"It is paradoxical that the medical profession should be so ultraconservative when it comes to changing the method of presentation of their new services when they are making such rapid strides in changing—constantly for the better—the methods of treatment.

"We are now asked by society to make these new findings of medical science available to all when they are in need of them.

"These services are available now for the indigent. They are available for the rich—of whom we still have a few left. But what about the man of moderate means? He is our average patient and special concern. For him to obtain adequate medical care at a price he can afford to pay is the problem. The medical profession is asked by a waiting public to solve it. And while we are delaying, two methods for the obtaining of such service have been presented:

"The first, compulsory state insurance controlled by politicians, which service is in vogue in Europe and is a failure in that the service is inadequate and results in quackery, fraud, and political and professional corruption. It is fraternalism in its purest form and is not acceptable to citizens of the State of California.

"The second method is health insurance sold for profit by promoters who propose to sell the prospective patient a physician's services. Many such services defraud the people and disgrace the profession.

"There is no place for the middleman to stand between the physician and his patient.

"The plan which is presented here and which has been approved by the Council of the State Association, is the medical profession's positive answer to society's query: 'What are you going to do for us?' "

Further details of the plan were discussed by Doctor Graves in which he showed that the plan was designed to protect the individuality of the physician and the patient and that the legal status of the plan was firmly established.

In concluding, Doctor Graves said:

"There will be some who will say that we should wait awhile. That is not judicious now; the problem has been thoroughly analyzed and a program to meet it evolved. To wait now is procrastination. When the Angel Gabriel blows his trumpet there will be some who will ask him to wait a minute because they are not ready, but are still rubbing the dust out of their eyes. We can no longer take the position of watching and waiting. The work has been done by an able committee with able counsel. It is time to march on."

Dr. Lyell Kinney of San Diego, past president of the State Association, paid a high tribute to the members of the committee, and said:

"You may study this plan long before you will find a flaw in it. The State Association has been working quietly but diligently in a most important fight against premature efforts at state medicine. This plan is offered as an answer."

Hartley F. Peart, counsel for the State Association, discussed the legal aspects of the plan and denounced the principles of some of the lay operated hospital associations, which he said were exploiting the sick and the doctor at the same time, and whose activities were now subject to investigation. He stated that some of these lay institutions are making a farce of the practice of medicine.

Mr. Peart told of the conditions in medical practice that have developed through county hospital situations in a number of counties, especially Merced, Kern, and Santa Barbara counties. These situations, he said, call for immediate and diligent attention by the profession.

Any question as to the financial liability of a county unit or of the individual physician in such a unit when the unit adopts the plan was allayed by Mr. Peart. The plan in no way increases the normal liability in medical practice as applies to the individual physicians who compose the unit adopting it, or to the unit as a whole.

Leon R. Yankwich, judge of the Superior Court of Los Angeles, in a most interesting and learned talk, traced through history the changes that have taken place in the social and economic structure to illustrate that such changes are constant and inevitable, and that such changes can best be met by those who are awake to them.

* * *

The *Bulletin* of the Los Angeles County Medical Association also printed the following digest of the plan for carrying on this work through county medical societies:

IMPORTANT ELEMENTS OF MEDICAL SERVICE PLAN

Provides freedom of choice for both physician and patient.

Prevents prostitution of medical profession for profit.

Maintains the highest standards of the medical profession.

Each operating county unit to be completely under the control of the medical profession in that unit.

Service not to cover disability provided for by governmental provisions.

Service free from indemnity provisions.

Service limited to wage groups, coming under a certain financial standard, which standard is to be determined by the county units adopting the plan.

Best insurance principles incorporated as relates to rates and collections of fees from beneficiaries.

Provision for a hospital insurance plan, operating as a part of the medical service plan, or jointly with it, but under the complete control of the medical profession.

Hospital plan provides method of determining length of stay of beneficiary in hospital, lack of which factor has caused failure of insurance company attempts in the past.

