and be content with a decompression. Particularly in the slow-growing tumors, removal of the mural tumor mass will effect a remission of many years, if not a permanent cure.

Doctor Cave has presented a most interesting and opportune reminder of the symptoms and signs of temporal lobe lesions. A visualization of the optic tracts and the use of perimetry in obscure head cases will assist materially in an early and correct diagnosis.

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CARL W. RAND, M. D. (534 Pacific Mutual Building, Los Angeles).—The importance of routine perimetric studies in all cases of suspected brain tumor is to be emphasized. Negative, as well as positive, findings are of value. In temporal lobe lesions a notching of the homonymous color fields is found much earlier than a constriction in the form field proper. Often it is not only the earliest, but the only localizing sign we have, especially if the lesion is in the right temporal lobe. Frequent perimetric studies will often indicate the increasing size of the lesion until a complete homonymous hemianopsia may be reached. Usually signs of pyramidal tract involvement appear relatively early which, together with uncinate gyrus attacks, sometimes clinch the diagnosis. I have been impressed with the character of visual hallucinations found in several patients with temporal lobe tumors. These were very vivid, always in the blind field, and so discrete that the patient would point to them and describe them. One described a yellow canary bird, a second a blue cup and saucer, and a third blue and red barnacles on the bottom of a ship. Occipital lobe hallucinations, on the contrary, are usually more bizarre. They may take color or light forms in the blind field, but seldom assume the figures of animals, people, or other objects. In temporal lobe hallucinations the object may or may not be in motion. I believe these hallucinatory objects are almost always something with which the patient has been familiar in his past experience. Careful leading questions may be necessary to bring out a history of visual hallucinations, as they may be infrequent and fleeting early in the disease, and the patient may not place any importance on them unless his attention is directed to them.

SOME PROBLEMS IN MEDICAL ECONOMICS*

By CARL R. HOWSON, M. D.
Los Angeles

IT is a wise custom which prompts us at the close of the year to take stock of our accomplishments during the preceding twelve months, to see how far we have advanced and to look at what lies ahead of us.

During the past year your Board of Councilors has held one informal meeting, two special meetings, and eleven regular meetings for the transaction of business. With the increase in association members in recent years there has come augmentation of work, and on more than one occasion the sessions have continued until close to midnight. Much of a constructive nature has been accomplished. I desire especially to mention the work of your committees, whose reports you have heard tonight. Without their generous and efficient aid it would be quite impossible for your board to accomplish its aims. To the Board of Trustees, the Board of Councilors, and the various committees, the thanks of the Association are due for their untiring efforts on behalf of the common weal.

I desire at this time to express my appreciation of the constructive work and coöperation of my fellow officers, and also of the opportunity which has been afforded me of serving you during the past year.

In the main the work has been pleasant, and I shall long cherish the memory of the most enjoyable associations which have fallen to my lot in the Council and elsewhere. It is a source of great satisfaction to give place to a successor of such high ability and standing, and having such unanimous support, as Doctor Molony, for whom I prophesy the greatest year in the history of the Association.

For an organization of this type to function to its full efficiency it is necessary that it be permeated by a spirit of fraternalism, of service to the common cause, of willingness to work and to sacrifice, if necessary, for our best interests, realizing that so long as we preserve our ideals our best interests will be indissolubly tied up with the interests of the commonwealth. To this end all our activities should be coördinated.

The changing conditions of the past few years have made desirable certain changes in our bylaws, particularly in those sections relating to initiation fees, to the telephone exchange, to the terms of office of councilors, and to the regulations governing the election of officers.

One year ago certain amendments to the bylaws were submitted to the membership, but in spite of urgent appeals, lack of interest on the part of the members was such that it was not possible to secure the necessary two-thirds majority vote. It is hoped that during the coming year a more complete revision will be undertaken, and, if and when the amendments are submitted to you, I bespeak your interest and prompt vote.

