

Correspondence.

The Value of the Medical Visit.

ST. LOUIS, MO., May 28, 1900.

To the Editor:—The value of medical service is estimated by all that is done for the patient. Visits are only incomplete memoranda of time. The value of a visit depends on the time spent in making it, distance and delay at the bedside and what sort of personal service is given in the examinations and in the manipulations of the patient. Hypodermic medications may be required in a locality demanding special anatomic knowledge and some surgical skill. The examination of hidden cavities—the throat, vagina, bladder, rectum, etc.—and the exercise of the *tactus eruditus* may be required. They call for skill as well as outlay, for education, instruments and time. Thoracic and abdominal examinations requiring more or less time are often essential to a correct diagnosis as well as urinary and blood analyses. The taking of blood or sputum for a slide and samples of urine or other excretions is a service that adds to the value of a visit and ought to be estimated and charged for.

Designating a visit without stating what the doctor may be required to do at the visit gives an inadequate idea of medical service. Things may be done at one visit that may save a life, while nothing may be done or required at another one, and that may be a brief call, a few routine directions and continuance of treatment—an ordinary visit. The treatment of a grave case, the visits thereto, or to one not yet well in hand, and those to a case in which death or other critical stage is approaching, necessitate more time and attention than in the ordinary run of self-limited disease. For instance, a visit may be very ordinary or very extraordinary in extent and kind of service rendered, and in result depending on the physician's skill and judgment exercised.

There are many other facts and circumstances not understood by the public, the patient's friends or the courts, embraced in the term "visit," which ought to be made plainer in our fee bills. Services in the crisis of a bad case or dying patient are imperative and we must give them when they are demanded, whether we miss our office hours or attention to other business or less imperative cases, and in such a visit extra time must be charged for and this should be cheerfully paid. The sacrifice of the office hours is great loss, and damages and sometimes endangers ruin of the doctor's best business. The night visit sacrifices the doctor's comfort, the office hour visit his best income. In the out-of-town visit these facts are considered in the charge, by all doctors. The home visits should always be similarly regarded.

The value of the doctor's visit therefore varies greatly. It may be a loss to him of only so much time or it may be much in money that may be made or much in broken rest and imperiled health. It may be the saving of a life by a timely remedy judiciously applied, the comfort of the patient promoted, or a favorable turn in the patient's disease toward health, through the doctor's delay and sacrifice at the bedside, to watch and skilfully minister to the patient, while patients wait for his coming in his office or leave it and go or send elsewhere for medical service.

Sufferance and sacrifice are "the badge of all our tribe" and will be so till the end of time, but the recipients of our benefactions and our sacrifices or self-denials and our work should understand, through our fee bill, that visits are not all alike in value, that they represent varying degrees of time and expense to us and of labor, skill and experience to the patient.

C. H. HUGHES, M.D.

Colorado and Quarantine Against Consumptives.

To the Editor:—In THE JOURNAL for May 12, page 1156, Dr. Joseph Matteson, of Chicago, in his article entitled "Notification and State Supervision of the Tuberculous," makes the following statement: "It is rumored that the State Board of Health (of Colorado) had under consideration the advisability of quarantine against more consumptives."

Inasmuch as Dr. Matteson has made this public statement, I deem it my duty, as Secretary of the State Board of Health

of Colorado, to request that you make equally public my statement that no such measure has ever been seriously considered by the Colorado State Board of Health. You will see by reference to Circular No. 20 of the State Board of Health, which was issued in February of this year, that instead of considering a quarantine the statement is made that "There is no need to talk of quarantining against consumption. Such a course is both unnecessary and impracticable. Doubtless, many persons with advanced tuberculosis should not be sent here, but for those who can not be benefited by coming, Colorado should have nothing but a warm welcome."

Yours truly, G. E. TYLER, Secretary.

Alcohol in the Tropics.

FORT RILEY, KAN., May 26, 1900.

To the Editor:—In your editorial in THE JOURNAL, May 19, you mention my article in the *Philadelphia Medical Journal* of April 7, in which I advocated the moderate use of alcohol to combat the exhaustion due to the heat and moisture, and warn against the serious effects of immoderate and bar-room drinking. You mention a volunteer surgeon who has somewhat similar views, i. e., "the use of liquor in any form in the tropics is unnecessary except it be the red wine issued by the Spanish Government to their troops." It is difficult to understand why you can say that these views are directly opposite. You also say: "Judging from the condition and efficiency of the Spanish troops this (red wine) would not seem to have helped them much." It seems to me that it may have helped them very much; for in spite of reduced rations for many weeks, they were so efficient that 500 of them at El Caney successfully fought about 6000 regulars nearly all day long, and a mere handful whipped General Duffield's brigade of gallant Michigan men. I find that soldiers who have faced the Spanish do not hold your opinion of inefficiency.

You say that the burden of proof is on those who are opposed to generally received opinions. On the contrary, in modern life the burden of proof is on those who still adhere to the old dogmas of the pre-scientific age of religion and medicine. This is just what makes the believers in theological and medical dogmas so hysterical—they can not prove their ridiculous assertions, about "load on the liver," "overworked kidneys," "spring medicine" or "predestination and free-will."

Very truly yours,

CHAS. E. WOODRUFF, M.D.,

Captain and Asst.-Surgeon U. S. Army.

[We suggest to our correspondent that he read the editorial again. Ed.]

Association News.

Order of Business.—The following is the order of business of the general sessions of the AMERICAN MEDICAL ASSOCIATION, at the Atlantic City meeting. The general sessions will be held in the Marine Hall, Young's Pier.

FIRST DAY, TUESDAY, JUNE 5—10:30.

Call to Order—By the President, W. W. KEEN, Philadelphia, Pa.

Opening Prayer—By REV. FREDERICK J. STANLEY.

Addresses of Welcome—By HIS EXCELLENCY, FOSTER M. VOORHEES, Governor of New Jersey, and HON. F. P. STOR, Mayor of Atlantic City.

Report of the Committee of Arrangements, by the Chairman, PHILIP MARVEL.

Report of General Business Committee.

Address of the President of the AMERICAN MEDICAL ASSOCIATION, W. W. KEEN, Philadelphia, Pa.

Report of the Treasurer.

Report of the Secretary.

Report of the Committee on Department of Public Health, U. O. B. WINGATE, Milwaukee, Wis.

Report of the Committee on National Legislation, H. L. E. JOHNSON, Washington, D. C.

Report of Special Committee on Revision of Constitution and By-Laws, E. ELIOT HARRIS, Chairman.

Proposed Amendments to the Constitution.

Miscellaneous Business.

Special Announcements.