

work he is called on to perform, that is, the average normal fee per visit, payment by visitation. There is no justice in the capitation system or in the payment by points against a lump sum.

I see no reason whatsoever why the state should attempt to commandeer the highly specialized services of a group of its citizens without paying the average normal price for this service. This might make the medical expenditure of the bill high; if so, the contributions to the fund should be increased to meet this necessary expense. Physicians as a body are charitable with their time and services to the unfortunate poor of their communities, but charity should not enter into a broad scheme of medical services such as is contemplated in the Mills bill. The state is making to the physicians a business proposition, and it should be considered as such.

Investigations in Germany and in England have demonstrated that the introduction of compulsory health insurance has lowered considerably the economic status of the physician. The fees in Germany and England are low—indeed, very low—and in many instances the physician in order to make a living wage must overwhelm himself with work. His work is increased, but this increase is associated with a decrease of earning power. The result is that there has been a lowering of the standard of medical practice. The practitioner has not the necessary time to devote to medical study, medical literature, medical meetings and conferences which would enable him to keep abreast with medical progress. Medical progress as exemplified in the large medical centers has no practical bearing on the state as a whole unless it can be absorbed and applied by the general practitioner. As a result of this condition of affairs, it is stated that the insured classes in Europe do not get as good service from the medical profession as they formerly did. This has been brought out especially in England. The state should consider deeply whether it should invite a similar condition of affairs here—whether or not it desires an overworked, commercialized medical profession, the members of which will be unable to give the best of themselves to their work.

Dr. Lambert estimates that under the compensation bill the physicians in the panel with their allotment of 500 families will see from twenty to thirty patients per day. That is a big day's work, if done conscientiously, and will leave the physician time for little else. What would the probable income be? Dr. Lambert does not state. Judging by the fees prevailing in Europe, an estimate of from \$2,000 to \$3,000 would be high. If from this amount is deducted the ordinary office and automobile expense, I fear that the average physician could qualify to come under the act, under the voluntary insurance clause.

What would be the salary of the whole time medical directors, of whom there probably will be several hundred? If the chairman of the Health Insurance Commission receives \$6,500, surely the several hundred whole time medical directors could not receive a similar sum. Can the state secure the services of physicians of sufficient experience and professional standing in their communities who will give up their private practices and accept whole time employment as medical directors or referees? I think not, unless the salaries are adequate—considerably more than is the salary of the chairman of the Health Insurance Commission.

Another important phase of the question is the expense. Under the law, the state would contribute two tenths of the necessary expenditure to the fund. The New York State budget for 1917 calls for approximately \$72,000,000, of which \$12,000,000 is to be raised by direct taxation. It is variously estimated that the state's portion, the two tenths, would be anywhere from \$25,000,000 to \$40,000,000, and that the general overhead expense would be about \$5,000,000. Let us assume that the lowest estimate, \$25,000,000, would be sufficient, and let us concede that this amount of money could be raised without difficulty; is it desirable even then that the state should spend so much on merely palliative health measures? Consider the incalculable benefit which would accrue to the state if only a small percentage of the foregoing amount were spent for real preventive measures—for work in tuberculosis and the establishment of sanatoriums; for laboratories in the

aid of diagnosis, and for the manufacture of vaccines and serums; for sanitary measures to eradicate typhoid; for the establishment of colonies for the care of our mental defectives; for educational propaganda among the masses along the lines of prevention of infectious diseases; the early diagnosis and treatment of cancer, and the disastrous effects of drugged alcoholic "patent" remedies. The chief difficulty, however, in the way of the adoption of such activities is that there is little room in them for politics and politicians, while the compulsory health insurance bill opens a new and inviting field to practical politicians.

Without question some form of health insurance, perhaps compulsory health insurance, is desirable; but a plan of compulsory health insurance without the complex scheme involving the commercializing of the medical profession would be more desirable. S. J. APPELBAUM, M.D., Rochester, N. Y.

#### HARVEY LABORATORY FOR RESEARCH IN BLOOD PRESSURE

*To the Editor:*—In the February, 1917, number of the *Medical World*, a medical monthly published in Philadelphia, there appeared an article under the title, "An Effort to Standardize Myocardial Capacity with Reference to Early Diagnosis of Tuberculosis." The article was signed Harley Stamp, M.D., Harvey Laboratory for Research in Blood Pressure, University of Pennsylvania.

