

## QUOTATIONS

### PUBLIC HEALTH IN GERMANY

THE *Nieuwe Rotterdamsche Courant* of April 14 writes that there must be a drastic overhauling of the methods of training physicians. "The whole medical education must be revised and given another spirit. The medical problem is not the treatment of a sick individual, dissociated from his environment, but the combating of the illness of a member of the community, which is paid by the community, ordered by the community and responsible to the community. The state can not allow such an important class as the medical class, which holds in many ways a key position in the new society, to remain apart from the community and to be kept apart because the medical teachers fail to appreciate their vocation. New teachers must be carefully chosen, because they must be fit to educate the new generation of physicians in the principles of the physicians' new communal task in every sphere of medical science."

*L'Oeuvre* of April 19 states that "the discontent of the medical profession can not be denied. Many of the members of the Council of the Order, themselves—with the exception of a few young men somewhat prematurely appointed, won over from the start to the methods of the iron fist and favoring authoritarian decisions—view with some disquiet the upsetting of professional traditions which were a guaranty for the patients as well as for the physician and which it is not enough to call 'routine' to render ineffective. There is no art in which it is more necessary to have long experience before passing judgment. The decrees which Vichy produces each day by the dozen, replacing the unwritten laws, are particularly severe for the medical profession. New tasks are perpetually being imposed, while its independence and possessions are ceaselessly diminishing. If there is any need to reduce the gasoline ration, the authorities take care not to tamper with the rations of the black market or of private cars which still take women and children for rides in Paris, but the cars of the country doctors are the first to suffer. And the last possessors are made to become co-proprietors of their car, regardless of whether the doctor they share with has the same rounds or not. As for the patients, who cares? One would like to know the bureaucrat who conceived this bright idea. The obligatory contributions for family allowances are three times as much for the medical profession as for any other. Why? Because the state subsidizes all other funds except those of the physicians. Why this exception? And the physician is now inflicted with far more graceless tasks than ever before. Medical certificates are perpetually in demand for the diets of his patients, for

the wood and coal rations of old people and for the layettes of newborn babies. When the physician comes home, tired out with long walks and climbing innumerable staircases, he is faced with reams of clerical work, with all the certificates which await him. He also is responsible for all prophylactic measures against infectious disease and for the keeping up to date of statistics at the health services of the prefecture. He is now asked to point out to these same services those of his patients suffering from venereal diseases. The whole medical profession has risen in arms over this point, such a request to denounce one's patients being in fundamental opposition with the principle of professional secrecy. However lofty the motives of the venereal specialists in their fight against this disease, even though this denunciation is made into a contribution to statistical work, even though it is restricted to such patients as refuse to have intravenous injections over an indefinite period, it is distasteful to all physicians to practice with their patients such methods as are used only in the barracks and the brothel. Besides, the patients are wary nowadays. They pay their fee in cash and do not give their names. And the doctor has no more right to ask for their names than the priest in the confessional. . . . Is the medical profession still a liberal profession or is it to become a form of civil service?"

*DBN* of April 27 reports from Rowne that the German Sick Fund Institution for the Ukraine has been created for the reich Germans, who are carrying on their important work of reconstruction in the Ukraine, hundreds of kilometers from the homeland. Its task is to look after the maintenance of the health and the recuperation of all the reich Germans active in the Ukraine. Every reich German active in the reich commissariat of the Ukraine must contribute to this institution, if his income is under a certain amount, just as in the reich. In contrast with the reich, the Germans in the Ukraine are insured if their incomes are less than 600 marks a month, whereas in the reich the limit is 300 marks a month; this is because of the special importance of health conditions in the Ukraine area. Voluntary participation in the scheme is also possible. As double insurances are not permissible, those active in the Ukraine must have withdrawn from the sick funds to which they belonged in the old reich; but this withdrawal is only temporary. The membership of a sick fund in the reich lapses for the period of activity in the Ukraine.

