such a way as to assume that only one reply would be received from the recipient. I crossed out the ready-made answer, or its equivalent, and merely stated that they could remove my name from their list of examiners. The reply which I received was identical with that received by Dr. Parsons of Brookings, S. Dak., published in *THE JOURNAL*, May 12, 1906.

To this I replied in part as follows:

Brandreth Symonds, M.D.,
Medical Director Mutual Life Insurance Company,
New York, N. Y.

Dear Doctor:—Relative to yours of the 9th inst., in reference to my retaining the position as one of the examiners of the Mutual Life at this place, permit me respectfully to decline the position at anything but the old terms.

A life insurance company that has to economize in its medical department is in an unenviable position. The corner-stone of life insurance must be the honesty of its medical examiners, to say nothing of their technical knowledge. To let down in your fee to the amount proposed will, in a large number of instances, make these men, to that proportionate degree, careless in their examination. You will simply get a three-dollar examination in spite of the fact that many of the examiners will try to give you a five-dollar service. On these grounds, I refused to examine for the New York Life a few years ago, and I would not be consistent if I did not do the same with your company now. In passing, and while on this point, it may be well to mention that the New York Life got a very good practitioner to take my place. This man was also examiner for your company at the time he accepted the three-dollar position from the New York Life. In other words, he was willing to take three dollars from the latter company for supposedly the same kind of an examination for which he was charging your company five dollars. But for some unknown reason your Chicago office, some months ago, dismissed him from his position; on what grounds, I do not know. It will not be surprising if a riper experience on the part of your company will show that the twelve thousand who consider your "new fee schedule as adequate" will show in the future characteristics which will make it desirable to dismiss them also. At any rate, I consider myself fortunate in being able to be numbered with the "nine hundred."

An interesting reference in your letter is the one as to the necessity for rigid economy because of recent events in the life insurance business. The "other companies" (I presume you refer to the New York Life) which have had this reduced "fee schedule in force for years" do not seem to have benefited their policy-holders any by reducing their examination fee to three dollars. The New York Life, with its three-dollar economy examination fee, was proved to be even more rotten at the three-dollar fee than the Mutual Life, which, up to now, has maintained the five-dollar fee for an examination.

It is an interesting question as to how far the big insurance companies can afford to go in this kind of treatment of their most necessary allies, the physicians of this country. The future alone will decide; but I do not care to be made a part of the experiment.

With the greetings of a colleague, believe me,

Very sincerely yours,

J. F. PERCY.

I believe that the position taken in the above letter is correct, and believe it now more firmly than ever since reading your editorial and the letter of Dr. McCormack above referred to. My only regret is that more of the "twelve thousand" did not take the same view of the question. Some time ago I received notice of my appointment as examiner in one of the old-line eastern companies. The letter containing my appointment, among other things, had this to say:

"We can not refrain from calling your attention to the very responsible character of your duties as medical examiner to this company. It is not too much to say that the safety of an insurance company rests largely in the hands of its medical examiners. If unhealthy risks are taken, it will prove of little avail that the other departments of the company are conducted in an efficient and careful manner."

Another important phase of this subject is the one of the physician as a policy holder in the companies under consideration, because an appointment is usually predicated on the fact of the physician who is willing to become an examiner first taking out a policy. We have heard for years that life insurance offered the best form of investment for the professional man. With thousands of other unfortunates, who are not physicians, we now know that the investment feature was a delusion and a snare, concocted by wileful agents with the connivance of the home officers of these great companies. What is to be the attitude of the "twelve thousand" in the future as these same agents lead into their offices for examination, as sheep to the slaughter, seekers after life insurance whom they (the examiners as well as the agents) will know from now on are being buncoed when the examination is for anything but straight life insurance? Will the medical examiner become a party, with the average agent, to the fraud when the applicant has not been told the whole truth as to what he is buying in the way of life insurance? This most cruel form of deception was the rule with all but a very few of the life-insurance agents who required our services in the

past. But now we physicians know, or ought to know, something of the relative value of the various forms of insurance. Will it become part of the duties of those medical examiners who are to make medical examinations for \$3 to tell the applicant what he may not have been told by the agent? For the honor of the profession, I trust that the physicians who may continue to hold these positions at the reduced price will not now continue knowingly to aid any agent in deceiving those who apply for life insurance.

J. F. PERCY.

Correspondence

Automania the New Disease.

COLUMBUS, OHIO, April 25, 1906.

To the Editor:—The number of diseases produced by occupation is being augmented by the complexity of modern life. Medical men are acquainted with the ordinary forms of occupation diseases, such as the necrosis of match-makers, the cataract of blacksmiths, the colic of painters and the like.

