

Now that physicians have been aroused to take cognizance of conditions that prevail, or have prevailed, regarding proprietary medicines, it seems reasonable to suppose that they will seek to remedy the glaring defects of the National Formulary—one of the two official standards for the quality and strength of drugs.

Correspondence

Training for Public Health Officers

To the Editor:—In THE JOURNAL, Feb. 20, 1909, appears an excellent and timely article by Dr. J. W. Kerr of the U. S. Public Health and Marine-Hospital Service, on "The Municipality and Its Relations to Transmissible Diseases." In that article (page 610) the author deplors the fact that the systematic, practical teaching of hygiene, sanitation or preventive medicine, as it may be called, has been and is conspicuous by its absence from the curricula of American schools.

He states: "There is now practically no provision for such advanced study, and no institution in our country offers a course leading to the granting of the degree of doctor of public health." It was that statement that called forth this communication.

For a number of years the University of Pennsylvania has recognized the need for trained men in public-health work. Just how to meet the requirements could not, *a priori*, be said. Systematic lectures on the subject to the senior medical classes with obligatory attendance and final examination proved to be only in part a solution.

There are phases of the subject that can not be grasped without practical work, and a good deal of it. The manifold demands of a modern course, leading to the degree of doctor of medicine, makes it inadvisable, if not impracticable, to assign a sufficient number of hours in course properly to equip the individual for the many-sided responsibilities of a health officer.

The education of a person who is to direct the public-health affairs of a community deserves the same careful consideration accorded to the other specialties in medicine. The University of Pennsylvania, being conscious of this, offered in 1906 a course leading to the diploma of public health, and in so far as I am aware, that course, projected along the lines followed by the English and Scottish universities, is the first of its kind offered in this country.

Since the announcement of that course, a number of praiseworthy efforts by other universities have been made to excite public interest in this important subject. These efforts in the main, however, have been in the way of didactic lectures, in some cases to medical students, in others, as more or less semi-popular lectures designed for the busy practitioner and the intelligent layman. None of them contemplates a formal reward on the part of the university to those who take the lectures, except in one or two instances where credit is given to students attending them. In a few cases, attendance on such lectures, given in medical courses, is compulsory; in others, the lectures are voluntary or elective.

In 1908 the University of Toronto announced an excellent course of instruction very similar in its essential details to that offered by the University of Pennsylvania.

Though opportunities for instruction in public health are offered, it can not be said that they lead to a degree; that they are general on the part of the universities; or that many students avail themselves of them. There is a reason for the latter statement. At present, scientific equipment and practical familiarity with the needs of the work are not everywhere demanded as the prime qualifications for the health officer; there are too frequently other considerations, but these need not be discussed here. However, the strenuous effort toward the betterment of things exhibited in our daily and weekly newspapers, our popular magazines and our professional journals, must in the end bring the public to realize that of all the branches of municipal, state or federal

governments, none is of more importance, and none requires a higher order of broadly trained men, than those having to do with the safeguarding of the public health.

When demand for such men is generally made, when trained men can see an opportunity to utilize their special equipment in public-health work, then and not till then will universities and other educational institutions provide the opportunities for training.

A. C. ABBOTT, M.D., Philadelphia.

The Relief of Dr. Carroll's Widow

WASHINGTON, D. C., March 29, 1909.

To the Medical Profession:—The following resolution was adopted by the Legislative Council of the American Medical Association at its meeting in Washington, D. C., in January, 1909:

Resolved: That a committee composed of one member of the Medical Department of the Army, one of the Medical Department of the Navy, one of the Public Health and Marine-Hospital Service, one member of the District of Columbia Medical Society, and one member to represent the profession at large, members of the council, be named by the chairman, and instructed to present to the different medical services of the government, the District of Columbia, and the profession at large the conditions of distress under which the widow of our hero brother, Major James Carroll, is placed, and suggest or help to devise such plan and action as may speedily bring relief.

The chairman appointed the following committee: Major M. W. Ireland, U. S. Army; Surgeon W. H. Bell, U. S. Navy; Surgeon John F. Anderson, U. S. P. H. and M.-H. S.; Dr. John D. Thomas, District of Columbia; Dr. A. S. von Manskafel, Nebraska.

At the death of Major Carroll, Sept. 16, 1907, his family was left practically unprovided for. There was a small insurance policy, and a short time prior to his death Major Carroll had begun making payments toward the purchase of a home in Washington. A mortgage of \$5,000 remains unpaid on the house and a further debt of \$2,300 secured by notes payable at the rate of \$50 a month. Congress allowed Mrs. Carroll \$125 a month, and on this amount depends the support of herself, the aged mother of Major Carroll and seven minor children. It is utterly impossible for her to make the payments on the house, and unless assistance is speedily forthcoming she will lose it.

It is certainly needless to repeat to the members of the medical profession of this country the distinguished service of Major Carroll as a member of the yellow-fever board in Havana when he submitted to an experiment to prove that the disease was transmitted by a mosquito. He suffered a severe attack of yellow fever and for a time his life was despaired of. This illness left him with a disabled heart, which eventually cost him his life. It is believed that every physician is willing to contribute toward saving the home of the widow and orphans of this hero.

In response to this resolution, your assistance is invited toward the attainment of the worthy object expressed in the above resolution.

The following contributions to the Carroll fund have been received:

Officers of the Medical Corps, U. S. Army.....	\$1,500.00
Officers of the Medical Department, U. S. Navy.....	400.00
Officers of the U. S. P. H. and M.-H. S.....	300.00
Officers of the District of Columbia.....	210.00
Mrs. Frances E. Hand, New York City.....	50.00
Dr. Eugene A. Crockett, 298 Marlborough St., Boston.....	5.00
Dr. Edmund A. Christian, Supt., Eastern Michigan Asylum, Pontiac, Mich.....	1.00
Dr. W. E. Clark, Frederick, S. D.....	5.00
Dr. George W. Gay, 665 Boylston St., Boston.....	10.00
Dr. L. Hektoen, Memorial Institute for Infectious Diseases, Chicago.....	5.00
Dr. Emil King, Fulda, Minn.....	1.00
Dr. John A. Koch, Quincy, Ill.....	5.00
Fountain and Warren Medical Society, Attica, Ind.....	12.95
	\$2,504.95

M. W. IRELAND, Chairman.

[Contributions for this fund are earnestly requested from physicians. Make checks, drafts, etc., payable to Major M. W. Ireland and send them to him at the office of the Surgeon-General, War Department, Washington, D. C. Acknowledgment of subscriptions will be made in THE JOURNAL.]