Syphilis	75
Incomplete rec. from operation	9
Loss of fingers	93
Physically deficient	31
Tumors	20
Skin Diseases	29
Congenital defects	21
Eneuresis	6
Drug user	7
Rheumatism	7
Tuberculosis other than lungs	26
Varicose veins	67
Hemorrhoids	28
Miscellaneous	124

Six hundred and fifty men is too many when the vision tests can be so readily applied and the standards for acceptance are so clearly stated.

Discharging ears numbered two hundred and seventy-one. Many of these were evident by odor and by vision without a speculum. More than six hundred men were rejected for defective weights. With scales and a clearly marked standard none of these should have been certified. It might be well to direct attention to the fact that 110 pounds is the minimum and that the minimum figures given for different weights in the tables represent the irreducible minimum. Careful reading of the instructions for physical examinations and of memorandum 9 shows that no further allowances or reductions are permitted. Directions regarding height also seem ludicrously simple. Careful examination should discover practically all the hernias of any size. They are always disqualifying, yet more than 500 cases were rejected for this cause alone.

There is more excuse for certifying men with organic hearts to the number of 400. There is more room for opinion in these cases and standards are not so clearly established. However the English and Canadian Army have found that many of these seemingly compensated old organic hearts break down in service, and are now drawing the lines close.

Tuberculosis, ankylosed joints, painful union of fractures, painful flat feet should be excluded. It is to be remembered that not all pronated feet are disqualifying flat feet.

The table below shows the percentage of rejections by states. It can be seen at a glance that the errors were very evenly distributed over the states and that the mistakes were apparently due to the inexperience or misunderstanding on the part of the examiners everywhere.

PERCENTAGE OF REJECTION BY STATES.

	Quota sent.	Rejected.	Percent.
Nevada	1,051	103	9.08%
Montana	7,877	807	10:02%
Idaho	2,287	253	11.06%
Washington	7,296	810	11.10%
California	23,060	2,639	11.44%
Oregon	717	83	11.57%
Utah	2,370	299	12.02%
Wyoming	805	101	12.05%
	45,463	5,095	11.02%

In general it may be said that the Government wants strong men with vigorous physique and endurance. This consideration, with careful study of the instructions, should avoid a repetition of the errors of the last draft.

Finally it may be said that the Western and North Western States have produced a division of some 35,000 men that equals any similar body of men in the world. No one could have stood as I did a week ago and see this division pass in review before the commanding general without a thrill of pride and an assurance that this husky, willing, patriotic body of men will go a long way toward making the world safe for democracy.

Sanitary Train, 91st Division, Camp Lewis, Wash.

TENTATIVE REPORT ON SOCIAL INSURANCE.

By Committee of Los Angeles County Medical Society. DR. WILLIAM WENZLICK, Chairman; DR. J. ROSS MOORE, and DR. T. PERCIVAL GERSON.

INTRODUCTORY REMARKS BY THE CHAIRMAN.

The purpose of a Health Insurance Act is to enable a wage worker to meet the expenses of his illness and to compensate him to some extent for the loss of his wages, upon which he and his family depend for their sustenance.

The other object of Health Insurance, the greater of the two, not only directly benefits the worker, but also the public in general, by improving living, housing and factory conditions in the effort of lowering the rate of insurance contributions on the part of the employees and employers, thus assisting State and County Health Departments.

The argument that compulsory insurance is not consistent with American liberty seems contrary to facts, for we actually have compulsory insurance at present, though not called by that name, nor as efficient as it should be. The people namely, are made up of employers and employees compelled by the state to pay taxes for the support of state and local health measures under direction of our many health departments, our hospitals, asylums, dispensaries, and all kinds of charities so odious to the laborer who wants justice.

The liberty of the wage-worker differs from that of his European brother principally in his right to refuse the starvation wages, if he is willing to join the great army of the unemployed on their way to the Potter's Field. The employer has the right and is at liberty to increase his profits by securing younger and more efficient help. In the slavery of other times, the superannuated were cared for as a recompense for their former services.

The poor as ultimate consumers pay all the taxes, expenses and profits of the men who own all the property, and also pay the taxes for the charity doled out to them. What slavery is more abject and humiliating than such individual liberty? In primitive times the individual considered *himself* only, in a higher civilization the individual must yield to social justice. Like a chain that is no stronger than its weakest link, so the degree of a community's civilization may be estimated by the welfare of its poorest class.

In Europe compulsory social insurance prevents all this inhumanity. Shall a free people be more intolerant of social progress?

