Original Articles

STUDENTS' HEALTH INSURANCE AT THE UNIVERSITY OF CALIFORNIA.

ROBERT T. LEGGE, M. D., University of California, Berkeley, California.

Throughout the broad expanse of our country, whether it be in educational activities or industrial life, a wave of social improvement has set in, whereby a demand for health conservation has been recognized. The evolution has been very rapid; so rapid indeed that in the past decade we note medical inspection of schools, health supervision of employees, workingmen's compensation acts, etc., culminating in a legislative demand for a universal system for health insurance. It is one of the most significant problems that confronts American civilization today. The academician, the sociologist, the labor organizations, the medical profession, and necessarily the politicians, are now laboriously endeavoring to develop a system that will be satisfactory, and practical for society. The egotist may shut his eyes and delude himself with the notion that health insurance is a dream. He has only to open them to behold the handwriting on the wall which will inform him of its realization in the very near future.

Health insurance when instituted in a community provides each individual with the best professional care in the event of illness and furnishes a definite stipend for the support of dependents during the period of disability. Its effect will be to greatly improve the medical profession as a whole, as better doctors will be demanded, trained not only in curative medicine, but in the broader field of preventive medicine.

As in the case of the workingmen's compensation act, the medical profession will not necessarily suffer, for the class that this insurance act serves, at the present time, is the class that receives a wage of less than $1,200.00 per year,—a class that can pay only the minimum medical fees, so that it greatly benefits both workingman and physician by insuring for the workingman the best medical care, and for the physician a proper and assured remuneration for his service. The service will create a greater demand for professional advice, and consequent enlargement of the field of work of the physician. Its development will deal a fatal blow to the illegal practitioner and those cults which will be unable to receive recognition.

The health insurance system as it is practiced at the University of California represents a constructive effort, and suggests a plan that with some modification and a co-operative effort may be applicable to the community. The system is being very successfully and satisfactorily operated in many mining, lumbering, or other industrial towns where it is compulsory, and can be controlled by qualified medical men, engaged by the industry. The army and navy perform a like service with selected men.

The economic problem to be solved for this larger field contains many smaller problems which must be disposed of along with its ultimate development, such as the question of its execution without jeopardizing the livelihood of a number of the medical profession. In other words, that all may be able to participate in administering to the demands of the people and in receiving the proper compensation for that service.

If qualified scientific medical men were commissioned and salaried to minister to the demands of the people, as administered for example by the U. S. Public Health Service, or if the system adopted by industrial towns should be adopted in full for the whole public service, the problem would solve itself quite simply and satisfactorily. The difficulty of allaying the fears of the medical profession is not the least of the evils to be overcome. They will raise all sorts of objections, such as the difficulty of the younger members acquiring practice, the cutting down of certain privileged remunerative fees, etc., but they will have to adjust themselves to the new order of things, and will find when it is accomplished how good it is.

California has an authorized commission to investigate the subject of health insurance. It is before the American Medical Association, and other state legislatures, employers and labor organizations. The medical profession in this country must co-operate, and be prepared to incorporate in the proposed law features that will be of vital interest to them, and must then work in harmony to support the measure. If they do not do so it will be to their regret, as proved in the case of the English profession after the passage of the Lloyd George act. Personally, I believe in health insurance, and am satisfied that though at first some difficulties will naturally arise, they will in due time be adjusted and modified to the development of a model federal act.

Some ten years ago, my predecessor, the late Dr. George F. Reinhadt, while a member of the faculty of the University of California, conceived the idea that it was necessary to improve the health and efficiency of the student body. His experience in the department of physical education proved to him that preventive medicine was the only rational means of accomplishing the end result. The "stitch in time" method necessitated a place where it could be applied; where students could visit and be scientifically treated before a more serious condition developed. As a result of this need, the infirmary was instituted upon the campus. This was approved by the President as well as the student body. True, the beginning was small, but by devotion and careful observation, the system was gradually perfected so that it now represents the best type of University health insurance in this country.

It is needless to remark that the idea was opposed by a number of members of the medical profession living in the community. They considered that it was unethical—that it was contract prac-

tice; and I have been told that the founder was about to face charges of unprofessional conduct. Some of the ultra-conservative members in the faculty, it has been stated, criticized the measure as well, with the idea that it was not academic. They could not appreciate the educational value of socialized medicine in improving the efficiency of the student body. The carrying out of these preventive measures has developed conscientious medical care for less money and has resulted in better attendance, fewer infections, and altogether a healthier group of men and women than can be found anywhere. And now all the members of the teaching staff will welcome the day when the system may be enlarged and extended to include themselves as participants in its privileges and benefits.