If we are to profit by our opportunities, we must, as individual members of the Association, take sufficient interest to be informed regarding its activities and aims. It is the duty of the officers and councilors to supply as much information to the membership as is practicable. The Bulletin is the medium through which this must come, and, under the able editorship of our secretary, its columns this year have reflected to an increasing degree the appreciation on the part of your officers and boards of their responsibility and opportunity in this respect.

MEDICAL ECONOMICS

In 1924 the secretary of the American Medical Association stated that "the one great outstanding problem before the medical profession today is that involved in the delivery of adequate scientific medical service to all the people, rich and poor, at a cost which can be reasonably met by them in their respective stations in life." How much more is this true today? And to this I would add a second problem—the restoration in the minds of the public of the confidence and respect which were ours a generation ago.

It is stated on the basis of such very superficial surveys as have been made that not over half the population in Southern California patro-

* Address of the retiring president read before the Los Angeles County Medical Association on December 17, 1931.

nize the regular medical profession. This is indeed a lamentable reflection upon both the public and our profession, and particularly the latter, for on examination of the situation we find many factors for which we cannot avoid responsibility.

It is an axiom in the business world that if the public does not properly appreciate the value of a given article or line of merchandise, the public must be educated. The manufacturer does not spend his time berating them for their ignorance, or denouncing his competitors and their products. He realizes that if he is to succeed in the face of the keen competition of today he must do certain things. He must maintain the high quality of his product by using the best materials, and by constant research keep improving it, so that with changing conditions and the introduction of other similar products by his competitors he will still be in the lead. He must then inform the public concerning his stock in trade and its superior qualities, which he does by publicity. He must also supply his wares at a price which is reasonable and he must convince the prospective buyer that it *is* reasonable.

Let us consider how, as producers and purveyors of scientific medical service, we measure up to these requirements.

The many research organizations throughout the civilized world evidence the constant effort to increase our knowledge and render more efficient our fight against disease. The steady stream of reports of laboratory and clinical observations which emanate from our hospitals and clinics shows that progress is not limited to any group. In this respect, therefore, we may fairly claim to be keeping up with the times.

When it comes to delivering the product, however, another factor enters, in a manner and to a degree that the ordinary manufacturer does not have to deal with, *i. e.,* the human element; for our product, much public opinion to the contrary notwithstanding, cannot be delivered as it comes from the laboratory or hospital. It has to go through the hopper of the mind of the individual practitioner, and in many cases the child of science reborn after this experience would quite fail of identification by its own father. It must then be further adapted to the individual patient, and herein lies the *art* of medicine.

LEGITIMATE PUBLICITY IMPORTANT

So far as publicity for our wares is concerned, we must confess to an almost total failure to keep pace with the improvements in the product we have to offer. Scientific medicine has made wondrous progress during the past generation. It has made possible the building of the Panama Canal; it has ridden the tropics of many of their greatest scourges; it has almost rendered extinct that dread pestilence of our fathers and grandfathers, typhoid fever; it has played its part in the reduction of tuberculosis to a mere fraction of what it was within the life span of many of us here, and has made it possible to save many of its victims who formerly would have been doomed, but who under modern treatment are able to live useful and comfortable lives, and in a very high percentage of cases are completely restored to health. It has brought new life and hope to the diabetic, to the millions of sufferers from hookworm, to the luetic, and many others; it has pried open many doors and given us access to the mysterious forces that work in the production of rickets, pellagra, beriberi, tetany, and scurvy, and at the same time made possible both prevention and cure. It has given us new means of diagnosis and treatment—instruments such as the bronchoscope and the electrocardiograph, methods such as the determination of basal metabolism and all the refinements of chemical analysis of the body fluids. Many other wonderful things might be mentioned, most of them having dramatic possibilities equal to the wildest fancies of any fiction writer.

