THE LAW OF SICKNESS INSURANCE IN HOLLAND.

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Introduction.

IN the majority of European countries the practice of medicine is passing through a critical stage. The growing social movement on all sides compels one to realize that the medical care of the industrial classes is a matter of great social interest, and one that must therefore be furthered and extended as much as possible.

The endeavour to enable every sufferer of the lower classes to assure himself of securing skilled and more extended medical assistance has the warmest approval of every one of us, for we all know from experience that in the existing unfavourable financial conditions under which these people live much is left to be desired.

But the manner in which Legislatures are seeking to attain the end has in every country compelled the doctors to take action in self-defence. The curious phenomenon has appeared that legislators have failed more or less completely to take into account the justifiable desires of the doctors by whom the law must be carried out, and without whose assistance it must be inoperative. The Legislatures have roughly interfered with the fine, subtle, but honourable and necessary relations of medical practice. They have paid insufficient attention to the basis of our profession—to the confidence of the patient on the one side, and the devotion and independent position of the doctor on the other. Legislators have gone to work on lines that are too material, and, even so, have not succeeded, for the material interests of the doctors have been badly neglected everywhere. It is as though the legislator—who so carefully looks after the importance and independence of the judges—had not been able to see that a skilful, well-to-do, and independent medical body is a great national interest.

From this comes the conflict which legislation has aroused.

However much the circumstances may differ, the bases of our profession are the same everywhere. We think, therefore, that the readers of this JOURNAL, who only a short time ago were obliged to defend their financial interests against the legislator, will be interested to learn the development of conditions elsewhere. We intend to give a synopsis of the new Dutch Sickness Insurance Law and its consequences for medical practice.

The position of the law at the present moment is peculiar. It passed both chambers of the Dutch Legislature and received the Royal assent in the spring of last year; the text, however, did not contain a clause fixing the date at which it was to come into force, and at the general election in June the Government was defeated. The new Ministry contemplates certain alterations, which have not as yet been formulated. It is understood, however, that they are concerned chiefly with compulsory insurance, casual labourers, and other similar details, and that the medical part of the law will be brought into force substantially unaltered. Before discussing the law, however, it seems desirable to give a short account of the way in which medical attendance on the lower classes has hitherto been provided for through the voluntary action of the medical profession and the public.

The Present Conditions.

In municipalities where only one doctor is established—that is, in the country and in small villages—the doctor has had, as a rule, his own sick club. The members of this club, who belong to the industrial or lower classes, pay weekly from 1½d. to 2d. a head, or from 3d. to 4d. a family (husband and wife, and children up to the age of about 12 years).

In places where there is no chemist, the doctor keeps his own dispensary and provides medicines as well as medical attendance. Confinement fees are a separate item. For serious operations and specialists' treatment, patients are directed to a neighbouring town, where they can receive attention in a polyclinic or hospital, gratis or for a moderate fee, which is often paid by the municipality or out of the Poor Law funds of the place where the patient resides. The more well-to-do people are not admitted into the club, but are treated as private patients,

while for the treatment of the poor the doctor receives a fixed annual sum from the Poor Law funds.

In the larger towns the system is controlled by sick clubs, institutions which assure to the industrial classes professional attendance and medicines. In the majority of cases these clubs are at the same time burial clubs—that is, they assure a payment at death to meet funeral expenses, but as such this assurance is entirely apart from the sick club.

The weekly contribution, which is collected from the members by the club officials—messengers—is generally about 2½d. per adult and 4½d. per family. For this sum the club provides professional attendance and medicines and specialists' treatment in polyclinics. As a rule no hospital treatment is provided and only partial assistance at confinements. Only those members who have paid an extra contribution for some months receive a few shillings with which they are enabled to defray the expenses of the midwife. If in difficult cases the assistance of a doctor be necessary, he is provided at the expense of the club.

The position such an institution occupies in relation to the doctors depends upon how its committee is composed. The best clubs are those which are run and governed by their own doctors and dispensers with two or three representatives drawn from the members themselves. They put the so-called free but limited choice of doctor into practice, that is to say, every well known doctor of good reputation may join, and each member may choose whichever doctor he wishes.

Some clubs are the property of philanthropic societies; on their committees the medical profession is at least represented.

Many others are conducted by private individuals, who regard the club as a legitimate means of trading and run it as such. It must here be noted that a sick club of itself does not make a big profit for the management, whereas on the other hand the burial club does. The sick club, then, principally serves to promote the interests of the burial club by adding new members, and such an institution often takes the name of "Life Insurance Society." Further there are factory clubs, with which one doctor who treats the workers is generally connected, while the employer has a considerable influence and often assists by money payments and in other ways.

We will only mention the sick clubs of the railway societies incidentally, but must devote a few words to the co-operative societies. They form one class of the societies, which trade on a co-operative basis; for example, they run a baker's shop or a boot shop, and are, as a rule, exclusively managed by workmen. Next to the sick clubs, managed by private individuals, they are the worst and most dangerous to the doctors.

All the last mentioned clubs engage a greater or smaller number of doctors to attend to their members. The doctors are excluded from the committees, and in other directions too, their influence on the management is in no wise permitted.

The Law of Sickness.

All workmen—in the legal sense of the word—that is, all persons who have a permanent position and whose wages do not exceed a stipulated amount, are to be insured for payment in case of sickness.

This insurance may take place: (1) At the sick-pay office of the Labour Council, which consists of employers for the one half and workmen for the other with a president appointed by the Crown. For this purpose about eighty sick-pay offices will be established in the country in the name of the State. (2) At a recognized private pay office. The Labour Council may cause the establishment of sick clubs (for providing medical attendance), but may not itself own or administer a sick club. This restriction, however, does not apply to the recognized private pay offices in so far that institutions which obtain Royal assent, as required by the law, may also establish sick clubs.

