

fever is a specific infectious disease, not a modified form of typhoid fever or of paratyphoid fever and the disease is transmitted naturally by the louse. Much that is interesting concerning the views and work of previous investigators in their attempts to differentiate this infection from other infections is discussed in Chapter III. of the Report. Chapters I. and II. give a brief idea of the organization and planning of the research and the symptoms and course of the disease. Chapters III., IV., V. and VI. deal respectively with the specific value of trench fever; the occurrence and nature of the virus of trench fever; its etiology; and the method of transmission of trench fever. In each of these four chapters previous views and investigations are carefully compared with the present investigations of the commission. The remaining chapters give details of the blood-transmission experiments and conclusions reached from them; of the bacteriological study of blood, feces, and urine in trench fever cases and of the volunteers employed before infection; of the agglutination reactions for organisms of the enteric group in spontaneous and experimentally produced trench fever; of the first group of transmission experiments with *Pediculus humanus*, Linn., and the conclusions reached from them; of the second group of transmission experiments with *Pediculus humanus*, Linn., and the conclusions reached from them; of the experiments regarding the filterability and thermal death-point of the virus and the infectivity of the excreta in trench fever; clinical investigations regarding the experimentally produced cases of trench fever, and clinical histories and temperature charts.

The report is replete with references from medical and surgical journals and a great many plates, showing the methods of infecting the lice and the volunteer subjects with the virus, aid in making the descriptions clear. The eighty complete case histories are each accompanied by the clinical chart, and various other charts are shown illustrating the different types of fever which developed as a result of different methods of inoculation. Tables illustrating the blood-transmission experiments, agglutination charts and tables, and tables illustrating groups one and two of the louse-transmission experiments are printed in full.

The fact that trench fever was unknown to the medical profession before the present war

and that it stands second on the list of diseases causing wasting from the fighting line prove that the results of the work of the Medical Research Committee of the American Red Cross, in discovering the cause and transmission of the virus, have contributed most materially to the progress of preventive medicine.

#### STANDARDS OF THE DEPARTMENT OF HEALTH AND SANITATION OF THE UNITED STATES SHIPPING BOARD EMERGENCY FLEET CORPORATION.

A BULLETIN recently issued by the United States Shipping Board Emergency Fleet Corporation describes the standards of the Department of Health and Sanitation. This corporation has undertaken a tremendous industrial task, which could not be accomplished efficiently except under hygienic and sanitary conditions most considerate of the health and vitality of the working force.

Many employers have found it advisable to determine the condition of health of a worker at the time he enters the employ of the company and at intervals afterwards. This procedure benefits both the employer and the workman. Physical examinations properly carried out will bring to the attention of the examining physician any communicable disease with which the applicant might be afflicted and which might be communicated to his fellow-workmen. Applicants for employment suffering from minor ailments or condition of ill health should not necessarily be excluded from employment, but should be given work for which they are best suited.

Shipyard managers are requested to conform to the regulations of the local and State health authorities in the control of communicable disease by allowing no employee to return to his work after an illness until the danger of conveying infection has passed. In the control of venereal disease, active assistance will be given to any shipyard management desiring it. Vaccination for smallpox is compulsory and for typhoid and paratyphoid optional. Minor ailments, cuts, and scratches should be given immediate medical treatment. For the surgical treatment of wounds the use of dichloramine-T and chlorococane is recommended.

The following staff is considered the minimum requirement for the proper treatment and care of employees in the shipyard plants:

Plants employing under one thousand men should have a first-aid attendant or trained nurse for each shift and two doctors on call. The first-aid attendant should have taken a regular course in first aid. In plants employing over one thousand men, a resident physician should be employed and should be furnished with such assistance as the size of the plant and work to be done demand. In plants where a dispensary is required it is desirable to have a physician resident in the dispensary. Plant physicians must have a license to practise medicine in the State in which the plant is located. First-aid treatments may be rendered by nurses or attendants. All redressings should be overseen by a licensed physician and first-aid treatment should be supervised whenever possible.

Three types of facilities for the treatment of injuries and illness at shipyards are discussed in this bulletin: (1) The first-aid station; (2) a dispensary, and (3) a plant hospital. The first-aid station is the unit recommended for plants employing up to one thousand men. In no case should first-aid treatment be given in the yard office. A specially assigned room should always be provided for the first-aid treatment. A dispensary is necessary for plants employing from 1,000 to 2,500 men. A first-aid station, located at a convenient point within the grounds, should supplement the dispensary for each 2,500 men employed. The need of a plant hospital depends largely upon available hospital facilities in the vicinity. A plant employing a relatively small number of men, and in a situation remote from adequate hospital facilities, would be much more dependent upon its own resources than a plant employing many more men, but with nearby hospital facilities immediately available. With this consideration in mind, each plant should make adequate provision for the hospital care of its injured employees.

In regard to sanitary problems, restaurants and lunch rooms, and the question of housing, the standards described in this bulletin are the highest. The first consideration is the health and comfort of the employees, thereby increasing the industrial efficiency of the entire shipyard organization.

## STATE REGULATION OF THE PRACTICE OF MEDICINE.

THE American Medical Association has issued recently a pamphlet entitled, "State Regulation of the Practice of Medicine," by Frederick R. Green, A.M., M.D. The author reviews the problem of medical legislation, and gives reasons why the function of regular medical practice should be transferred from legal to public educational authorities. In spite of the efforts of the medical profession to enact laws for the welfare of the public, it has not been able to maintain its standards, for almost every cult, however unscientific and absurd, has found, after sufficient effort, legal support for its practice.

This pamphlet gives a brief survey of the history of efforts to restrict to certain individuals the power of treating the sick. Medical legislation has been restrictive in this country, and may be divided into four epochs. In colonial days the practice of medicine was in general unrestricted. Beginning in the 19th century, the public left examining and licensing to members of the medical profession. In the third period, from 1840-1852, former legislation was repealed, partly because of the growth of sectarianism. The fourth period, beginning in 1870, is characterized by the development of modern medicine, surgery and bacteriology. Professional competition increased, and the need of professional standards was emphasized. The State was given the power of examining and licensing. This involved many decisions by the courts, which were often influenced by sectarian prejudices. This step has led to the establishment of legal principles, which, whether acceptable or not to the medical profession, are final and irrevocable.

The attitude of the medical profession is shown by the fact that only about ten per cent. of physicians take interest enough in this legislation to give it active support. Protection of the public against incompetent practitioners is a public function, and the burden and expense of securing this protection should not be left to the medical profession. The attitude of the public has been a disinterested one, because it has thought, quite unfairly, that medical practice acts were enforced in the interest of physicians rather than for the sake of the people. The responsibility of restricting treatment of the sick should be left to those whom it con-