had *not* undertaken to give further advice to the plaintiff but had recommended the employment of a consultant and the submission of the matter for decision to the consultant chosen. A resort to independent advice and the furnishing of that independent advice to the plaintiff-patient, would probably have accrued the plaintiff's cause of action and started the one-year period within which action for malpractice could be commenced.

SPECIAL ARTICLES

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CLASS AND MASS ISSUE IN SOCIAL MEDICINE SEEN*

It is the history and tradition of the medical profession—recognized by President Roosevelt in his message to the National Health Conference at its meeting in Washington—that it stands ready at all times to give of its utmost in raising the standards of medical education and the quality of medical service, and in extending the benefits of its knowledge to all who require them.

Need I repeat the now well-recognized fact that each day the physicians of this country contribute more than $1,000,000 in medical services to the people, a staggering total of $365,000,000 a year in voluntarily contributed service?

LOCAL INADEQUACIES

Nevertheless, our own studies of medical care have revealed certain local inadequacies and certain inequalities in the distribution of medical care, and we welcome the concern shown in the endeavor to solve these problems.

In discussions of this subject published during the last few years, the medical profession constantly has maintained the importance of sustaining the quality of medical care. It also has emphasized certain principles which the House of Delegates of the American Medical Association has established as fundamental to good medical service to all the people.

There can be no acceptance by the medical profession of any system of medical care which is based on the idea that the well-to-do shall receive one quality of medical care while the farmer, the laborer, and the white-collar worker are to be placated with a wider distribution of an inferior medical service.

Since experimentation is the very basis of medical progress, the physician is likely to wish for a controlled experiment suitably confirmed before he will accept either the safety or usefulness of any measure or method.

History will show that the great progress of medicine has been accomplished by this procedure and by this procedure alone.

One of the most debatable topics in social medical discussions concerns the availability of general hospital services in rural and sparsely settled areas.

ALL NEAR HOSPITALS

Spot maps, developed by the American Medical Association's Council on Medical Education and Hospitals, reveal only thirteen counties in the United States which are more than thirty miles distant from an acceptable general hospital.

There can be little disagreement on certain fundamental objectives in regard to medical care. The medical profession agrees with all other agencies on the importance of the following objectives:

The provision of good medical care for all the people; development of comprehensive preventive and public health services; development of appropriate measures to combat specific health problems, and a continuous, orderly improvement of the distribution of medical services and hospital facilities, both by geographical and economic divisions.

OTHER UNFILLED NEEDS

The medical profession would be the last to deny the existence of medical needs in the United States.

The profession, however, cannot be blind to the fact that there are other unfilled needs, especially such as relate to food, clothing, and housing, which are often as essential to health preservation as is medical care.

I think it is important to realize the historic fact that every board of health, every medical school, every hospital and every other agency which has to do with the diagnosis, prevention and cure of disease has been organized as a direct result of medical leadership.

Those people who think they can devise a centrally controlled medical service plan which can be fitted to the varying conditions of the states, counties, and cities of this country are discussing theories which no practical health administrator possibly could approve.—Los Angeles *Examiner,* January 22, 1939.

* By Irvin Abell, M. D., President, American Medical Association.

CALIFORNIA AGRICULTURAL WORKERS HEALTH AND MEDICAL ASSOCIATION

I have served as Medical Advisor * to the Agricultural Workers Health and Medical Association for a little over a month, and I find that there is a rather wide failure in understanding our purpose and our limitations, particularly our limitations.

Primarily, this organization was formed to give necessary treatment of acute and emergency medical needs in this migrant group, and their immediate dependents. This was expanded to include the care of such chronic conditions, which in a state of progress, were decreasing the earning capacity of the worker and jeopardizing his physical welfare. This was necessarily again expanded to take care of such chronic conditions in dependents as had become secondarily an emergent condition.

I sincerely believe that if the doctor will review this statement carefully and give it careful consideration when seeing these migrants, our major difficulty of misunderstanding will be solved.

We would like, as a humanitarian move, to broaden our scope and care for the obvious medical needs, but unfortunately we have to draw a somewhat arbitrary line between needs and necessity.

This division is an economic necessity, for our financial allotment is too limited for us to be philanthropic.

Let me cite for examples, three very obvious needs which confront us and in which we have to try to pick out the truly necessary with our limited knowledge of the individual cases.

Literally, thousands of these children need tonsillectomies. With years of malnutrition, exposure and repeated illnesses, chronic hypertrophic tonsillitis and adenoid hypertrophy is the rule. If we approved operation on all of these, I am sure the bill for this item alone would bankrupt the organization. We must, therefore, limit approvals to such cases as have by complications become an absolute necessity. Unfortunately others will develop complications and become necessities, but we cannot foresee these individual cases.

The same conditions prevail in the mothers in this group. With poor obstetrical care, often no obstetrical care, a very

* By Edwin R. Scarboro, M. D.