I wish to call attention to a disease of this class of recent origin. The new disease is so prevalent as to have attracted the attention of many physicians, and I learned from *THE JOURNAL*, April 21, that not a few physicians have had a personal experience. The new disease is a functional neurosis and spreads through a community, like chorea, by imitation.

The disease is known as motor fever, chauffeur mania and automobiliousness. The spread of the disease is limited only by the confines of civilization and the quarantine enforced by poverty. The disease has followed the train of the horseless carriage into every country able to pay the excise and repair duties.

In the etiology of chauffeur mania, the automobile is the direct cause, and the sporty disposition, plus a large bank account, constitute the predisposing causes. The disease affects a large class of people. It is, indeed, pandemic. The extremes of life are exempt. The male sex furnishes the vast majority of the subjects. Physicians are peculiarly susceptible. The poor are immune. The rich are especially predisposed. The negro is rarely affected, except through reflex relation to employer.

There is little known of the pathology of the disease, as it never proves fatal. Neurologists regard the disease as a neurosis. On the other hand, chemists who have reported delusional insanity, as terminal forms of motor fever, do not regard the disease as a simple neurosis. Although they declare that the pathognomonic symptom, in support of the doctrine of insanity, in all terminal cases of this disease, as observed in hospital practice, is found in the fact that on entering the ward not a patient is visible—all are hidden under the beds working with the springs!

Almost all cases of motor fever are chronic. They seldom last less than one year, and often from two to five years. The most promising cases are those with equine reserves. One pegasus in the end will outrival three "honk, honk wagons."

Coming closer to the clinical history, one of the first symptoms to develop is amnesia. The failure of memory refers especially to routine duty. This neglect of duty often extends to domestic and personal wants. Irregularity of habits follows. The mental attitude is shown in eccentricity of costume. The peculiarities of facial expression are known as "the stony visage" or "the sphinx-face."

The features of the automobile face are drawn, rigid and ruddy, as in paralysis agitans. The eyes wear a steady gaze, and a far-distant focus, attended with a cold glitter. The stony visage often appears in a sort of trance, as though the patient were the subject of autosuggestion rather than automobiliousness. The stony, ruddy visage, with its far-off fixed gaze, prematurely old, dust-laden, garnished with goggles and a "you-be-damned" expression is pathognomonic. This *tout ensemble* once observed is never forgotten.

In cases of long standing, mental excitement is a constant symptom. Sleep is dominated by dreams of speed, cylinders, cooling devices and expenses. The patient becomes arrogant and impervious, impatient and petulant. He is intolerant of everything and everybody, especially police officers.

The diagnosis is not difficult, but the disease has been mistaken for delirium tremens. In chauffeur mania, the patient sees the animals and is positive he sees them.

In *mania a potu*, the patient is uncertain as to the real existence of obtruding animals and his ability to destroy them. Not so the chauffeur maniac, as he is swift and certain of both aim and game.

Chauffeur mania has been confused with football psychosis. In the latter disease the subjects are perfectly harmless concerning the public or domestic animals, but attack and destroy each other. The automaniacs never attack each other, but have predilection for small animals, as chickens, dogs, cats, toads and sometimes babies.

In advanced cases, a kind of strabismus or obliquity of vision has been noted, in which the driver of the machine loses control and the line of transit is direct to a telegraph pole or the goal may be a road-house.

Treatment is unsatisfactory; the most effectual is prophylactic. Army and Navy service should result in prevention. Permanent residence in the mountains is recommended.

Goat lymph was tried as a curative agent in a series of cases. The treatment was discontinued for the reason that patients were butting into lakes, plate-glass store fronts and police stations.

J. W. CLEMMER.

Invitation to Mexican Congress.

THE INTERNATIONAL MEDICAL ASSOCIATION OF MEXICO.

TORREON, COAH., MEX., May 11, 1906.

To the Secretary of the American Medical Association: On behalf of the members we have the honor to invite the members of the American Medical Association to be present at the second annual meeting of the International Medical Association of Mexico, which will take place in Mexico City in November next. Due notice of the exact date will be given.

Hoping to have the pleasure of the company of many, if not all, members of the A. M. A., we have the honor to be, yours very truly,

W. R. JAMIESON, Sec'y and Treas.

R. D. ROBINSON, President.

Shock as a Curative Agent.

CHICAGO, May 12, 1906.

