

efforts and the expenditure of valuable time and money, he at last resorts to advertising in one or more of the daily newspapers, with more expense and most frequently no favorable returns.

To mention business in any relation to medicine is veritable heresy, but it must be a very dull man indeed who cannot see that active business methods are being used by every one but the physician. The hospital in which he labors is run by business men; insurance companies are run by business men who formulate questions of a very searching nature for the physician to answer when he has any dealings with them through the decease of one of his patients. The local board of health in his own city or town demands very business-like answers to many important questions when he has to deal with a case of infection or contagion, and woe betide him if he does not answer in a very business-like way! In these things there is system, and the medical man is made to abide by it; but when it comes to devising anything to lighten the burdens of the medical man he finds that there is very little system that he can call on for his own aid or benefit. This is to be deplored, as many interesting cases are lost sight of which, if reported, would be of interest not only to the one so reporting the case, but to the medical profession, and possibly of value to humanity at large.

The great handicap—in this country, at least—is the absence of a systematic record of any patient, no matter in what walk of life he may be. The insurance companies, no doubt, have better records than any business concerns. They are vitally interested in preventive medicine, and are only too glad to further any scheme to increase the longevity of any who are insured by them. Though their motives may not be entirely humanitarian, the fact remains that the removals of all those insured by them are accurately recorded, as at regular intervals certain moneys must be paid in order to keep up the insurance. It is really surprising to learn how many hospital patients carry life, health or accident insurance policies, or combinations thereof. Would an insurance company give a physician the address of a patient in whom he is interested if they had it? This would necessitate asking such patients whether or not they were insured. If the answer is in the affirmative and the name of the company is obtained, the doctor could then communicate with the company, giving his reasons for doing so; or, if he prefers, he may wait, and if at any time he loses the address of the patient he may then seek the aid of the company. The former method is the more rational, as then the company would have an interest in the proceedings, and in the event of death could notify the physician, who might not hear of it for a long time after and who in the meantime may have reported favorably on the case, as he would not have done had he known the full course of the condition. This is very important, as statistics are beyond a doubt misleading, not owing to the fault of the compiler, but to erroneous facts honestly given. The insurance companies, if they would, could be of great aid to the physician in these matters, for once a person is insured and pays his premiums he can be located, no matter in what part of the country he may live.

Our medical brethren of the German-speaking countries have their work in this particular direction greatly facilitated by their wonderful police system. Any one who has lived in or even traveled through these countries can attest to this system. Even the tourist is compelled to give a fairly good account of himself, but when one remains for any length of time (especially if living in a pension or with a private family), he then becomes an inhabitant of that particular town in which he resides, and a complete record of him is made. Therefore, when a person changes his place of abode the police department is not only notified of the arrival at the new address, but is also notified of the departure from the old one. On application to the police department, when giving a good reason, any one may obtain the address of another. This is of very practical use to the physician in following up important cases when it becomes necessary to do so. Inhabitants of these countries know that they can be located quickly, and are therefore more easily controlled.

To utilize the local board of health with its police powers seems to be the rational method of handling the problem in this country. This may seem a wide divergence from the functions of the board, but as the reporting of all cases of so-called social diseases is now being contemplated it would not materially increase the burdens of the board to have a few names added to the list. The method of compelling such patients to keep the board informed of their places of residence would, no doubt, be similar to the method of handling struggling or busy physicians—fine or imprisonment when failing to report one of the many reportable diseases. In fact, a new branch of the board of health might be formed—namely, a sort of hospital clearing-house. If a person, whether in medicine or not, would examine the annual reports of two or more hospitals and, selecting any common condition, add up the total number of such cases treated by each hospital, he might be appalled at the number. This is due to the fact that probably more *cases* than *patients* exist suffering from that particular condition. The explanation of this is easy. There are a great number of wandering clinic patients who patronize one hospital and then another, as the whim moves them. In fact, one clinic patient, while removing the clinic card from his pocket, inadvertently removed another one for a similar clinic at another hospital, and on being questioned admitted that he was being treated at two hospitals for the same condition, thus receiving treatments daily. This instance goes to show how fallacious are hospital reports regarding patients unimproved, improved or cured. It also shows that those who support hospitals and those who are giving their time to the hospitals are having their good efforts negated to a great extent by the very ones who are the recipients of these kindnesses.