The quacks and cultists have spent millions of dollars telling the public of their unscientific so-called discoveries, while the medical profession has stood aside and aloof, with the inevitable result that the public, uninformed or misinformed, has passed us by. We have retreated behind our code of ethics as an excuse, when as a matter of fact it was our own conservatism, lack of foresight and indifference which we were trying to gloss over. At the eleventh hour we are awakening to the serious results of our lethargy, but the awakening, as is usual following deep sleep, is difficult and somewhat disagreeable. Meanwhile the public waits expectantly, beginning dimly to sense the overwhelming heart and life interest connected with our work, which they accuse us, not without justice, of having kept locked within our bosoms while the world hungered and thirsted.

Our Association has this year created a Committee on Publicity. You have heard their report tonight. For nearly six months now we have been broadcasting health talks for fifteen minutes each week over two of the largest radio stations in the city. Many of the articles broadcast have been prepared by our own members, most of them by the Publicity Committee itself. The material supplied by the American Medical Association has been of great assistance. The preparation and editing of these articles has involved more labor than is readily appreciated by one who is not conversant with the work. Within the past few days there has appeared in the Sunday edition of one of our leading dailies the first of a series of articles sponsored by this Association.

For the consummation of the arrangements with the radio stations, for the compilation and preparation of the articles, for the careful editing of the same and the arrangement of the programs, and for the preparation of similar matter for newspaper publication, this committee merits our sincere thanks. To the members who have prepared articles for use by the committee the thanks of the Association are also due. All this has been accomplished without expense to the Association. As evidence of its success, we have recently been approached by two other large radio stations with requests for similar articles which they might use, and the committee is endeavoring to tie in one of these with publicity matter for our State Association.

Such work, so well begun, must be continued and extended in its scope. It will bring returns more than commensurate with the effort and any expense which may be involved.

THE HIGH COST OF ILLNESS

For a number of years the hue and cry about the high cost of medical care has been increasing. Articles appear with growing frequency in lay periodicals with a general tone anything but complimentary to the medical profession. I should like to quote briefly: "In spite of the natural predisposition to confidence in the doctor, and in spite of the general recognition of the altogether miraculous advances in modern skill and knowledge, there is obvious everywhere a growing sense of irritation on the part of the public generally toward present medical practice" (*Harper's Magazine,* November 1930). This from the president of the Academy of Medicine of Northern New Jersey: "Most laymen feel that their own physician is a most trustworthy individual, but, while this is undoubtedly true, my reaction after twenty-five years of practice is that they also feel that all other physicians, and the profession as a whole, bear watching, and that their acts are influenced mostly by selfish motives" (*J. M. Soc., New Jersey,* May 1930). "Medical science is kept constantly up to date, but the organization by which it is applied is way behind the times. . . . I am convinced that medical science travels by airplane in an age of aviation, while medical organization lumbers along in a stage coach. Medical costs cause unrest. . . . I do not think I exaggerate when I say that the high cost of sickness, at least among the middle classes, is as potent a cause of social unrest as poverty among the poor" (E. A. Filene, *Journal of the American Medical Association,* October 19, 1929). A recent writer says: "More extensive medical care we must have. It will be voluntary and coöperative in its organization or it will be bureaucratic. Pure individualism has had its day.

In response to the agitation, Dr. Ray Lyman Wilbur, shortly after his appointment to his present office in the government, called a meeting, the result of which was the creation of the Committee on the Cost of Medical Care, with a five-year program of investigation of all aspects of the subject. This investigation is now at the end of its fourth year. Their studies early showed what other studies had evidenced, that the cost of medical care is but a small part of the cost of illness, between 23 and 30 per cent in fact. Realizing the incalculable harm which was accruing to the medical profession through the subtle propaganda contained in the name of this committee, attempts were made to have it changed to the Committee on the Cost of Illness or some similar title. After about two years' discussion, the committee one year ago met and considered the title, but the only change made was to "Costs" instead of "Cost"! This past year the writer was instrumental in having a resolution on the subject adopted by the Council of the California Medical Association, which was presented to the American Medical Association by our delegates, but in view of the time which had elapsed since the formation of the committee, no action was taken.

In spite of the drawback of its name, the reports of this committee will undoubtedly prove of inestimable value to the profession.

