

FORMAMINT

The Profession to Be Worked Again

Formamint Tablets are widely advertised and extravagantly exploited to the laity in Great Britain. Large and expensive advertisements appear in the English magazines and newspapers and the tablets are pushed under the most preposterous claims. The preparation is put out, we understand, by the same concern that exploits Sanatogen. The medical profession of this country is now being circularized and advertisements are appearing in medical journals. They already appear in the *Medical Record*, *New York Medical Journal* and *American Journal of Clinical Medicine*.

It seems then that this is another product which, for the time being at least, is to be a "patent medicine" on the other side of the Atlantic and an "ethical proprietary" on this. Doubtless the distinction will be a temporary one and as soon as American physicians have furnished the requisite number of testimonials and have recommended it to a sufficient number of their patients the advertisements will be quietly dropped from the American medical journals and the advertising pages of newspapers and magazines will be called into service.

Association News

ADDITIONAL APPOINTMENTS ON COMMITTEES

Dr. John B. Murphy, President of the American Medical Association, has made the following additional appointments on committees for the Association year 1911-1912:

SCIENTIFIC RESEARCH

- Ludvig Hektoen, Chairman.....Chicago
- Graham Lusk.....New York City
- Eugene L. Opie.....St. Louis

**COMMITTEE TO ADVISE WITH THE NATIONAL
RED CROSS**

- A. T. McCormack, Chairman.....Bowling Green, Ky.
- Frank K. Ainsworth.....San Francisco
- Henry L. E. Johnson.....Washington, D. C.
- Charles A. L. Reed.....Cincinnati
- Miles F. Porter.....Ft. Wayne, Ind.

**COMMITTEE TO CONSIDER THE MODE OF COMMEMORATING
THE COMPLETION OF THE PANAMA CANAL**

- Isadore Dyer.....New Orleans, La.
- H. Bert Ellis.....Los Angeles, Cal.
- Jefferson R. Kean, U. S. A.....Washington, D. C.
- Presley M. Rixey, U. S. N.....Washington, D. C.
- Albert L. Brittin.....Athens, Ill.
- Amos Graves.....San Antonio, Tex.
- J. Leaming Wiggins.....East St. Louis, Ill.

The following changes have been made in the committees already announced (*THE JOURNAL*, Sept. 30, 1911):

NOMENCLATURE AND CLASSIFICATION OF DISEASES

- Cressy L. Wilbur, Chairman.....Washington, D. C.
(Vice Alexander Duane, resigned)
- Frank B. Mallory.....Boston

COMMITTEE ON SCIENTIFIC EXHIBIT

(Three members appointed to complete the committee)

- W. M. L. Coplin.....Philadelphia
- Frank B. Mallory.....Boston
- D. S. Lamb.....Washington, D. C.

COMMITTEE ON ANESTHESIA

- Yandell Henderson, Chairman.....New Haven, Conn.
(Vice George E. Brewer, resigned)
- Thomas S. Cullen.....Baltimore

Correspondence

The Army Canteen

To the Editor:—I read with great interest the correspondence from Col. L. M. Maus (*THE JOURNAL*, Jan. 13, 1912, p. 130) giving his view of the Army canteen.

The government expends many millions every year to train soldiers. If the soldier is simply for garrison duty in the home land it is of little importance whether or not he has a canteen, but if we are training soldiers to go into the field, at home or abroad, to fight, we should keep beer and other "booze" out of the garrison. The soldier who has acquired the "light" beer or wine habit is frequently an ideal garrison soldier and just as often absolutely useless when in the field. He misses his beer or wine, talks about it, is discontented; homesickness and nostalgia develop and he is worse than useless as a soldier. He cannot throw off the habit of years. It is absolutely impossible, of course, and would be ridiculous to think of carrying the beer and wine that is advocated for the canteen to the seat of war.

This at least has been my experience with soldiers in the field in time of war in Egypt, the Soudan, India, South Africa, and the Philippines.

