

Correspondence

"Hyoscin-Morphin-Cactin Anesthesia."

NEW YORK, Dec. 24, 1907.

To the Editor:—I beg to call your attention to a passage in the article with the above title in THE JOURNAL, December 21, which seems to do injustice to our journal. On page 2106 a paragraph is quoted from the *New York Medical Journal* of October 19. The paragraph in question appeared in our advertising columns, not in our reading pages.

FRANK P. FOSTER, Editor.

[The above is true; the paragraph quoted appeared in the department of "Therapeutic Items," which is composed of "reading notices."—Ed.]

Miscellany

THE PUBLIC HEALTH SERVICE.

Description of the Work and Requirements for Admission to the Commissioned Corps of the Public Health and Marine-Hospital Service of the United States.

[This article is published with the approval of Surgeon-General Wyman, and was prepared to answer in full questions regarding this service that are continually being received by us.—Ed.]

I. QUALIFICATIONS FOR ENTRANCE.

Commissioned medical officers of the Public Health and Marine-Hospital Service of the United States are appointed by the President, by and with the advice and consent of the senate, and no persons are appointed until after passing a satisfactory examination in the several branches of medicine, surgery and hygiene before a board of medical officers of the said service. Examination is conducted according to rules prepared by the Surgeon-General and approved by the Secretary of the Treasury and the President. No applicant is eligible to appear before a board of examiners if his age is less than 22 or more than 30 years, and, as a preliminary to a recommendation by the Surgeon-General for appointment as assistant surgeon, the applicant must have been graduated in medicine at some reputable medical college, and must have passed a satisfactory physical, academic and professional examination before a board of commissioned officers. The applicant must submit his diploma or a certified copy thereof to the board.

Examination.—The maximum mark in any one branch of the examination is 100, and no applicant is recommended for appointment who fails to receive an average grade of 80 in the ratings on the subjects on which he is examined. All academic and professional examinations for appointment are conducted by the board, and the order of examination is: 1, physical; 2, academic; 3, professional; 4, clinical; and 5, personal (including general aptitude and moral fitness).

Physical Examination.—Any one of the following defects is considered sufficient cause for rejection: decided cachexia, permanent defects of either of the extremities or articulations, unnatural curvature of the spine, impaired vision (not including errors of refraction corrected by glasses), color-blindness, chronic disease of the ears, deafness, chronic ulcers or cicatrices of old ulcers likely to break out afresh, chronic cardiac affections, insufficient chest expansion, hernia, sarcocele, hydrocele, stricture of the urethra or rectum, fistula in ano, hemorrhoids, varicose veins of the lower limbs (unless slight), stature less than five feet. In addition to the above, the existence of any disease, physical deformity or abnormal condition of such character as to incapacitate the candidate for the performance of duties will be cause for rejection. The examiners pay special attention to conditions that may impair efficiency or cause early placing on "waiting orders," such as hereditary diseases, overstrain of nervous system, impaired vitality from excesses of any kind. Applicants are required to certify that they believe themselves free from any ailment (mental or physical) which would disqualify them for active service in any climate.

The board examines the applicant orally as to his proficiency in general literature, language, history, and such branches of general science as they may in their discretion think pertinent.

The written examination of applicants for appointment consists of questions on: 1, Anatomy; 2, physiology; 3, chemistry; 4, materia medica and therapeutics; 5, practice of medicine;

6, practice of surgery; 7, obstetrics and diseases of women; 8, hygiene; 9, pathology and bacteriology; 10, reports on selected cases at a hospital (these cases are selected by the examiners so as to give two—one medical and one surgical case—to each applicant).

This examination further consists of such inquiries as may tend to develop the general aptitude of the person for the special duties required of a commissioned officer in the service, and to show his moral qualifications for the position of trust and responsibility which he will assume when appointed.

When practicable, applicants for appointment are required to perform such surgical operations on the cadaver as may be directed by the examiners.

II. SALARIES AND FINANCIAL PROSPECTS.

The compensation of commissioned officers is fixed at a uniform rate for each rank, as follows: Assistant surgeons-general receive \$2,900 per annum, surgeons receive \$2,500 per annum; passed assistant surgeons receive \$2,000 per annum; assistant surgeons receive \$1,600 per annum. The officer in charge of the miscellaneous division of the bureau receives \$2,000 per annum. After five years' service an additional compensation of 10 per cent. on the annual salary for each five years' service is allowed commissioned officers above the rank of assistant surgeon, but the maximum rate shall in no case exceed 40 per cent. Officers placed on waiting orders for a period longer than two months, while so placed receive 75 per cent. of the pay and increase received by said officers at the date on which they were placed on waiting orders, provided that no longevity increase of pay is allowed for any period of time elapsing while placed on waiting orders.

When a commissioned officer is serving on active duty where there are no quarters belonging to the service, he receives commutation for quarters at the following monthly rates, viz: For surgeons, \$50 a month; for passed assistant surgeons, \$40 a month, and for assistant surgeons, \$30 a month. When on duty on board a revenue cutter or quarantine vessel, or on waiting orders, officers are not allowed commutation.

Commissioned medical officers, when on duty in a foreign country, unless on special temporary duty, receive commutation at the following rates: For surgeons, \$90 a month; for passed assistant surgeons, \$85 a month; for assistant surgeons, \$80 a month. This regulation applies also to officers serving at any port beyond the geographical limits of the United States as they existed Jan. 1, 1898. Officers traveling under orders are allowed actual expenses.

Assistant surgeons, at the expiration of five years' service, are entitled to an examination for promotion to the grade of passed assistant surgeon, and are ordered to appear before a board of commissioned officers for this purpose.

A vacancy in the grade of surgeon is filled by promotion from among the passed assistant surgeons who are eligible in the order of seniority, after having passed a satisfactory professional examination in writing in the practice of medicine, surgery, hygiene, hospital and quarantine management, and regulations of the service, in addition to a physical examination.

When an officer reports himself or is reported unfit to perform his official duties by reason of disease, injury or age, he is ordered by the Surgeon-General, if in his opinion it is necessary, to appear before a board of commissioned officers, and if it appears that it is the result of disability incurred in the line of duty, he is recommended for "waiting orders" or for special duty of a light character. The law and regulations providing for the placing of an officer on waiting orders have all the effect of retirement for disability with the additional advantage that the removal from duty may be temporary or permanent, as best fits the needs of the case.

Work of Service.—The Public Health and Marine-Hospital Service of the United States is an outgrowth of the Marine-Hospital Service, dating from 1798, when Congress passed an act for the relief of sick and disabled seamen. Congress from time to time added to the Marine-Hospital Service duties of a public health nature, as occasion arose or the need became apparent, until in 1902 its functions had become chiefly those of a public health service, and for this reason congress changed its name to the Public Health and Marine-Hospital Service, and thus made this bureau at Washington a bureau of public health. Although its public-health functions are now the most important feature of the service, the marine hospitals, 21 in number, and the marine hospital stations, 141 in number, where professional care is given to the sailors of the merchant marine, are an important branch of the service, giving opportunity for professional work. Over fifty-five thousand sailors of the merchant marine were treated during the last fiscal