

contracted the disease, an average of 50 per cent. It adds that it has been officially calculated that at an expense of \$8,000,000 a year it might be possible in the course of ten years to banish the last case of malaria from Italian soil.

**Campaign Against Charlatans in Germany.**—Magdeburg, Germany, has had 29 suits against charlatans in the courts during a single year recently. The charge was swindling in 10, personal injury in 2, death from criminal practices in 1, assumption of an unjustified title in 3, and infraction of the police regulations in the remainder. The Prussian and other states have decided to hold the advertisement editors of the press responsible for charlatan ads which promise cures impossible to realize or advertise articles known to be injurious. The editor of the *Osnabrücker Tageblatt* was recently summoned and fined \$1.25 on two counts. One was for publishing an ad which lauded a truss without a spring, under the heading "No more hernias." The other advertised a certain eye water for weak eyes claiming that glasses would not be needed longer after two to four weeks' use of the water. The cases were appealed and the higher court confirmed the constitutionality of the decisions. The Carlsruhe board of health has issued a warning to the public in regard to a powder advertised to cure epilepsy in three days. It stated that the powder contained artemisia, which used to be a popular remedy against hysteric convulsions, but is powerless in genuine epilepsy, and that the price charged is extremely exorbitant.

**Ankylostomiasis in Western Europe.**—The French authorities have been conducting investigations which show that ankylostomiasis has not yet invaded France. Belgium is affected and energetic measures have been taken to stamp out the infection which was first imported into Germany and Belgium by the workmen returning from the construction of the Saint-Gothard tunnel in Switzerland. The Belgian government announced that it did not have the means to undertake prophylactic measures, and the city council of Liège, the point most affected, assumed the task in 1899. It appropriated \$4,000 a year for examinations and small pensions to be given to affected persons, hoping in this way to induce the miners to declare the presence of the parasites more promptly. In addition to this, a special dispensary and hospital was established last year for those affected. This not only serves to keep the patients under surveillance during treatment, but is valuable as a means of isolating them and sterilizing the dejecta which otherwise would be a menace to others. The course at the hospital is also a training in hygienic and prophylactic measures so that the discharged patient is able to warn and instruct his comrades. The latest report from Bochum in Germany states that 50,000 out of the 250,000 miners there are affected with the parasite.

#### LONDON LETTER.

##### Report of the Commission on Dysentery and Typhoid Fever in the South African War.

In August, 1900, a commission consisting of Colonel Notter, Lieutenant-Colonel Bruce and Dr. W. J. R. Simpson was appointed to investigate the outbreak of dysentery and typhoid fever, which occurred in the South African War. It has just issued a valuable report. To Colonel Bruce was allotted the laboratory work. Regarding the various organisms held to be causative of dysentery his conclusions are mainly negative. He found no relation to amebæ or other species of organism nor any relation between dysentery and typhoid fever. Dr. Simpson fully describes the outbreaks of these diseases. He shows how the very insanitary environment as regards drainage, soil, disposal of excreta, and water-supply furnished ample sources for their spread, and points out how the flies swarmed from the latrines to the nearest unprotected food supply. The total number of cases of dysentery was as follows: first year, 11,143, with 546 deaths, a percentage of 4.9; second year, 13,131, with 427 deaths, a percentage of 3.2. Of typhoid fever there were in the first year 15,655 cases, with 3,647 deaths, a percentage of 23.2; in the second year 15,463 cases, with 2,530 deaths, a percentage of 16.3. The comparative absence of the fatal dysentery which usually attacks armies in the field was probably due to the excellent food arrangements, the soldiers obtaining their rations perfectly fresh and thoroughly cooked. The chief cause of dysentery was probably the drinking of surface water, especially the water of rivers, such as the Orange and Modder, holding in suspension a large amount of organic matter. Dr. Simpson points out a defect of organization: there was no specially trained and organized executive by which the recommendations made to the

commanding officer of the various units could be carried out. This was the result of the persistent ignoring, as far as possible, of the medical corps by the military authorities. Dr. Simpson recommends that the medical corps should be divided into (1) a medical branch and (2) a health branch, and that the latter should be specially trained in preventive medicine.

