

INSURANCE EXAMINATION FEES.

In another column¹ is printed the preliminary report of the committee appointed by the House of Delegates at the Boston session of the American Medical Association to inquire into the insurance examination fee question. The committee, after making a statement of facts, has wisely referred the matter to state and county societies for action. Thus the question as to whether a determined fight shall be made against the dictatorial policy of the insurance corporations must be decided in each state. Quite a number of state societies and many county societies have taken definite action and their members are refusing to accept the reduced fee.

It is to be hoped that each state society, at its next meeting, will face the problem fairly and squarely and advise its component county branches as to what policy they should adopt. If only a few counties in a state enter into this fight, it is not to be expected that they will be able to win out, but if all, or a great majority, of the counties act together, then success will certainly follow. That the house of delegates of each state society may discuss the matter understandingly, its members must appreciate the various phases of the problem and know the wishes of those they represent. For this reason, if for no other, each county society should discuss this question thoroughly, not only so as to advise its delegates to the state body, but to decide whether any action shall be taken before the state society meets.

While we think that a positive stand should be taken against the dictatorial policy of the insurance companies regarding examination fees, believing that the physician has at least as much right to say what his services are worth as have the insurance companies to say what they will pay for his services, nevertheless, before taking action, the matter should be well considered in all its phases. Shall there be a graded fee or shall the same charge be made for examining an applicant for \$1,000 as for a \$5,000 policy? If so, what shall be the minimum fee, and what for each additional thousand? These and other questions should be considered carefully. It must be remembered that this stand will mean sacrifice on the part of some; and undoubtedly it will be a long struggle. One fact must be emphasized: resolutions do not win battles. If anything is to be accomplished, the cooperation of practically all physicians in a county must be obtained; the signature of each must be secured to the agreement and, while there will be some selfish ones who think they will gain by refusing to act with their fellows, tact, perseverance and moral suasion will finally win over all who are worth winning. Harsh measures should not be adopted, and no physician should be barred from or in any way penalized regarding his membership in the county society, even if he does prefer to side with the insurance corporations rather than with his fellow members.

In some counties, especially where there is no large

town, it will be comparatively easy to get every man in line. In such instances, however, the companies may be expected to secure physicians from outside the county, and for a while they will succeed in finding plenty who will be willing to do the work, but this will be expensive for the companies and they will not keep it up. Further, they will not be able to get the better class of physicians, and the others they will not want. In large cities it will be a difficult matter, for a while at least, to get all in line. This is especially true of those who are practically making a living out of insurance examinations.

The question at issue is purely a financial and commercial one. This must be remembered by those who fear that to take it up is to sacrifice the high ideals and the altruistic principles that govern the physician as an individual and the medical profession as a body. The question of life insurance examination has nothing to do with the treatment of the sick, with the relationship of the physician to his patient, nor with ethics as it relates purely to medicine and medical practice. It is simply and only a business proposition, just as much so as the employment by a syndicate of an expert mineralogist to examine a mine and report on its probable value as an investment. Insurance companies employ physicians as experts to give their opinion as to whether or not the applicant is likely to live out his expectancy; in other words, whether the issuance of a policy to the applicant will be a paying investment to the company.

Back of it all, however, and underlying the question, there is something more than dollars and cents. Combinations of men and capital are organized into companies solely for financial gain. As a business proposition, they need the services of physicians. These corporations, acting alone or in combination with other similar corporations, dictate what they will pay for these services, and the physician, acting independently and by himself, is powerless. A price is put on his services by those who want them, and he has nothing to say. He usually takes the sum offered rather than nothing.

Fundamental to it all, therefore, is the question: Shall physicians continue to act individually and humbly accept what is offered them, or shall they unite and be in a position to demand what is due them?

IMPROVEMENT IN FOOTBALL PATHOLOGY.

In the football season just closed there has been a decided improvement in the pathologic aspects of the game. Football has not yet become a nursery amusement, but at least it has not claimed as many victims as during last season. The record for 1905 was 22 deaths, with 96 serious injuries, while in 1906 the fatalities from football numbered 3, with only 54 injuries and many of these trifling. It seems that the important changes in the rules, made to eliminate many of the dangers, have been successful to a considerable degree. As there has been a growing demand for this improve-

1. Insurance Fee Department, page 1937.

ment for several years, it seems too bad that the football rules committee could not sooner have seen its way to make the changes which have proved so beneficial.