Analysis of data collected by this committee, and in other investigations, shows that the average cost of illness per family in this country is between $70 and $80 per year. Add to this the fact that, while 23 per cent of our national income is spent on pleasures and luxuries, only 3 per cent is expended for illness, and it is at once evident that, statistically at least, our people are not badly off in this respect. (They spend three times as much for tobacco and twice as much for candy as they do for physicians' services.) We must not, however, let the present-day reverence for the law of averages cause us to overlook the essence of the problem, for on further examination we find that it is the unequal distribution of these costs which hurts. About half the expense has to be borne by less than one-fifth the people, and of this half, approximately two-thirds falls on five per cent of the people.

This frequently results in a crushing debt, under which the family struggles for years. In a study of the relations of illness and dependency this statement is made: "Serious illness of either a breadwinner or of the homemaker lowers the family standards of living. This often means moving into a poorer neighborhood, living in a less desirable house with fewer rooms, less light and open space, disposing of some of the better or more salable articles of furniture, and curtailing recreation and variety and supply of food. These are circumstances and conditions which entail danger to physical health, and, even more, tend to break the morale of the family and increase overwhelmingly the sense of failure and inferiority characteristic of dependency." Uncertainty regarding the cost of illness is a great cause of complaint on the part of those whose incomes are in the brackets above $6000—a very small group numerically, but a very influential one.

We are justly proud of the provision which has been made for the care of the indigent sick. The most modern hospital accommodations and all the resources of scientific medicine are at their service. Can we wonder if the taxpayer, surveying the situation, finds that he is supporting for the nontaxpaying element much better accommodations and service than nine-tenths of his own class can afford when sickness comes into their homes? The fact that this is made possible by the doctors' donation of their services is of no consequence in his thought. Can we blame him for thinking that on the average a taxpayer must be of more value to society than one who has not the ability or character to be self-sustaining, and that, if the state or municipality is going to provide for its citizens, its first responsibility is to those who support it?

ATTEMPTS AT SOLUTION

For various reasons the problem has received attention from political powers in Europe in years past, and at the present time twenty-three coun-

tries have compulsory health insurance, and some fifteen have voluntary systems.

Germany.—The German krankenkassen system was inaugurated in 1883, and at present 32 per cent of the entire population is receiving care under its terms. Under this administration the status of physicians in Germany has steadily declined. Eighty per cent of them are now dependent upon insurance practice. Much of the doctor's time is taken up by paper work, and the medical service is stated to be superficial and unsatisfactory. There has been a great increase in the number of irregular practitioners, which is claimed to be due to the unsatisfactory service rendered by the krankenkassen doctors. The doctors who are most popular and have the largest panels are those who are most generous with disability certificates. The drain on the funds became so severe that in 1926 the supervising commission summoned 1,259,016 unemployed patients for a control examination. Approximately 200,000 did not appear but reported that they have recovered, a similar number appeared and reported that they could go to work again, and nearly 300,000 were examined and found able to resume work. Thus over 700,000 patients, or 56.5 per cent, were found to be able to take up their work at once.

England.—England's system was inaugurated in 1911 in face of the opposition of practically the entire medical profession. At first its administration was very unsatisfactory to the profession, but, little by little, changes have been brought about, until today, while far from being perfect, it is considered fairly satisfactory, and they have expressed themselves as in favor of its extension to the families of the employed. At the present time the doctor receives about $2.15 per year per person on his panel, and his average fee per visit (office and home, which have been found to be in the proportion of two and one-half to one) is about 50 cents. One must, however, bear in mind the status of the profession prior to 1911. Much of the private practitioner's work then was of the lodge and club variety, and the fees received ranged from 60 cents to $1.20 per year per person. About 35 per cent of the population comes under the operation of the National Insurance Act. No provision is made for consultations, specialists, or hospital care. Judged by our standards, the service would probably not be considered satisfactory. One man is reported as having seen eighty patients in his office in three hours. A friend of mine tells of having an appointment with a doctor for a certain hour. On reaching his office he found fifteen patients waiting in the reception room, so suggested that he return at a later hour, but was assured that it would not be necessary, for the doctor was usually able to see that many patients in fifteen minutes. Here, as in Germany, there is a great tendency on the part of the patients to claim disability when they do not wish to work at the job which is available, or at any job, with consequent pressure on the doctor to issue disability certificates for very minor ills, "anorexia" being a not uncommon stated cause. This has reached such an extent as to seriously endanger the entire scheme, and steps are now being taken for closer supervision of the most serious offenders in the professional ranks. Treatment of trifling illnesses has greatly increased the work of the doctors.