The medical profession has the reputation of being altruistic, of furthering prophylactic and sanitary measures at the expense of its members, who also give their professional services gratis to the needy, because the practice of medicine is a profession and not a business. We will not forget our many civic duties.

While social insurance may not altogether remove poverty and unemployment and their sequences of disease, vice and crime, as might be done by means of a Federal Farm School in every state for the unemployed who, when found able to support their dependents, be allotted farms in severance, yet social insurance is a step in the right direction, especially if adopted by all the states and culminating in uniform federal laws.

Let us not be intolerant of those who are less conservative because of new though progressive ideas; on the contrary let us be prepared to meet any emergency in case a State Health Insurance Act should be proposed. Let the profession too be ready to take an intelligent stand for its own interests and for that of the public.

We must act in harmony and come to some conclusion one way or another. Adverse criticism is as important as favorable views in clearing up many difficulties that confront us because of the numerous details and factors which enter into this complex subject. Let us finally agree on some plan and be "a unit" as Dr. Gibbons urged.

If we favor Health Insurance we will be obliged, in all probability, to take into the panel every licensed practitioner. We must not let the public think that we have no sense of civic duty or public interest for our commonweal. We must not be entirely absorbed in our own affairs, although we rightfully should protect our interest as much as possible when not conflicting with our public duty.

If we came to the conclusion that the measure should be defeated, then let it be known that we are heartily in favor of Health Insurance, but for the people's good and the community's health, it is necessary to appoint all officers and members of the panels from the regular profession to the exclusion of homeopaths, eclectics, osteopaths, and others. The 6000 physicians of California will then surely be opposed by many of the 3,000,000 inhabitants of our great state. In either case our motives will be questioned.

The State Social Health Insurance Committee of the Los Angeles County Medical Association approves of the following features of a tentative health insurance act, based on one recommended by the Committee of State Social Insurance of the American Association for Labor Legislation, i. e.:

1. Compulsory State Insurance for wage workers earning less than $100 per month.

2. Voluntary State Insurance for those earning more.

3. Care by the State of the unemployed, and by the State and employers of all wage workers getting less than $40 per month, and of all casual employees.

4. Benefits are to be paid in case of sickness or accident or for death not covered by workmen's compensation.

5. Minimum benefits to consist of medical, surgical and nursing attendance; medicines and surgical supplies; cash benefits; maternity benefits; funeral benefits and medical and surgical attendance and medicines for dependents.

6. Medical services shall be provided by the district funds with approval of commission, by means of a panel composed of all legally qualified practitioners residing in that locality.

7. *Free choice of practitioners* shall be accorded the insured.

8. The number of insured a practitioner may treat shall be limited to one thousand persons or to five hundred families.

9. Each district is to have a *medical officer* as referee to provide certificates of disability and supervise medical service.

10. *Medical Supplies,* etc., are not to exceed $50 per insured within one year.

11. *Hospital Treatment* shall be given when necessary in place of other benefits, with a cash benefit to dependents equal to one-third of wages of insured member for the family while the insured is in the hospital.

12. The *Cash Benefits* of insured are not to exceed twenty-six weeks a year.

13. *Periods of Payments* should be weekly or semi-monthly.

14. *Maternity Benefits* are for eight weeks, six of which are to be after delivery if insured abstains from work for that length of time.

15. *Funeral Benefits* of $50 shall be allowed to next of kin, though six months have not elapsed after exhausting the sick benefit for the year.

16. The *Insurance* shall be *extended* when contributions have ceased because of unemployment not due to sickness and shall continue in force one week for each month of paid up membership.

17. *Division of Expenses* are to be met by the State contributing 10% of the total expenses; 50% by the employee and 40% by the employer.

18. The *Amount of Contributions* shall be computed to meet expenses of administration of the fund and reserve fund, and for payment of benefits.

19. The *Rates of Contribution* shall be the percentage rate according to industrial and sickness experience.

20. *Insurance Carriers.* The Commission shall *divide* the *State* into *districts* of not less than 5,000 persons with one or more local funds for each district.

21. The *Insurance Commission* shall *authorize* the funds after approval of constitution, etc.

22. The *Fund* or *Carrier* is to have the necessary *power* to carry on its duties, to have a constitution containing name, location of fund, trade, if such, etc.

23. The *Committee of the Fund* is to consist of not less than twenty members, elected annually in equal numbers from employer and employee members.

24. The *Board of Directors* is to be elected

by the committee of the fund, consisting of no less than eight and no more than eighteen directors, one-half by employers, the other half by the employees.