The new institution will not be inferior in its benefits to any similar institution in the reich. The

contributions will be about as high as those in the reich. For those reich Germans who still draw their pay in the homeland, the contributions will be paid into the general sick fund of Katowice (Upper Silesia). Reich Germans in the Ukraine and their families in the reich will each receive a certificate enabling them to go to any doctor according to the system of free choice of doctors. By the creation of this sick fund institution a great work has been started, and the social welfare of the reich Germans in the Ukraine in the field of health insurance has been assured.

The Swedish trade union paper *Fackföreningsrörelsen* of April 24, in an article on the German labor situation, states that various regulations have been published against taking sick leave, especially in the armament factories. Press campaigns and meetings explain that to take holidays because of sickness is paramount to treason. In this connection it may be mentioned that the health condition of the German people has already been largely undermined by many years' hard work. The *Reichsgesundheitsblatt* con-

tains sensational figures about the registered cases of illness in the reich over a period of forty-eight weeks in 1939 and in 1941:

	1939	1941
Diphtheria	128,897	154,752
Scarlet fever	119,730	226,755
Tuberculosis	69,502	88,312
Paratyphus	2,648	3,800

During the first twenty-five weeks of 1939 there were 6,135 cases of dysentery against 12,705 during the same period of 1941. Similar figures are shown for whooping cough. Compared with the difficult years preceding national socialist rule, these illnesses increased by from 500 to 800 per cent. The difficult conditions in Russia must have caused even these figures to rise greatly last year.

To increase the capacity of overworked soldiers and workers, more extensive use is being made of stimulants such as amphetamine. A luftwaffe doctor recently considered it necessary to issue a warning against such preparations in the *Deutsche medizinische Wochenschrift*.—*Journal of the American Medical Association*.

## SCIENTIFIC BOOKS

### POLIOMYELITIS

*Neural Mechanisms in Poliomyelitis*. By HOWARD A. HOWE and DAVID BODIAN. 234 pp. New York: The Commonwealth Fund. 1942. \$3.50.

THE book entitled "Neural Mechanisms in Poliomyelitis" is a collection of previously published work on poliomyelitis carried out by Drs. Howe and Bodian. About 80 per cent. of the contents of the book appeared during 1941 in the *Bulletin* of the Johns Hopkins Hospital and with the exception of some cementing remarks the remainder is derived from the British publication *Brain*, from the *Journal of Experimental Medicine*, the *Proceedings* of the Society for Experimental Biology and Medicine, and the *Journal of Infectious Diseases*. While this book presents nothing new to those active in the investigation of poliomyelitis who have come to await eagerly and to digest each new publication of Drs. Howe and Bodian, it is, nevertheless, a most welcome volume because it brings together in systematic rather than chronological order the results of a series of investigations to which repeated reference will be found necessary and profitable by seasoned as well as beginning students of poliomyelitis and other neurotropic virus diseases.

A review of this book, therefore, is equivalent to an examination of the contributions which these investigators have made to our knowledge and understanding of the neural mechanisms in poliomyelitis. The work was begun about five years ago at a time when

a great deal of data had already been accumulated on the behavior of many viruses (including that of poliomyelitis) with a special affinity for the nervous system. Because in addition to their obligate intracellular parasitism these viruses possess the unique property of spreading along specific nerve tracts in the peripheral and central nervous systems, it became increasingly clear that the mechanism by which they infect susceptible hosts could not be investigated properly without a thorough knowledge of the terrain over which they moved. Investigators whose primary training was in viruses had to become students of neuroanatomy before they could proceed. It was particularly appropriate and fortunate, therefore, that Drs. Howe and Bodian, whose basic training and contributions had been in the field of experimental neurology and neuroanatomy, should have entered upon the study of the neural mechanisms in poliomyelitis. In order to build upon a solid foundation much of their work consisted of a repetition and elaboration of the work of other investigators. Thus, they were able to confirm and adduce additional evidence for the following concepts: (1) that the virus of poliomyelitis moves along the axon rather than along the other structures of peripheral nerves; (2) that in the central nervous system (CNS) the virus acts only upon the neurons and not on any of the other structures, the mesodermal-glial component of the characteristic pathologic lesion occurring only in response to the neuron-virus reaction; (3) that the dissemination of the virus in the nervous