HOSPITAL COSTS

Many experiments are being tried in various parts of the country to meet the problem of hospital costs. Time does not permit full discussion of the situation, but mention may be made of the experiment in the Baker Memorial Hospital, part of the Massachusetts General, which is the most striking. Others which have attracted attention are the Bassett Hospital Guild at Cooperstown, N. Y., the Keokuk, Ill., plan, etc.

There is no question that many patients demand much more expensive accommodations than are in keeping with their income or scale of living. Much can be done by the doctors to educate their patients as to the sufficiency of the cheaper accommodations in the average case. Provision by the hospitals of more semi-private rooms and small wards will be necessary before it can be done on any large scale. To insure its wider acceptance also, the hospitals must be prepared to supervise more closely the patients admitted to the wards. Those who are so seriously ill that they disturb the other patients and interfere with their rest must not be allowed in the wards. Many such patients can afford the additional expense of a private room for the few days of acute illness following a major operation, being transferred to the ward as soon as their condition will permit. In other cases the hospital could probably afford to make an exceptionally low rate for the sake of preserving the atmosphere and popularity of the wards.

It is legitimate that the state bear the expense of educating the members of such an essential profession as nursing, and also relieve the hospitals from taxation.

We may hope that in time development of public spirit on the part of our wealthy citizens will result in more substantial endowments for our hospitals that will absorb the expense of free and part-pay care, now distributed among those paying full rates.

NURSING SERVICE

The development of group nursing offers a means of reducing costs. The system recently inaugurated by one of our local hospitals of employing special nurses on salary seems to be a step forward. By assuring the nurse of regular employment, with proper provision for recreation and recuperation after unusually difficult cases, a considerable saving to the patient should be possible. The development of visiting nursing should be encouraged by the profession of every community. We hope to see this in Los Angeles very soon.

HIGH COST OF MEDICAL CARE

Various attempts at a solution of high medical costs for the middle class have been tried in this country. We have had lodge practice with all its vicious elements. The railroads have been supplying care to their employees for many years, and on the whole very successfully. Other large corporations have undertaken it. One of the best

examples of reasonably good service at low cost is the plan of the Endicott-Johnson Shoe Company, which takes care of its fifteen thousand employees and their families at a very low annual cost. (It may be noted in passing that this cost is very considerably in excess of that under which the three largest local groups referred to in the next paragraph operate.) Many large corporations have taken out group insurance with standard old-line companies, under the terms of which the employees are provided with medical and hospital care, a small death benefit, and in some cases disability benefit. The insurance company then contracts with physicians to supply the care at a stipulated fee, according to the work done, or at a flat rate per year. The General Motors Corporation with its 150,000 employees, the Chrysler Corporation, and a few of our own large corporations are handling the situation in this manner.

CLINICS

In Los Angeles we have recently seen the development of group clinics which are taking care of large aggregations, the members of which pay into a fund a stated sum per month. From this fund the doctors are paid. Collections may be made from the prospective patients by the doctor directly, or there may be an intermediate organization. In the latter case the doctors may be paid a flat rate per month or for the actual work performed in accordance with a fee schedule.

Quite recently we have seen the extension of the group plan to individuals, the publicity being obtained through a working arrangement with one of the newspapers.

