But there has been a missing link in the public explanations made of the procedure to date. That link itself is a question:

How can the defendants in a particular case learn just what reforms the Government would accept as justifying dismissal of the indictments?

SOURCES OF REGULATIONS IN THE NEW "CODES"

First impressions, from the statements of Mr. Arnold and other officials, were that the Department of Justice would make no suggestions for inclusion in "consent decrees," as the new codes of fair practice are known. Inquiry develops that this is not exactly the case, however.

What happens is this:

Counsel or friends of the defendants approach the Department of Justice with suggestions that they would like to negotiate for a code. They are told that one can be submitted by them, that the Government lawyers will look it over, and reply.

In the course of informal conferences, according to Department of Justice men who have participated in the procedure, ideas inevitably are exchanged. If the proposed code is considered unsatisfactory, then the Government may or may not suggest the inclusion of other reforms.

This is said to be what occurred during the weeks of discussion which preceded the agreement between the Department of Justice and the Ford and Chrysler automobile companies that led to a dropping of antitrust charges against those companies. It is still not clear whether the Government or the companies' participants suggested inclusion of promises to change certain financing and advertising practices.

CHICAGO MILK INDUSTRY MAY ACCEPT DECREE

Now to look ahead.

Certain milk producers, distributors and public officials in Chicago have been indicted. The case may never go to trial, because a consent decree or code may be accepted as the best way out.

The Department of Justice, it is learned, has asked the Department of Agriculture for suggestions about what conditions of benefit to the public might well be written into such a code. If counsel for the defendants begin negotiating for a code, then the Government lawyers and economists will have the chance to suggest reforms which go beyond the law but which the Department of Agriculture would like to effect.—*United States News,* December 5.

VOLUNTARY AND COMPULSORY HEALTH INSURANCE

Medical indemnity insurance for voluntary prepayment of doctors' bills, as an alternative to state-controlled compulsory health insurance, was advocated recently by Dr. Peter Irving, Secretary of the New York State Medical Society, talking before the Rotary Club of New York.

Doctor Irving explained that many types of socialized medicine are successful and receive the support of the medical profession, such as the control of communicable diseases and of tuberculosis and pneumonia, as well as the maintenance of state and municipal hospitals.

"But should the State," said Doctor Irving, "try to extend its medical activities further through compulsory health insurance so as to accompany the doctor across the threshold of the sick room and place the hand of government upon the patient's pulse, then the doctor must clearly register his remonstrance.

"Compulsory health insurance is supported by contributions from the employees' pay envelope, the employers' payroll, with an added contribution from the state. The doctor looks with alarm at the possibility that the administration of the service will be controlled by a political bureaucracy. Yet he is interested in any measures that can be taken which would help more people to get good medical care. Hospital insurance of the voluntary kind with government entirely out of the situation has proved itself successful to cover part of the risk of illness. This does not include the doctor's bill. The latest suggestion to fill this gap is voluntary nonprofit insurance. Such plans are now in a formative state. The law at present does not permit such associations to organize, but the New York State Medical Society will seek to obtain amendments to the laws so that they can operate."

Doctor Irving explained that this type of insurance would permit participation by all groups of the public, whereas compulsory health insurance applies only to the worker, and does not cover his family in European countries where it has been tried. The vast group of farmers and professional people are also not within its scope, he said.

"Red tape mechanism under compulsory health insurance," said Doctor Irving, "takes up the time of the doctor which he needs for study or rest; there intrudes into the practice of his profession an office force supervising his methods of diagnosis and treatment and dictating the remedies he uses. His waiting room is overcrowded; he has less time than is necessary to properly carry out the work of diagnosis and treatment.

"With tax funds an ingredient in the system, and a further sickness tax levied on employer and employee, political control is inevitable. This seems a real danger because the Government, in making contributions to the necessary funds, would surely feel it a duty to supervise administration. While it is not my place, perhaps, as a practitioner to go into the economic side of this type of socialization in medicine, there are some things that I think it is fair for me to point out for consideration of business men. One of these is the fact that this is pure socialized medicine though employer and employee make contributions. These contributions are made under the compulsion of law whether the employer or employee wishes to participate or not, and become therefore taxes. Largely these taxes come from business and would have to be figured in financing.

"Another thing to think of is the possibility that business, if medicine should be completely socialized—and compulsory health insurance would certainly be a step that way—would have issued an invitation for socialization of other pursuits including business. How much that is a danger in the United States is for the people of this country to decide.

"The doctor judges all these matters of socialization from a single standpoint of whether or not they will work out in practice to provide patients with the best medical care it is within his power to give."—*Medical News,* Medical Society of the State of New York.

HIGH INFANT MORTALITY*

Laid to Economic Irregularities; Declared Preventable

As one of the government's departments represented on the President's Interdepartmental Committee to Coördinate Health and Welfare Activities, and as the agency responsible for fostering, promoting and developing American wage earners' welfare, the Department of Labor is keenly interested in the health needs of mothers and children.

The generation in which most of us came to maturity was shocked by gross inequalities found between slum areas and favored sections of our great industrial cities. This early concern with city poverty is still justified.

* By Katherine F. Lenroot, Chief of the Children's Bureau, Department of Labor, Washington, D. C.

Only within the last five years has overwhelming evidence been accumulated regarding inequalities in standards of living among the great geographical regions into which our country is divided, and among major occupational groups, such as farmers and nonfarmers.

