

of dreaded infections have fled away and the golden gates of Opportunity swing wide for the entrance of Glad Prosperity.

EX-GOVERNOR CUNNINGHAM NOW HEALTH OFFICER OF BIR- MINGHAM.

Birmingham, Ala., is to be congratulated upon securing the services of Dr. R. M. Cunningham as City Health Officer. His great ability and wonderful versatility are too well known all over the South to need further mention here.

As physician, surgeon, statesman and orator he has no superior. He has served as Governor of the State, as Professor of the Practice of Medicine in the Birmingham Medical College, has for many years had charge of the medical affairs of one of the largest corporations in the South, commands an immense and lucrative practice and his popularity is phenomenal. His acceptance of the position of City Health Officer of Birmingham is an act of self-sacrifice that demonstrates the reality of his devotion to the altruistic principles he so eloquently advocates.

It is seldom that we see a more perfect example of highest personal ability devoting itself patriotically to the service of the public regardless of self than is shown in this instance, for to Dr. Cunningham the salary is immaterial.

Dr. Cunningham is an active member of the Southern Medical Association and occupies the important position of Chairman of the Section on Public Health in that organization. The JOURNAL prophesies a brilliant and successful administration to the new City Health Officer of Birmingham.

A DANGER PECULIAR TO THE SOUTH.

Only in the South does the custom prevail of employing domestic servants who are present in the house only during working hours, but at night go to their homes in other parts of the town or city. In thousands of comforta-

ble residences the cook considers her wages earned as soon as the required meals are prepared. Then she makes up a liberal package of food, sometimes secretly, often openly, and retires to her distant cabin or hovel to share the spoils with waiting friends. To interfere with this well known custom would cause the loss of a cook, and Southern housewives of today would rather face a far greater pecuniary loss or of provisions than such a catastrophe. Indeed the custom might be tolerated were it not for another ever-present possibility that is too serious to be ignored. It is sometimes the case that the places that are the nightly shelter of colored cooks are characterized by conditions so revolting that it is not safe for the occupants to be admitted to cleanly homes, where they often come in contact with delicate women or little children. The filthy beds, rough, unswept floors, "pallets" whereon dirty children or dirtier men lounge or sleep, the walls shiny with repeated coatings of expectorated mucus, all go to constitute a condition intolerable to think of in connection with cooking. The housewife knows nothing of all this. She sees only the smiling, good-natured, handy cook, dressed in her own discarded garments, and is happy "because she can keep a cook," for even such are not always easy to keep.

But there is another element still more important from every point of view. The gregarious nature of the negro causes constant mingling, and contagious diseases are too often thus communicated. Disbelief in the contagion, or the fear of losing work, prompts concealment, and we have a sudden appearance of scarlatina, or measles, or smallpox, among the school children or in a home before the presence of such a disease is suspected. In Norfolk, Va., a negro doctor named Burke, was fined ten dollars for failing to report a case of smallpox. The case was that of a negro woman employed as a cook. The housewife noticed the eruption, and learning that Burke was her doctor, "called him up to ask what had been the matter." He called it grip.

but advised the lady to have sulphur candles burned in her kitchen.

When she suggested reporting to the health department Burke objected because "your cook would have to go to Craney Island and stay there three weeks." The lady wisely reported the case, and all who had been exposed were vaccinated. Now had the patient been some other occupant of the cook's house instead of herself she would have come to the kitchen of the white family day after day with clothing contaminated with infection.

Under present circumstances such a danger perpetually hovers over countless Southern homes. In Montgomery, Ala., every washerwoman who carries clothing home to be laundered is required to register at the city hall. Over 3,000 women are thus registered and their premises have been inspected. Such inspection should be made at brief intervals, and outdwelling cooks should be similarly controlled.

PHYSICIANS, PRACTICE WHAT YOU PREACH!

Five great propagators of disease are feces, filth, flies, fowls and food. Combined, they have more effect in increasing the rate of sickness and death than can be effected by causes represented by any other initials in the alphabet. And strange to say the doctors, the very high priests to the temple of Hygiene, are too often guilty of carelessness regarding these obscene conjunctions. How many doctors there are who "have not time" to see about having a sanitary privy constructed for the comfort and safety of themselves and their families; whose kitchens are unscreened or run with open doors through which the flies oscillate between open privy and side-table; whose fowls scratch and fatten on the filth behind the privies; whose offices are examples of dust, dirt and disregard of every rule of sanitation. True, our doctors are beginning to awake to their responsibilities, to realize that their examples speak louder than their words. They are learn-

ing that the people are beginning to take notice, and that they *must* reform. But why wait to be driven? Clean up, careless doctors, or the "new issue" physicians will overwhelm you with loss and shame. Self-interest and regard for awakening public taste should induce every practitioner to cleanse and beautify his domestic and professional environment. It pays.

WHY THE INTERNIST SHOULD CHARGE ADEQUATE FEES.

It often happens that much surprise is manifested when a considerable sum of money is charged by a physician for some special service. The public has become somewhat accustomed to paying respectable fees for surgical operations without remonstrance, but when an internist, whether he devotes himself to some special branch of medical work, or does a general practice, presents a bill approximating what would be readily agreed to for "an operation" there is instantantous objection. That such a condition is entirely unreasonable can easily be demonstrated. Brilliant as are the triumphs of modern surgery they are based entirely upon the pathology and therapeutics wherein the internist is or should be supreme. It is his proper duty to make the diagnosis and authorize the operation for which the patient willingly pays a liberal fee, and a mistake in his diagnosis may mean more peril to the patient's life than lies in the mechanical part of the operation. When the incision is made and the work is done the grateful patient seldom realizes that it is to the diagnostician he firstly owes his life.

To acquire the necessary ability he has devoted the best years of his life to arduous and expensive study. No other profession demands from its votaries anything like the amount of time, labor and expense before licensing them to begin their life work. A young lawyer, for instance, will be earning big fees three years before the young physician has completed his required clinical course. And