#### The Anti-Mosquito Campaign in Egypt.

Major Ross has received a report that the anti-mosquito campaign, commenced less than a year ago by the Suez Canal Company (referred to in *THE JOURNAL*) and carried out according to his instructions, has been remarkably successful. The town of Ismailia is practically free from mosquitoes, which only a short time ago were very abundant. Even mosquito nets can be almost dispensed with, and people can sleep without being bitten. Two marshy swamps on the northeast of the town have been filled up with sand and a third one will soon be dealt with. It will be drained by a pipe 22 cm. in diameter which will convey away the water. A gang of 180 men are employed in filling up pools, moving the coarse grass and undergrowth, and clearing the numerous small channels in connection with the main canal. When they first commenced operations they were worried by swarms of mosquitoes toward evening, but scarcely any are seen now. The statistics of malaria in Ismailia show a remarkable improvement. From January 1 to June 30 of this year there were only 3 cases in hospital, against 52 for the same period last year and throughout Ismailia there were 569 cases from January 1 to May 30 in 1902, against 72 for the same period of this year.

#### Report of the Royal Commission on the South African War.

This report, which has just been issued, may be regarded as the last word on the so-called "hospital scandals," which caused so much sensation during the war. It clearly shows that before the outbreak of hostilities the military authorities overruled the demand of the surgeon-general for more men. He represented to them that the medical establishment was not even equal to the requirements of peace. When the war broke out practically the whole of the Army Medical Corps, officers and men, was exhausted in supplying the First Army Corps, and in manning the base and stationary hospitals. When, therefore, the Second Army Corps followed, assistance had to be obtained from civilians. Altogether 8,500 men were sent out, but barely a quarter of these were trained Army Medical Corps men. The commissioners attempted to obtain an idea of the percentage of medical strength which a force in the field required. Professor Ogston, who had studied the statistics of modern wars, said that the Medical Department should form about 5 per cent. of the strength of a force, but Surgeon-General Jameson thought that under favorable circumstances 2½ per cent. was sufficient. This was the percentage adopted by the War Office before the war. Including voluntary and outside assistance the medical strength during the war seems to have been from 3 to 4 per cent. of the total forces. The difficulty was in a war conducted over so large an area to secure that the medical personnel should be distributed in accordance with the need of localities or occasions. The most notable example of failure in this respect was the outbreak of typhoid fever at Bloemfontein. One great defect was pointed out: the army surgeon in times of peace had very little opportunity of acquiring surgical experience. The British system was unfavorably contrasted with the German. In Germany the military hospitals are larger and better managed, and every army surgeon can apply at short intervals to be admitted to the practice of civil hospitals. It is believed that the recent sweeping reforms in the service will remedy these defects.

## Correspondence.

#### Health Resorts—The Patient—Home and Resident Physicians.

HOT SPRINGS, ARK., Sept. 5, 1903.

*To the Editor:*—The number of people visiting health resorts increases yearly. Among them are those suffering from chronic ailments and whose search is strictly for health; in such cases the question arises, how and under what circumstances will the patient derive the greatest benefit? Without a doubt the attending physician at the patient's home has the key to the situation, and it is on this basis that I formulate my deductions.

Dr. James K. Crook, in an article read before the section on general medicine of the New York Academy of Medicine, May 20, 1902, stated that we have within our borders springs that equal and excel those of Europe, with the exception of the sulphated salines, yet this is a matter not generally known, and one to which but little attention has been given by the general worker in medicine. Frequently is it the case that after a patient has been a sufferer for a long time with some chronic malady that a change of climate, surroundings, probably the advisability of a stay at a health resort are considered, either by the patient, the physician, or by both. It is at this time that the physician's help is most needed, his knowledge of the case reinforced by the perusal of literature on health resorts should make him, not the patient, the dictator. The climate, natural advantages, conveniences, and any special virtues of a resort should be thoroughly inquired into and if literature on this subject is not at hand, correspondence with physicians at the contemplated resorts will elicit what is sought after.

Without entering into any detailed discussion I will try to formulate a few definite rules that will tend to give the patient the greatest and best results obtainable:

1. The home physician and the patient should consult on the advisability of visiting a health resort as carefully as the first consultation on the case.

2. The physician should designate the resort to which the patient is to be sent, but only after a careful review of the benefits to be obtained.

3. The home physician should then correspond with a physician residing at the resort chosen, stating the case and requesting any information that may be of value.

4. On sending the patient, he should be given a letter to some resident physician. The case history up to the time of the patient's departure should be concisely and accurately stated, citing advantages and failures of various treatments, any especial idiosyncrasies of the case, etc. This answers the purpose of a consultation for the good of the patient and will frequently prevent the loss of valuable time to the latter and avoid the retracing of work that has proven a failure.

