

ing year, enacted that the tax on seamen should be increased from 20 to 40 cents per month. It also required that "all moneys received or collected by virtue of this act shall be paid into the Treasury like other public moneys, without abatement or reduction," and appropriated all money so received for the expenses of the Marine-Hospital Service and to the credit of the Marine-Hospital Fund. It enacted, further, "that the Secretary of the Treasury is hereby authorized to appoint a surgeon to act as supervising surgeon of Marine-Hospital Service, whose duty it shall be, under the direction of the Secretary, to supervise all matters connected with the Marine-Hospital Service, and with the disbursement of the fund provided by the act."

Dr. John M. Woodworth of Illinois was appointed in April, 1871, as the first supervising surgeon, and under his vigorous administration the work of reorganization was pushed rapidly. The Service became self-sustaining, and, except for new hospital buildings, no appropriations were necessary for maintenance of the marine hospitals after 1873, whereas prior to that year annual appropriations varying from \$1,000 to \$275,000, and aggregating \$4,830,994.34, had been made by Congress.

(To be continued.)

TRAVEL NOTES.

II.*

IS A TRIP TO EUROPE WORTH ITS COST TO THE MEDICAL MAN?

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On beginning a medical letter the mind is beset with all sorts of doubts. Impressions in anticipation easily fill entertaining and instructive volumes; impressions in retrospect are prone to dwindle especially when they are submitted to that conscientious winnowing which the busy readers of a modern periodical have a right to demand of the writer who ventures to address them.

In the first place, are there not many who consider a medical trip abroad no longer justifiable, since medicine has reached so high a development at home? In the second place, in view of the electric promptness with which events medical in the old world are chronicled in the new, can an ordinary medical traveler without especial literary training hope nowadays to write anything to his colleagues at home which can either interest by its novelty or please by its form?

No matter how great the development of practical and scientific medicine in America has become and may become, notwithstanding the fact that America has produced the most skillful surgeons the world has yet seen, and in spite of the truth that many of the American scientific laboratories and their leaders are now comparable with the best in the old country, there is and must always be some advantage to be derived from medical travel. This advantage varies much with varying conditions it is true. The harvest to be gleaned by the American physician in Europe at the beginning of the twentieth century is a very different one from that reaped by the pioneers of our profession who went to Louis in Paris early in the last century, or those who went later to Virchow and to von Recklinghausen in Germany, or even later still to Pasteur and to Koch. There are now great clinics and celebrated clinicians in America; autopsies are as well performed—often better—in the large cities of the western continent than they are in the European pathologic laboratories; bacteriology numbers among its American representatives men whose researches have given them a fame which will endure; and physiology, anatomy, physiologic chemistry and pharmacology in the United States and Canada are

rapidly entering a veritable "blooming-period." Formerly the young medical man who wished to develop himself medically beyond the point to which the undergraduate training brought him was almost forced to seek a foreign laboratory, a foreign clinic, a foreign master. To-day in our great universities and in some of our post-graduate schools the young graduate can find not only adequate, but almost luxurious laboratory facilities; in almost any branch a master is at his disposal able and willing to lead him into the higher regions of the subject he represents, ready to make the journey with him to the outermost limits of our present knowledge in a given field, and even to thrust him out into unknown territory where, if he have enthusiasm, talent and industry, and especially that much rarer gift, originality, he may by himself make new observations, construct heuristic hypotheses and perform fruitful experiments leading to the advancement of our science.

Why then, with all these advantages at home, should the American physician think of going abroad? Certainly not to obtain a medical degree through the ordinary undergraduate training. In Canada, still, among the more conservative descendants of Scotch and English settlers, it may be of advantage in practice to have the letters M.R.C.S. and L.R.C.P.—formerly so full of magic—appended to one's name and to have the comment current that Dr. So and So has "walked the London hospitals"; in some intensely German-American settlements in the United States the possession of a German doctorate is said even yet to hasten the progress of the aspirant to family practice toward the goal he seeks, but among the great mass of American and Canadian people, it is safe to say that a degree from the better home schools is valued fully as highly, if it be not preferred to one made in Germany, in Great Britain or in France.

