

Cluness (W. R.)

AN ADDRESS

Delivered at the Opening of the Twenty-first Annual Meeting
of the Medical Society of the State of
California, April, 1891.

BY

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SACRAMENTO, CALIFORNIA :

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Table A.—Commissions on Prescriptions.

CITY.	Is such a practice known or suspected among you as commissions paid by apothecaries to physicians on their prescriptions?	If so (1) how general is it, and (2) what per cent. do you suppose is paid?	Has your local Medical Society death with this matter?	If so, what action? What result?
Birmingham.....	Yes.....	1. Only one instance. 2. Unknown	No.....	
Mobile.....	Suspected.....	1. Very limited. 2. Not stated.	No.....	
Hot Springs.....	Suspected.....	1. About one-half. 2. 25 to 50 per cent	No.....	
Alamogordo.....	Suspected.....	1. Two only suspected. 2. No answer	No.....	Not done by members of Medical Society.
Los Angeles.....	Suspected.....	1. Very limited. 2. No answer	No.....	
Marysville.....	Suspected.....	1. One apothecary. 2. Not stated	No.....	
Oakland.....	Yes.....	1. No estimate. 2. 30 to 50 per cent	No.....	
Sacramento.....	Yes.....	1. Not stated. 2. One pays one-third	Yes.....	Only case in ten years. Resolutions. No result.
San Diego.....	Suspected.....	1. One-third to one-half physicians. 2. 35 to 75 per cent	No.....	No result; too many involved.
San Jose.....	Suspected.....	1. Unknown. 2. 20 to 40 per cent	No.....	
Santa Barbara.....	Suspected.....	1. Not general. 2. Unknown	No Society.....	
Stockton.....	Suspected.....	1. Suspected of two only. 2. Unknown	No Society.....	
Denver.....	Suspected.....	1. Rare. 2. Unknown	No.....	No action needed.
Pueblo.....	Suspected.....	1. Not stated. 2. Generally office rent	No.....	
Bridgeport.....	Suspected.....	1. Not general. 2. Unknown	No.....	
Columbus.....	Suspected.....	1. Two of four M. Ds. 2. 10 per cent.	No.....	
Aurora.....	Yes.....	1. Common. 2. As high as 25 per cent.	No.....	
Chicago.....	Yes.....	1. Two or three instances. 2. Not stated	No.....	
Decatur.....	Yes.....	1. Only by older M. Ds. 2. 25 per cent	No.....	
Elgin.....	Suspected.....	No answer	No.....	
Evansville.....	Suspected.....	1. About two per cent of druggists. 2. Unknown	No.....	
Fort Wayne.....	Yes.....	1. No answer. 2. 10 per cent	Yes.....	1. Resolutions. 2. None.
Indianapolis.....	Suspected.....	1. Not general. 2. Unknown	Not for years.....	No members implicated.
Logansport.....	Yes.....	1. Three or four of 35 M. Ds. 2. 10 to 25 per cent.	No.....	
Cedar Rapids.....	Yes.....	1. Less than formerly. 2. 25 per cent	No.....	
Des Moines.....	Yes.....	1. Not general. 2. 25 per cent	No.....	
Emporia.....	Yes.....	1. Only one M. D. about 10 per cent	No.....	Members of the local Society are the ones.
Emporia.....	Yes.....	1. About one-third. 2. Not stated	No Society.....	
Olatwa.....	Yes.....	1. Very limited. 2. Unknown	No.....	
Winfield.....	Yes.....	1. Three M. Ds. 2. Unknown	No.....	
Lexington.....	Suspected.....	1. Very limited. 2. Unknown	No.....	
Newport.....	Suspected.....	1. One druggist of 50. 2. No answer	No.....	
New Orleans.....	Suspected.....	1. One druggist. 2. Six to 10 per cent	No.....	
Biddeford.....	Yes.....	1. Most druggists. 2. No answer	No.....	
Boston.....	Yes.....	No answer	No.....	
North Adams.....	Suspected.....	1. Very limited. 2. Unknown	No answer.....	Medical Association indifferent.
Waltham.....	Suspected.....	1. Not general. 2. Unknown	No.....	
Sagshaw.....	Suspected.....	1. Not general. 2. Unknown	No.....	
Bratbard.....	Suspected only.....	1. Less than one M. D. in ten. 2. 15 to 25 per cent.	No.....	
Minneapolis.....	Yes.....	No answer.	No.....	
Red Wing.....	Suspected.....	1. No answer. 2. About 20 per cent.	No answer.....	
St. Paul.....	Yes.....	1. Only a few. 2. 20 to 25 per cent; some take whisky.	No.....	
Nevada.....	Yes.....	1. Only one case heard of. 2. No answer	No Society.....	
St. Louis.....	Yes.....	1. Very limited. 2. 10 to 50 per cent	No.....	
Sedalia.....	Suspected.....	1. Majorly get office rent. 2. 25 per cent	No.....	
Grand Island City.....	Suspected.....	1. Confined to mongrel practitioners. 2. 25 to 50 per cent.	No.....	No members implicated.
Lexington.....	Yes.....	1. Two of the five physicians. 2. Unknown	No.....	
Lincoln.....	Yes.....	1. Not common. 2. No answer	No Society.....	
Omaha.....	Yes.....	1. Not general. 2. 10 per cent	No.....	
Manchester.....	Yes.....	1. Four-fifths of M. Ds. 2. 20 per cent	No Society.....	
Nashua.....	Yes.....	1. Very general. 2. 10 to 25 per cent	No.....	
Camden.....	Yes.....	1. Unknown. 2. 10 to 15 per cent	Yes.....	
Newark.....	Suspected.....	1. Not general. 2. Unknown	No.....	
Paterson.....	Yes.....	1. Scarcely at all. 2. No answer	No.....	
Trenton.....	Yes.....	1. Prevalent. 2. About 10 per cent	No.....	
Albany.....	Yes.....	1. Almost ceased. 2. About 25 per cent	Yes.....	Almost effaced.
Brooklyn.....	Suspected.....	1. Not general. 2. 20 per cent	No.....	
Buffalo.....	Suspected.....	Unknown	No answer.....	
Cohoes.....	Yes.....	1. Not general. 2. Presents rather than commissions.	No.....	
Elmira.....	Yes.....	1. No answer. 2. 10 to 20 per cent	No.....	
Jamestown.....	Yes.....	1. Limited. 2. Unknown	No.....	
Middletown.....	Yes.....	1. Less than formerly. 2. 10 to 35 per cent	Yes.....	Too recent for much result.
New York.....	Suspected.....	Unknown	No.....	
Ogdensburg.....	Suspected.....	1. Not general. 2. Answer indefinite.	No.....	
Oswego.....	Suspected.....	1. Not general. 2. Unknown	No.....	
Poughkeepsie.....	Suspected.....	1. Very limited. 2. Very small	No.....	
Rochester.....	Yes.....	1. Not general. 2. 25 to 50 per cent	No.....	
Watertown.....	Yes.....	No answer	No.....	
Ashville.....	Suspected.....	1. Limited. 2. 10 to 20 per cent	No.....	
Canton.....	Yes.....	1. A few respectable men. 2. 20 to 33 per cent	No.....	
Cincinnati.....	Suspected.....	1. Not general. 2. Unknown	No.....	Beyond remedy.
Cleveland.....	Yes.....	1. Confined to quacks. 2. No answer	No.....	
Columbus.....	Yes.....	1. Not general. 2. 10 per cent	No.....	
Delaware.....	Suspected.....	1. One case only. 2. No answer	No.....	
Hamilton.....	Suspected.....	1. No definite answer. 2. About extinct	Yes.....	The "suspect" not a member.
Lancaster.....	Yes.....	1. Four or five M. Ds. 2. No answer	No.....	Resolution. No result.
Lima.....	Yes.....	1. Diminishing. 2. Indistinct	No.....	No reputable physician suspected.
Mansfield.....	Yes.....	1. Only one druggist known. 2. 20 per cent	No.....	No reputable physician suspected.
Toledo.....	Yes.....	1. Continued to a few. 2. 25 per cent	No.....	
Zanesville.....	Formerly.....	1. Discontinued; once paid	No.....	
East Portland.....	Yes.....	1. One or two drug stores. 2. 25 per cent	No.....	
Portland.....	Suspected.....	No particulars	No.....	
Alleghany.....	Yes.....	1. Not stated. 2. Presumed 12 per cent	No.....	
Carbondale.....	Yes.....	1. Not general. 2. Unknown	No Society.....	
Danville.....	Yes.....	No answer	No.....	
Lancaster.....	Suspected.....	1. Not general. 2. 12 to 20 per cent	Yes.....	Forbidden. Only 1 or 2 members persist.
Newcastle.....	Yes.....	1. Not general. 2. 20 per cent	No.....	
Oil City.....	Suspected.....	Unknown	No.....	
Philadelphia.....	Yes.....	1. About five per cent. 2. About 15 per cent	No.....	
Pittsburg.....	Yes.....	1. Limited to a few. 2. Unknown	No.....	
Seranton.....	Yes.....	1. One of eighteen suspected. 2. Unknown	No.....	
Titusville.....	Yes.....	1. Confined to a few. 2. 10 per cent	Yes.....	Refuse membership.
Wilkesbarre.....	Suspected.....	1. Unknown. 2. 10 per cent	No.....	
Providence.....	Suspected.....	1. To limited extent. 2. No answer	Yes.....	No result.
Charleston.....	Yes.....	1. Ten per cent of physicians. 2. 10 to 20 per cent	No.....	
San Antonio.....	Yes.....	1. Confined to quacks and one Mormon. 2. 10 per cent	No.....	
Salt Lake City.....	Yes.....	Answer illegible	No.....	
Rutland.....	Yes.....	1. Only one case known. 2. 25 per cent	No.....	Action intended soon.
Seattle.....	Suspected.....	1. Limited. 2. 20 to 50 per cent	No.....	
Threema.....	Suspected.....	No answer	No.....	
Chippewa Falls.....	Yes.....	1. One M. D. only. 2. No answer	No.....	
Milwaukee.....	Yes.....	1. General custom. 2. No answer	No.....	No member would be allowed to do so.
Kelme.....	Yes.....	1. No answer. 2. 50 per cent	No.....	
Cheyenne.....	Yes.....		No.....	