25. A *Reserve Fund* is to be accumulated by the board of directors; 1-20 of the annual income until reserve equals 1-6 of the total expenditure for the preceding three years.

26. The employer must *pay* to local or trade fund, at least monthly *contributions* due from him and his employees, deducting the worker's dues from his wages.

27. *Membership in Fund.* Every person subject to insurance must be a member, unless he be a member of an approved society.

28. An *Approved Society* may be a labor union, benevolent or fraternal society, or an establishment society, if approved by the commissioner.

Such society must not be carried on for profit; must not be under control of insured members; must be in a sound financial condition; must not endanger the existence of any local or trade fund.

29. *Employer's Contributions* shall be the same to the fund, though employees are insured in labor unions, benevolent or fraternal societies.

30. The *State* is to *contribute* to every approved society 1-10 of the total expenses.

31. A *Health Insurance Union* may be formed from two or more insurance carriers controlled by the Commission.

32. The *Guarantee Fund* consists of 10% reserved by the Commission from the contribution of the state to the carriers for the relief of any carrier if an emergency should arise in the judgment of the Commission, because of epidemics or other unusual conditions.

33. *State Supervision.* The *Social Insurance Commission* is to consist of three Commissioners appointed by the Governor, one of whom is to be a physician. Each Commissioner is to devote his entire time to the duties of his office.

34. The Commission shall appoint a *Secretary,* officers, and other assistants, and employees as may be necessary. All of them to be under Civil Service rule.

35. The Commission is to receive a *salary;* the Commissioners and the subordinates are entitled to actual and necessary expenses while traveling on business, the expenses are to be paid out of the State Treasury upon vouchers signed by at least two Commissioners. The office shall be in the capitol, and branch offices as advisable in other cities.

36. Any *Commissioner* can conduct inquiry or hearing, etc., which the Commission is authorized to do, if approved by the Commission.

37. The Commission is to make a *report* to the Governor which he shall lay before the Legislature, giving statistics of their work, and recommendations if desired.

38. The *State Social Insurance Council* shall consist of twelve members; an equal number from employers and employees.

39. The *State Council* is to elect its own president; the Secretary of the Commission is to act as secretary of the Council.

40. The annual report of the Commission and its recommendations shall be laid before the Council, before transmission to the Governor. The Council may approve them or make a separate report.

41. A *State Medical Advisory Board* shall be chosen by the state medical societies. It is to be consulted on medical matters.

42. *Disputes shall be settled* by the Social Insurance Commission on appeal from proper authority or carrier. The Commission may assign any dispute to a *Dispute Committee,* composed of employer and employee members of the Council and a member of the Commission as chairman. Either party may appeal from Dispute Committee to the Commission within 30 days.

43. *Medical Disputes* regarding benefits appealed to Commission shall be referred to the Medical Advisory Board, which is to report to the Commission.

44. *Suits at Law* which can be appealed to the Commission shall not be taken to court until decided by the Commission.

Original Articles

TUBERCULOSIS OF THE EYE.

By PHILIP H. PIERSON, M. D., San Francisco, Cal.

The object of this paper, written as it is by an internist, is four-fold—(1) to briefly touch on the blood supply and lymphatics of the eye, illustrating the probable method of infection and spread of tuberculosis; (2) to describe the main characteristics of the most frequently encountered tubercular lesions; (3) and of chief importance, the method at our disposal for diagnosing stubborn and puzzling eye conditions where tuberculosis should be considered; and, lastly, treatment and prognosis.

Tuberculosis in the eye as in other parts of the body, is spread in one or all of three ways; chiefly by the lymphatic system producing tubercles with their attendant consequences—enlargement, caseation and breaking down, less frequently by the blood stream transmitting the toxins more often than the bacilli to vascular organs (except in miliary tuberculosis), and, lastly, by contact. This last method is more correctly the local progress of the disease than its entrance into one or more parts of the body.

First let me take up the lymphatics of the eye. In the lids there are lymphatic channels anterior and posterior to the tarsus which intercommunicate and drain to the preauricular, submaxilary and anterior cervical glands. It is for this reason that these glands are generally involved, in lesions of the lids proper or the conjunctivae. The cornea contains practically no blood vessels or lymphatics, but there are clefts between the layers of the epithelium which are easily invaded by toxins or bacteria circulating in the blood vessels which are present and terminate in anastimoses at the corneal edge of the sclera. It is probably in this way that lesions occur in the cornea. They may also be the result of contact with the iris when this is involved. Another important lymph circulation is found in