The general advantages of foreign travel—the widening of one's experience, the increase in knowledge of the world, of men and of manners, the visiting of great collections of the best products in art, science and letters, the contact with older civilizations, the illumination of history and geography, the acquisition of modern languages in the countries in which they are actually used, to mention only some of them—are these enough, in themselves, to make a European trip desirable for an American physician? Were they the only advantages to be gained, would they compensate for the time and expense involved? I think it is a question for each individual to decide for himself. Where taste inclines and personal and financial relations permit, I imagine that, even in the absence of distinctly medical profit, such a trip would be worth while. It is unfortunate that, too often, where the desire is greatest and the capacity for enjoyment and profit of the highest, there are insuperable hindrances in the way. It would seem a pity, on the other hand, that, sometimes, men, little fitted by nature or education to share the good or enjoy the beautiful, have the opportunity to go to Europe, where, swaggering through, they leave behind them an impression by no means favorable to the country of their origin (or adoption) or to the profession which they fail to honor; happily these are rare and are growing ever less in evidence.

But aside from the general cultural effects of intelligent travel, there are certain specifically medical advantages that every physician may derive from a well ordered journey in Europe. Above all else, perhaps, may be counted the widening of his horizon and the development of his critical powers, regarding matters medical, through comparison. This comes from travel proper, through several medical centers, and the observation of many workers in the branch in which the traveler is interested, rather than through a prolonged residence in one place, though the latter yields benefits which the former can not give. The sharpening of the critical faculty by comparison is all the more desirable for the American physician in that in his undergraduate days he rarely has the opportunity, as the German student does, of wandering from university to university, from one laboratory or clinic to another. The wandering physician has, however, this advantage over the wandering student, that it is only after graduation that one really has a foundation broad enough to become intelligently critical. To watch the routine of a number of equally famed professors of

* The first article in this series was by Dr. Nicholas Senn, in THE JOURNAL, July 23, 1904, p. 261.

internal medicine, for example, has a most broadening tendency on the developing internist; while one man's interest and emphasis lie in a certain direction, another may overlook the importance of this and exert his energies toward an entirely different quarter; the traveling physician, staying long enough in each place to become acquainted with the methods and ideals of each worker, may appropriate to his use the excellences, and will have impressed on him the deficiencies, of the various men whom he meets.

Nothing contributes more to liberal-mindedness, to broad medical cosmopolitanism, to the dissipation of a narrow Chauvinism than a first-hand acquaintance with the methods and results of medical workers in different lands and in different places in the same land. I am reminded of the assertion of Peer Gynt, that, though born in Norway he had become a citizen of the world, getting his luck from America, his well-filled bookshelves from Germany, his clothing, wit, esprit and cynicism from France, his powers of work and thought and some egotism from England, his patience from the Jews, a little *dolce far niente* from Italy, and his courage from the Swedish steel in his blood. To become a medical *Weltbürger*, one must learn to appreciate the virtues of his fellow-craftsmen of all nations. If a man really becomes, like Ulysses, a part of all that he has met, it surely behooves him to meet with and assimilate as much of what is great in the world as he can.

Again it is a signal advantage to a physician to learn personally to know the men of whose work he has heard and whose writings he has read. The student's whole perspective of the medical world is altered by the extension of personal acquaintance. Past judgments of medical work are modified and future criticism is in large measure controlled through impressions formed in the face-to-face encounter. A paper which might have pleased by its plausibility is sometimes robbed of import by the palpable weakness of a physiognomy. And, though less often, perhaps, we learn to place confidence in the contributions of a man whose countenance and character force conviction where his writings, in themselves, might have left us in doubt.

The period of development in which a medical trip abroad is taken should influence greatly the ordering of the journey. The needs and possibilities of the recent graduate are very different from those of the older practitioner or of the experienced investigator: there are advantages and disadvantages inherent in travel at each stage. Perhaps the majority of men who go abroad do so soon after graduation and after a year or more of experience as hospital interne or as assistant in private practice. And this is the time, I think, when foreign travel does most good. The traveler has all the advantages of youth and unimpaired enthusiasm: he is keen, earnest, impressionable; his ideals are still in a state of flux; his virginity of sense more than compensates for his lack of experience, ignorance of his powers, indecision as to his course, and poverty of purse.