It is the poorest areas with lowest levels of living that have the largest ratio of child to adult population and that constitute the reservoir for population replacement for the rest of the country.

INFANT MORTALITY HIGH IN RURAL AREAS

Since 1929 infant mortality rates have been higher in rural areas than in cities. The National Resources Committee reports rural people die in relatively greater numbers from diseases of childhood—measles, scarlet fever, whooping cough, diphtheria—and from certain diseases of adolescence and young adult life such as tuberculosis. These are diseases toward control of which medical science has made greatest progress.

Reports from state health departments received within recent months by our Children's Bureau translate into terms of motherhood and childhood these general statements and averages.

In a northwestern state it was reported that two-thirds of the total population did not have funds for medical and dental care, that few physicians were left in rural areas and that some counties had no physicians.

The outstanding need was said to be medical care for mothers and babies.

In the Middle Atlantic States the county health officers estimate that one-third of the states' public health nursing effort is fruitless because of lack of adequate shelter, coal, food, blankets and clothing.

In a southern state it is reported two counties are without physicians because of the people's economic condition, widely scattered population and distance of other communities from any medical service. One-third of all babies born in this state are delivered by midwives.

In a mountain state it is reported that in one county there is no physician and that all the babies born during the coming year will be delivered by midwives. Many people in that state live more than 100 miles from a hospital.

TWO WAYS INEQUALITIES CAN BE REDUCED

There are two ways in which inequalities among regions and occupational groups can be reduced and standards of living improved:

1. By increasing economic opportunity through introduction of new industries or agricultural undertakings; expansion of more efficient organization of old industries or agricultural activities or migration to areas of more favorable economic opportunity.

2. By introduction or expansion of tax-supported services to supplement the economic resources of families; to provide families with a minimum of security against death, accident, illness or other major catastrophes; and to supply those elements in the standard of living which depend on community effort with tax support rather than on individual purchase.

TOTAL YEARLY LOSS OF 160,000 LIVES

It is essential that both these lines of endeavor be carried on simultaneously. It is also essential that there be clear understanding of the place of continuing tax-supported services for health, education, social security and social welfare, as a normal contribution to a higher standard of living.

A total yearly loss of approximately 160,000 maternal and infant lives, at least half of which is preventable, places upon us a grave obligation to find a solution.—San Francisco *Examiner,* December 11, 1938.

PROCRASTINATION, THE THIEF OF LIFE IN CANCER*

The subject of my talk is "Proscrastination, the Thief of Life in Cancer." It is evident that this title is a simile of the old proverb, "Procrastination is the Thief of Time." The latter is a saying which, liberally interpreted, means, "Do not put off until tomorrow what you can do today."

Let us first consider how this proverb may apply to cancer. The disease—cancer—is always fatal unless treated. On the other hand, if it is recognized in the early stages and is properly treated, it is curable. Therefore, if we recognize this condition in the beginning, when it is curable, and we neglect or delay going to our doctor at once, we procrastinate and in this respect procrastination is the thief of life when dealing with cancer.

During the past ten years great effort has been put forth to educate the public in regard to cancer, and it may be said that much has been accomplished, for most people have some knowledge about this disease. However, the desired results have not been obtained. Many people who recognize suspicious symptoms neglect to take advantage of this knowledge and have delayed in consulting their doctor, fearing they might be told they have cancer. This fear is now one of the stumbling-blocks of our success in the cure of cancer. We have several reliable methods for the cure of early cancer, but none for advanced cancer. Cancer is a progressive disease and always fatal if not treated. The early symptoms are not specific, and similar signs may be caused by other conditions. Therefore, an individual who may fear cancer because of certain signs will be greatly relieved to find upon examination by his doctor that there is no cancer; but if cancer is present, the one chance for recovery lies in its early recognition and treatment.

Cancer never begins as cancer but almost always as some inflammatory or abnormal condition which exists for a considerable period of time before the malignant change takes place. These inflammatory conditions which may change into cancer are sometimes called precancerous conditions and in nearly all cases give symptoms which may be observed by the individual, and if we consult our physician at once these inflammatory conditions are corrected and we prevent cancer. If the change has already taken place, it is probable that we have discovered the cancer at its inception. I wish to emphasize the fact that cancer is a localized disease in the beginning, and at this time it is curable, for we can remove the cancer cells by a surgical operation or we can destroy them by x-ray or radium.

Cancer may occur in almost every organ or tissue in the human body. Those that occur in the mouth, on the lip and the skin are easily recognized when they begin to grow. They usually start as a sore or ulcer which does not readily heal. Most of the deeper cancers are not easily recognized, but they nearly always give some symptoms. Cancer of the stomach is associated with digestive symptoms. Such symptoms occurring especially after the age of thirty demand an immediate examination by your doctor. X-ray is one of the methods used to discover early cancer of the stomach. Cancer of the bladder and of the urinary tract is often characterized by the presence of blood in the urine. Cancer of the large intestine is associated with blood or mucus in the stools.

Moles on the skin are very common and nearly everyone has them. There are two types of moles: one is the flat mole which rarely, if ever, becomes cancerous, and the other is the elevated mole. If an elevated mole occurs in a place where it is liable to become irritated it should be removed. Do not wait until it becomes deeper in color or bleeds easily. When this happens it has already become malignant and the chances of cure are greatly diminished.

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