

the application of the same technic to fill up any nooks or crevices liable to remain as "dead spaces" after an operation. It fills the space air-tight while the action of the iodoform in the filling ensures continuous antiseptis. The space or cavity must be absolutely dry and aseptic. The filling used is a soft mass formed by mixing equal parts of spermaceti and oil of sesame, filtering and sterilizing in a water bath, and then pouring 60 gm. of the hot mixture into a large vial containing 40 gm. of finely pulverized iodoform, shaking constantly until the mass hardens. He applies to the mixture the term *Plombe*, which is the German word for filling for a tooth, and the term *Plombierung* has been generally accepted by American and English writers as the special descriptive term for the Mosetig process. Before using, the filling is heated to 50 C. and is then poured into the cavity to be filled, where it rapidly hardens. It becomes gradually absorbed and supplanted by granulations, but this occurs too slowly for iodoform intoxication to occur. The process of absorption can be watched with the  $x$ -rays. He has been using the method for more than five years and in more than a thousand cases, and the results have always been primary healing when the above conditions are fulfilled, while there is no sinking in of the parts from cicatricial retraction, so that the outcome from every point of view, he says, even the cosmetic, was the best conceivable. He gives a number of minor technical points that facilitate rapid work, such as hastening the drying of the cavity with compressed air, and filling one side of the space with the *Plombe*, allowing it to harden, and then filling the other side, utilizing the force of gravity. The filling promptly arrests any oozing of blood, as it is heavier than blood and forces itself into and plugs the crevices from which the blood is oozing. His previous communications have been duly summarized in THE JOURNAL as they appeared.

**Lombroso's Criminal Museum.**—Cesare Lombroso contributes an article on his museum to the *Archivos de Psiquiatria y Criminologia* of Buenos Ayres, June, 1906. He describes his first collection, made during his student days and kept in his room to the horror of his landlady, and later in a barn until finally installed in the biologic laboratory of the Turin university. He added materially to the collection during his term of military service and later by visits to abandoned tombs in different provinces, where the bag full of skulls on his shoulder was taken for a load of gourds. Friends contributed skulls from all parts of the globe, and he was especially fortunate in obtaining skulls of criminals and of the insane. In examining, in 1870, the head of a bandit sent from the Pavia prison he found the cerebellum and occipital fossa as excessively developed as those of the rodents, and this finding was the dawn of criminal anthropology. It suggested that all the phenomena of the congenital criminal, both somatic and psychic, correspond to the phenomena normal in inferior animals or peoples. Microscopic examination of the cortex of epileptics and criminals, he says, revealed a structure similar to that encountered in the inferior vertebrates and birds of prey. His assumption that criminality might be an equivalent of epilepsy was confirmed by his study of the skulls of epileptics. His collection includes many articles made and decorated by convicts in the penitentiary, reproducing in pottery, etc., their crimes with appropriate designs or remarks, the criminal tendency marked in all, and similar collections from the insane asylums. Some articles obtained from the heirs of a man who claimed the papal chair and was treated by the authorities as a dangerous conspirator, established his mental derangement beyond a doubt after a costly trial and his execution. Lombroso lingers over the various articles in his collection with affectionate detail, especially a model of the Philadelphia penitentiary with small wax figures to represent the inmates.

#### Doctors in Police Courts.

The *Record-Herald* (Chicago, Dec. 31, 1906) has this to say: "The busy doctor, when called on to give testimony in the courts, and especially in the police courts, has a hard time of it everywhere. Judges are, however, usually cognizant of

the sacrifices he must make, and do their best to make the performance of the important public duty of testifying as easy as possible. Here is an item from a London newspaper telling of an occurrence in a police court there a week or two ago, which is in point:

"At North London, during the hearing of a case of alleged attempted suicide, a doctor was called as a witness. Mr. Fordham said he had noticed this gentleman in court all the morning, but was unaware of the fact that he was a doctor or he would have had the case called on early so as to have released him. He entertained a very strong opinion that doctors should not be kept from their practices longer than was absolutely necessary, and he had on previous occasions given directions that doctors in remand cases should not be asked to attend before 11:30 a. m. After inquiries as to who had in this case warned the doctor to attend earlier, the magistrate said he would write to the commissioner requesting him to issue an order that doctors should not be called on to give evidence—in his district—before 11:30 a. m."

"In Chicago the courts are accustomed out of regard for the doctors to omit formal subpoenas summoning them to appear at the hour of opening court, and instead to telephone them just long enough in advance to enable them to attend, give their testimony and get away with the minimum time lost. The London doctor was patient and long-suffering. He did not defy the court because service was inconvenient to him. And what is also significant, he did not lose anything in the end because of his regard for his public duty. It is worth noting that a fit of hysterics is not a necessary incident to the adjustment of an evil."