To the Editor: The editorial on "Shock as a Curative Agent" in THE JOURNAL, May 12, p. 1444, recalls to me a rather interesting and, I believe, unusual experience. Some years ago I was a passenger on a transatlantic liner which met with a mishap, so serious in character, that for nearly two days we expected to go down at any moment. On the evening preceding the accident only 12 of the 250 cabin passengers were down to dinner, one being detained by a recent attack of apoplexy, 237 by seasickness, more or less severe. On the following morning 249 of us assembled in the dining room and ate our breakfast with as much relish as our mental state permitted. The only absentee was the paralytic. The reverse side of the picture was represented by four cases of acute insanity and an acute exacerbation terminating in suicide in a chronic case of mental derangement.

SYDNEY KUIH, M.D.

Association News

SCIENTIFIC EXHIBIT.

Committee.—FRANK B. WYNN, Indianapolis, Director; W. M. LATE COPLIN, Philadelphia; W. T. COUNCILMAN, Boston; FREDERIC S. DENNIS, New York; JAMES CARROLL, Washington, D. C.

MEETING PLACE, NEW HARVARD MEDICAL SCHOOL BUILDINGS, LONGWOOD AVENUE.

The Scientific Exhibit at Boston will consist of specimens, models, diagrams, apparatus, etc. A laboratory in operation

will show newer laboratory methods as applied to diagnosis and to investigation. Demonstrations will be given on special subjects in small rooms; others of more general interest will be conducted in a large amphitheater where a lantern and projection microscope are available. The program of demonstrations follows:

A. ILLUSTRATED LECTURES AND LANTERN SLIDE DEMONSTRATIONS IN THE AMPHITHEATER OF THE ANATOMICAL BUILDING.

WEDNESDAY, JUNE 6—10 to 12 A. M.

HEKTOEN and RUEDIGER: Demonstration of (a) phagocytosis experiments and (b) cultural peculiarities of pneumococci and streptococci.

HODGE: "Locomotion of Amebæ."

CARROLL: Demonstration of *Amaba coli* and life history of Amebæ.

TYRODE: Demonstration in pharmacology.

WEDNESDAY, JUNE 6—2 to 5 P. M.

FITZGERALD: "Biologic Studies Connected with Water Work Construction."

WOLBACH: "Blastomycotic and Allied Skin Affections."

PARK and WILLIAMS: "Rabies."

WRIGHT: "Actinomycosis and Madura Foot."

FROTHINGHAM: "Rabies: Glanders."

THURSDAY, JUNE 7—10 to 12 A. M.

GAGE: Demonstration of (a) projection microscope and its application in teaching; (b) projection of frog's circulation.

PORTER: Demonstration of (a) physiologic apparatus; (b) nutrition of heart by vessels of Thebesius; (c) circulation in a tortoise heart.

CANNON: Kinetoscope demonstration of (a) movements of intestine and stomach; (b) demonstration of action of valves in ox's heart by electric light.

BOWDITCH: Demonstration of optical illusions.

HENDERSON: Demonstration of heart model showing action of valves in production of heart sounds.

LONGCOPE: Demonstration of muscular bundle of His, with cases illustrating heart block.

HATCHER: Demonstration of kidney perfusion.

THURSDAY, JUNE 7—2 to 5 P. M.

(Joint meeting with the Section of Pathology and Physiology.)

FITZGERALD: "The Metropolitan Water Supply of Boston."

BENEDICT: Illustrated lecture, "Metabolism," with demonstration of respiration calorimeter of Atwater.

NOVY: Demonstration of Trypanosome diseases.

KREMERS and REMINGTON: Demonstration of exhibit showing the development of pharmacopeias.

MARCY: Demonstration of historical exhibit, illustrating the life and work of HENRY I. BOWDITCH.

FRIDAY, JUNE 8—10 to 12 A. M.

MEYER: Illustrated lecture, "Psychiatry and Methods."

SOUTHARD: Demonstration of cerebral tuberculosis and of the Bullard collection.

TAYLOR: Demonstration of the systemic diseases of the spinal cord.

NICHOLS: Demonstration of diseases of joints, tuberculosis and chronic arthritis.

WHITE: Demonstration of advanced tuberculosis in childhood and adult life.

B. MICROSCOPIC AND OTHER SPECIAL DEMONSTRATIONS—THESE WILL BE CONDUCTED IN THE SMALLER ROOMS OF THE NEW HARVARD MEDICAL SCHOOL BUILDINGS AT THE HOURS AND BY THE INDIVIDUALS SCHEDULED BELOW.

TUESDAY, JUNE 6.

9 a. m. to 12 m.—FRAZIER: "Surgical Pathology."

2 p. m. to 3 p. m.—BEEBE: Demonstration of agglutinins, etc. Room A.

CALKINS: Demonstration of paramecia, etc. Room B.

3 p. m. to 4 p. m.—GAGE: Various glycogen reactions.

HODGE: Demonstration of motile amebæ of nerve cells in fatigue. Room B.

MILLER: "Lymphatics of Lung."