

Jan. 1, 1898. The German statistics of population are said to be from the latest official census.

It is well known that in American registers of physicians there are many entries of persons who may have the degree of M.D., but who do not practice medicine. Others have the degree of Ph.D., and still others are called Doctor or "Doc" by courtesy. I have gone over the list purporting to give the names of physicians in Baltimore, and find that 4 per cent. have no right there. They are either Ph.D.'s or M.D.'s who have devoted themselves to other pursuits than the practice of medicine. By excluding this 4 per cent. of non-practicing doctors, I find that in Baltimore the proportion of physicians to population is 1 to 704, not very much in excess of the proportion in Berlin. The 4 per cent. eliminated does not include homeopaths, herb doctors, and all other quacks, nor those who have died within the year. I imagine the German statistics only give those who are legally entitled to practice.

There is another point to which I want to call attention. The belief is general in this country that in Germany, and especially in Prussia, no one is allowed to practice medicine without having passed the so-called "Staats-examen." Now, I have good reasons for doubting this, but it may be true. If true, there ought to be some way of finding out beyond question that it is so. Have all the 14,582 physicians practicing in Prussia, or the 2148 practicing in Berlin, passed the Staats-examen? Or, are there persons practicing medicine in Prussia or in Berlin, who have not passed this Staats-examen, which is constantly held up to us for our admiration and imitation? and if the answer to the last question is affirmative, as I believe it will be, where does the great superiority of the Prussian system come in?

Very truly yours,

GEORGE H. ROHE, M.D.

#### A Genuine Department of Health versus Psychic Sanitary Measures; Which?

CHICAGO, Feb. 7, 1898.

*To the Editor:*—I was curious to learn the purport and meaning of the "Caffery Bill," pertaining to legislation for the hygienic welfare of the people of this county and, after reading the same as published in the JOURNAL (February 5, pages 330-331), I can say that I am utterly opposed to this substitute bill.

To my mind this substitute bill is not what the medical profession nor the great majority of the people of this country desire. It has very little semblance looking toward the establishment of a genuine department of health as a separate branch of our government, and I will venture the prophecy that the views of 90 per cent. of the members of the medical profession throughout the United States are not in accord with this proposed substitute bill which has been suggested to take the place of the bill that has been carefully prepared by the special committee of the AMERICAN MEDICAL ASSOCIATION and which was introduced into the Senate by Senator Spooner of Wisconsin on January 27 last, and is known as Senate Bill 3433.

There may be mugwump bacilli or psychic bacilli that science and sanitarians will have to contend with in the far distant future, but for the present generation at least, we are entitled to, and should be afforded the most ideal and thorough scientific department of health that it is possible to contemplate, exactly on the theory that when any person or any of our national legislators of either house of Congress, or within their domestic fireside are stricken with disease, they desire the best medical skill obtainable.

We are admonished that, presumably within a week or two, this substitute bill known as the Caffery bill will be introduced into the House, and our influence and work must necessarily, for some time at least, now be exerted with representatives in Congress. Shall this be done?

Before closing, I might with propriety propound this query also (which is not intended so much for the aggrandizement of our profession as some might be led to believe).

Would it not be well for the President's cabinet to be dignified by the acquisition of a scholarly and thoroughly scientific medical secretary exactly on the same principle as the presidential family is composed of gentlemen versed in diplomacy in matters of state, finance, the judiciary, the science and art of war, etc.

Let us have a department of health, therefore, as has frequently been outlined in the JOURNAL, on the same theory that if we want a spade, a spade will be provided for us and not a spatula, or if we ask for a stick of wood that a wooden toothpick will not be substituted.

Very sincerely yours,  
LISTON H. MONTGOMERY, M.D.

#### Method of Examination of Urine.

OMAHA, NEB., Feb. 3, 1898.

*To the Editor:*—Apropos of the ingenious method for the detection of casts described by Drs. Haines and Skinner in the JOURNAL of January 29, it may be of interest to describe the method which has been in use in my laboratory for the past few months. I depend entirely on the centrifugal method and use only tubes containing at least 15 c.c. Both tubes are filled to the 15 c.c. mark with the freshest possible specimen of urine and centrifugalized at from 1800 to 2500 revolutions per minute for three minutes; then at least 10 c.c. are withdrawn from the tubes with a pipette, being careful not to shake; the tubes are again carefully filled with the pipette and again centrifugalized; this process is repeated ten or twelve times, so that in about half an hour we have the sediment in each tube from at least 115 c.c. urine, 230 c.c. in all. Then the bottom 3-5 c.c. of both tubes are placed in one tube and again centrifugalized. This method has been especially useful in the examination of urine for tubercle bacilli, where by spending a little more time we often use the sediment from 500 c.c. This method is rapid, thorough and avoids a tedious delay, as well as the necessity for any preserving agent. As a proof of this efficiency I may add that in over 200 examinations of which records are kept, a few casts have been noted in every instance, even in apparently healthy individuals.

Respectfully,

AUGUSTUS DETWILER, M.D.

#### X-Ray Dermatitis; Suit for Damages.

PADUCAH, KY., Feb. 2, 1898.

*To the Editor:*—In October, 1897, the undersigned was sued for malpractice in the sum of \$10,000 for subjecting a patient to the X-rays which produced a severe dermatitis, the plaintiff setting up the claim that the apparatus was carelessly used, and further that the means used was not yet sufficiently well understood as to warrant its use for the purpose of locating foreign bodies, etc. The suit was ably contested and fortunately was decided in my favor, the court holding that in this as in other cases the physician was bound to use ordinary skill and judgment, and placed the case upon the same footing as chloroform anesthesia.

Knowing that there were several suits of this character in the courts I thought perhaps it would be of some interest to report it, since I have as yet been unable to find that the subject has been previously passed upon by the courts.

Respectfully,

FRANK BOYD, M.D.

#### PUBLIC HEALTH.

**Louisiana State Board of Health.**—The *New Orleans Medical and Surgical Journal*, January, alludes to the fact that that Board of Health is temporarily dismantled, all the members who were in office during the recent outbreak of fever having