Part-pay clinics have been sponsored by hospitals and philanthropic organizations. In too many of these and other similar private clinics and dispensaries the work is still expected to be performed by the physician without remuneration. With the increasing complexity of medical practice, there is everywhere manifest an increasing tendency to lower the bars and admit to these clinics patients with incomes considerably in excess of those formerly classed as indigents. It requires no great effort of the imagination to conceive of the development of clinics, supported by philanthropic individuals or organizations, and ministering to the middle or upper middle classes, with insistence that the doctors provide the service without remuneration. It would perhaps be only natural for the donors to such organizations to feel that the least the organization could do for them would be to relieve them of responsibility for the medical care of their domestic employees. From a humanitarian standpoint we cannot fail to sympathize with the suffering, both physical and economic, of the former class, but we could scarcely be expected to support by our time and effort any plan which would not consider the doctor as worthy of his hire so far as this class is concerned, and most assuredly in regard to the second-mentioned class. We can conceive of no such demand being made upon the members of any other profession. In the conduct of all these clinic arrangements, should not the doctors, who, to quote the words of a recent speaker in our midst, make up the warp and woof of the scheme, have a determining voice in regard to the conditions under which they shall render such services, and to whom?

FEE SCHEDULE

Recent moves in the direction of the application of the Industrial Accident fee schedule to the practice of medicine, as distinct from surgery, also merit our attention. Certainly it was never the intention of the profession that this schedule should be extended to include such work.

The great bulk of industrial accident work consists of minor surgical treatments. The determination of the status and progress of such conditions is usually simply a matter of observation of the lesion, the change of dressing being done by the nurse or other assistant. It is not so with medical conditions, for the patient must be questioned, and frequently a partial physical examination made, and the time so consumed must be measured in multiples of the time of the minor surgical attention.

Not even the most enthusiastic industrial surgeon will claim there is any profit to the physician in house calls for the fees allowed in this schedule. Obviously he will make such only in the hope of being able to secure work of the more lucrative type. As such visits make up a very appreciable part of the work of the general practitioner, the deficit must be made up, to a great extent at least, by surgery. Under the most favorable conditions the medical practitioner is confronted with many temptations to step aside from the narrow path of rectitude and honesty, and the urge to unnecessary surgery under such conditions must inevitably be so strong that the organized profession cannot ignore the situation thus developed.

FINANCIAL ARRANGEMENTS

In all the chaos and confusion one point stands out—provision must be made which will enable the individual and the family to budget expenses for sickness. At present the person who saves in advance for illness is so rare as to be almost a curiosity. Thanks to the high pressure salesmanship and instalment-selling of modern industry, the income of the average individual has been budgeted for him far into the future, and budgeted so thoroughly and completely that there is rarely any money left for unexpected expenses. We cannot tell the people how they shall spend their money, and some means must be provided whereby they can make provision for sickness on a basis of weekly or monthly payments. It is further necessary that such payments be made into a central fund, and that such fund be contributed to by a large group, so that the costs may be averaged and thus not fall with undue weight on any individual. For this reason insurance policies which pay a stated sum cannot be considered as affording other than a partial solution of the difficulty. To a certain extent the same criticism applies to some of the arrangements which have been made with group clinics, because of the limitations placed upon the type of diseases treated and the extent of hospital care.

The advisability of the medical profession handling this fund is open to serious question. It

would be in the nature of a highly speculative investment on the part of a scientific organization. Even the insurance companies, with their highly paid actuaries, find themselves on shifting sands when dealing with this type of business. The safer plan would seem to be to have the group of employees or individuals who are making such arrangements form their own organization for collecting and dispensing the money, and make their own contracts with the hospitals, so that the doctors will be responsible only for the medical care.

It is essential that, in the establishment of any such arrangement, the building up of a reserve fund receive first consideration; otherwise the first unforeseen epidemic will probably bankrupt the fund and perhaps wreck the whole plan.

While we can see no objection to the principle that an individual should make monthly payments into a fund to cover the costs of illness, it is a question just where we should draw the line in regard to limits of incomes below which limit the individual shall be eligible for treatment under group schedules, and above which we should insist on his coming to us as a private patient.