What changes of attitude take place with the development of social ideas, especially when the people become intelligently aware of measures that meet their needs!

The health insurance plan at the University is financed by a compulsory fee of $3.00 a semester which each student pays at the semi-annual registration period. The board of regents supplied the present building which is a remodelled residence. Annexes and other additions to the building, with equipment, furnishing and supplies, have been purchased from time to time with surplus receipts and donations.

As the attendance increases yearly, with a consequent increase of funds the staff automatically increases in number. The staff is composed mostly of half time men and women who possess ability in special work in medicine and are actuated by the common desire to give their best services to the student body. Several members of the staff are associated with the department of hygiene, combining qualifications which make them unique as teachers of preventive medicine. It is the primary purpose of the staff, through educational means to teach the students how to live and thereby eliminate disease by every available measure.

To accomplish this end, such means have been carried out as compulsory vaccination, control of communicable diseases, incorporation of sanitary measures about the campus to lessen the liability of infection, co-operation with the physical education and military departments, and the compulsory courses in personal and community hygiene which all first year men and women receive. All entrants are required to pass a thorough physical examination which includes the services of a dentist and oculist at the time, besides immunization from smallpox. Only students who are found to have an actively infectious or mental disease are rejected (about 1/5 of 1%). Other physical defects are discovered, treated and corrected by curative measures. The sub-standard or physically inefficient student is advised to carry less work and is constantly under the observation of the proper authorities.

Better to grasp the idea of this system, a concise description of the infirmary is necessary. There is a dispensary department where a daily clinic is held by the members of the staff at stated hours for the men and women. It comprises a commodious waiting room, administrative office, four private doctors' offices, four treatment rooms, X-ray and clinical laboratories, pharmacy, surgery, oculist's and dentist's offices.

For the house-patients the infirmary has forty beds which are in private rooms and wards. The private rooms are sixteen in number and there are two large wards with a capacity of eight beds each. Some private rooms are furnished with two and three beds. Students are all cared for in exactly the same manner, there being no special privileges, no distinction as to race, color or social or commercial standing. If a student requires segregation, it is accomplished at the discretion of the physician. This constitutes a lesson in Democracy which is unique, and is a living demonstration of what mutual understanding and sympathy, which possesses no suggestion of charity, can accomplish in other institutions,—a lesson, for example, for advocates of community sanitariums for tubercular patients, etc. In 1915, the number of bed-patients was 672. 121 of these students were sick in bed as house patients more than once during the year, the average stay being 4.9 days, and the average number of patients per day was 11.8. The largest number of patients at one time was 24.

The number of students who received advice, treatments, etc., during the year 1915-16 was 4,516 or 71% of the combined enrollment of 6,286. To the uninformed it might appear that this large percentage of cases would indicate unusual morbidity, but as a matter of fact the purpose is to encourage early advice for incipient conditions, thereby avoiding graver complications and developments,—the practical application of the "stitch in time." The average number of daily dispensary cases were 126.3, with an average number of treatments per individual patient of 7.8.

The equipment provides the various features that are necessary for a first-class hospital, such as an X-ray laboratory, operating and sterilizing room, and splendid cuisine where the best foods are supplied and prepared, open air desks for the treatment of anaemic and pulmonary cases, a solarium for convalescents, waiting-rooms, and numerous baths and showers.

The estimate of costs for operating the infirmary was based on dividing the gross costs, which include salaries, the maintenance of dispensary and house service, by the number of beds (40), which gives an estimated cost of $2.57 per bed per day.

At the present time a minimum fee is charged for surgical services, which will be gradually lessened and finally abolished altogether. As the State does not provide in its budget funds for the infirmary, it was with these fees and donations that new additions and equipment were purchased.

The number of anaesthetics administered in 1915-16 were 109. There were 262 surgical patients of various kinds, upon whom were performed, including major and minor cases, 151 operations. X-ray examinations totaled for the

year 147 plates, and over 1,625 laboratory reports were made, which included blood counts, cultures, analysis of secretions, etc.

