of doctors. Mr. Flexner's Prussian idea of one doctor to every 2,000 population does not work in this country where a popular legislature and not the Kaiser's Kultus-Minister has the say in this matter.

Of late years the medical education theorist—Flexner is the type—has been raising the requirement for medical licensure to correspond with intramural conceptions. On the other hand, the public through the legislatures has been creating osteopaths and the like, to supply themselves with medical service outside of the regular profession; these two processes go on *pari passu*. The higher the professional requirement beyond a certain point—already passed in some states—the wider the doors for irregular “paths” and quackery are opened. It takes no prophet to see that if the medical theorist keeps forcing his hobby we shall soon have several legal medical professions in this country. How would it be if the general practitioner, the one who knows the needs of the people he is serving, were given a hearing on this question?

CHRISTIAN JOHNSON, M.D., Willmar, Minn.

[COMMENT:—Our correspondent apparently misunderstands the argument. Mr. Flexner did not intend to imply that the Prussian ratio was applicable to this country. In the report referred to, at the bottom of page 16 and the top of page 17, it is distinctly stated: “We are not now arguing that a ratio of 1:1500 is correct . . . Our contention is simply that, starting with our present overcrowded condition, production henceforth at the ratio of one physician to every *increase* of 1,500 in population will prevent a shortage, for the next generation at least.” And in order to avoid any possible misunderstanding, the word “increase” in the report is in italics. As to the reluctance of well-trained physicians to locate in small towns, the same is apparently true of graduates of low grade colleges. Regarding such localities, Mr. Flexner says, (p. 15) “A century of reckless overproduction of cheap doctors . . . has not forced doctors into these hopeless spots.” Furthermore, Mr. Flexner makes the suggestion on page 16 that, as a last resort, possibly the best way to get good men to go to unpromising locations is for “the several states to salary district physicians in thinly settled or remote regions.”—Ed.]

The Plague in China

[Dr. Hiram Woods of Baltimore sends the following extract from a letter from a missionary in Paoting-Fu, China, who is supported by the First Presbyterian church of Baltimore.]

Feb. 5, 1911: We are in the midst of a siege of plague. This plague started in Harbin, Manchuria, late in November, or early in December, last year. The Chinese were very slow to take hold of it, and so it got a big start. Then other nations (Russia and Japan) said something must be done or they must interfere to stop its ravages. China, fearing lest these nations should get a greater foothold than they now have, asked for volunteers in our Union Medical College in Peking. Four men came forward to help. The Chinese also used the medical staff and the students in their two medical colleges in Tientsin. A professor from one of these colleges, Dr. Mesny, a Frenchman, went up, took plague and died, as did also one of his students.

The Chinese have been doing what they can to stop it in the original focus and in other places whence it has spread, but up to the present very little progress has been made in checking the epidemic. The medical missionary force has taken a leading part in the work everywhere, and one physician has died in Mukden, Dr. Johnson of the Scotch Presbyterian Mission. He seems to have taken every precaution, wore a respirator and covered himself well. He was a young man, very careful and conscientious, but his work of disinfection and segregation took him into crowded places.

This epidemic is not the bubonic form of plague but the pneumonic. It has been found that the greatest danger is air-borne infection; respirators are very necessary, therefore, when one comes in contact with infected individuals. Rats have been examined and no infection found in them. The government was very slow in stopping the trains, and the disease was carried into China proper, and now it is present

at many places in this province and in Shantung. Many workmen from these two provinces work in Manchuria, and when the plague broke out there they left for home. If the government had stopped the train service early, it could have prevented spread of the disease south of the government wall.

An individual only lives about two or three days, at most six, after taking the disease. There has not been a recovery in an authenticated case. A family came from Harbin to their home about 12 miles from here, and after arriving at home almost all the members were taken ill and died; other families were then taken ill. In all thirty-six persons have died in that small village. Two army physicians have gone down there to see what can be done in the way of isolating the families who have had plague and burning the houses and contents.

The officials have asked me to take charge of the sanitation of the city here and we have organized a plague prevention league. We meet every day and discuss measures by which we can prevent the plague from entering the city. Up to the present, we have had no authentic cases. Dr. Dilley of our mission in Peking, has kindly come to my assistance. He has taken charge of the hospital which we have prepared hurriedly for “suspects” and also takes the examinations of trains. We have been examining all passengers on the south-bound trains in order, if possible, not to allow the disease to spread further. We have heard of another place, 35 miles south of this city, where thirty persons have died in four villages. These villages will be examined and restrictive measures put on the migration of people. We are trying to instruct the entire police force here by daily lectures, lasting for an hour, so that if the disease should break out we will have some intelligent men to cope with it, who will know how to take a man to the hospital or a corpse to the cemetery without infecting themselves; and another batch to follow them in disinfecting houses. We are having all inns inspected twice every day so as to discover sick persons early and get them off to the “suspects” camp. We have three native doctors to help us; we ought to have fifty to do the work that should be done here to stop the ravages of plague if it gets into this city.

I have turned over my entire hospital force to the government service in this time of need, and I hope that this work with the officials may give us the opportunity to show them that we are not simply a cranky religious sect, but men who love our fellow men and serve our God, who is worthy of being their God and Savior.

