

tactile sense, as well as an innate perspicacity to complete properly; urinalysis is not required, but that is about the only lapse from a standard blank, and the examiner gets 50 cents!

Shades of Esculapius and John Hunter! And the cost of living soaring! A young man spends eight of his best years and as many thousand dollars to get a medical education, pass a state examination and pay for it; secure a county license and pay for this, often a municipal fee is demanded that he has to pay for; he has to equip himself with all the instruments of precision now required, at great cost, maintain an office and some means of transportation; be well housed and clothed—and he gets out of the insurance companies the sum of 25—rarely 50—cents, for expert work!

The subjects are not brought to the examiner; he must seek them at their homes at hours convenient to them, regardless of the examiner's other professional or social appointments. He must make calls in the remotest regions, in suburbs and factory district, since this kind of insurance appeals only to the ignorant classes, the submerged tenth, whose earnings are dissipated by the importunities of the conscienceless insurance solicitor and the instalment collection fiend. It is estimated that so-called industrial life-insurance collects the colossal aggregate of \$150,000,000 annually, a sum double that taken from all the gold mines of the United States, Alaska and the Philippines in the year 1907.

It is only this so-called "inspection" and "examination" that places the transaction outside the class of "pools." The guileless doctor lends his time and skill to this work and helps to accumulate colossal fortunes for the promoters. Strangest of all it is that the great beam of justice has not struck this kind of machination, and that public conscience has allowed the exploitation of the unguarded and helpless poor to go on unhampered. Worse still is the prostitution of our profession to such ignoble ends and pauper pay; 25 cents for a medical "inspection" and 50 cents for an educated expert's medical "examination," time and travel expense all paid by the doctor! What has become of the spirit of our medical societies that remonstrance has not been made ere this? There are very small things that need attention as well as the larger ones of state boards of health and medical national educational commissions.

The objection to industrial insurance, as conducted in the United States, is that it has been developed and managed by private individuals for private profit rather than for the laboring man and his dependents. One result is the physician who makes the necessary examinations is "sweated" for the benefit of the middleman or promoter, who to increase his own profits reduces the cost of operation to the minimum. Industrial insurance is, in many cases, the only way in which the laboring man can provide, during the period of activity, against disabling accidents and sickness. The premiums which can be paid in this form of insurance are necessarily low and must be collected on the instalment plan. In the absence of some such provision against disability, the only recourse left to the laborer or his family is charity, either public or private. The importance of industrial insurance has been generally recognized in Europe, especially in Germany, where it has been made compulsory by the state, as a precaution against poverty-stricken decrepitude or old age on the part of the laborer and overburdened charity relief on the part of the state. Industrial insurance, provided and safeguarded by the state, is a guarantee to the laborer and his family against want, and to the community against a crushing burden of pauperism and dependency. As conducted in this country, by private corporations, it is an exploitation of the workman on the one hand and of the physician on the other, for the benefit of the middleman, the promoter. The ridiculously low "fees" paid by these companies should be spurned by any self-respecting physician and condemned by medical organizations everywhere. Properly organized and conducted industrial insurance should be encouraged, but only on condition that the fees paid for professional services are commensurate with the value of the services rendered. Industrial insurance should be for the benefit of the laborer and the relief of society. There is no reason why it should be built up at the expense of the medical profession.

## POSTGRADUATE COURSE FOR COUNTY SOCIETIES

DR. JOHN H. BLACKBURN, DIRECTOR  
BOWLING GREEN, KENTUCKY

[The Director will be glad to furnish further information and literature to any county society desiring to take up the course.]

### Seventh Month—Second Weekly Meeting

INFECTIONS OCCURRING IN SURGICAL DISEASES AND CONDITIONS  
TOXEMIA, SEPTICEMIA AND PYEMIA: Definition of each, discussing their relations to each other.

#### ETIOLOGY

TOXEMIA: 1. From acute infectious diseases. 2. Those demanding surgical interference; sapremia. Pathogenic and toxicogenic bacteria. Bacterial poisons, ptomaines and toxins. Microorganisms usually found in surgical lesions, producing toxemia.

SEPTICEMIA AND PYEMIA: Septicemia from (1) local infection, pneumonia, typhoid, puerperal fever, fracture, traumatism, etc.; (2) cryptogenic septicemia. Pyemia, dependent on antecedent septicemia.

#### PATHOLOGY

TOXEMIA AND SEPTICEMIA: Similarity of pathologic changes occurring in toxemia and septicemia. Histologic changes in tissues, effect of toxins. Microscopic changes in viscera. Gross changes in liver, spleen, kidneys, heart and blood-vessels, mucous membranes.

PYEMIA: Primary changes. Methods of entrance of bacteria into blood-stream. Factors governing site of secondary localization. Usual location of abscesses. Secondary changes.

\* Pearce: *Ostler's Modern Medicine*, II, 647.

## Medical Education and State Boards of Registration

### COMING EXAMINATIONS

CONNECTICUT: Regular, City Hall, New Haven, March 14-15. Sec., Dr. Charles A. Tuttle; Homeopathic, Grace Hospital, New Haven, March 14. Sec., Dr. Edwin C. M. Hall, 82 Grand Ave.; Eclectic, Hotel Garde, New Haven, March 14. Sec., Dr. T. S. Hodge, 19 Main St., Torrington.

ILLINOIS: Coliseum Annex, Chicago, March 2-4. Sec., Dr. James A. Egan, Springfield.

IOWA: State House, Des Moines, February 14-16. Sec., Dr. Gullford H. Sumner.

KANSAS: Topeka, February 14. Sec., Dr. H. A. Dykes, Lebanon. MAINE: Portland, March 14-15. Sec., Dr. F. W. Searle, 806 Congress Street.

MASSACHUSETTS: State House, Boston, March 14-16. Sec., Dr. Edwin B. Harvey, Room 159, State House.

WYOMING: Laramie, March 7-9. Sec., Dr. J. B. Tyrrell.

### The Complete Physician

An address on the subject "The Complete Physician" was given by Dr. J. George Adami, professor of pathology at McGill University, at the opening of the School of Medicine of the University of Toronto. He shows that the student cannot be expected to learn all there is to know during his brief four-year or five-year medical course. In fact, the physician's entire life is devoted to learning new facts and new methods. It is the student's duty to find out *how* to proceed; he must learn the common ailments; he must know how to use modern methods of diagnosis and must understand the rational treatment of diseases, whether he is to apply that treatment himself or refer the patient to others.

To obtain this knowledge requires a training in hospitals and dispensaries, in contact with actual living patients. But he needs more than his unaided senses to gain the most from his contact with patients. He needs to understand instruments of precision, which requires a knowledge of physics; he must know the composition of body fluids and the action of drugs, which requires a knowledge of chemistry; he must understand the principles governing living matter, which requires an acquaintance with biology. A knowledge of anatomy is particularly needed. A mental picture of the viscera often conveys reasons for certain disturbances; and of course the