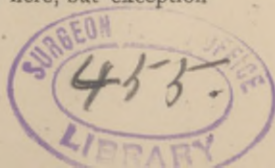
AN ADDRESS,

*Delivered at the Opening of the Twenty-first Annual Meeting of the
Medical Society of the State of California, April, 1891.*

By W. R. CLUNESS, M. D., President, Sacramento.

Fellow Members of the Medical Society of the State of California: I deem it appropriate at the outset of the address, which custom and our regulations require of the presiding officer, to remark that this is the twenty-first anniversary of the organization. We have, therefore, the right to congratulate ourselves on a maturity of years, which warrants increased confidence in our corporate strength, in our capacity for public usefulness and for mutual support, and in our hope for popular appreciation as a factor in human progress. This fact carries no newly acquired rights, no additional claims to recognition; it is only the beginning of a new era, which may or may not be distinguished by some event or accomplishment of signal interest or influence to the physicians of California. What this may be, to what extent it may operate, or whether it may become in anywise manifest at the present meeting, I shall not undertake to predict. Time alone can demonstrate.

Before coming to the main subject, I desire to call your attention to a point in our internal regulations, which ought to be definitely settled at this meeting; that is, the question whether membership in a local or county medical society, where such society exists, is an indispensable requisite to acquire or to retain membership in our State Society. This has generally been accepted in the affirmative, for the following reasons: (1) The local society is much more competent to judge the physician's professional and social standing than the State Society; and, (2) It is the duty of physicians, especially in the less populous counties, to assist in keeping alive a local organization. To aid in reaching a reasonable conclusion the principal permanent officers of the American Medical Association have been asked to define the requisite qualifications for membership in that body. The concurrent testimony shows clearly that membership in some medical body, local or State, or both, is indispensable; and it is to be presumed that the object is to have a guarantee of the candidate's professional and personal standing at home, among those who know him best. The same rule should govern here; but exception



must be made in favor of a few sparsely populated counties, where it is found impracticable to maintain a local organization.

With these preliminary remarks I now invite your attention to a subject which I deem worthy of your serious consideration, in the hope that present discussion and future deliberation elsewhere may lead to the eventual solution of problems, which I confess myself at present, unable to compass.

The Obligations and Derelictions of Medical Practitioners to Professional Character.

