Figures established so far are 200 known dead and 800 wounded, of which about half are suffering from severe injuries. Bodies are still buried under the ruins, and the number of dead may well exceed 200.

Initially, about 4,000 people were evacuated to the mainland, but many are now returning home to see about repairing their houses and to harvest the wine crop, which this year is expected to be very good. Their great need is housing. "Some of the villages," said Dr. Rijkels, "look as if they had been subjected to combined heavy bombardment from sea and air. Elsewhere, damage is less severe, but I saw many houses that were nothing but four shaky walls covered by

tarpaulins.'

The WHO relief programme has been determined in function of supplies already available in Greece and on the basis of the following considerations. Though as yet there are no signs of epidemic diseases, with bad housing and the disruption of water supplies an outbreak is always to be feared, particularly in summer. Rats are another menace. A rapidly increasing rat population would not only make inroads on food supplies but might also spread such diseases as leptospirosis and endemic typhus. The list of supplies WHO is sending to Greece consequently includes water

purifiers, galvanised piping and rat poison.

For purifying water, one million Halason tablets, 1,000 kg. of high test hypochlorite and 12 automatic hypochlorinators are being sent. The Halason tablets can be used immediately—one tablet will purify 1 litre of water. The hypochlorite could also be used for emergency purification, but is principally intended for the automatic hypochlorinators, thus for a longer-term programme of adding the correct amount of chlorine solution to drinking water. According to specifica-tions supplied by the Government, a total of ten kilometres of galvanised piping in various diameters is also being sent.

The quantity of rat poison going to Greece from WHO is

intended for a three-month campaign against an estimated

rat population of 100,000.

Other items are 500 doses of tetanus toxoid, 3,000 doses of tetanus antitoxin, and 12 tents for the medical teams operating on the islands.

The equipment will be distributed by the Greek authorities and they will keep WHO informed about developments on the islands.

How To Pay Your Doctor.

Queer Medical Fees.

Doctors' fees have always aroused the public interest. For while many doctors have given their professional services to the sick almost or entirely free, other doctors have become rich through their art in a few years. There were times when the fee for a confinement was delivered in form of hay at the physician's barn, and countries where jewels and gold were poured in the doctor's hand after a successful cure. The problem is particularly interesting in our days when the question whether private fees or payment by the community are most suited in modern society, is becoming more and more a crucial problem in the development of the physician's social position.

The Biggest Fee that a Doctor Ever Earned.

The biggest medical fee ever was probably paid to Dr. Thomas Dimsdale, contemporary of Edward Jenner who in 1792 (not 1796 as frequently told) made the first scientific smallpox vaccination. He learnt the practice of vaccination from Jenner. Catherine II, Empress of Russia, sent for the British doctor asking him to bring along the vaccine. Catherine did everything in her power to preserve her beauty; smallpox at that time was considered a most sinister threat to beauty.

Dr. Dimsdale although he knew little about Russia except that travellers were chased by wolves in that barbaric country. made the long and hazardous trip. Everything went all right

-no complication brought discredit to his operation which was still unusual at that time.

Catherine showed her gratitude in sounding money. Dr. Dimsdale received a fee of £10,000, a tremendous sum at the end of the 18th century, and £2,000 for travel expenses. He was to receive £500 a year for the rest of his life from the Russian Imperial Court. A diamond mounted miniature was included to lend dignity to the gift. Catherine still added what seemed to her an even more significant token of her gratitude: she gave to Thomas Dimsdale the right to add to his armorial bearing a wing of the Russian Eagle, and this his descendants bear to this day.

Medical Fee: Rent of House or Loss of Hand.

More than 4,000 years ago the Code of the Babylonian King Hammurabi had fixed a detailed schedule for physicians. Doctors were appointed as royal officials with a fixed salary They treated sick people without charge; operations, however, had to be paid for by the patients. According to Hammurabi's Code the doctor was entitled to a fee of ten silver shekels for a successful operation from a rich man, five shekels from a middle class patient, and two shekels from a poor man. The silver shekel was an ancient coin worth about 60 cents. A doctor who had opened a cataract of the eye with a bronze knife and had healed the eye, was entitled to a fee of ten shekels. This was a big amount of money, the annual rent of a good house was five shekels. A skilled worker earned only 1/30 silver shekel a day.

The practice of the medical profession was not free from danger, the success of the treatment was decisive. A paragraph of the Babylonian Code ruled that the doctor who caused the death of his patient by an operation or who was unhappy enough to destroy the eye during an operation, was to be punished by cutting off the operating hand.

In ancient Egypt and India high medical fees were no The Indian Holy Book Vendidad ruled: The doctor may heal a priest in return for a benediction, the governor of a county in return for four oxes, the governor's wife for a female camel, the mayor of a large city in return for a bull, and the mayor's wife in return for an ass.

French Kings Paid Well.

Some of the fees paid by the French Kings to their physicians-in-ordinary were extremely high. Louis XIV (1638-1715) paid 50,000 crowns (a crown being worth \$1.21) for a successful fistula in ano operation to Felix; 100,000 livres to Ducenin (1 livre = about 1 French franc); 80,000 livres to Fayon; 40,000 livres to Bessiers; another 12,000 livres to Bessiers' assistant—all in all about \$200,000 to the five surgeons and their assistants who had attended him.

The French surgeon Jean Louis Petit who cured King Augustus II of Poland from a foot ailment, received 10,000 thalers (\$7,200) when he left Warsaw, besides 500 thalers travel expenses, a precious ring, many other gifts and an annual pension of 1,000 thalers for life time. But Petit, who formerly had been a barber-and as surgeon became famous through his invention of the screw tourniquet—was not satisfied. He claimed an extra fee of 4,000 thalers, and they were paid to him.

Jésu Casimir Felix Gyon, famous Paris urologist, was famous for his operations of kidney stones and bladder stones. He received highest fees for his stone operations and built himself a country house in Meudon on which he wrote:

This house was built from three stones.

"Give Whatever You Want. . . . "

There are always physicians who do not like the idea of making financial agreements with their patients. It is a matter of conjecture whether this is advantageous to them or

(To be concluded.)

previous page next page