I wish to call attention to the fact that there is no such laboratory at the University of Pennsylvania, and also that the name of Harley Stamp does not appear in the Directory of the American Medical Association. I believe that the title M.D. is an assumed one. Harley Stamp does hold, I am told, the degree of A.B. from the University of Pennsylvania, and he has been working in the Zoology Laboratory of the University of Pennsylvania. Carved on the walls of this laboratory are the names of a number of celebrated biologists and anatomists—among them the name of Harvey. Stamp's work was done, I believe, at a window under the name of Harvey, and this seems to be the only excuse offered for the creation of this make-believe laboratory—truly an easy way of starting a new research laboratory.

WILLIAM PEPPER, M.D., Philadelphia.

Dean, University of Pennsylvania, School of Medicine.

[COMMENT.—Harley Stamp seems to have had considerable newspaper notoriety. According to the *Boston Globe*, he was at one time dean of the American College of Neurology, an institution which in 1911 occupied two small rented rooms on the top floor of an old building on Broad Street, Philadelphia, the equipment of the rooms being in keeping with the rooms themselves. Notwithstanding the fact that this college had no enforced entrance standard, practically no laboratories or teaching material, the fees charged were \$150 per year. In 1915, he sued the estate of a patient for \$30,000 alleged to be due under a contract by which he claimed he was to receive \$34,000 for two years' service in treating the patient.]

#### FOOD SHORTAGE: AN APPEAL TO PHYSICIANS

*To the Editor:*—A food shortage without precedent confronts the United States. Unless there is a change for the better, the coming winter will see prohibitive high prices and consequent suffering from lack of food. The physicians of the United States, as guardians of the public health, are vitally interested because the health and the vitality of the people are at stake. It is in the power of the physicians to help relieve the food shortage by taking the lead in teaching people how to conserve the food supply. It must not be forgotten that conservation of the food supply is just as important and just as necessary as is increased production. Physicians cannot very well increase the production of foodstuffs, but on the conservation side of the problem they can be of inestimable service to the nation.

It is generally recognized that people eat too much. As a nation we are more inclined toward "living to eat" than toward "eating to live." The physicians, better than any others, can discourage this habit of overeating.

Knowledge of what constitutes properly balanced rations is not widespread. Housewives have not yet had opportunity to absorb the information gained through scientific study of the food problem by experts in domestic science. The result is that the American dinner table contains much that is unnecessary and often lacks things which should be there. The physicians of the land can correct this. They can spread corrective propaganda among millions of people, and they will be heeded because of the position of trust they occupy in American families.

Correct dieting on the part of American people is of paramount importance as a measure to guard against the food stringency that faces us. We must stop the waste of food by learning how to maintain our health and our strength on less than we are now consuming. In a word, I mean we must begin eating to acquire a proper amount of nourishment instead of eating just to fill up. We must make a study of the nutrition in various foods and find out what will give the amount of nourishment we really need. When we have learned these things, our housewives can begin serving us with meals that will satisfy the appetite and provide us with plenty of nourishment without entailing any waste. With the waste eliminated, the food problem will be practically solved.

There is no doubt in my mind as to ability of the physicians of the nation to make themselves of prime importance in this fight to conserve the food supply. They have the necessary information and they have at their disposal the channels through which it can best be disseminated among the people of the land.

An old adage says, "Go to the busy man to get things done." Appealing to the physicians to help the food conservation movement is surely carrying out the thought in the adage. The physicians will do their "bit" for the fighting forces of the nation. We confidently expect the medical corps to outstrip their European contemporaries in solving the surgical and medical problems of the battlefield and the camp. But it is as necessary to have food as it is to have live soldiers, even in a time of war, for without food there would soon be no live soldiers.

Therefore the "bit" that the physicians can do for their country is not limited to the service they can render to the army on the battlefield. They can serve the army in binding up its wounds, and they can serve the nation by showing it how to conserve food through the intelligent use of a smaller quantity than is now being consumed.