5. The resort practitioner must strive in conjunction with the home physician, through the history sent him, to give the patient every advantage of Nature's resources.

6. When the patient returns, an accurate account should be sent to the home physician, giving full details, so the latter may be thoroughly acquainted with the treatment had while away.

7. The two physicians should work in conjunction on all cases during the patient's stay and the one principal point, the welfare of the patient, should never be lost sight of.

If the above rules were more carefully adhered to, fewer invalids would take it on themselves to seek for health at some resort chosen on a mere empirical basis. The resort physician would thus be placed in immediate contact with the case, and as the question of confidence in the former by the latter is of paramount importance, an advantage point is already gained, the value of which is unmeasurable. It would tend to place our resorts on a higher standard, and before the expiration of a great while the value of a perfect understanding for the good of the patient would be as well recognized here as abroad.

It is the duty of every physician to assist and strive for the welfare of his patients; why, therefore, if they insist and feel as though benefits might be derived elsewhere, does he allow them to go unrecommended and unprepared? The American Medical Association has gathered within its ranks many of the reputable physicians of this country; the present standard of requirement of admission should certainly be sufficient evidence of the good character and professional attainments of its members; every resort in this country is represented by some physicians affiliated with this Association, and the acquiring of the names is but a matter of a few days at most. We all owe our patients our best judgment, and what has been stated above is certainly not a shortcoming in that respect.

WILLIAM F. BERNART, M.D.

218 Central Avenue.

### The Commission Evil.

MILWAUKEE, Sept. 1, 1903.

To the Editor:—Owing to the vital question of professional ethics involved, the enclosed correspondence may be deemed worthy of reproduction in your pages.

H. V. WÜRDEMANN.

—, Aug. 19, 1903.

DR. H. V. WÜRDEMANN, Milwaukee, Wis.

Dear Doctor:—I have a male patient 58 years old coming to my office with inversion of both eyes, the disease has become very chronic (Right eye) the upper lid has five rows of displaced lashes and he has lost all power to open this lid. The left is not as bad and it seems to me there is shrinking of the conjunctiva from chronic disease, Especially trachoma. The sight is fairly good of both eyes, now what in your opinion do you think it would cost him, and what per cent will you give me if I send you all the eye cases from out this way? The reason why I want to know about what it cost these farmers is so I can tell them beforehand to get the money ready, Yours Respt.

(Signed) —

P. S. Let me hear from you soon.

MILWAUKEE, Aug. 24, 1903.

DR. —.

My Dear Doctor:—Your letter of the 19th inst. received. On account of the two business questions raised in it, and as I have been approached in like manner before, I have taken some time to formulate a proper answer. I intend that this correspondence shall be published for the benefit of other young physicians who might ignorantly at some time raise the same question to their personal detriment.

From the description of your case I think that the eye condition is entropion of the lids, resulting from the cicatricial stage of chronic granular conjunctivitis (trachoma). Plastic operations on the eyelid will probably relieve the entropion.

It would not be fair to either patient or physician to give an estimate of the cost of the work without proper examination. As you well know, professional fees are regulated by several factors: Kind of services rendered, amount of time consumed and the financial standing of the patient. Thus there are no fixed fees for services; the only professional and legal requirements being that they be reasonable and such as are customary with physicians of the class to whom the consultant belongs. Customary office consultation fees in this country range from \$5 to \$25, depending on the standing of the consultant, as well as the above-named factors.

The above would be a sufficient answer to your letter were it not for your question: "What per cent. will you give me if I send you all the eye cases from out this way?" I take it for granted that you consider this question quite correct and honorable! I beg, however, to answer it curtly and completely:

The presumable reason why one physician refers a case to the care of another is that he is either unable or unwilling to give proper attention to the patient and sends him to the other's care purely for the patient's good and not as a business transaction.

The giving or acceptance of commissions by physicians (or other people) for sending patients to consultants is an unethical and dishonest act, which has not been tolerated by true physicians from the days of antiquity. It is dishonest, because the patient is deceived, and the collusion is more dishonorable than commission business between the doctor and druggist, which has long been frowned on by both the profession and laity. It is a cowardly proceeding if either of the doctors are afraid to let the patient know for what he is paying, that which he has an ethical and legal right to know. The medical profession is not a trade, and division of fees without the knowledge of the patient would be degrading the whole profession to the trade level.

I am not practicing medicine as a business, but as a profession, and while I am entitled to a fair fee for the knowl-