Is the practice of medicine a profession or a trade? To this I assume that all regular physicians will give the same answer, though they may not agree upon definition of the terms. Here, then, is the important point at issue, and a few words are appropriate in its elucidation. What is the distinction? The code of ethics of the American Medical Association and the Hippocratic oath throw some light upon the subject. The Golden Rule is more conspicuous in a profession than in a trade; but let us look further.

Before the decadence of the French nobility, the dictum *noblesse oblige* was a pledge to honorable conduct. We have no such motto, but most of us feel an inward prompting to habitual acts of beneficence. The universal brotherhood of mankind finds more recognition amongst us than with any other calling, for our services are rendered to all classes and conditions of men. From time immemorial the poor in their sickness have asked relief at our hands, and their calls have been heard; the highest of the land give us their confidence, and it is not betrayed; victims of their own misconduct come to us in their troubles and we are often sorely tried in deciding upon the right course between conflicting claims. At all events confidence must not be violated, and the service required must be rendered, provided it involves no infraction of law and public interests. These considerations rise above personal comfort, and money often makes no figure in the transaction. Surely these are not trade dealings. Since we hold, then, that medicine is not a trade but a profession, it follows that physicians must refrain from the artifices usually resorted to in commercial pursuits to secure and to increase business; that they must be known by their works and not by their words; that they must not cheapen their services in order to compete with others, however much they may abate fees as a concession to poverty and distress; above all, they must not resort to deception and fraud to increase their gains. It has not been my purpose to dwell upon this part of the subject, but rather leave it to

your enlightened sense to supply all particulars after a few general remarks.

As to the derelictions, it was my original intention to deal only with two, which are believed to be rather common in our large towns and cities. In order to investigate them thoroughly, and speak with some degree of certainty, I have prepared and sent out nearly one thousand circulars of inquiry. Of these, nearly 50 per cent. have been returned, and the accompanying tables, together with the list of places where commissions on physicians prescriptions and society practice are reported not to prevail, have been compiled from a careful analysis of the replies. In the circular these practices are styled "reprehensible and avoidable business dealings," and I have been gratified to find an almost universal concurrence in their condemnation, a general wish that this effort might conduce to their abatement, and a frequent request for advice upon a plan to break up the abuse of "society practice." But I have found it incumbent upon me to enlarge the scope of this exposition, as a large number of correspondents have called attention to other derelictions, and I shall here quote some of the statements made in connection with the various practices in question.

Percentages on Prescriptions.

The practice of paying a commission to physicians by apothecaries is, of course, rather presumptive than capable of actual proof, and this is plainly shown by the table; but there can be no reasonable doubt that it is even more prevalent than the returns indicate. A San Francisco physician remarks: "I have been repeatedly approached by them (apothecaries), and commissions ranging from from 30 to 75 per cent. have been offered; indeed, many druggists openly maintain that they can afford, and in fact, do give physicians all the receipts of the first prescriptions, contenting themselves with what they call 'the repeats.' * * * In order not to have patients go to another drug store, one druggist has envelopes which are given to the physician, who seals the prescription in the envelope; another apothecary has prescriptions telephoned to him directly from the doctor's office, and pays for the rental of the telephone. I had one patient tell me that his drug bill was larger than his physician's bill (of course, while under another physician's care)." A correspondent at Chicago, and another at Elgin, Ill., alludes to a practice of writing prescriptions in cipher, so that they can be understood and filled only at a particular store. The plain inference is that the prescriber and the druggist are leagued to fleece the unfortunate patient. This is no novelty, and

is probably known wherever "percentage" prescribing is done. A correspondent at Racine, Wis., writes: "It is a systematic way of robbing the public, and any society of medical men ought to denounce it, and refuse to affiliate with members who persist in the practice. I hope you will arouse a public feeling which will spread from Maine to California, and finally break up this robbery of the sick and unfortunate."

It is probable that the abominable system is as prevalent in San Francisco as in any city in the whole world, and it is an "open secret." There are now two druggists who announce their revolt from the system by conspicuous placards, one of which reads: "People's Drug Store; No Commission paid to Physicians on Prescriptions;" and another bears the legend: "No Percentage Drug Store." But this is not the sole wrong done the confiding patient. The "percentage doctor" is irresistibly impelled to order more medicine than his patient ought to swallow, so as to increase his gains. Some are known to prescribe gratuitously with great, apparent, liberality; but their benevolence is rewarded by the percentage on the bulky and baneful excess of drugs which the simple patient had to pay extortionate prices for. I say extortionate, for the druggist is sure to recover the doctor's commission by adding it to a fair price for the medicine, either then or on future occasions.

I am informed that percentages are given to physicians in all large towns of England, varying from 35 to 50 per cent., though it is not a general custom; also that the same is done by some druggists in Edinburgh. Advices relative to Berne, Switzerland, and Bucharest, Roumania, mention this dealing as "suspected."

The following cities and towns are reported free of "percentage" dealings: Alabama—Anniston, Montgomery. Arkansas—Fort Smith, Little Rock. California—Chico, Grass Valley, Livermore, Riverside, Santa Rosa, Woodland. Connecticut—Danbury, Hartford, Middletown. Delaware—Wilmington. Dakota—Sioux Falls. Georgia—Atlanta, Macon, Savannah. Illinois—Alton, Belleville, Bloomington, Cairo, Englewood, East St. Louis, Galesburg, Rockford. Indiana—Anderson, Crawfordsville, Elkhart, Frankfort, Kokomo, Laporte, Marion, Richmond, Vincennes, Washington. Iowa—Agency City, Burlington, Council Bluffs, Iowa City. Kansas—Atchison, Leavenworth, Salina. Kentucky—Bowling Green, Paducah. Maine—Auburn, Portland. Massachusetts—Lawrence, Lynn, Malden, New Bedford, Taunton. Mississippi—Greenville. Missouri—Carthage, Kansas City, Sedalia, St. Joseph. Montana—Helena. Nevada—Virginia City. New Hampshire—Portsmouth. New Jersey—Atlantic

City, Newark, Plainfield. New York—Binghamton, Geneva, Glenn Falls, Hornellsville, Hudson, Kingston, Middletown, Rome, Schenectady. North Carolina—Wilmington. Ohio—Columbus and Dayton (regulars), Marion, Portsmouth, Sandusky, Tiffin, Wooster. Oregon—Eugene City; Pennsylvania—Alleghany, Braddock, Carlisle, Curry, Easton, Hazleton, Parkersburg, Pittston, Pottsville, Reading, Steelton, Uniontown, Westchester. Rhode Island—Pawtucket, Newport. Tennessee—Knoxville. Texas—Austin, Gainsville, Galveston, Houston, Waco. Vermont—Brattleboro, Burlington. Virginia—Charleston, Danville, Lynchburg, Richmond, Roanoke. Washington—Spokane Falls. Wisconsin—Ashland, Madison, Plymouth, Waukesha. West Virginia—Wheeling.

