

There is, of course, no danger of such an error being made today, but at least one European country engaged in the present war—Austria—decided some time ago that the exclusion of men of military age afflicted with trachoma was inadvisable from the standpoint of helping the individuals excluded, and unnecessary from the standpoint of military prophylaxis. It was found impossible to keep such excluded men under supervision and treatment; accordingly the authorities in Austria refused to accept trachoma as excluding the patient from military service, and also placed all trachomatous patients liable to military service in military institutions under the care of special physicians, until they were completely cured, after which they were sent for military service or were dismissed, according to the age at which the cure was effected. The average length of treatment was four months, and about 80 per cent. of the patients were cured within the period of liability to military service. During the service age, the trachoma patients were given regular military training at the garrison hospital.

I respectfully suggest, therefore, that instead of excluding trachoma patients from the American army, the practice initiated by Austria be followed by us.

Exclusion of men of military age on account of trachoma from service is desirable only from one point of view, that of army prophylaxis. Acceptance of these men followed by isolation, supervision, treatment and military training would insure civilian as well as army prophylaxis, and be a gain to the army and the community, as well.

ARTHUR S. TENNER, M.D., New York.

MEDICAL STUDENTS AND THE DRAFT

To the Editor:—There is a question highly interesting to a considerable number of medical students who blindly followed the advice given a few months ago by the surgeon-general, namely, to stay in school, resting assured that by doing so they would be best serving their country. But the time is now very near when the draft is to be put into operation and the only attention shown the medical student, which had any authority behind it, was the vague and unsatisfactory statement of the surgeon-general published in *THE JOURNAL*, July 7. The medical students of this and other cities want to know exactly where they stand and want to know soon.

It would be most unjust if the government, which advised the men to stay in medical school, thus losing their chances of obtaining commissions, should draft them without at least giving them an opportunity of enlisting in their chosen branch of the service.

Can you not secure us some prompt, *definite*, and authoritative statement?

R. V. BAKER, Portland, Ore.

IN AID OF BELGIAN PHYSICIANS

To the Editor:—I have received a letter from Mr. P. George Du Carpe, 9, rue Saussier Leroy, Paris, at the instance of Dr. Joseph A. Blake in reference to the following matter:

When the war is over, the doctors in Belgium and Northern France will wish to return to their offices, clinics, etc. When they do so they will find everything gone; no instruments, no means of examination of patients; in other words all office fixtures and clinical opportunities, save it may be here and there, will have disappeared.

There has been established a committee for aiding the refugees of the liberal professions, doctors, and others (Comité d'appui des réfugiés des Professions libérales) to meet this serious want. The patrons include MM. A. Ribot, president of the council; Leon Bourgeois, minister of labor, and other prominent persons. One of the vice presidents is Dr. Mauclair of the Faculty of Medicine in Paris. The treasurer is M. Charles Halais, 15, boulevard de Latour-Maubourg, Paris.

Some of our profession certainly will desire to aid in this laudable effort to reestablish our confrères in their civil work; any such may send their gifts to the treasurer, or, if they prefer to send any such sums to me at 1729 Chestnut Street,

Philadelphia, I shall be very happy indeed to forward them to the treasurer. All gifts to me will be acknowledged through the columns of *THE JOURNAL*.

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THE HOME HOSPITAL UNIT

To the Editor:—This age, especially in the midst of a world war, demands the greatest individual efficiency. The slaughter of human lives puts man-power at its highest value. Physicians cannot be made in a day. The nation must preserve those now qualified and use them in such manner as will render most efficient service in maintaining its greatest asset, the life and health of its citizens. It is said that with 140,000 physicians in the United States, only half that number would be acceptable for army service, even then making no provision for the care of patients at home—the man left without his physician at a time when disease runs rampant amid the turmoil of war.

It becomes necessary, first, to organize the medical service at home; secondly, to systematize its work, and thirdly, to relieve the strain on the physician himself. This brings to us the remedy—the home hospital unit.

1. A hospital is organized in each community, located where it will be accessible to the most people, built on the plan of modern hospitals with private rooms, wards, outpatient department, etc., one or more physicians on its staff, a graduate trained nurse in charge of the nursing with assistants which she herself can train, and managed by a board of directors (three men and two women) in the same community, the physician in charge being *ex officio* chairman of this board. The hospital, of course, must have an ambulance.

2. Certain hours are established for physicians, rounds, operating, laboratory work, etc., and likewise for the various routine duties of the nurses. There are separate wards for obstetrics, diarrheal diseases of infants, typhoid fever, pneumonia, tuberculosis, nephritis, etc., with routine treatment of each when possible. Certain limited hours for visitors are prescribed.

3. The physician in charge no longer has to travel to see his patient; the patient himself goes where he can be best treated. The physician's time is consumed in doing that which he alone as a physician is qualified to do. Men can be trained to run ambulances in a day, but it takes four years to make a physician. This and many years of experience are not to be whittled away in idle gossip at the bedside or by exposure in bad weather over rough roads. Give him organized help, trained to nurse the sick in a house built for sick people and where remedies are at hand at a moment's notice. Remove the patient from his insanitary home and surroundings, at least till he recovers, then instruct him in the origin of his illness, how to continue well, how to render his surroundings healthy; printed pamphlets can be handed him on leaving the hospital.

This home hospital unit will outlive this and many wars. The standards of medical schools can continue their advancement, physicians can become fewer, mercenary men can seek other channels of adventure, and the health of the nation will be provided for.

THEODORE E. WANNAMAKER, JR., M.D., Cheraw, S. C.

Philadelphia Regulates Junk Shops.—The junk shop regulation bill has been passed by both houses of the legislature and approved by Governor Brumbaugh. This action is looked on as a distinct forward step toward better protection of the public health and also a further means of preventing fire and reducing crime. Under the regulations of this bill the location and operation of all junk shops will be controlled. The provision and introduction of this bill had the full support of the local health department and hereafter all junk dealers will be required to obtain from the division of housing and sanitation of the department of health, a permit for the location and conduct of a shop and all junk shops must be carried on in strict compliance with the rules of the bureau of health.