If the hospitals were required to report daily to the clearing-house branch of the board of health all new charity patients treated by them, and this rule were rigidly enforced, the public would soon learn to abide by the ruling. In this way thousands of dollars could be saved out of the millions that are annually spent in the larger cities. Not only this, but the pauperization of the public would be reduced to a minimum. That hospital abuses exist, out of proportion to the amount spent for real charity, is known to all who are actively engaged in clinical work. Laboring under such unsystematized efforts puts the medical profession in the rear ranks for up-to-date methods. If a new department of the board of health were feasible, much could be done in certain localities. The problem is not going to be solved this year, nor possibly next, but it is high time some concerted action is taken to better the conditions.

To inject a little system, not to say business method, into the following up of the after effects of treatment or operative procedures, or the keeping track of interesting cases, cannot be a terribly unethical departure.

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Strasburg

BERLIN, April 20, 1912.

THE UNIVERSITY OF STRASBURG

To the Editor:—The University of Strasburg under the German régime has taken a new lease on academic life and is surpassing in brilliancy its career as a French school. The German government is on its mettle to demonstrate that Prussian direction means no decadence for the old French university, and has consequently picked out many of the most brilliant minds of Germany to guide the destiny of this most recent offshoot of Teutonic learning. The medical department of the university has been built up with special care. Madehune holds the chair in surgery, Erich Meyer in internal medicine, Czerny in pediatrics, Wollenberg in neurology, Felling in gynecology and obstetrics, Wolff in dermatology, Adrian in genito-urinary diseases, Hertel in the eye, Manasse in ear, nose and throat. Other well-known names are Bethe in physiology, Schmiedeberg in pharmacology, and Schwalbe and Weidenreich in anatomy.

THE PATHOLOGIC INSTITUTE

The work of the modern hospital centers about the pathologic institute. The position of pathologist in the modern university is perhaps the most important and difficult properly to fill. In the case of Strasburg, the German government was unable to find the right man in Germany, and was forced to select an Austrian, the famous Professor Chiari of Prague, for the post.

The university hospital is located about a mile from the university in the poorer section of the old town. It is built on the pavilion plan. Many of the older buildings have steep roofs, with two or three tiers of dormer windows, and date back to French times, when dormer windows were much in vogue in order to escape the high governmental window tax. The pathologic institute lies in the center of the hospital grounds, where it is readily accessible from all the clinics. The institute averages 1,100 to 1,200 post-mortems annually, a thoroughly adequate material for gross, microscopic and bacteriologic purposes. The hospital now contains 1,300 beds.

The pathologic museum dates practically from Professor Chiari's arrival in Strasburg, but is already one of the features of the institute. It is arranged according to anatomic structures. A complete card-catalogue, cross-indexed, according to both organs and diseases, is kept in the room, together with the corresponding history file. The entire clinical and pathologic report of any case in the museum can be obtained by referring to this index. The museum is open to the workers and students of the institute at all times.

The autopsy room looks more like an operating-room than the usual morgue. The amphitheater for demonstrations to the students will compare favorably with the amphitheater in most surgical clinics. It is not unlike the new gynecologic amphitheaters in Vienna, though not so large. The lighting and seating arrangements are much the same.

A separate *Sektions-Saal* or autopsy room for contagious diseases and for cases requiring particular bacteriologic examinations is another source of pride to the professor. This is a valuable addition to the institute, and I do not see why this feature is not more in vogue in foreign institutions, to say nothing of those of our own country. The animal rooms are in the basement; the animal operating-room is also there—not an ideal location, but the only one at present available. Most of the professor's microscopic sections are cut and stained by his own *Dienerin*, a young woman whom he trained for the work, and who, so he says, can do the work better than he himself. The government has been very generous with the institute, and Chiari has never been hampered seriously in his work by lack of funds. Two new clinical buildings are to be added to the hospital in the course of the coming year. They will increase the capacity of the hospital by about 250 beds, and presumably increase the annual autopsies by approximately 200, as the professor naively remarked, with perhaps some satisfaction, for, like all others of the Vienna school, he loves to work on a big material.

