attention to the manner in which the existing system of medical practice, with its confidential physician-patient relationship and progress of scientific and preventive medicine, through individual initiative and free enterprise, would be disintegrated and made less efficient by compulsory health systems such as have been proposed. Also, to explain how compulsory health systems, which in practice might be unacceptable to the great majority of citizens, would lead ultimately, not to better, but to poorer medical care.

If, in the United States, the vital statistics had revealed higher morbidity and mortality rates than in other civilized countries, then the compulsory health insurance propagandists might very properly have demanded serious consideration of their theoretical propositions, with that argument as a good and basic reason for their proposals.

But since the reverse conditions obtain, and because the measures proposed are inimical to the best interests of the public health and of preventive and scientific medicine, the members of the medical profession would stultify themselves, and be false to the interests both of their countrymen and their profession, if they did not vigorously oppose compulsory health laws such as have been proposed, or such as are implied in Governor Culbert L. Olson's biennial message.

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Voluntary Health Insurance Must Be Given a Fair Trial.—Health insurance on the voluntary prepayment basis is still in its infancy, but remarkable progress has been and is being made, and in good, not far distant time, the success of such systems of insurance will be revealed in a large mass spread among the people; the large mass spread then making sickness insurance financially and otherwise as sound as other forms of standard insurance.

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Illuminating Life Insurance and Other Examples.—In this connection it may be in order to quote some figures from the business edition of the New York *Sun*. In its issue of January 11, 1911, that newspaper gave some interesting examples going to show how rapidly the American people turn to things that appeal to them.

Life Insurance Figures.—Thus, concerning life insurance investments, in the year 1900 there were only 7,725,000 policyholders, but in the year 1940, the number of policyholders had increased to 64,000,000!

Other figures show similar trends, and indicate how rapidly Americans take up new ideas:

Nature of Item	*Year*	*Number*
Savings accounts	1910	16,372,000
Savings accounts	1941	46,000,000
Ownership in industrial securities	1900	4,400,000
Ownership in industrial securities	1941	16,000,000
Automobiles in use	1900	8,000
Automobiles in use	1941	25,000,000
Owners of homes	1920	10,581,712
Owners of homes	1941	14,000,000
Electric refrigerators in use	1920	10,000
Electric refrigerators in use	1940	14,240,000
Telephones in use	1900	1,000,000
Telephones in use	1940	20,400,000
Radio sets in use	1920	1,000
Radio sets in use	1941	43,000,000

* * *

Voluntary Health Insurance Is Here to Stay. Some of the above items may seem far removed from medical practice except, perhaps, to indicate why, in these latter days, there may have arisen among some groups of citizens a seeming inability or reluctance to pay bills for medical services that had been rendered!

On the other hand, these figures show how rapidly a real need or desire meets with massive response, if the idea or article offered possesses merit.

Medical service and hospitalization insurance, based on voluntary prepayment schedules, make such offers to citizens who are in the low-income groups.* Experience indicates that such methods of meeting the expenses of unforeseen illness will meet with success. What has been accomplished with voluntary insurance in relation to life, fire and other forms may also be realized with voluntary medical service plans designed to meet the costs of unpredictable illness. The future of voluntary health insurance is assured, provided only it be given a genuine opportunity to show its worth.

A POSTGRADUATE COURSE WORTHY OF EMULATION

San Jose's Lecture Course.—Postgraduate or continuation courses in after-graduation years have received repeated commendations in the OFFICIAL JOURNAL of the California Medical Association. On Wednesday, January 8, it was our privilege to attend the banquet meeting of the seventh lecture series that has been conducted under the auspices of the San Jose Hospital Association. The guest speaker for 1941 was Cyrus C. Sturgis, M. D., Professor of Internal Medicine at the University of Michigan who, on the evening in question, gave an illuminating address devoted to "The Menace and Treatment of Obesity." Guest speakers in previous years included William C. McCarty, of Rochester, Minnesota; James B. Herrick, Chicago, Illinois; Edwin H. Place, Boston, Massachusetts; Alfred W. Adson, Rochester, Minnesota; Clay Ray Murray, New York City, and Walter Schiller, Frauen Klinik, Vienna.

Attention, therefore, is called to the San Jose lectures in the hope that the example there set, and so ably carried through in seven different sessions, may inspire other hospital and county society groups to give serious consideration to the possibility of instituting like plans for their units and communities.

