

N. Y., but considerably lower than the proportion of cases sick less than one month in North Carolina. The relatively small number of cases of the acute infectious diseases accounted for this condition.

"Of the total cases 72.9% received medical attention; this is a higher percentage than that developed in the preceding surveys. This finding reflects the excellent medical facilities available in the city of Boston. Hospitals and dispensaries provided a large proportion of the total amount of medical care."

The report shows also that among the males 19.9 persons were sick for each 1000 exposed; the figure for females was 19.5 per 1000. Sickness involving disability for work occurred at a rate of 18.1 per 1000; the same rate of sickness was observed for females.

Tuberculosis of the lungs was found in 82 cases, or at the rate of 84.3 per 100,000, and the report states that this is the lowest tuberculosis rate so far discovered in the several surveys. The report adds, "The medical care of tuberculosis cases is apparently well developed in Boston."

According to the report the city of Boston was chosen for the survey "because of its large and representative population, its geographical location and its varied industrial activity. The appointment of a Special Commission on Social Insurance by the Governor of Massachusetts to report on health insurance among other matters, suggested the possibility that our findings for Boston might be especially useful to this body in its studies. Finally, the excellent medical facilities of Boston, including hospitals, dispensaries, a well-developed nursing association and other health and social agencies, confirmed our decision to make our study there. It was hoped that the facts developed by our inquiry might be put to practical use by placing data obtained at the disposal of these institutions"

## Correspondence.

### WORKINGMEN'S COMPENSATION.

November 9, 1916.

Mr. Editor:—

Apropos of the report of the Committee on the Workingmen's Compensation Act in this week's JOURNAL, it may interest the members of the Massachusetts Medical Society to know that, on June 9, 1916, a man testified, under oath, before the Industrial Accident Board, that he was so busy doing surgical work at an industrial plant that he did not have time to make the customary report of accidents to the Industrial Accident Board. When asked why he did not send accident cases to a doctor, he said that he was doing dressings under the direction of the attorney for the company.

This special law violation was brought to the attention of the State Board of Registration in Medicine some six months ago, but evidently the welfare of the workman and the medical profession is of small concern to this Board.

That it is a common occurrence for unauthorized persons to practice surgery and medicine throughout the state is evidenced by the statement of the attorney of the insurance company at the hearing previously alluded to, that trained nurses treated cases for them right along and that they had no complaints. The man above mentioned, by the way, is not a trained nurse.

The "old line" companies are, as a rule, treating the local physicians well, but the mutual companies are resorting to the most unfair methods, both as regards the injured workman and the doctor.

A scheme which the two mutual companies work together is to have a dispensary inconveniently located. When a man is injured, he is directed to go to this place, often miles from the factory where the man is injured. The man usually gets sick of the treatment and the time lost in visiting this dispensary. He goes to his family doctor. If the family doctor tries to collect a fee from the insurance company before the Industrial Accident Board, the insurance attorney will say: "You can't beat Dr. So-and-So"—mentioning a very prominent surgeon,—giving the Board the impression that the insurance companies' cases are treated individually by this surgeon, when, as a matter of fact, the same surgeon does scarcely any of that work at all.

I think that the doctors have had about enough of the so-called state and mutual companies. Instead of furnishing regularly qualified physicians to treat their injured workmen, they have used nurses, social workers, ex-painters—anything to save a few cents—with the result that the afflicted workmen fall back on the family doctor and the doctor cannot collect a cent from the insurance companies because the companies furnish a dispensary to cover the law, or, rather, to evade the law.

It was most fortunate that the Legislature allowed the standard insurance companies to write insurance under the Workingmen's Compensation Act. Physicians would be in a sorry plight today had all this business, as was first intended, been taken over by the state company. I can imagine a chain of cheap dispensaries over the state with a corps of nurses and orderlies, operated from headquarters.

There is great room for improvement in the enforcement of the Medical Practice Act. A great many people think that nerve is more necessary than knowledge and a license to practice medicine in Massachusetts, and I don't know but that it is true.

Very sincerely,

CHARLES MALONE, M.D.

5 Glen Road, Jamaica Plain, Mass.

### AMMONIUM SALICYLATE IN POLIOMYELITIS.

November 10, 1916.

Mr. Editor:—

I have now much corroborative proof that salicylate of ammonium, given in sufficient doses, at the inception of infantile paralysis, is of great practical value. It is, as yet, the simplest, least objectionable remedy offered. It interferes with nothing else that is rational. No doubt Dr. Lovett's admirable work is most desirable when paralysis has occurred; but why not prevent it, or, at least, greatly diminish its severity?

Please read "Grip in Children," *Journal American Medical Association*, Oct. 28, 1916, and discussion which follows, and you will agree with me that there is to be found *not a little* that is illuminating.

Theories of disease are one thing; practice, based upon long and varied experience, is another. I have never seen in grip, or gripe, any drug so valuable as the salicylate of ammonium; and allow me to add, my experience has been neither small nor restricted.

Very truly yours,

BEVERLY ROBINSON, M.D.

New York, 42 West 37th St.