonies. Occasionally a great foreign physician (and there are plenty of them here) will get special privileges from the Minister (secretary) of Education. So, for instance, I am satisfied that such men as Senn, Osler and others, whose works are considered standard all over the civilized world, would have but little difficulty in getting a state license, without the prescribed examination. Germany honors even foreigners, if they deserve it.

In addition I beg to say that in Germany exists a law called *Gewerbefreiheit*, giving everybody the privilege of practicing medicine, forbidding him to call himself doctor or signing himself *practischer Arzt*. He can also not sign death certificates and there are a good many more privileges he does not enjoy.

An American physician could have a sign reading: "Dr. N. N., approbiert in Amerika."

The statement made by Dr. Becker, that the requirements are practically the same all over Europe is erroneous, for in Austria, for instance, an American diploma gives the holder but little if any standing, even when he wants to matriculate as a student. He would have to begin like a freshman.

In conclusion I beg to say that it would be a very good idea for the editorial management of the JOURNAL to publish a *résumé* of the laws governing the practice of medicine in all countries. There are many South American, African and Asiatic countries where American physicians would find a great field of work, but they are ignorant as to whether or not they are authorized to engage in the practice of medicine there.

How difficult it might be for a poor physician, who seeks his health in the South, to pass an examination in Spanish or French and pay a large fee when he intends to practice among American or European settlers only, is plain.

I thank Dr. Becker for the trouble he has taken; and "A Reader," the original inquirer, might do well to first write to the Board of Examiners, in the city he intends to settle, before crossing the ocean. Very truly yours,

GUSTAVUS M. BLECH, M.D.

Practical Prophylaxis.

CHICAGO, Dec. 26, 1897.

To the Editor:—As medical men who believe in prophylaxis, we are in duty bound to do all in our power to prevent disease and suffering. Most diseases are caused by improper food, bad air, lack of sunlight, exposure, bad occupation, worry, overwork, heavy work, irregularity, unsuitable climate, traumatism, or alcohol. These causes are mostly the results of poverty. We all know only too well the effects of poverty's surroundings upon moral, mental and physical health. When ten years of poverty will cause adults to deteriorate and often become criminals or commit suicide, is it any wonder that children should be warped mentally, morally and physically for life?

Poverty is without doubt the chief cause of degeneration, child labor, drunkenness, crime, anxiety, disease, insanity, suicide, dead-beats, charitable institutions, dispensaries, etc. If we would prevent the greater part of this, we must prevent poverty.

Poverty and destitution always begin at the exact point where men can not get a chance to use land and machinery; because the former is the source of all food and shelter, and the latter is the only civilized means of obtaining food and shelter from the source. We can easily imagine what would happen if the source of water and the means of reaching it were all controlled by private interests. You can actually see and feel the effects of having the source and means of getting food and shelter controlled by private interests.

Food and shelter are as necessary as water, therefore the same common sense which has given us public control of enough of the water-supply and highways to accommodate