It has been claimed that changes in the game in the direction of greater safety would lead to a diminution of public interest in the sport. Apparently it was not realized that interest scarcely affords adequate compensation for the loss of a score or more of lives in a season's play. The present year's experience shows, however, that the more open game not only has not detracted from the interest of spectators, but has added to it. It must be conceded that the ball and the play have been followed with much more interest than before.

It would seem, therefore, that it only remains for the rules committee to modify the present game further in the direction already begun, and the result will be the elimination even of the sad accidents which have marred the present year's record. It must not be thought that serious injuries did not occur in addition to the three fatal accidents. Some of these were even more numerous than last year. The broken collar bones increased from seven last year to nine during the present season. There were eight broken legs this year, against six last year. Broken ankles were reported twice in each year. There were seven twisted knees in 1906, against five in 1905. All of these show that the game still has a rough character which may become dangerous and for which much can be done.

President Roosevelt is to be congratulated on this very noteworthy improvement. It was his vigorous protest and personal intervention which, more than anything else, brought the football rules committee to its senses. Football can not be made a parlor game. We fully agree with the President's remark that he has no sympathy whatever with the overwrought sentimentality which would keep a young man in cotton-wool. On the other hand, as remarked by the *Independent*, "there is still less reason for sympathy with the overwrought brutality which puts a young man in sterilized cotton." If as decided an improvement takes place in the season of 1907, there will be little room for complaint left. Surely where so much good has been accomplished there will be every encouragement still further to ameliorate conditions, and no one will welcome such an amelioration more than THE JOURNAL, which has for several years pointed out the fatalities and urged the necessity for radical changes in the rules such as have fortunately come and now need only some extension to be completed satisfactorily.

TAINTED MONEY.

Our London correspondent refers to a recent peculiar bequest to the Barnardo Homes which is likely to give the trustees or administrators some troublesome consideration—assuming, as we must, that they are upright, conscientious men. It appears that a man owning a large number of shares in two "patent-medicine" con-

cerns bequeathed them to the Barnardo Homes under condition that they should not be sold, but should be made the foundation of a new English limited liability company devoted to the sale of the nostrums. It would require a rather extraordinary casuist to justify the acceptance of such a bequest. It is not always practicable to exclude the possibility of unworthy methods in the acquirement of money that is given for benevolent purposes and we can allow much latitude in some cases. Here, however, it is a condition that the evil measures shall be perpetuated and that the Homes shall become practically a direct partner in fraud. The *British Medical Journal* says: "Dr. Barnardo's Homes have hitherto led a perfectly blameless existence under the egis both of medicine and religion." Dr. Barnardo is understood to have been thoroughly ethical in his methods and, figuratively, would no doubt turn in his grave should his successors yield to the temptation thus put before them. There seems to us to be no question as to the course they should pursue, though they could doubtless find plenty of precedents of benevolent or even religious institutions supported by the profits of disreputable and vicious methods. The instance alluded to by our British contemporary, of the temperance advocate who was bequeathed a cellar full of wines and who escaped from his dilemma by passing on the bequest to his eventual heir, is not a good parallel. The British nobleman who destroyed the contents of his wine cellar on his conversion to temperance views made a more consistent and morally commendable precedent. The rejection of this bequest by the Barnardo administrators will be an excellent example for others to follow in such cases. In this country we have recently been having a toning up of conscience in business and political matters which we trust will have its permanent good results. A similar movement, we believe, would be an excellent thing in Great Britain, and there could hardly be a better opportunity for one of its first manifestations.

DIAGNOSIS AT SIGHT.

A correspondent sends us a circular of a work sold by subscription to physicians, which, according to its opening sentences, enables the physician to "instantly determine the underlying factor in all diseases without asking a question." Appended is a list of physicians who have bought the book and express their appreciation of its teachings. We presume that if it claimed the ability to diagnose a disease from a lock of hair sent by mail it could get an equal number of testimonials. At least one seems about as rational a possibility as the other. We do not object to physicians getting information from all sources, but one would think that sensible men would rather do it on the quiet from such a source and not send their names to be utilized by the advertiser. It would seem preferable to be considered what is called an "easy mark" by some exploiting individual (in fact, the average physician is inclined to think he is from the advertisements and prospectuses he receives) than to publish the fact over one's own signature in the exploiter's circulars. There is some excuse in biting at a tempting bait, but apparently there are some fishes that will bite a bare