As one familiar with the food situation, I can say that the public has not yet been sufficiently impressed either with the need for more production or with the necessity for more economical handling. This is a time when one can do things that would seem presumptuous in normal times. Under that right, I call on the physicians of the United States to interest themselves in the food conservation campaign and to do all in their power to advise the public as to the imperative need for conserving, to the greatest possible degree, the food supply of the nation.

By preventing waste now, we can avert hunger later on.

J. OGDEN ARMOUR, Chicago.

#### MOTILITY OF SPERMATOZOA

*To the Editor:*—In the Current Comment on "The Function of the Prostate" (THE JOURNAL, Feb. 17, 1917, p. 553), it is stated that "it has been noted that the spermatozoa are practically motionless while in the seminiferous tubules of the testis, but become actively motile in the vas deferens, or when mixed with prostatic secretion."

The statement that spermatozoa are motionless in the testicle and epididymis, and do not gain motion till they have left these organs, has been copied for years from one textbook into another, and will probably be repeated without investigation or challenge for some time to come, although it is incorrect.

Several years ago, while investigating the subject of sterility in both sexes, I frequently aspirated the testicle in both normal and pathologic cases, and found normal moving spermatozoa in the aspirated fluid thus obtained. I have

called attention to this fact emphatically in my work on sterility published over four years ago. I do not claim any priority to the knowledge of this fact, but have frequently called attention to my surprise at the statement so frequently made that spermatozoa are motionless till they get beyond the epididymis, because Martin, many years before my book was published, stated that in his classic operation of epididymo-vasostomy for sterility he found live motile spermatozoa on the testicular side of the epididymis before proceeding with his anastomosis. As a matter of fact, in some of the lower animals, impregnation has been successfully performed by the injection of the pure aspirated testicular fluid into the genitals of the female.

MAX HÜBNER, M.D., New York.

#### THE VINELAND EXPERIENCE WITH PINEAL GLAND EXTRACT

*To the Editor:*—In the *Medical Record*, May 10, 1913, in collaboration with Dr. Walter S. Cornell, I reported the results of an experiment with pineal gland extract conducted under the direction of Drs. C. L. Dana and William N. Berkeley of New York. Twenty-five children were chosen to whom the gland should be given. Each child was then paired with a control who was not given treatment but was weighed, measured and examined, as were the subjects.

Our report made at the end of two months' treatment states that (p. 42) "while the improvement was not great and indeed not great enough to be of itself very significant, it was nevertheless felt that it was sufficient to continue the experiment." The gland was therefore administered for another two months. Our conclusion at the end of our experiment, as stated on page 48 was: "On the whole, one cannot but feel that there is a distinct influence in the extract toward mental improvement. However, all such experiments are subject to so many disturbing factors that it seems necessary, in view of the slight gain recorded, that the experiment should be continued for a longer time." It was never expected that this experiment was more than a "try-out," which might show some positive results in case the gland had some powerful effect, such, for instance, as the thyroid is known to have on the cretin type, and if at the same time we were fortunate enough to include suitable types in our group.

One of the patients who made consistent improvement, both mentally and physically, and consequently seemed most likely to be a suitable case for the treatment was a little girl, aged 8 years, with a mentality of 3 when we began the experiment in August. At the close of the experiment she tested 4. This was a gain of one year in four months. Because of this result in her case she was later selected for a more elaborate experiment. This was carried on under the direction of Dr. Amos W. Peters, then biochemist in the Vineland Laboratory. Unfortunately, the details of this experiment are not on file in this department. Suffice it to say that the experiment was carried on under the most rigid scientific regulations. The child was observed, weighed, measured and tested, for a period, under her ordinary institution environment. She was then brought to the laboratory to live and given special diet, the observations being continued. After what might be called her "normal curve" was established, she was fed the pineal gland extract for about six months; then the medication was discontinued and she was again observed for another period. It is now about fifteen months since the experiment ceased entirely, and probably twenty months since the last administration of pineal gland extract. There was no marked change in her growth curve during the period of pineal administration, nor does there seem to be any after-effect as evidenced by her physical condition at the present time. Mentally there has been no change since March, 1912, at which time she tested 5. This is confirmed by the resident physician, by the teachers and attendants who report no noticeable improvement in her.

As the result of this experiment it was the opinion of Dr. Peters, as he expressed it to me, that the drug was practically inert.

There were no cases of the Mongolian type of imbecility included in the experiment with the twenty-five children.