I do not know when we will ever be able to do medical work, that is, to open our hospital here. Of course, if we got plague into it, we would be in a bad way, for it is said that burning is the only safe way to disinfect a building. I am afraid North China is in for a serious time for many years, and that our mission work will suffer much for this. It will be almost impossible to go to the country to work, as one would be constantly running into plague, and if this virulent form persists it means sure death to any one who takes the disease; as I have said, no one recovers. One can hardly dare to imagine the future of poor China for the next few months. The heat may stop the disease in a few months or so, or it may appear in bubonic form, when the flea season comes, and kill half the population; no one can tell. I wish America would show her friendship for this needy land now, and send out fifty sanitary engineers to cope with this awful pest, and thus save millions of lives that are worth saving. Can't you stir up President Taft or some big man to do this?”

CHARLES LEWIS, M.D., Paoting-Fu, China.

Physician in Charge, The Taylor Memorial Hospital.

The Secret Commission Evil

To the Editor:—I have read with great interest the article and editorial on “The Secret Commission Evil,” in THE JOURNAL, March 11. I am glad to see the Association take such a position, as here in Kansas, commission-giving is practiced to an appalling extent. I have been offered a commission from the owner of a private hospital on the hospital fees of any patients I might send. A dentist friend of mine tells me he has been approached by a physician with a suggestion that he give a commission on patients that he might send to him, and

that this was not an uncommon practice. In Topeka, the ruling commission is 40 per cent, but one man has advanced it to 75 per cent.

In the last session of the legislature, the medical department of the university was interested in some bills which were introduced by a physician. A good friend of the institution told me that I had made a mistake in having a physician introduce any bills, as it always created a suspicion of graft and crookedness, and the members were very slow to accept it on that account.

I hardly know whether we can control this evil in Kansas or not. I have on file a letter, in reference to a statement that I made in regard to this thing, from a general practitioner which reads as follows: "I am surprised at the enclosed clipping. How many of the best surgeons in the state can you name who will not 'split the bill?' I do not know a surgeon in the state who would hog the whole thing."

I am afraid that this represents the feeling of a large percentage of physicians over the state. However, any help that you can give us in combating this evil will be greatly appreciated by at least some of us.

MERVIN T. SUDLER, M.D., Lawrence, Kans.

Queries and Minor Notes

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

JOURNALS ON SEXUAL PHENOMENA

To the Editor:—Please publish in your Department of Queries and Minor Notes the names of journals published in English or other language devoted to the study of sexual phenomena in any of their scientific aspects.

JOSEPH H. TOOMEY, M.D., Chelsea, Mass.

ANSWER.—So far as we know, the only journals devoted specifically to sexual phenomenon which are still being published are the following:

Die neue Generation, monthly official organ of the Bund für Mutterschutz, edited by Helene Stöcker, Berlin, Germany.

Sexual-Probleme, monthly, published by J. D. Sauerlanders, Frankfurt on the Main, Germany.

Several others (chiefly German) have been discontinued. The transactions of several societies interested in the subject are published periodically. The transactions of the third congress of the Deutsche Gesellschaft zur Bekämpfung der Geschlechtskrankheiten are published under the title of "Sexualpädagogik."

SANITATION AND CIVILIZATION

To the Editor:—What evidence have we that our sanitary and other measures (in the broadest sense) are of ultimate value as opposed to the fatalistic neglect of such measures among Oriental nations? For example, if we reduce the number of deaths from tuberculosis, or from all infectious diseases, may not other diseases—existing or to be developed—restore a balance in this phase of evolution?

I have in mind a comparison, in a broad way, of the span of life and the mortality (per 100,000) among savage and civilized races through a period of centuries rather than years, as well as the span of life and mortality of civilized races compared with those of former times.

I have in mind also the immunity gradually acquired to diseases such as syphilis and measles (as in South Sea Islands), where such devastation occurred. I am thinking also of the law "a rise in birth-rate entails a rise in death-rate, and vice versa," and in a larger way "of life on a basis subsistence," according to Malthus.

H. B. FORBES, Ogden, Utah.

ANSWER.—A full discussion of the subject proposed by our correspondent would consume more space than would be profitable for THE JOURNAL to devote to it. The data as to mortality in uncivilized or partly civilized countries are not sufficiently accurate to afford a safe basis for comparison. Of course, the early infant mortality in uncivilized countries tends to the survival of strong individuals as the weak die out. This is, however, a loss, for many such individuals who are weakly in childhood grow up under favorable circumstances to become vigorous adults of great value to the state. It is amply demonstrated that civilized communities tend to increase in population to a greater extent than savage tribes, and this is largely due to hygienic progress and sanitary laws. The fact that the Indians in this country are dying out shows the operation of insanitary conditions in spite of long habitation which ought to have brought immunity and prolonged life if the theory under discussion were true. See also abstract of Prinzing's paper on this subject in the Berlin Letter, March 4, 1911, p. 682.