PROFESSOR CHIARI

The *Diener*, who met me at the door of the pathologic institute, told me that he knew the professor would be glad to meet an American doctor. Did I want to see him? Of course I did, but I expected much aloofness, after the style of Vienna and Berlin. I was very agreeably surprised. Professor Chiari received me in his private laboratory and addressed me in very excellent English. When he found that I knew Frank Billings of Chicago, I had an established status at once, for Billings worked with Chiari in his student days in Vienna, when Chiari was assistant to the great Kundrat, and they have been fast friends ever since. When he found that I knew, also, Ludwig Hektoen, Robert Preble, H. G. Wells and other American students of former days, he had to get all the latest news about them before proceeding further. Then he took me through the institute. It is as large a place as the pathologic institute at Vienna, but more modern in its arrangement. Everything was spick and span. The professor declares that his only extravagance is cleanliness, and a surgical clinic could not be more immaculate than his institute.

His private library, which long ago outgrew the capacity of his home, has been installed at the institute for the use of the workers there, as well as for himself. He pointed out with particular pride his copy of the *Index Medicus*, something which one rarely sees in European libraries. It is sent to him annually gratis, a compliment he much appreciates. He thinks that he could not work without it now that he has become accustomed to it. If some of the other research workers abroad were more familiar with it, they might save themselves much time in hunting down literature, and might make their references easily more accurate than at present.

The professor cherishes particularly a little black notebook which dates from his recent American trip. It contains the names of those whom he met on his recent American trip, chiefly physicians and former students. It reads like a medical "Who's Who in America." There is scarcely a big name missing in the cities he visited on his trip. If he had done nothing else in his lifetime, he says, he would still feel satisfied when looking over that list, in feeling that he had played a part in making those careers.

FACILITIES FOR POSTGRADUATE WORK

Each of the assistants at the institute has a roomy private laboratory, and there are other laboratories for the various *voluntär Assistenten*, many of whom are foreigners. Chiari has only one American working with him at present, but wishes he had more. He almost invariably finds them hard and earnest workers and intelligent observers.

There is a splendid opportunity here for pathologists, young and old, to come for a longer period of study. In a year one could see about as many autopsies as in a decade in America. He could see them worked up in an almost ideal fashion, and get a most practical training in actual post-mortems and all the laboratory branches connected with them. In a year's time a careful study of the museum's preparations could be carried through, and much could be learned from the collection of microscopic specimens. Time would still be left for a *tuechtige Arbeit*. Clinicians can arrange readily to work half a day at the institute and a half day in one of the clinics, where they would be very welcome. An additional advantage of study in Strasburg for a longer time is that one has a good chance to learn both French and German while working on the patients, for both nationalities are well represented, though the *'Elsässer Dietsch*, as they are called, predominate. The cost of living is half to two-thirds of that in Berlin or Vienna, and there is nothing to pay for courses.

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Bismuth Paste in Acute Suppurations

To the Editor:—The casual reader of Dr. Emil G. Beck's "Warning Against the Indiscriminate Use of Bismuth Paste in Acute Suppurations" (THE JOURNAL, May 25, p. 1622) might infer that I had reported two cases of bismuth poisoning following intra-abdominal drainage by this method. I wish to clear up any ambiguity in this connection and to point out that the only case of serious poisoning was that following curettage of a lumbar sinus of considerable size, in which a large quantity of paste was injected immediately after operation; no provision had been made for drainage and the blood-vessels and lymphatics were still exposed. The case of slight poisoning was a fecal fistula opened retroperitoneally through the lumbar muscles.

In the eleven intra-abdominal sinuses there were no symptoms of poisoning or other untoward effects and while I am prepared to admit that there may be an element of danger in using the paste too soon in acute intraperitoneal sinuses, through the breaking down of newly formed adhesions, this objection is not worthy of consideration in localized intra-abdominal abscess cavities in which adhesions have been forming for months or years.

Every surgeon has encountered cases of secondary abscesses following our present-day methods of intraperitoneal drainage and it is just because these methods are not entirely satisfactory, either as regards painlessness or efficiency, that bismuth paste drainage suggests itself.