As all students who matriculate are compelled to have a thorough physical examination, it enables us to inform them correctly as to their abilities for physical exercises, classroom-work, college sports, etc. Numerous defects, focal infections, and occasionally graver conditions which might also jeopardize the health of others, and be a menace to the community are detected and treated. Often students are relieved of imaginary diseases. In 1915 we found that 64% of the freshmen had errors of refraction, and our oculist wrote 700 prescriptions for proper glasses. The dental examination revealed that only 82 men and 56 women out of the whole 1513 entrant enrollment had normal teeth. Numerous other illustrations could be cited, such as postural defects, diseased tonsils, chest-diseases, flat feet, etc., etc. Enough has been said for the argument for compulsory medical examinations.

These entrants must have a satisfactory scar to show that they are properly immunized against smallpox, or submit to vaccination. This is a State law. Since 1901, when this law was established, there have been no cases of smallpox among the students. In 1915-16 there were 473 cowpox vaccinations. Typhoid inoculation is not a compulsory measure. However, 273 students voluntarily received the protection against typhoid infection.

Certainly safeguarding the health of the students has been achieved through all these agents. The University provides, through its department of hygiene, compulsory lecture courses in which the truths of preventive medicine, personal and community hygiene are taught, and the superstitions, vagaries of medicine, quackery, and other frauds are shattered and disclosed. All will concede this course to be of inestimable educational value.

A word as to the management of curative medicine as it is practiced at the infirmary: Here is a representative staff of medical men and women who have all a special training in their profession. Men and women who work in harmony, who are in sympathy with this health insurance movement, and who can contribute organized and economical medical service. By careful study of cases, consultation, and assistance from the various laboratory workers, a remarkable number of correct diagnoses are made. The same system that is practiced so successfully at the Massachusetts General Hospital under the direction of Dr. Cabot, and which is also being successfully carried out at St. Luke's Hospital in San Francisco. This is better known as group-medicine. The laity as well as the profession realize that only the very rich and the very poor receive the best type of curative treatment. Why then should not socialized medicine, which can be so successfully applied to college students and industrial plants, be applicable to the whole of society?

THE SAN DIEGO DIAGNOSTIC GROUP CLINIC.

(A Preliminary Report.)

ROBERT POLLOCK, M. D., San Diego, Cal.

This clinic, which was opened to the public on Saturday, February 17th, is the initial expression of an earnest desire on the part of a San Diego philanthropist to help the man of modest income ($100.00 a month or less). Mr. E. W. Scripps, the owner of valuable newspaper properties in San Diego and many other American cities, proposes to have this class furnished with careful group diagnosis at a price within the means of the working man, Mr. Scripps paying all necessary deficits. To do this he has furnished and equipped a substantial building in an easily accessible residence neighborhood and placed it, through a board of five trustees, at the disposal of the local medical profession to plan and work out the details of a diagnostic clinic. Its staff, consisting of fifty members representing all of the recognized specialties, has been selected from the ranks of the County Medical Society. Its members serve in groups for a month at a time.

Patients are accepted for diagnosis only and must be referred by a registered physician. They are kept in the clinic for two or three days, or as long as is necessary to complete a diagnosis, when they are referred back to their physician, to whom is sent a composite of the diagnostic findings, and an outline of treatment suggested. Each physician after examining a patient commits his findings and conclusions to writing and these reports are discussed daily by the entire group on service. In this way an earnest endeavor is made to bring to light and correlate the underlying pathology of obscure problems in diagnosis represented in the patients that travel about from one doctor to another without receiving what they most desire. No member of the diagnostic staff is allowed to accept for treatment patients who have been examined by him within ninety days unless so requested by the patient's physician.

In the two weeks that the clinic has been open, twelve cases have been worked out, every one an interesting symptom complex, and the diagnostic group first assuming service is finding the work intensely interesting.

SYMPTOMATOLOGY OF HYPERTHYROIDISM.*

By HENRY H. LISSNER, M. D., Los Angeles, Cal.

It shall not be the purpose of this paper to take up the symptomatology of exophthalmic goitre but to consider the symptomatology of hyperthyroidism, and only speak of goitre and exophthalmus as concomitant symptoms of thyroid intoxication, since in recent years we have come to learn that not every case of so-called exophthalmic goitre showed the goitre and not infrequently the exophthalmus was

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