## Insurance Fees and Lodge Practice

### THE INSURANCE FEE QUESTION IN KENTUCKY.

By A. T. McCormack, M.D.

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#### THE BEGINNING OF THE EXAMINER'S FEE QUESTION IN KENTUCKY.

The fight to prevent the lowering of the already moderate fees for making examinations for life-insurance companies was begun—in Kentucky, at least—by the Muldraugh's Hill Life Insurance Examiners' Association at about the same time—probably as a result—of the outrageous reduction of fees by the New York Life in about 1896. This association was entirely independent of any other medical organization, but held its meetings on the same day with the session of the Muldraugh's Hill Medical Society. It included in its membership every doctor in the territory who was eligible to become a life-insurance examiner. Together they studied how to become better and more thorough examiners, and every member voluntarily pledged himself that under no circumstances would he accept a less fee for any complete examination than \$5. Every reputable doctor in these five or six counties was soon a member of the new organization.

Now for results. The New York Life agents for the past ten years have written more insurance than those of any other company in Kentucky, but they have not written a policy nor had an examination made in the Muldraugh's Hill district. Other companies have written many thousands of dollars' worth of policies there. The Northwestern of Milwaukee and the Mutual Benefit of Newark, both always \$5 companies, have two of their best producing agents there.

If this could be done by an active band of earnest men in five counties in Kentucky, why can it not be extended to every county in the United States? Let our 2,500 county societies act as a unit, and the insurance men who have been coining millions out of the common people largely through the labors of our profession will be brought to a realization of our value. Safeguards have been thrown about other departments by law. If we are protected we must protect ourselves. "United we stand, divided we fall."

#### THE PRESENT STATUS IN KENTUCKY.

On October 10, last, strong resolutions declaring that the minimum fee for life-insurance examinations in Kentucky on and after Jan. 1, 1907, should be \$5, and explaining why, were passed unanimously by the State Medical Association. Within ten days this resolution was mailed to every practicing physician in the state, enclosed with a letter asking for his support, and an addressed postal for his reply. Up to this time 3,662 of the 4,126 legally registered physicians of the state have personally replied that they would make no insurance examinations for any company which en-

plys incompetent examiners or which pays less than \$5 for each complete examination. Of the less than 500 who have not replied directly, half at least have signed local agreements to the same effect in their own county. In 53 of our 119 counties every doctor in the county has signed a similar resolution at a formal meeting of the profession of his county; and in at least 30 other counties every doctor has signed the state agreement. Owing to the bad roads and winter weather it has been impossible as yet to get formal meetings within the few remaining counties, but we feel sure that within six weeks every doctor in Kentucky, not receiving a salary from an insurance company, will refuse to make examinations for less than the minimum fee of \$5 established by the State Association.

The officers and members of our State Association are acting under the injunction of the preamble of our constitution, "to guard and foster the material interests of the physicians of the state." The House of Delegates, in considering the insurance fee resolutions, acted under the express provision of Chapter IV, Section 5, of the by-laws, which says: "It (the House of Delegates) shall consider and advise as to the material interests of the profession, and of the public, in these important matters wherein it is dependent on the profession." Our resolutions and the report of the national committee all expressly recommend that acceptance of them shall not be made a test of membership. Many county societies, and some state associations, have declared that any doctor continuing to examine for the companies which pay less than the established fee is guilty of dishonorable conduct. This is clearly within their rights, and surely the officers of the great insurance companies which have reduced the fee, who have been shown recreant to their trusts, are estopped from quoting our own rules to prevent us from protecting ourselves and our profession from their ravages.

Our State Association was familiar with the efforts of our national committee to effect a compromise on terms which were most favorable to the insurance companies, and it was their natural indignation at the rejection of a compromise, which many of them disapproved, by the great insurance trust, that caused their action and that has caused its unanimous endorsement. It was explained to our House of Delegates as, at this time, we were engaged in active warfare with the nostrum interests, and in perfecting our organization along other lines, and, at the same time, knowing that the insurance magnates and their employes were, or ought to be, busy correcting the abuses Mr. Hughes and his committee had discovered, our national committee felt that it was wise and would be acceptable to both interests to offer a compromise, probably exactly acceptable to neither, but which might afford a common ground for a present agreement, and which hereafter might be modified if necessary. The following was the original offer of our committee:

#### PROPOSITIONS OF INSURANCE COMPANIES.

1. If desired, through its councilor system, reaching every district in the United States, and embracing the leading members of the profession in 2,400 of the more important and populous of the 2,830 counties, the American Medical Association will assist the insurance companies in selecting only competent and morally responsible men as medical examiners.