To the above are to be added Kingston and Toronto, Province of Ontario; and it may be inferred that the Dominion of Canada is nearly or quite exempt. Advices from Berlin and Munich make it presumptive that Germany is free of the "percentage" business; and the same may be said of Holland, by a report pertaining to Leyden.

In the following cities and towns "society practice" is said to be unknown: Alabama—Anniston, Montgomery. Arkansas—Fort Smith, Hot Springs, Little Rock. California—Chico, Riverside, Santa Barbara. Colorado—Pueblo. Connecticut—Middletown. Delaware—Wilmington. Dakota—Sioux Falls. Georgia—Atlanta, Macon, Savannah. Illinois—Alton, Aurora, Bloomington, Cairo, Decatur, East St. Louis, Elgin, Galesburg, Ottawa, Rockford. Indiana—Crawfordsville, Elkhart, Fort Wayne, Frankford, Kokoma, Laporte, Marion, Richmond, Vincennes, Washington. Iowa—Agency City, Burlington, Council Bluffs, Des Moines, Iowa City. Kansas—Atchison, Emporia, Leavenworth, Ottawa, Salina, Wellington, Winfield. Kentucky—Bowling Green, Newport, Paducah. Maine—Auburn, Biddeford, Portland. Massachusetts—Lynn. Michigan—Kalamazoo, Muskegon, West Bay City. Minnesota—Minneapolis. Mississippi—Greenville. Missouri—Carthage, Hannibal, Kansas City, Sedalia. Montana—Helena. Nevada—Virginia City. New Hampshire—Portsmouth. New Jersey—Atlantic City, Newark. New York—Cahoes, Glen Falls, Hornellesville, Hudson, Middletown, Ogdensburg, Oswego, Poughkeepsie, Rome, Schenectady, Watertown; North Carolina—Wilmington. Ohio—Cleveland, Dayton (among regulars), Hamilton, Lancaster, Lima, Marion, Portsmouth, Sandusky, Wooster, Zanesville. Oregon—Eugene City. Pennsylvania—Alleghany, Braddock, Carlisle, Corry, Easton, Hazleton, Lancaster, Oil City, Parkersburg, Pittston, Pottsville, Reading, Steelton, Titusville, Uniontown, Westchester, Wilkesbarre. South

Carolina—Charleston. Tennessee—Knoxville. Texas—Austin, Gainsville, Houston, San Antonio, Waco. Vermont—Brattleboro, Burlington. Virginia—Charleston, Danville, Lynchburg, Richmond, Roanoke. West Virginia—Wheeling. Wisconsin—Ashland, Chippewa Falls, Plymouth, Waukesha. Wyoming—Cheyenne.

To the above I have the pleasure of adding Toronto, Province of Ontario, Canada.

The moral turpitude of this business, I do not hesitate to say, attaches more to the physician than to the apothecary, for the latter is half, often more than half, a tradesman; and if the strictures of Herbert Spencer, in his essay on the "Morals of Trade," fit a particular druggist, we little wonder. But the public have a right to expect better conduct of the educated members of a liberal profession. The druggists of San Francisco have taken the lead in setting two laudable examples of reform; and it is now the turn of the physicians to act. I shall not undertake to advise them how to proceed; but something ought to be done, both in the metropolis and in other towns of California, to abate a practice which is so common as to cast a cloud over the whole body of medical practitioners. What family now knows surely whether its medical adviser is or is not concerned in this traffic? What honorable physician would not be glad to stand clear of the color of suspicion?

Society Practice.

This system, to my knowledge, has existed in England for more than thirty years, flourishing under the appellation of "Friendly Associations," "Sick Clubs," "Provident Dispensaries," etc.; and America has probably borrowed it from the mother country. The subject has been discussed in English medical journals for many years, and has been justly regarded as a crying abuse. In the United States it dates back about twenty-five years, is now rapidly growing in the cities and large towns, and is gradually invading new territory. The following, from a practitioner in California, vividly describes the system as existing in England: "Having myself held society appointments and been physician to a Provident Dispensary, from which I used to derive half my income in England, I can speak *ex cathedra*. I used to make about \$3,000 a year from such appointments. The system is simply accursed all round; the doctor being worked to death and the patient being treated for symptoms only, as his physician hasn't time to make a diagnosis. The Provident Dispensary in England is intended to meet a great want; but, like other good things, it is much abused. Nobody earning more than 25 shillings a week is supposed

to belong to it. There is always a rule to this effect; and, in fact, in several places—*e. g.* in Pimlico, one of the districts of London, the Provident Dispensary had a sliding scale of fees to suit incomes of 25 to 50 shillings a week. * * * The Provident Dispensary is really intended to relieve such people; but the public seem to have no conscience when doctors' fees are concerned, and quite well-to-do people join such institutions in every place. Then, on the other hand, if the physician of such an institution is popular, and keeps clever assistants, he can starve his brother practitioners. * * * The Provident Dispensary system has had my life's blood, and I fled here to escape it. The working man of California is much too well off to descend to such meanness, I trust, as medical attendance at society rates."

A correspondent, residing in London, writes that the "dispensary" practitioner is often paid a fixed annual salary, ranging from £150 to £200, together with house, coal and gas, and without special reference to numbers entitled to his services. In London one-tenth or one-twelfth of the general practice is of this sort; in other English towns one-third. The number of practitioners engaged in this business is comparatively small, most of them being Scotchmen. In its early history there was an attempt on the part of medical men to oppose the business and make it disreputable; but this has died out, and the system is rapidly gaining ground. It is especially flourishing in the manufacturing districts of England and Scotland.