Provides complete protection from financial liability.

The plan as presented has been approved by the Council of the California Medical Association.

ALAMEDA COUNTY HEALTH CENTER CLINICS*

In 1918, under the inspiration and tutelage of Miss Annie Florence Brown of Oakland, there was established in Oakland an eleëmosynary corporation under the title, "Public Health Center of Alameda County." In Berkeley and in Alameda there had been clinic centers established and these changed their names in the course of time to the Berkeley Health Center and the Alameda Health Center. Throughout Alameda County there were rural Health Centers developed which called themselves branches of the Alameda County Health Center, but over these centers the Alameda County Health Center did not exercise control.

In 1920 the Oakland College of Medicine turned its property over to the Alameda County Health Center and the Center's activities were moved to the college building at the corner of Thirty-first and Grove streets. This was a clinic for indigents and for those who were partly able to pay. During the first year of its operation there were 30,000 visits made to the clinic, and for these 30,000 visits the Health Center collected $17,000. During the year July 1, 1931, to June 30, 1932, there were made to the Public Health Center of Alameda County 106,839 visits. Of these visits, 76,653 were made totally at the cost of the Health Center. In other words, these were indigents and given "classification A"; "B class," consisting of 22,548 paid ten cents per call; "C class," consisting of 1,755, paid actual cost of all materials used in the visit. The average patient who paid at all paid between 18 and 19 cents per visit. It has been noted that from 30,000 visits to the Public Health Center in 1920 the Center collected $17,000. For the 106,839 visits for the fiscal year of 1931 and 1932, the Health Center collected $7000.

It is interesting to know that after the social service department had classified patients as "C" or "D" and then billed them in accordance with "C" or "D" classification, the usual experience was for the patient to claim classification in a lower bracket and usually accomplished a "B" classification. The fact that this occurred in a very large number of instances is evidence either of the fact that the Social Service classification was not accurately done or that an over-altruistic leniency permitted the reclassification in a lower class bracket.

In 1930 a survey of Alameda County was made by J. W. Mountin, surgeon of the United States Public Health Service, and his report was filed during that same year with the Alameda County Board of Supervisors. The circumstances surrounding the investiga-

* Contributed by request, by Daniel Crosby, M. D., Oakland, who addressed the Council of the California Medical Association on this subject at the September 24 meeting of the Council. See, also, pages 324 and 330, in this issue.

tion are indicated in the introduction to the report, extracts from which are subjoined:

"The County Board of Supervisors, on behalf of the several health organizations, transmitted to the Surgeon-General of the United States Public Health Service through the State Board of Health in California, a request for the detail of an officer to conduct a study of health and hospital services supported in whole or in part by public funds. The salary of the surveyor, together with transportation to and from Alameda County, were borne by the United States Public Health Service; the other expenses connected with the survey were defrayed by the Alameda County Tuberculosis Association."

"An organization meeting held on February 10, 1930, was attended by representatives from the several agencies" (who appointed an advisory committee). . . . "The primary objects of the survey were to determine the quantity and quality of the work being performed; and the efficiency and adequacy of the service. Particular attention was given to those agencies supported in whole or in part by public funds and whose work for the most part was devoted to either the protection of the public health or the care of the ambulatory sick. Other agencies participating in or bearing a relationship to these functions were reviewed in less detail. The study was conducted from the administrative point of view, considering the needs of the county as a whole, rather than to determine the merits of an individual institution or item of service. Several considerations determined this course: (1) the desires of the people responsible for the survey; (2) the fact that imperfections could readily be explained on the basis of improper administrative organization; (3) the very practical reason that critical analysis of specialized functions demands detailed knowledge possessed only by experts in those limited fields; (4) and most of all because a survey which attempts to cover the universe must lack in specificity and is likely to be sterile of accomplishment." . . . "The report has been prepared in two main sections: (1) Prevention of Disease and Promotion of Health; (2) Care of the Sick." . . . "No attempt has been made to study or estimate the service rendered by physicians in their private capacity." . . . "At the present time the major and, in fact, most of the minor defects in the service have as their basis an improper administrative set-up. The improvement in the plan of organization should precede the correction of details. Throughout the report all comments and recommendations are based upon what is quite generally accepted as standard practice. An attempt has been made to exercise judgment in adapting this practice to the needs and conditions of the community."