* * *

How the San Jose Plan Is Carried Out.—The San Jose procedure is as follows: Through a committee, a guest speaker, well known for his studies and work along certain lines, and discussion of which would have appeal to members, is invited to

* In this connection, see California Physicians' Service department in this issue, on page 94.

give a course of talks or papers. The invitation is extended both to the guest speaker and his wife, with request that, in their travel, they feel free to use the best accommodations. Locally, a hotel suite is secured, and social and other courtesies are extended. The guest speaker is usually requested to indicate at what time during the spring months it may be possible for him to come to San Jose, to deliver a series of five lectures, one each evening, beginning at 8 p. m. On one of the five evenings, an informal banquet is held, to which ladies are invited. The guest speaker has the privilege of choosing his own topics, and experience has shown that this procedure works out in advantageous manner.

* * *

The Manner in Which Funds Are Raised.—Comes now the interesting way in which money is raised to cover the expenses involved. The San Jose Hospital has about 125 beds, with an attending staff of about seventy-five members. Three dollars of each staff member's annual dues are earmarked for the lecture work. The hospital also does emergency work for the city of San Jose, staff members indicating whether they choose to participate in such services. A portion of the fee received for the first emergency visit is also earmarked for the lecture course. In this manner, a fund has been created, with a substantial reserve, making it possible for the San Jose Hospital Association to carry on its postgraduate work in excellent manner.

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Other Advantages of the Course.—The attendance at the lectures, year after year, has been uniformly good. The one dinner meeting, with table groups, to which ladies are invited, creates an opportunity for pleasing social and fraternal relationships. It is the opinion of the colleagues who have had much to do with the plan that the lectures have been important factors, not only in maintaining a zest in postgraduate studies, but in creating harmonious relations and good understanding among the members of the local profession. It may be added, too, that invitations to attend this year's lectures were extended not only to the members of the Santa Clara County Medical Society, but also to the members of the societies in the adjacent counties of Santa Clara, Santa Cruz, San Benito, Monterey and San Mateo.

As previously stated, the San Jose plan is worthy of careful consideration by hospital and society groups.

ON VARIOUS TOPICS

Medical Preparedness.—Delay in construction of barracks, due to weather and other causes, has necessitated a rearrangement of the calendar schedules applying to California draftees, who are to be inducted into the Army under the Selective Service Act. All signs point, however, to a rapid concentration of troops, once the housing and other conditions are met. It follows that assignments to the medical corps of Army, Navy and Aviation services will then likewise take place in rapid sequence. Physicians who are in the selective service age limits, or who hold commissions in the Reserve Corps of the military services, will do well, therefore, to arrange their affairs so that they may be available, should orders to report for duty come to them. It is important to appreciate that officers, who are in command of the Army, Navy and Aviation medical services, will wish and intend to properly staff, with physicians and surgeons, their respective hospitals and troop groups. On page 33 of the January issue of CALIFORNIA AND WESTERN MEDICINE, appeared a table, perusal of which will orient members concerning the staff set-ups of army hospitals. It is worthy of inspection, especially by those who are in the Reserve Corps.

Readers are also reminded to scan, each month, the items which appear in the columns allotted to the California Committee on Medical Preparedness, the page number of which is always indicated on the front cover index. That committee invites correspondence from members of the Association who seek additional information in these matters, and may be addressed: California Medical Association Committee on Medical Preparedness, Philip K. Gilman, M. D., chairman, 450 Sutter, San Francisco.

Before passing on to other topics, the two-day postgraduate conference and symposium on military medicine, held in San Diego on February 1-2, should be mentioned.* It is possible that similar symposia could be developed in a number of other military centers in California. If that were done, the message from military authorities could more promptly be brought to physicians in all sections of the State, so that harmonious and wholehearted coöperation in medical activities would be in evidence from the very beginning, under changing conditions which, within a few months, may create important modifications in civil practice.

* * *

Legislation: State and National.—The military emergencies which face us seem to have had a deterrent influence on the legislative plans of certain new-thoughters; who, in recent years have vociferously expounded their "welfare" (save the mark) doctrines. This is indicated by the lesser number of proposed laws that have been placed in the assembly and senate hoppers at Sacramento. The members of the Legislature have evidently been less pestered this year, both by individual and group constituents having axes to grind, which tools they proposed to sharpen as weapons, in the form of new statutes designed to make their plans apply to the state's citizenry. All this is to the good, for, assuredly, something is amiss when laws by the hundreds must be enacted every two years.

Rumor states that Governor Olson's group will again sponsor a compulsory health [sickness] law, although at the time of this writing—on January 22—the proposed statute and its sponsors are still unknown. It may be assumed that such a measure will incorporate most of the provisions contained

* For program, see page 89.