With reference to other foreign countries, I learn the following: At Leipsic and most other German cities, large numbers of working people are organized into the *Krankenkasse*, or "Sick Fund," and have the choice of relief at hospital or of attendance and medicine at home, together with an allowance of \$1.75 a week for maintenance. The physician receives $7\frac{1}{4}$ cents for a visit to such patients, or 5 cents for office consultation. The poorest class are attended gratuitously by government physicians. In Switzerland there are no such voluntary associations, but government provides gratuitous medical relief to those who need it. In Holland young physicians take family practice among the poorer classes for 10 to 20 cents a week, according to size of family, medicines included, and collect weekly. In Roumania "society practice" is confined to the Jewish population. The contributions vary from 2 to 5 francs *per capita* annually.

At New Orleans the "society" system arose about twenty-five years ago, and probably is more prevalent there than elsewhere in this coun-

try. One of my Louisiana correspondents informs me that he has retired from that city to the country, solely to escape "the daily contact with the things I loathe;" *i. e.*, society practice. There the societies are numbered by hundreds; and one practitioner may have the medical business of twenty or more. They take all they can get; and I am informed that one of the leading physicians there avowed, in his earlier experience, that he took all he could in order to keep them out of the hands of others—in other words, to starve out his rivals. The most debasing feature of this business is the degradation of professional character involved in the annual canvass for these positions; for in general they go to the lowest bidder, and the canvass is quite as eager as in political office seeking.

The over-work and under-pay of this system, as hardships to the medical man, have been sufficiently exhibited; and also the superficial character of the service which must needs be rendered. But these are not the only evils. The physician becomes the bondsman and common drudge of the society, whose pitiful wages command his attendance for the most trivial ailments. The hired servant must go or lose his place at the next election, and must bear with becoming humility the fault-finding of his ungrateful patients. On the other hand, it virtually denies to members the choice of medical attendant. The descendants of the early settlers of New England, who fled from the oppression of an established church, now, with strange inconsistency, voluntarily assume the yoke of an established medical relief. It is the proud boast of the model Republic, that every one here can choose his own religion, and physic his soul after his own fashion; but the "society" system takes charge of his body, and puts it down to the lowest bidder to be physicked. There is no reasonable doubt that most of these "societies" are organized for the chief, if not the sole object of cheapening medical services; and many well-to-do people are not ashamed to be found in their ranks.

I am informed that in one of our prosperous California cities, persons who enjoy an income of more than \$1,000 a month are base enough to take such "society" benefits, thus pauperizing themselves, and impoverishing their doctor. They are styled "Benevolent Associations," but the benevolence is extracted from the medical profession by superior *finesse*. Wage-workers in all the handicrafts successfully organize for the common good—especially to prevent reduction of their earnings; but hitherto physicians have made a conspicuous failure in their attempts to combine for mutual protection. At New Orleans want of success was attributable to attempting too much at the beginning, and to the refusal of a very few

to coöperate. These few made an abundant harvest of the "societies" abandoned in the enthusiasm of reform. At San Francisco there has been no rebellion among "society" doctors. At New York there has recently been organized the "Medical Practitioners' Association of New York City," whose objects are: (1) To abolish, at such time as the Association may decide, in accordance with the laws hereafter enacted, medical attendance to members, or their families or both; of clubs, including lodges and societies of any kind, paying the medical attendant a stipulated fee per member, or stipulated amount *per annum* by contract. (2) To elevate the professional standing of its members. (3) To eradicate charlatanism. This organization has 75 members out of a total of about 3,000 practitioners. Obviously it would now be premature to predict its future, but the inherent incapacity of physicians to organize in large numbers for a simple business purpose makes the outlook highly unpromising.

To be plain and candid, I hope for relief only in a natural reaction among the class of people who compose these societies. The inevitable result will be gradual, if not rapid, deterioration in the quality of service rendered by "society" doctors, until in time its value will approximate to its cost. Then people will begin to wake up to the discovery that "cheap and nasty" service is poor economy in the face of disease and death. Inasmuch as the practice is evidently spreading, like a contagious disease, it seems likely that all our cities and towns must suffer an attack of greater or less severity; and it is to be hoped that one experience may suffice for at least an average generation. Most likely the malady next time will take new shape under a different name.

In a somewhat less objectionable form the contract system is in vogue among mining and manufacturing companies in many places. Thus, at Evansville, Indiana, mining companies employ physicians at an annual salary for their employees. At Kokomo, Indiana, the Diamond Plate Glass Company employs a contract physician. Married men contribute a dollar a month, and single men fifty cents. At Kansas City, Mo., several large manufacturing companies pay about two-thirds regular fees; others unknown salaries. At Elmira, N. Y., mill and mining firms supply medical service to their employees at reduced rates, they being charged with the cost. At Cleveland, Ohio, and Minneapolis, Minn., corporations employ contract physicians extensively. At Braddock, Pa., the steel works employ four physicians for \$800 *per annum* to do practice worth four times as much. The phosphate companies in malarious regions

of South Carolina employ physicians to make weekly visits to their negro employees at so much *per capita*. In the coke regions of Pennsylvania physicians form lists of workmen at a dollar a month for married men with families, and seventy-five cents for single men. Obstetrical cases are charged five dollars. Surgical cases are at the expense of the corporations. It has become customary for hospitals in charge of the Sisters of Charity in Wisconsin, Oregon and Washington, to sell annual tickets for ten dollars, entitling the holder to treatment and maintenance at the hospital. The customers are mostly men working in saw mills and in logging camps. These variations of contract business are less degrading to medical men than the societies before mentioned, but they are open to the serious objection of virtually denying the privilege of choosing one's physician.

I have not space enough here to dwell upon various devices for advertising and gaining notoriety brought to my notice by correspondents at several of the smaller cities and towns. They could be dealt with by the Code of Ethics, provided the perpetrators be members of a medical society; but these sharpers keep clear of such restrictions, at the same time contriving to be inside of the Penal Code of their respective States. At this date the most dangerous and troublesome offenders are licensed and regularly educated physicians. Unfortunately, a medical education does not correct such a moral malformation or arrest of development as congenital absence of conscience, though it undoubtedly encourages the growth of this faculty when present. Besides, the newspapers encourage a practice that contributes so liberally to their gains, and affects to believe that medical knowledge is as legitimate a subject for public boasting as the excellence of a horse, the quality of groceries, or the attractions of popular amusements; and it must be added that a large share of the public fail to comprehend why physicians must cultivate reputation, and uproar notoriety as a noxious weed. The same persons who understand that their wives, sisters and daughters must eschew gaudy dress and forward manners because these are the signs of harlots, wonder why regular physicians must abstain from advertising, which is the badge of quacks. The Medical College Faculty Organization, as a mode of publishing the names of a list of professors, while supplying an imaginary want of educational facilities, is an old device and does not require notice. But here is something new from a Chicago correspondent: "Possibly you know of an aggregation of regular physicians here, which bids fair to outdo all the societies in contract work. The so-called benevolent scheme is to get

needy young physicians to do the work, while the money goes into the pockets of their seniors, who are more adept in politics (medical and otherwise) than in the legitimate practice of their profession." I suppose that this ought to be called a "medical trust," and, like other "trusts," is something to be distrusted by plain, honest folk. This is an American variation of the English method already mentioned, by which the dispensary doctor employs young assistants at beggarly salaries, while he attends to the business management.

