

ing, among other tests, laboratory studies of blood from rheumatic fever patients to see if they can find definite evidence of a germ cause.

In Philadelphia, Dr. O. H. Hedley of the U. S. Public Health Service is searching not for causes but for cases of the disease. Children's doctors and heart specialists realize the extent of the problem, but health officers and general medical practitioners, Dr. Stimson said, have little or no conception of it.

The first step that must be taken is to make all medical men so aware of it that every case and every death due to rheumatic heart disease gets reported. Then the research scientists will have real facts to work from. They will know how many cases there are; how many patients die and how many survive; whether, as is strongly suspected, the disease occurs more often in cold than warm regions and more often among the poor than the rich; and whether it really is infectious, as is assumed.

Dr. Hedley has already accomplished part of this job. He has interested the health department and the doctors in Philadelphia to the point where they report rheumatic heart disease cases and deaths separately from other heart disease deaths. He has taken definite steps to have rheumatic heart disease listed by itself in the international list of causes of deaths. Finally, the U. S. Census Bureau has agreed to list this heart ailment under a separate classification.

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According to one theory, America's wonderful ancient Mayan civilization in the tropics was defeated by an unwise farming system and erosion.

British health regulations automatically provide treatment for men, women, and children afflicted with tuberculosis.

PUBLIC HEALTH

Predicts Ten Million Will Have Hospital Care Insurance

Hospital Association Approves Plan and Sets 7-Point Standards; Patients Appear to Benefit; No Losses

HOSPITAL care insurance will probably be carried by 10,000,000 persons, most of them in cities of the Atlantic seaboard and Ohio, by the year 1942, Dr. C. Rufus Rorem, director of the American Hospital Association's committee on hospital service, predicted at the meeting of the American College of Surgeons in Chicago.

The College of Surgeons has already gone on record as approving hospital care insurance as has the American Hospital Association. Dr. Rorem's report indicated that individual surgeons and physicians are satisfied with it as it is working out in various communities.

More than 1,250,000 persons are already placing hospital care in the family budget by making payments, of from 50 cents to 80 cents a month, into a common fund which is used to pay hospital bills for those requiring care. More than 50,000 persons have already received care under various non-profit hospital care plans and about 10,000 subscribers are now being admitted each month to participating hospitals. The most favored type of plan is that which includes care of the entire family, and which includes laboratory and X-ray diagnostic service and anesthesia as well as board and room service.

Expansion of these hospital service plans to include medical and surgical fees seems unlikely.

"If medical and surgical services are to be provided through group payment plans," Dr. Rorem observed, "such action must come through the initiative and cooperation of physicians and surgeons. Health insurance is not a probable outgrowth of the present type of hospital care insurance."

The American Hospital Association does not administer any group hospitalization plan, but in approving the principle, it established a 7-point standard for an acceptable plan. These points are: emphasis on public welfare; non-profit sponsorship and control; limitation to hospital service; free choice of hospital and physician; support by medical profession and public; economic and actuarial soundness; and dignified promotion and administration.

What physicians think of the plan was learned by questioning some 2,000 who have attended subscribers to non-profit, free-choice hospital service plans.

The relations between physician and patient were improved rather than disturbed, it appears from the answers Dr. Rorem quoted. Payment of physicians' fees was, on the whole, more prompt.

Patients were more willing to go to the hospital and to stay as long as their physicians thought advisable. A few malingerers, who stayed longer than necessary or than they might have if the bills had not been paid by the insurance, were found and it is apparent that this aspect of the situation will have to be watched.

The quality of medical and hospital service given insurance plan patients seems to have been as good as that given any other patient in the hospital. Fear that these patients might have been treated less well seems unjustified.

The soundness of the plans on the financial side was learned from the experience of a Syracuse, N. Y., hospital, which had to weather a large number of admissions due to an epidemic. The funds held up, however, and there was no deficit for the hospital to underwrite.

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