2. County and other societies and postgraduate and other schools will be utilized for special courses in life-insurance work, involving both scientific and moral responsibility in medical examinations.

3. Fees for examinations will be restored to former standards after Jan. 1, 1907 (and that after that date medical examiners assume the duties and responsibilities, in so far as may be possible, heretofore performed by inspectors, without further compensation).

As every insurance company in existence now requires a report on the moral hazard of the risk, it was felt that the third clause added no duties to the examiners, but that it would relieve the insurance companies of a great and useless expense, which is charged in their annual reports to "medical examinations."

At the fall conference, mentioned in the committee's report, it went even further and offered to accept a fee of \$3 for examinations of \$1,000 or less, with a graded fee of \$5 and upward for all examinations involving over \$1,000. This was proposed by Dr. J. N. McCormack to meet and to test the insistent plea of the companies, which he did not believe was warranted, that the cut in fees for the examinations for small policies was an absolute necessity under the recent New York laws, as well as to ascertain their willingness to make any concession in the interest of peace. This offer was rejected just as was the former one, these companies evidently acting in concert themselves, but without even the pretense of consistency, demanding that they should be left to deal only with the helpless individual examiner. The action of the Manhattan Insurance Company, also of New York (and of many other great companies of other states doing business there), in de-

clining to reduce its fees, and announcing that it was not made necessary by the recent legislation in that state, only confirms the impression held by those best informed that this law was only taken advantage of to carry out a long concerted plan to do this injustice to our profession, heretofore defenseless because unorganized, and fully justifies our committee in smoking them out by the offer of a compromise more than fair to them.

All of these facts were presented to our state medical association, at the Owensboro meeting, and it was largely the rejection of the more than fair compromise offer by the insurance trust that caused so much righteous indignation among our members, and made it easy for us to secure the unanimous and enthusiastic support of the profession in almost every county in Kentucky.

#### Medical Societies and the Insurance Examination Fee Question.

The Las Vegas (N. M.) Medical Society unanimously adopted the following resolutions:

##### ANNUAL CONTRACT.

*Resolved*, That the Las Vegas Medical Society condemns as unprofessional the attendance on families, individuals or societies by annual contract.

##### LIFE INSURANCE.

*Resolved*, That after this date the fee charged by members of the Las Vegas Medical Society for medical examination of applicants for life insurance with old-line companies, shall be uniform and in no case less than \$5.

The Clarksdale and Six Counties (Miss.) Medical Society took action December 5 and a strong effort was made by the secretary, Dr. James W. Gray, Jr., to have all reputable physicians within the jurisdiction of this society, sign them.

The Randolph County (Ark.) Medical Society adopted resolutions similar to those adopted by the Kentucky State Medical Association. Under date of December 22, Dr. H. L. Throgmorton writes:

We think the late ruling of the old-line companies is unjust to the profession, as well as to the policy holders.

The Lenoir County (N. C.) Medical Society took action at its last meeting, held at Kinston, December 7. Secretary Dr. W. F. Hargrove writes that the following resolution was passed:

No examination for old-line life insurance companies shall be made for less than five dollars, this sum to be paid by the insurance company regardless of urinalysis or of the amount of the policy.

At the regular meeting of the Mitchell District (S. Dak.) Medical Society, held September 4, similar action was taken and resolutions passed.

## Book Notices

AMERICAN PRACTICE OF SURGERY. A Complete System of the Science and Art of Surgery by Representative Surgeons of the United States and Canada. Editors, J. D. Bryant, M.D., and A. H. Buck, M.D., New York City. Complete in Eight Volumes. Illustrated. Vol. 1. Cloth. Pp. 818. Price, \$7.00. New York: William Wood & Co., 1906.

The first volume of this system is introduced with a chapter on "The Evolution of American Surgery." This contains a brief but interesting history of the lives, and numerous good likenesses, of the early surgeons of this country, who helped to make American surgery what it is to-day. The volume is subdivided into five parts: "Surgical Pathology," "Complications and Sequelæ," "General Surgical Diagnosis," "General Surgical Treatment," and "General Surgical Prognosis." Nothing shows so well the change in thought which modern methods of scientific research have brought about, than the present conception of the import of inflammation. From the old idea of its being a definite disease to the present idea as expressed on page 109, that "Inflammation is an exaggeration of normal body functions—a struggle for protection and self-preservation"—and that it is "essentially adaptive, protective and reparative"—is a great step forward. The chapter on "Disturbances of Nutrition" includes hypertrophy, atrophy, the various degenerations, infiltrations, necrobiosis and necrosis, ulceration and caries, hyperemia, congestion, altera-