It has recently been said of us that, in no country, perhaps, has charlatanism, licensed and unlicensed, been more rampant, and yet in no country are the best men—the men who love medicine as an honorable profession surely based on the certainties of Science—more certainly winning the day. Of the stars of the brilliant galaxy of names that adorn the pages of the history of medicine, think you there is one deserving the name of physician, or who stands out as a beacon light for the guidance of his less favored brethren, who has ever been guilty of the reprehensible practices under consideration? Surely not one. Yet I believe with Dr. Loomis that in the near future the medical profession will play even a larger part in the public life of the country, and any one who has watched the growth of a healthy professional spirit in America during the past decade must be persuaded of the truth of the prophecy.

But it is a common complaint among physicians that the medical profession is held in low esteem by the public, and some of my correspondents make this an excuse for their own shortcomings. This way of getting even is bad policy and bad morality. We share the common lot. To be respected we must be respectable, and self-respect is the foundation. He who barter his self-esteem and his good name for pelf is in worse plight than he of whom the great dramatist wrote:

"Who steals my purse, steals trash: 'tis something, nothing;
 'Twas mine, 'tis his, and has been slave to thousands;
 But he that filches from me my good name,
 Robs me of that, which not enriches him,
 And makes me poor indeed."

Table B.—Society Practice.