THE METROPOLITAN WATER DISTRICT ARRANGEMENT

During the past year we have made an arrangement with the Metropolitan Water District, the terms of which are no doubt familiar to all of you. The group of employees covered are stated to have an average monthly income of $175 or a little less. The money is collected by the district from its employees, and the doctor is paid in accordance with a fee schedule agreed upon. The essence of the contract is that no doctor shall be required to do this work unless he so desires, and that the patient shall have entire freedom of choice of his physician from among the members of the Association.

This arrangement is not to be thought of as a cut-rate plan. The fees set forth in the schedule were considered by the committee to be reasonable fees for ordinary attendance upon individuals with incomes such as these average. Special services, complicated and difficult surgical procedures, etc., entitle the physician to special fees.

The 33 1/3 per cent reduction in fees to the patient is one which is made possible by organization and the elimination of uncollectible and slow-pay accounts. The doctors' net receipts are unchanged, and in fact they are probably increased, because there can be no doubt that the patients will have less hesitancy about calling the physician under this arrangement, and that many cases will come to him which would otherwise have to be taken care of at the County Hospital or would have gone to the irregulars.

Our arrangement has attracted wide attention, and is being watched by medical and other interests all over the country. I believe it is a constructive step toward a solution of one phase of the problem.

ADEQUATE CARE

In all our studies we are handicapped by lack of knowledge of what is considered adequate medical care, and what such care will cost. I believe that only experience will enable us to answer this. We are still undecided whether adequate medical care is what we shall consider as approaching the ideal, whether care equal in quality to that which any given groups are accustomed to receive is to be considered adequate, or if not, to what extent the standard should be raised above that of the accustomed quality. The New York Medical Guild, which was inaugurated by the doctors themselves, has several interesting features. Among others is the provision of a full medical service plan for $52 per year, and a de luxe service with private hospital room and special nursing, for $208 per year.

INDIVIDUAL AND GROUP PRACTICE

Much has been said about the necessity for the preservation of the personal relationship between doctor and patient, which is especially difficult in the workings of a large group of physicians. There can be no doubt that this is very essential for some patients, but candor compels us to recognize the fact that there are many people who are not concerned about this phase of medical services, and are quite satisfied to receive attention from any member of a group in which they have confidence.

The people have been educated to expect a higher quality of service from a clinic or group than they receive on an average from the individual physician. We have brought them to this state of mind, and cannot dodge the responsibility for seeing that our clinics do stand for a high standard of medical service.

Individualistic medicine cannot but be wasteful to some extent, and the trend is definitely toward group work.

INSURANCE COMPANIES

We must also note in passing that the entrance of insurance companies into the field cannot be viewed by the profession with equanimity, for it means that the tendency will be to concentrate the work in the hands of a few physicians. As the insurance company can remain in business only by making a profit, its interest lies in keeping the fees paid the doctor as low as possible. I am informed that in computing premiums on this class of work the insurance companies figure their overhead and profits as consuming 45 to 50 per cent, leaving about 50 per cent of the funds paid by the policyholders available for compensation to the doctors, hospitals, etc. Furthermore, as an insurance man recently stated, the doctor must realize that he will be working, not for his patient or for himself, but for the insurance company.

POLITICAL ACTION

The imminence of political action looking to state medicine is much greater than many of us recognize. More and more of the veterans are being taken care of by the government, irrespective of the extent of their war service or the character and origin of their ailments. In one of the counties of this state the requirements for admission to the County Hospital have been lowered by the supervisors to the point where it is

estimated that 80 to 90 per cent of the population are eligible. The chairman of the Board of Supervisors has announced his intention of further liberalizing these requirements.

We must also bear in mind the fact that any scheme inaugurated in this state by political action will in all probability include provision for numerous types of irregular practitioners who are lacking in proper training.

CONCLUSION

In attempting the solution of these problems our conduct must be governed, not by emotion but by reason. Our action must be less obstructive and more constructive than in the past. We must be the leaders, not the led. Now, as never before, organization is vitally necessary for our future, and we must present a united front—not necessarily a battle front, but one based on calm study and on unity, and capable of being converted into a battle front should occasion arise.