The older and more experienced physician, on the other hand, knows more accurately what he wants and may set about getting it in a direct way; he has found out what he can do and what he can not do; the knowledge of his limitations permits of concentration in his special field and prevents unprofitable excursions outside its boundaries. Moreover, the older medical traveler, while perhaps never profuse of money, is more often in the fortunate position where he is able financially to avail himself of the best opportunities for work, a condition not to be too lightly considered in planning a medical trip in Europe. For while traveling and living in most European countries is from one-third to one-half cheaper than in America, still if one is to benefit fully by his trip abroad, he should not have to ponder too seriously the expenditure of an extra mark or lire. It has seemed to me sometimes that men have gained less from a whole year of straitened living in Europe than they could have acquired in a few months with the same total money outlay. The possibility of being "penny wise and pound foolish" ought ever to be borne in mind by the economically inclined, and that a large number of American medical men in Europe are, perforce, economically inclined, notwithstanding

the prevalent opinion among Europeans to the contrary, one can easily convince himself by living and working among them.

A medical year abroad may often come as a boon to a busy American professor, or an overworked American practitioner. The Sabbatical year, adopted by some of our universities, or an equivalent thereof, is an institution which should be generally encouraged. Even in private practice, the possibilities of the Sabbatical year should not remain unconsidered. Such a year not unfrequently gives a new lease of life to him who is lucky enough to get it. The Israelites murmured at their manna; the sameness of the daily grind too often gradually undermines the nerves. An entire change of work and environment does wonders for a man's physical and mental well-being. If the year be spent in intelligent medical work away from home, away from one's own university, or one's own practice, the sense of leisure felt and the freedom from responsibility gained go far to make the period one of the happiest and most profitable in a life's experience. I assume, of course, that the desire for medical travel and for medical work exist, for in its absence, a year so spent might be a waste of time as well as reach the "tragic bitterness of boredom."

I assume also that the "impediment of tongues" for the prospective traveler is not insuperable; it is essential for a satisfactory trip that one be able to understand the spoken word (not simply the written page) and to speak, himself, passably the language of the country in which he makes his longest stay, and it is desirable to be able at least to smatter the languages of all the countries through which he travels, even if he do not speak them with elegance. The difficulties of smattering a number of foreign languages are frequently overestimated; on the other hand, the difficulties of getting a tolerably firm control of even one modern language other than one's own tongue are usually, I think, underrated. How many an American physician has returned from Germany or France uninterested in the work seen and in the men met, severely critical of everything German and French chiefly because of the barrier of speech! Not everything German is worthy of imitation; there are hosts of things medical and surgical in which Germany would do well to imitate America, but it is really only fair to make sure that one understands before he wholesales condemnations. The French physicians have their own peculiar skill and acumen, their own clear methods of presentation, their own ingenuity of experiment. It is a pity that these uniquely French characteristics should be missed simply on account of difficulties with the language.

(To be continued.)

Effects of Lightning.—The *St. Petersburg med. Wochft.* of Jan. 23, 1904, contains a report by E. Rippe of a catastrophe in which 22 members of a troop were more or less injured by lightning which struck the stable in which they were engaged. All were rendered unconscious but most of them recovered consciousness in fifteen minutes. None of them saw the lightning nor heard the thunder. Fifteen were able to resume work after a few minutes, but 7 were seriously injured. One man exhibited convulsions and another delirium persisting for two days. Nearly all complained of dull headache and sound in the ears—all evidently symptoms of a concussion and hyperemia of the brain. The spinal cord was likewise affected in one case, as disturbances in urination were observed. The effect of the lightning on the peripheral nervous system was manifested in a paretic condition of one or more limbs, usually the legs. In some cases there was cutaneous anesthesia or hyperesthesia. The peripheral symptoms had all subsided by the end of a few days. One of the men presented transient symptoms in the lungs indicating hyperemia with hemorrhages, but these symptoms soon disappeared. He gives illustrations of some of the ramifying burns on the skin—the "lightning pictures," and remarks that the anatomic findings in the men and horses killed were strikingly similar, testifying to hyperemia and hemorrhage in the brain substance and also in lungs, liver and kidney. The right heart was empty and the spleen did not seem to be affected.