CITY.	Is it customary for so-called Benevolent Societies to employ physicians by the year?	Is the compensation usually a fixed salary, or according to service rendered?	If the latter, what are the usual fees?	If by salary, how much is usually paid for each member annually?	Are the families of members included in medical benefits.	On the salary plan, please give an estimate of the average amount realized for each visit and office prescription.	Are midwifery and surgical cases included in "Society" rates?	Do "Society" physicians usually, or ever, provide medicines at agreed rates?	What fraction of the general practice of your city do you suppose is included in these Societies?	What fraction of your practitioners do you suppose is engaged in this business?	Has your local Medical Society or any body of practitioners taken any action in this matter?	If so, in what way? With what success?	Is this kind of business increasing or diminishing in your city?
Birmingham Ala.	Recently	Service	\$1 to \$2 a visit	Unknown	Yes	Unknown	No	Unknown	Very small	Possibly one-tenth	Yes	{ No way of preventing ex- } { clusion from fellowship. }	Increasing.
Mobile	Only one case	Salary of \$1,200		Unknown	Probably	Unknown	Unknown	Probably not	Very small	Very small	Yes		Increasing.
Alameda Cal.	Somewhat	Salary		\$1.50 to \$3.00	In some	Not more than 25 cents	1. Yes	Yes	Unknown	About one-fifth	No		Increasing.
Grass Valley	Yes	Salary		\$2.50	No	Unknown	1. Reduced rates	Yes	About one-twelfth	One-half	Is none		Stationary.
Livermore	Yes	Salary		\$3.00	Not stated	No answer	No	No answer	No answer	No answer	No answer		No answer.
Los Angeles	French and Italians; yes	Usually salary		Unknown	Not as a rule	Unknown	No	Unknown	Perhaps 3-100ths	Very few	No		Increasing.
Marysville	Foresters' Society	Salary		\$1.00	No	Probably less than 25 cents	1. No. 2. Yes	No	5-100ths or less	One individual	No		Stationary.
Oakland	Yes; Irish and Jewish	Salary		\$3.00	In some cases	1. 50 cents. 2. Nothing	No	No	1-20th to 1-15th	Unknown	No		Increasing.
Sacramento	Yes; Foresters and Chosen Fr.	Salary		\$3.00	Generally not	Estimated 10 cents to \$1	No	Yes	Variously est'd 1/4 to 1/2	About 1-7th; irregulars	Yes		Increasing.
San Diego	Yes; to some extent	Unknown		Unknown	Unknown		Unknown	Unknown	Very small	No regulars	No	By resol'n; success doubtful	Increasing.
San Francisco	Exceedingly	Usually fixed salary	\$1 and upward	\$1.00 to \$3.00	Usually not	10 to 50 cents	1. No. 2. Yes	Rarely	Variously est'd 5 to 80 per ct	Variously est'd 5 to 90 per ct	Yes	1. Resolution. 2. None.	Increasing.
San Jose	Yes	Usually by salary	Half usual rates	Not stated	Generally	Less than half rates	Usually	Usually not	12 to 15 per cent	Variously est'd 5 to 16 per ct	Yes		Increasing.
Santa Rosa	Yes	According to service	One-third usual rates		Usually		Yes	No	One-fifth	One only of the Med. Soc.	No		Diminishing.
Stockton	Foresters and Sons of St. George	Salary		\$2.00	Believe so	Unknown	No	Ans. conflicting	1-200ths	2 out of 25	No		Not increasing.
Woodland	One or two societies	Salary		\$2.00	No	25 cents	No	Unknown	About one-tenth	No regular physician	No		Increasing.
Denver	Somewhat	Mostly salary	\$1 a visit	Smelters pay \$12	No		No	Yes	Very small	Very small	No		Increasing.
Bridgeport Conn.	Yes	Both	Half rates	About \$1.25	No		No	Yes	One-twentieth	One-tenth	Yes	Discus'n exc'd too much opp.	Increasing.
Daubury	Yes	Both	One-fourth usual rates	Unknown	In some	1/4 to 1/2 usual rates	1. No	Yes	50 per cent	About one-third	No		Increasing.
Hartford	Yes	Usually salary		\$2.00 to \$3.00	Usually not	Less than 1/2 usual rates	1. No. 2. Unk'n	No	2 to 5 per cent	About 10 per cent	No		Increasing.
E. Sioux Falls Dakota	Among quarrymen	Salary		Married men, \$12; single, \$6.	Yes	Less than 50 cents	2. Yes	No	Not stated	Not stated	No		Not stated.
Belleville Ill.	Among Negroes	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Very small	One-tenth	No		Not stated.
Chicago	Somewhat	Service	Not stated	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Yes	Fee bill fixed	Not stated.
Englewood	Yes	Usually salary	Visit, \$1; prescription, 50c.	\$1.00 to \$2.00	Usually not	Visit 15 cents; prescrip. 7 cents.	1. No. 2. Yes	Homeopaths only	About 75 per cent	About 75 per cent	No		Increasing.
Anderson Ind.	Limited	Salary		\$2 with family; \$1 without	No	Not stated	No	No	Very small	Very small	No		Not increasing.
Indianapolis	Somewhat	Both	Half rates	Answer not clear	Sometimes	Answer not clear	Sometimes	Yes	About 1 in 120	Only two physicians	No		Stationary.
Jeffersonville	Colored Lodges only	Service	Unknown	Not stated	Yes	Not stated	No	Yes	25 per cent	10 per cent	No		Increasing.
Logansport	Somewhat	Salary		Not stated	No	Very small	Not stated	No	Very small	Very small	No		Not increasing.
Cedar Rapids Iowa	Yes; foreigners	Service	Two-thirds	Unknown	Yes	Unknown	Not stated	Yes	Very small	About 25 per cent	No		Stationary.
Lexington Ky.	Somewhat	Unknown	Half rates	Unknown	Unknown	Unknown	Not stated	Yes	About 20 per cent	3 in 50	No		Unknown.
New Orleans La.	Exceedingly	Whites, salary; col'd service		\$1.00 to \$3.00	Yes	10c. or less to 15c; occas'y more	1. Some'ts. 2. Alw	Hom. yes; Reg. no.	Reports vary, 1/4 to 1/2	About two-thirds	Twice	Concerted action vainly att'd	Increasing.
Boston Mass.	Yes	Salary		\$1.00 to \$3.00	Sometimes	Answer indefinite	No	No	One-fiftieth to one-tenth	1 to 25 per cent	No	Investigation; no action	Increasing.
Lawrence	Yes	Salary only		\$1.00	No	Uncertain	1. No. 2. Yes	No	One-fortieth	20 per cent	Yes	Discussion; no action	Increasing.
Lynn	Yes	Salary		\$1.00	No	Very small	1. No. 2. Yes	No	About one-fortieth	20 per cent	Yes		Increasing.
Malden	Yes	Answer not clear	Answer not clear	Answer not clear	No	Very small	No	No	Answer not clear	Answer not clear	No		Stationary.
New Bedford	Yes	Salary		\$1.00 or less	No	Visit 50 cents	1. No. 2. Yes	Sometimes	Small	About one-fourth	No		Increasing.
Taunton	Somewhat	Unknown	Not stated	Unknown	No	Unknown	No	Unknown	Very small	Possibly one-fiftieth	No		Diminishing.
Waltham	St. George Society only	Answer not clear	Not stated	Not stated	Yes	Not stated	Answer obscure	Not stated	Very small	Only one M. D.	No		Increasing.
Detroit Mich.	Yes	Both	Visit, \$1; prescription, 50c.	50 cents to \$3.00	Generally not	About 50 cents	1. No. 2. Yes	Sometimes	Very small	Very small	No		Increasing.
Grand Rapids	Foresters only	Unknown	Visit, \$1	Unknown	Unknown	Unknown	Unknown	Unknown	About one-twentieth	No respectable one	No		Not stated.
Saginaw	One only	Service	Half rates	Unknown	Yes	Unknown	Unknown	Unknown	Unknown	1 in 50	No		Stationary.