ETIQUETTE OF CALLS BY NEWCOMER

To the Editor:—Please give the ethics of calling for doctors locating in new territory. Should the newcomer call first on resident practitioners? Is the old custom reversed?

E. R. BARNEY, Wattsburg, Pa.

ANSWER.—Several years ago THE JOURNAL answered this question, but because of the time that has elapsed, we repeat: "It is an accepted custom for young physicians and newcomers to call on the older physicians and those of longer residence in the locality. It is a mark of courtesy and respect due from one locating in a new place. He thus announces his arrival and his desire to be recognized in professional circles and friendships." Some correspondence followed this "answer," which made it evident that this custom is sometimes confused with that which governs social relations when a family moves into a new locality.

THYROID IN HEMOPHILIA

To the Editor:—In reply to the communication of Dr. N. C. Miller in THE JOURNAL of March 18, I would like to recommend thyroid extract for his cases of hemophilia. In the *Annals of Surgery*, May, 1907, I published an account of a case cured by this drug after I had exhausted all the ordinary methods of treatment. I always give thyroid extract in cases in which I suspect a tendency to bleed or in which any such tendency is shown. Also, in cases of disturbed metabolism when the tissues are indolent thyroid gives good results.

J. TORRANCE RUGH, Philadelphia.

REMOVAL OF ADHESIVE PLASTER

To the Editor:—A little lard or hydrated wool fat (lanolin) rubbed into adhesive plaster will loosen it in a very few minutes and is much less unpleasant than gasoline or any other substance I have seen recommended in the recent discussion of this subject [Jan. 28, Feb. 25, and March 4, 1911]. Also, it can usually be found in every house.

H. R. COSTON, Birmingham, Ala.

The Public Service

Medical Department, U. S. Army

Changes for the week ended March 25, 1911.

Love, Joseph W., M.R.C., March 17, ordered to proceed from Fort Preble, Maine, to Fort Banks, Mass., for duty at that post.

Newton, Ralph W., March 17, ordered to proceed, about April 15, 1911, from Fort Revere, Mass., to Fort Andrews, Mass., for duty at that post.

Brooke, John D., and Hull, Alva R., cont. surgeons, March 11, entered into for duty as cont. surgeons, U. S. Army.

Eyster, George L., March 20, entered into for duty as cont. surgeon, U. S. Army.

The following named officers of the M. R. C. will proceed to San Diego, Cal., and report in person to the commanding general of the maneuver camp at that place for duty: First Lieutenants Alleyne von Schrader, William T. Cade, Jr., Herbert H. Sharpe, James F. Johnson, Bert R. Huntington, Harry G. Ford, Paul W. Gibson, Francis X. Strong and Robert C. McDonald.

The following named officers of the Medical Reserve Corps will proceed to San Antonio, Texas, and report to the commanding general, the maneuver division, for duty: First Lieutenants George E. Pariseau, Lauren S. Eckels, Lloyd A. Kefauver, John S. Coulter, Thomas J. Flynn, Frederick H. Foucar, Joseph L. Siner, John R. McKnight, Eugene G. Northington, Samuel S. Creighton, Robert H. Cantt, Edward C. Register, William Denton, George C. Divins, Howard Clarke, Clemens W. McMillan, Sanford W. French, Joseph O. Walkup, Horace M. Roberson, Leonard S. Hughes, Charles E. McBrayer, George B. Lake, Fred R. Burnside, Albert P. Clark, Daniel F. Maguire, Raymond W. Mills, Henry C. Maddux, Jay D. Whitham, Leo C. Mudd, Josiah H. Holland, John M. Willis, John J. Reddy, James L. Robinson, Henry C. Michie, Jr., Frank N. Chilton, Henry P. Carter, Harley J. Hallett.

Schreimer, E. R., major, March 16, reports arrival at Douglas, Ariz., with headquarters 3d Squadron and Troops I and K, 1st Cavalry.

Wolven, Homer F., D.S., March 12, returned to Vancouver Barracks, Wash., from temporary duty at Boise Barracks, Idaho.

Lynch, Charles, March 20, detailed to take charge first aid department of American National Red Cross.

Brown, Ira C., M.R.C., March 18, ordered from Fort Lawton, Wash., to Fort Douglas, Utah, for temporary duty.

Craft, Edgar D., M.R.C., March 21, relieved from duty at the Army Medical School in this city and ordered to Walter Reed General Hospital, Takoma Park, D. C., for duty.

Hemans, H. W., M.R.C., March 14, ordered to proceed from Fort Wayne to Fort Brady, Mich., for temporary duty.

Griffis, Frank C., M.R.C., March 20, ordered to proceed from Fort D. A. Russell, Wyo., to Fort Robinson, Neb., for temporary duty.

Medical Corps, U. S. Navy

Changes during the week ended March 25, 1911.

Farenholt, A., surgeon, detached from the naval hospital, Puget Sound, Wash., and ordered to the marine recruiting station, San Francisco.

Smith, W. B., P. A. surgeon, detached from the marine recruiting station, San Francisco, and ordered to the Naval Medical School, Washington, D. C., for instruction.

McCormick, A. M. D., medical inspector, commissioned medical inspector from Feb. 8, 1911.