P. J. H. FARRELL, Chicago.

To the Editor:—I note that Dr. W. W. Keen of Philadelphia (*THE JOURNAL*, Dec. 16, 1911, p. 2010, and Dec. 30, 1911, p. 2155), is endeavoring to bring the influence of the medical profession to bear on Congress to pass the Bartholdt bill, to bring back the canteen into the Army with the alleged view of promoting temperance and thereby lessening venereal diseases among soldiers. He intimates that he may be misrepresented, abused and even have his motives attacked. As to his motives, he need not fear. The medical profession will give him credit for the sincerity of his opinion, but not for the correctness of that opinion. Suppose we should grant that the canteen is a benefit to the Army; this good is as nothing when put in the balance with the evil moral influence that its establishment is bound to have on the people at large. He has narrowed his consideration of the question to the Army and forgotten the nation of which the Army is only a very small part.

The brewers are for this bill heart and soul and the canteen should not be reestablished for this reason. The bill before Congress was introduced by Mr. Bartholdt, who comes from the exceedingly wet city of St. Louis—one of the citadels of beer. Mr. Bartholdt's political welfare is very much in the hands of the beer interests of his city. He has to work for and not against those interests. As a business proposition, brewers want to sell as much beer as possible and will naturally do that which will promote this business; they are not against the canteen but for it. They would like to see the government go into the business of selling beer in the Army, as that would be a declaration that beer is a temperance drink and its influence would be to increase the sales on the outside. The brewers, Mr. Bartholdt and some of our strictly temperate medical confrères are working side by side; these last are unconsciously pulling the chestnuts out of the fire for the brewers. In war, do not do what the enemy wants you to do.

The drinking habit should not be taught to those who are free from that habit. Yet that is what we shall be guilty of when we reestablish the canteen. Many young soldiers do not drink on entering the service. They have not yet formed the alcohol habit; if, however, they find beer in the canteen they are likely to jump to the conclusion that if Uncle Sam has gone into the business of selling beer on his premises, it must be very respectable and improving to drink; then comes moderate drinking which is very likely to be increased with all the attendant evils. Temptation should not be placed before the soldier.

Dr. Keen states in his letter that the late Dr. James Nevins Hyde of Chicago told him that he was treating seven physicians at that moment for accidental syphilitic infection. That

is a great number in the practice of a single individual to be accidentally infected, and very likely all were infected by civilians and not by soldiers; yet Dr. Hyde did not think of asking the city of Chicago to establish canteens to keep her citizens from drinking too much.

In Dr. Keen's circular to Congress is the following quotation: "In 1901, a committee of seven, under the auspices of the Medical Society of the County of New York, made an investigation into the prevalence of venereal disease, and concluded that there were not less than 243,000 cases of venereal diseases treated in one year in that city." That is an appalling number in comparison to the number in the Army. Our Army has 60,000 men scattered over our possessions and if the venereal infection rate was 8.46 per cent. in 1897, increasing to 19.7 per cent. in 1910, that would mean about 12,000 cases in the Army in 1910. Compare 12,000 cases in the Army with 243,000 cases treated in one year in New York City only. Where does the peril to the wives and children of our land come from? Is it from the 12,000 soldiers or from 243,000 civilians in New York City and a like proportion in the thousands of towns and cities of our country? I have not heard that anyone has asked for canteens in New York City or made any other move to save the wives and children of those 243,000 civilians. The number of cases in the Army is a mere bagatelle to the number outside.

If we compare 60,000 civilians with 60,000 soldiers, age for age, I believe that we shall find venereal disease as prevalent outside the Army as in it. Here is another quotation from the previously mentioned circular: "The statistics collected in 1908, by the President's Homes Commission, show that out of 274,611 patients treated in the city hospitals of Washington there were 27,947 cases of venereal disease." This is over 10 per cent. of the hospital admissions. Is there not every reason to believe that two or three times this number were at the same time treated outside of those hospitals? Why not ask the commissioners of the District of Columbia to introduce some regulated canteens in Washington to promote temperance and thereby save the "wives and children"?

A few of our leaders in medicine are desirous of promoting temperance among soldiers. Why not advocate a law heavily fining anyone for selling alcohol to a soldier in uniform? Many railroads forbid their employees from drinking, or boarding in houses where intoxicants are sold, and thus they effectually control their men. Cannot Uncle Sam with his strong arm do as much for his soldier boys as the railroads do for theirs? No one will object to the government's furnishing the soldiers with entertainment rooms; that should be done, but the government should not go into the business of selling alcohol. The people of this land will not consent to it and they will be fighting it to the "crack of doom"; they believe in taking temptation away from the young instead of placing it before them.