711 Merritt Building.

ENVIRONMENTAL ALLERGENS*

WITH SPECIAL REFERENCE TO THEIR IMPORTANCE AND SPECIFICITY

By R. W. Lamson, M. D.
AND
Virginia Inman, B. Sc.†
Los Angeles

Discussion *by Albert H. Rowe, M. D., Oakland; S. H. Hurwitz, M. D., San Francisco; Edward Matzger, M. D., San Francisco.*

It is a rather common observation that some allergic individuals have respiratory symptoms in certain houses and not in others. A change from the unfavorable environment often results in complete alleviation of symptoms; and if the distance moved is significant the climate is probably given credit for the improvement. If the distance moved is but a few yards—such as to another apartment in the same building or across the street—it is more difficult to attribute the relief to altitude or weather conditions. Such patients may or may not react to the usual stock allergens, and if reactions are obtained they seldom explain the phenomena just described. The most logical approach to such a problem is to study the environment. Since the work of Cooke[1] considerable interest has been aroused in the part played by house dust. A thorough study of the environment, however, may require attention to a wide variety of substances such as epidermal structures from pets, pillows, furs, wool blankets, etc., and house dust from rugs, furniture, or draperies. Even though negative to stock allergens some individuals may react to an extract of substances from their immediate environment. That the reaction alone does not prove etiologic relationship of the dust to the patient's condition, we shall try to point out below.

HOUSE DUST A COMPLICATED MIXTURE

House dust is a very complicated mixture, and may be contaminated by pollens or some of the epidermal structures mentioned above. On the other hand, the rug or furniture may actually be composed of material which specifically irritates the patient. One school of workers believes that the activity of house dust is dependent upon the bacteria, molds, and yeasts which it may contain. We are inclined to minimize the importance of bacteria as the source of the active substance in house dust extracts. In this connection it must be remembered that the literature contains reports of hundreds of negative, and but few positive, skin reactions to bacterial extracts. In fact, it seems that allergists are agreed on one point, namely, that tests with such extracts seldom give significant reactions. A few reports [2] of skin reactions with extracts of molds have appeared in the past few years. A careful study has recently been reported by Hopkins et al.[3] These workers isolated a species of Alternaria from an environment known to precipitate attacks of asthma in their patient. They were able to induce asthmatic attacks by permitting the patient to inhale a powder made from the "mat" or a spray from a broth culture. Intradermal tests with an extract of this fungus were strongly positive on the patient and on areas of the skin of a normal subject that had been passively sensitized with the patient's serum. Their experiments were carefully controlled and they are to be complimented on not drawing too sweeping conclusions from the single case studied. It would seem that this article deserves more serious consideration than any previous one on the subject. Again it should be emphasized that the failure to trace, to some extrinsic source, the irritating substance in any environmental allergen may be "due to an insufficiently exhaustive search." [4]

Stock extracts of house dust may produce skin reactions.[5]—often on a patient far removed from the source of this dust. Van Leeuwen [6] states that 80 per cent of his asthmatics react to stock "climatic allergens" and that all the dust specimens from private houses in Sweden, Germany, Austria, Poland, Italy, France, England, and Holland gave reactions on his patients. Rackemann [7] obtained positive reactions in 36 per cent of all asthmatics. Hopkins [3] gives other references to similar findings. If reactions to stock or irrelevant environmental allergens can be shown to occur on the majority of the patients tested, then they would have little significance in the individual case. The Council on Pharmacy and Chemistry is to be commended for refusing to accept[8] for "New and Nonofficial Remedies" such irrelevant substances as stock house and stock street dust.

ALLERGENS USED IN THIS STUDY

The environmental allergens used in this study were obtained in the homes of private patients. The source and possible relation of these substances to the particular patient exposed to them is discussed below. We have tried to determine whether extrinsic allergens contaminated them.

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* A majority of the patients used in this study were from the Allergy Clinic, Los Angeles County General Hospital, Unit No. 1.

† Formerly acting head nurse in the above clinic.