

## Correspondence

### E Pluribus Unum Forever

*To the Editor:*—Today, when we have so much agitation on the subjects of industrial accident insurance, health insurance of sundry kinds, and all manner of hospital associations, why would it not be a step in advance for the United States government, cooperating with state and counties, to establish a department of public health whereby free medical, surgical and dental care, including hospital service when necessary, would be provided for all the people? I know from personal experience, gained through seven years of service in the mines of Calaveras County, where medical attention was given to all the miners including their families for what seemed to be a nominal fee, that the general health of the community was far above the average of communities where each individual has to pay for this service, obtain it as a gratuity from the medical practitioner, or go to the county hospital.

If adequate medical service were provided by the government, the working efficiency of the people could be increased from 15 to 20 per cent. All defectives could be given the best possible treatment, deformities corrected, and a large majority of diseases now prevalent could be absolutely eradicated. In fact, they, like the dodo bird, would become an extinct curiosity.

On the other hand, if medical attention, including its collateral branches, were supplied by the government, the standing and educational requirements of those rendering it and their efficiency could be increased far in excess of the general average of the same service as now rendered. If physicians and others employed in this service were required to devote one month each year to special work along their lines, they would be kept up to date and take a greater interest in their work. They should also be allowed one month's vacation in which to rest and recuperate, for all work and no play is detrimental to human progress. A system of taxation could be arranged whereby this could be accomplished, working no hardships to the masses of people, and at the same time providing for them a health insurance that could not be equaled in any other way.

I offer the foregoing suggestions as I believe sincerely in the doctrines of equal rights to all and special privileges to none.

W. C. SHIPLEY, M.D., Cloverdale, Calif.

### Federal Aid for Indigent Consumptives

*To the Editor:*—That the tuberculosis problem is one in which the federal government should be deeply interested, no one can dispute. I think it is open to question, however, as to how the Kent bill—for which Dr. Brown makes a strong plea in his letter to THE JOURNAL of August 5—will solve the problem. On the other hand, there are certain disadvantages to the measure advocated which must tend to increase, rather than to solve, the various problems to be met.

I speak from the point of view of those located at a resort town. It is only such who have any idea of the number of tuberculous invalids from all sections of the country—many in advanced stages and insufficiently provided with means—who migrate to the health resort, hoping that a stay of a few months will arrest the progress of the disease. It is only those living in resorts who have any idea of the number of these persons who become a burden on the community and must either be supported by the charitable institutions or returned to their homes. Now, while at first sight it might seem that the so-called federal subsidy bill would solve the problems connected with the migratory consumptive, I think that a little consideration of the question is enough to convince one that there are certain very decided objections to the plan as outlined in the bill.

I should like to point out, as the first result of the passing of this bill, the increased migration of consumptives; any locality tagged with the government seal would have its difficulties added to, not removed. And though the bill provides

that the individual may not secure federal assistance unless it is shown that he "did not migrate and was not assisted in migration to secure aid under this act," it would be difficult and perplexing to decide just who should be entitled to aid. Dr. Brown has admitted that, in California, 30 per cent. are indigent when they arrive, and 20 per cent. become so within a year. At any rate, those not eligible for admission to an institution must be either supported or returned to their homes.

Again, the government is not doing the state or municipality a favor by permitting application for a subvention; what it is doing, if the subvention be granted, is to permit the quartering of federal or interstate consumptives in institutions intended for use of the local indigent, thus depriving the latter of the full use of institutions which, at best, are able to care for only a small number of the local sick.

Further, it does not seem just or reasonable that the local taxpayer, unable as he is to care properly for his own sick, should be compelled, in addition, to contribute one half the support of the migratory cases of tuberculosis.

Moreover, the migration of consumptives is only a small part of the tuberculosis problem: the bill in no way provides for the most important questions which arise in the case of every tuberculous person discharged from an institution, namely, the questions of proper after-treatment and employment for arrested cases. In fact, I can see few virtues to the bill, but several decided disadvantages.

We do not need the law. If the resolutions of the Executive Committee of the National Association for the Study and Prevention of Tuberculosis expressed last January and confirmed by the board be acted on—resolutions providing for an endorsement of federal participation in the tuberculosis campaign, with the request for a division of tuberculosis in the U. S. Public Health Service, and the suggestion that an advisory council of the latter, or an independent commission for the study of tuberculosis be appointed and financed by the federal government—we shall have a much better weapon with which to fight tuberculosis than by the passage of the Kent bill.

THOMPSON FRAZER, M.D., Asheville, N. C.

### Dr. Lydston vs. Jenner Medical College

*To the Editor:*—In the current prospectus of the Jenner Medical College my name appears as a member of the faculty. I wish to state that I am not, nor have I ever been, officially connected with the aforesaid school. My name, as a faculty member, was used without my knowledge or consent and without any negotiations with the institution bearing on a faculty position. My relations with the Jenner Medical College simply consist in my having consented to give a few special lectures on surgical subjects during the coming term.

G. FRANK LYDSTON, M.D., Chicago.

## Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

### TRANSMISSION OF HEART AND LUNG SOUNDS THROUGH SOLIDS

*To the Editor:*—1. In the *Scientific American*, July 15, 1916, is an article entitled "New Apparatus for Internal Diagnosis." It describes the invention of Dr. J. Glover whereby heart and lung sounds can be read and diagnosed with mathematical accuracy by the fluctuations of the galvanometer. Has this invention proved of scientific value?

F. W. BREMER, M.D., Pittsburgh.

ANSWER.—A description of the principle of this apparatus will be found in *Comptes rendus de l'Académie des sciences*, May 17, 1915. Dr. Glover received the Lallemand prize in physiology in 1915 for his investigations along the line of sound conduction through solid mediums. An article relative to the clinical application of this instrument was published in the *Bulletin de l'Académie de médecine*, Feb. 22, 1916,