The total population of Alameda County in 1929 was 440,200. Of the total population 91.4 per cent was classed as urban and 8.6 per cent as rural.

The important basic items of the major recommendations of the Mountin report and the recommendation which concerns the medical profession at this time follow: "(1) That the treatment function of all health centers be assumed by the County Institutions Commission. This should involve: control over appointments, budgets, and accounts and, where desirable, ownership of property."

This report, which was very complete, placed before the Board of Supervisors a complete picture of the problem of the care of indigent and near indigent in all of Alameda County as exemplified by the established Health Center program. This report was received, placed upon file, and apparently disregarded until August 23, 1932, when a resolution was introduced into the Board of Supervisors taking charge of the clinics in accordance with the recommendations of the Mountin report. On September 1 the resolution went into effect, and in the intervening time all the pay clinics of the county have been discontinued.

Thus, in one stroke, by the official bodies of the county, all of the part-pay clinics were discontinued and it became necessary for steps to be taken by someone to permit a continuance of such treatment as was necessary for those of small means. The medical profession of this county, as elsewhere, has prided itself upon its ability to take care of the sick in accordance with their ability to pay and with a speed in keeping with the best ideals of the medical profession the medical society of the county of Alameda adopted the following resolution:

WHEREAS, It has come to the attention of the Council of the Alameda County Medical Association that certain changes have taken place in connection with the work performed by the county through its county physicians and the consideration that they have made to indigent sick and dependent poor; and

WHEREAS, Public health centers have up to this time cared for certain patients from whom certain fees have been taken and who appear to be not eligible for care at the expense of the public under the Indigency Acts of the State of California; and

WHEREAS, The medical profession realizes the need of maintaining a service for patients who are not able to pay a full fee, therefore it appears to be necessary to establish a plan whereby certain patients formerly cared for at health centers, who do not technically fall under the term "indigency" and at the same time require attention at the hands of reputable physicians, and whose care should be assumed at a price within the ability of the patient to pay; now, therefore, be it

Resolved, That the Alameda County Medical Association agrees to establish a list of physicians who will volunteer to accept calls from such classes of patients and to render service when called, in coöperation with established official county agencies and centralized social service as established in Alameda County, and according to such additional plans as may be developed."

The members of the Medical Association of Alameda County are responding to this call almost to a man, and within another week or two it is expected that the care of those who are only partly able to pay will be well under way in this county. This will mark the institution of one of the most significant experiments that the medical profession in the West have had an opportunity to try.

PSITTACOSIS

Executive Order

Restricting for the Time Being the Introduction of Parrots into the United States

Whereas there have been officially reported in widely separated portions of the United States since the middle of December, 1929, a considerable number of human cases, some of them fatal, of a disease communicated by infected parrots; and

Whereas there is evidence that such parrots have been introduced from ports outside of the continental United States; and

Whereas there exists danger of further such introduction;

Therefore in order to prevent the further introduction of disease communicable from parrots to human beings, from ports outside of the continental United States into the United States, by virtue of the authority vested in me by Section 7 of the Act of Congress approved February 15, 1893, entitled, "An act granting additional quarantine powers and imposing additional duties upon the Marine-Hospital Service," it is ordered that no parrots may be introduced into the United States or any of its possessions or dependencies from any foreign port, for such period of time as may be deemed necessary, except under such conditions as may be prescribed by the Secretary of the Treasury.

This order shall take effect from and after this date.

HERBERT HOOVER.

The White House, January 24, 1930.

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