Dr. Keen does not drink himself or give others drink; his example is powerful; I admire him for this; I wish all physicians would set such an example for their communities. The medical profession is in a position to bring about a great temperance reform with its attendant lessening of venereal disease if its members will open their eyes and seize the opportunity. If Dr. Keen with his influence aided by a hundred of the leaders in our profession would come out and teach the people that the predominant action of alcohol is anesthetic and depressing; that its use as a medicine has practically been done away with; that it does infinitely more harm than good; the day would soon come when Dr. Keen could, as he said in his letter, "nail up the doors of every saloon and put on them placards 'To Rent For Some Decent Business.'" The present efforts to do something for 12,000 soldiers and nothing for the hundreds of thousands—perhaps better say millions—of civilians makes one feel that some of our medical friends are "saving at the spigot and wasting at the bung-hole."

Every member of the profession who believes that no kind of alcoholics should be sold in the canteen should, as a patriotic duty, write immediately to his representative and senator and to any one in either branch of Congress whom he may know or be able to influence, and especially to the Committee on

Military Affairs of the House and also to the chairman of the same committee in the Senate, urging them not to permit the sale of beer in the Army canteen. Write now. Do not delay.

J. AMBROSE JOHNSTON, M.D., Cincinnati.

Medical Education and Obstetrics

To the Editor:—I was much interested in Dr. Williams' article, "Medical Education and the Midwife Problem in the United States" (*THE JOURNAL*, Jan. 6, 1912, p. 1). I especially noted the sentence, "After eighteen years' experience in teaching what is probably the best body of medical students ever collected in this country, . . . I would unhesitatingly state that my own students are unfit on graduation to practice obstetrics in its broad sense, and are scarcely prepared to handle normal cases." If this is true at the Johns Hopkins, it would seem that Dr. Williams is himself responsible for an unfortunate state of affairs, for he admits that he has the care of the instruction of good students, and to my knowledge, he has a fair-sized ward, and two years are, or were, allowed to perfect the students in this art. In my opinion the whole trouble lies in the fact that too much time is consumed in the theoretical, and not enough given to the practical portions, which are in the end of such paramount importance. These subjects are dismissed with too few lectures and clinical conferences. Hours are given to preparing slides and studying the microscopic appearances of the pregnant uterus, the development of the ovum and such subjects; and what, pray, was the use of all this if it did not lead in the end to the production of a man far more efficient than a midwife?

Many of the students that Dr. Williams says are scarcely competent to treat a normal case could write very learnedly on such subjects as "Peter's ovum," the development of the decidua, syphilis in the new-born, etc., but when it comes to rendering efficient service to the patient, who is not at all interested in the above, they fall down.

This misappropriation in the apportionment of time in the teaching of clinical obstetrics is reprehensible, and it would seem that Dr. Williams should hold himself blameworthy for persisting for eighteen years in a method of teaching which still evolves students who are, according to Dr. Williams, "unfit on graduation to practice obstetrics in its broad sense, and are scarcely prepared to handle normal cases." Dr. Williams confesses that he has had good students, and it would seem that if he has not succeeded in turning out men who can render efficient service in more than normal cases, he must be an unpractical teacher, or else obstetrics must be such a difficult art that the man who could tackle it successfully would have to be born, and not made; if this is the solution of the problem, the question arises: What is the use of carrying the body of medical students through the slough of obstetrical despond? What is all this labor for? Since it does not lead, according to Dr. Williams, to the production of competent obstetricians, one is forced at any rate to admit that it has proved to be an efficient time-consumer and memory-tester. But we have hopes of better things. Very abundant practical drills, and repeated quizzes on the practical side are imperatively demanded. We want practical theorists, and not theoretical practitioners. Topsy-turviness, the all-prevailing evil in modern medical education, calls for correction, if medicine is to continue to be "that branch of knowledge which has to do with the efficient care and treatment of the sick and infirm," and obstetrics is a most worthy branch of the healing art in which to inaugurate the new policy of "same methods in the instruction of medical students."

B. B. BROWNE, Annapolis, Md.

[The above was submitted to Dr. Williams, who replies:]

To the Editor:—I have read with interest Dr. Browne's criticism of my article. It seems to afford substantial proof of the correctness of my contention that my own students "are scarcely prepared to handle normal cases." His indictment is in many respects justifiable, and it was in great part owing to my recognition of the conditions of which he complains that the article was written.