Brainerd Minn.	Somewhat	Salary		Unknown	Unknown	Unknown	Not stated	Unknown	Not stated	Not stated	No		Diminishing.
Minneapolis	Yes	Salary		\$1.00	Sometimes	25 to 50 cents	No	No	About one-twentieth	About one-eighth	No		Diminishing.
St. Paul	Somewhat	Service	Half rates	Not stated	Not stated	Not stated	Not stated	Not stated	Very small	Only one	No		Not increasing.
Newada Mo.	Somewhat	Service	Half rates	Not stated	Unknown	Visit \$1.00; prescrip. gratis	Yes	No	Not stated	1 in 10	No		Increasing.
St. Joseph	Yes	Salary		\$1.00 to \$2.00	Sometimes	15 to 30 cents	No	Sometimes	15-100ths	5 or 6 per cent	No		Increasing.
St. Louis	Yes	Service	Visit, \$1	Unknown	Unknown	Unknown	No	Yes	Not stated	6 of 20	No		Increasing.
Grand Island City Neb.	Yes	Both	Half rates	\$3.00 to \$5.00	Only Jewish	Answer indefinite	1. No. 2. Yes	Yes	One-twentieth or more	5 per cent	No		Increasing.
Manchester N. H.	Somewhat	Salary		\$1.00	No	About 17 cents	1. No. 2. Yes	Unknown	One-seventieth	5 per cent	No		Increasing.
Nashua	Limited	Both	Visit, 50 cents	\$15.00	Yes	Answer not clear	No	Sometimes	Very small	Very small	No		Increasing.
Camden N. J.	Yes	Salary		About \$1.00	Sometimes	About 10 cents	1. Unk'n. 2. Yes	No	About 1-100th	2 or 3 per cent	Yes	Cited for trial; result unsat'y.	Diminishing.
Newark	Yes	Salary		\$1.00 to \$2.00	No	25 to 50 cents	1. No. 2. Yes	Yes	Unknown	Perhaps one-fourth	No		Increasing.
Paterson	Only one	Unknown	Unknown	Unknown	Unknown	Not stated	No	Yes	About 6-100ths	4 in 52	No		Increasing.
Plainfield	Yes	Unknown	Unknown	Unknown	Unknown	Not stated	Not stated	Not stated	Less than one-fiftieth	Only one	Yes	Forbidden	Increasing.
Trenton	Yes	Salary		Unknown	No	Not stated	1. No. 2. Yes	No	Very small	Very few	Yes	Discouraged	Not increasing.
Albany N. M.	Yes	Salary		\$5.00 to \$6.00	No	25 cents and upwards	Yes	Sometimes	Unknown	Perhaps 20 per cent	No		Increasing.
Brooklyn N. Y.	Yes	Mostly salary	Not stated	\$1.00 to \$2.00	Generally not	No answer	No	Sometimes	Very small	Perhaps 4 per cent	No		Increasing.
Buffalo	Yes	Salary		50 cents	No	3 or 4 cents	1. No. 2. Yes	No	About 2-100ths	About 2 per cent	No		Increasing.
Geneva	Yes	Service	Visit, \$1; prescription, 50c.	Unknown	No	Unknown	No	Yes	One-fourth	About 2 per cent	No		Diminishing.
Jamestown	Yes	Salary		Unknown	Yes	Unknown	Yes	Yes	Unknown	About 25 per cent	No		Increasing.
Kingston	Yes	Service	Not stated	\$1; usually more for families	Yes	Unknown	No	Not stated	About one-tenth	About 10 per cent	No		Increasing.
New York	Yes	Salary		Unknown	Generally	Visit about 4c; prese'p. about 10c.	1. No. 2. Always	Often	1/2 whole city; 1/8 bel. 14th st.	1000 of 3000	Yes	Soc. of 75 mem. pl'g'd to abs.	Increasing.
Rochester	Limited	Salary		Unknown	No	Unknown	Unknown	By irregulars	Very small	Irregulars only	No		Not increasing.
Asheville N. C.	Yes	Salary		\$1.00 to \$2.00	Reduced fees	Answers vary; 5 to 25 cents	1. No. 2. Yes	Unknown	Very small	Unknown	No		Increasing.
Cincinnati Ohio	Chiefly German	Salary		\$2.00 to \$4.00	Sometimes	About 25 to 30 cents	No	Sometimes	About one-sixteenth	About 2 per cent	No		Increasing.
Cleveland	Yes	Salary		Not stated	Answer not clear	Visit 25 cents; prescrip. gratis	No	No	Not stated	Three M. D.s only	No		Increasing.
Columbus	Limited	Other particulars unknown	Not stated	Not stated	Unknown	Answer not clear	Unknown	Yes	Not stated	One or two M. D.s	Yes		Increasing.
Delaware	Yes	Both	Not stated	Not stated	Unknown	Not stated	Yes	No	Not over one-tenth	One or two M. D.s	Yes	Resolutions; no effect.	Increasing.
Mansfield	Yes	Salary		\$1.00	No	Unknown	No	No	Very small	Not one-tenth	No		Not increasing.
Tiffin	One or two only	Salary		About \$1.00	No	Unknown	No	No	Very small	Perhaps 4 or 5 per cent	No		Stationary.
Toledo	Yes	Salary		\$3.00	No	No answer	1. No. 2. Yes	No	Very small	3 or 4 per cent	No		Increasing.
East Portland Or.	Yes	Salary		50 cents to \$1.00	Yes	25 to 50 cents	No	Yes	Very small	Very few	No		Increasing.
Portland	Yes	Service	Reduced rates		No	Unknown	No	No answer	Very small	Very few	No		Increasing.
Alleghany Pa.	Yes	Service	Visit, \$1	Not stated	No	Not stated	1. No. 2. Yes	No	Unknown	Unknown	No		No answer.
Carbondale	Yes	Salary		Not stated	Yes	1 to 50 cents	1. No. 2. Yes	No	About one-fifth	Perhaps 10 per cent	Unknown	{ Agreed to form no new } { contracts; expect good } { results. }	Increasing.
Danville	Yes	Salary		Not stated	No	6 cents and upwards	1. No. 2. Yes	Generally	Very small	About one-third	Yes		Stationary.
Newcastle	Yes	Both	Visit, 50 cents to \$1	\$2.00 and upwards	Sometimes	Visit 50 cents; prescrip. 25 cents.	Varies	Sometimes	Very small	Small	No		Increasing.
Philadelphia	Limited	Salary; lowest bidder		\$1.50	No	No answer	1. No. 2. Yes	No	Very small	Very small	No		Not increasing.
Pittsburg	Mostly foreigners	Salary		\$1.00 to \$2.00	No	No answer	1. No. 2. Yes	No	Very small	Very small	No		Stationary.
Scranton	Limited to four	Salary		\$1.50 to \$2.00	No	Unknown	1. No. 2. Yes	Yes	Very small	About one-fourth	No		Existed 3 or 4 yrs.
Pawtucket	Yes	Salary		Not above \$6.00	Usually not	Not exceeding 50 cents	No	No	One-twentieth to one-tenth	One-eighth to one-sixth	No		Not increasing.
Providence	Yes	Salary mostly	Half rates		Usually not	1/2 usual rates	1. No. 2. Yes	No	One-fiftieth	15 of 250	No		Increasing.
Galveston Texas	Yes	Salary		\$2.00	Usually not	Unknown	No	Yes	Very small	One M. D. only	No		Diminishing.
Rutland Vt.	One society only	Salary		\$3.00	No	Unknown	No	Yes	Very small	One M. D. only	No		Diminishing.
Seattle Wash.	Yes	Salary		\$2.00 to \$5.00	Sometimes	No answer	No	No	One-tenth	10 per cent	No		Increasing.
Spokane Falls	Yes	Salary		\$12.00	No	No answer	No	No answer	No answer	4 per cent	No		Stationary.
Tacoma	Yes	Salary		\$2.50 to \$5.00	At \$10 to \$12	Visit 50 cents	No	Unknown	No answer	10 per cent	No		Increasing.
Madison Wis.	Yes	Salary		\$1.00	No	No answer	No answer	Unknown	Answer not clear	5 per cent	No		Stationary.
Milwaukee	Yes	Salary		\$1.25 to \$12.00	No	Unknown	No	Sometimes	1-200th	1 per cent	No		Diminishing.
Racine	Yes	Salary		75 cents to \$1.00	No	Visit 25 to 50 cents	No	No	One-fifth	About one-half	No		Increasing.
Aberdeen Scotland	Yes	Salary		\$1.00 to \$1.50	Yes	2 to 4 cents	1. No. 2. Yes	Yes	70-100ths	95 per cent			Increasing.
Edinburgh	Yes	Salary generally		\$1.00 to \$5.00	No	25 to 30 cents	1. No. 2. Yes	Yes	10 per cent, laboring class	All gen. pract'rs who can			Increasing.
Kingston Canada	Yes	Salary		\$1.00	No	No answer	1. No. 2. Yes	Yes	1/2 mechanics	One-fifth or one-sixth			Increasing.