These private pay offices are recognized by the Labour Council, provided that they have a sufficient number of members, that the regulations are fixed, and at least the majority of the committee is chosen by the members, and that they are the property of an institution sanctioned by the Crown.

The recognized private pay offices may thus be the property of a working body, of a workmen's society acting

on certain political lines, of a religious sect, or of any other body or institution sanctioned by the Crown.

The sickness law is designed to ensure that the insured persons shall be provided, as far as possible, with medical attendance, including medicines and dressings, by means of sick clubs, which the State sanctions for the purpose. An accepted sick club must be the property of an institution sanctioned by the Crown. A workmen's society, organization or institution, which possesses a recognized private pay office, may be the owner of an accepted sick club.

In addition the following requirements must be fulfilled:

- (a) The regulations must define the state of members or the insured persons by an income limit.
- (b) The accounts must be approved by the general meeting.
- (c) The medical attendance must be in accordance with the requirements laid down in the general rules of the State, and, where possible, at least two doctors and two chemists must be attached to the club.
- (d) The regulations must limit the number of members entered to the name of one and the same doctor.
- (e) The contributions of members must be fixed by the general meeting, which must consist of the members or their representatives and the doctors and chemists who are attached to the club.
- (f) One or more members chosen by the members or by the general meeting must be on the committee, as well as one or more doctors and one or more chemists (the income of the club must be exclusively devoted to medical attendance and business connected therewith, the management of the club, etc.).
- (g) A reserve fund must be formed.

In order that the existing clubs shall fulfil these requirements and reorganize themselves into accepted sick clubs, the law enacts:

1. That a member shall receive sick pay when under professional treatment.
2. That professional attendance provided by a non-accepted sick club shall not be regarded as professional attendance. The law also offers a few other advantages to the accepted sick clubs, in order to encourage new members to join.

The Doctors' Point of View concerning the Sick Clubs.

The basis of medical practice is the confidence of the patient in his doctor on the one side and skill and humane devotion on the other. This principle applies to private practice, and should also apply to sick clubs. The only difference between the two kinds of practice—that is to say, between the way in which a better-class patient and a lower-class patient obtains medical treatment—lies in the fact that the lower-class patient pays less, and, through the administrative intervention of a sick club, subscribes for professional treatment by means of a premium paid weekly.

It goes without saying that a private patient has the right to choose the doctor in whom he places the greatest confidence, for in days of sickness and danger he leaves the responsibility of his physical well-being in the hands of this doctor.

It is not less clear that the patient who is a sick club member has an equally indisputable claim to this natural right. The importance of his physical well-being is by no means less than that of the well-to-do patient, and the fact that he pays his doctor in another manner and with less money is of no moment.

For the doctors themselves the application of the free choice of doctor in sick clubs is of the greatest importance. If the clubs engage only comparatively few doctors the excluded remainder will have no opportunity of obtaining practice—that is, of supporting themselves. For the ordinary course of things—especially in towns—is that a doctor begins with club practice and only gradually obtains private practice. And as time advances it will be found that more and more doctors must derive their means of livelihood either exclusively or chiefly from club practice.

For some considerable time medical practitioners have demanded that the free choice of doctor in sick clubs ought to be obligatory. By this is understood that (1)

every member of a sick club (or his family) has the right to make a free choice among the doctors connected with the club; he may change his doctor a few times a year.

(2) Any medical practitioner of good name and reputation has the right to connect himself with the club; he may accept or refuse a member or family of a sick club as patient or patients, but, once accepted, he may not refuse professional services except in certain circumstances.

The problem as to the restrictions concerning the monetary state of would-be members is closely related to this demand. The aim of a sick club is to supply medical assistance to the lower classes for a moderate outlay. If, then, the middle classes be accepted as members the aim is overreached and abuse is encouraged. There must therefore be a limit. Persons whose incomes exceed a certain figure must not be members of a sick club.

It is realized that the problem is of importance to doctors. At present not more than about 10 per cent. of the Dutch population are attended as private patients, and this percentage will decrease if the sick clubs are made open to all. Not only in the economical sense would the medical faculty be badly affected, but there would be the additional result that nearly all doctors would have to resort exclusively to sick club practice, and if in that case the free choice of doctor were not granted, a great number of doctors would be left without any means of livelihood. In Germany there have been instances in which a sick club committee has disposed of a position as club doctor to the lowest tenderer.

The Dutch medical practitioners demand the insertion of a dividing line as to the monetary status of members in the statutes of a sick club, and that the task of a sick club shall be exclusively that of supplying the lower classes with medical attendance.

It has already been said that most sick clubs are at the same time burial clubs, but this does not matter so much, as these institutions are separate, and as a rule have only the same committee. But if the sick club only forms a subdivision of a commercial undertaking, it is highly risky. We will take as an example a co-operative society which sells bread, groceries, shoes, etc. He who becomes a member of such a society must at the same time join the sick club which is connected therewith. It has only a small number of doctors, because such an institution never permits the free choice of doctor. Workmen and people from the lower classes who have been in some sick club up to the present time leave their doctor in order to join this society. Why? Because they have more faith in the few doctors of the co-operative club? Not at all; but because they wish to take advantage of the bread, grocery, etc. Such a sick club is absolutely at war with the basis of the medical profession.

The doctors of these clubs obtain additional patients at the cost of their excluded colleagues; they obtain them not because of their own capabilities or merit, but because of the advantages offered in respect of bread and grocery by the store of which they are an appendage. From a medical point of view this is a wrong manner of proceeding. Such a club obtains doctors by offering them a minimum fixed salary of a few hundred pounds. That doctors, and above all young doctors, agree to this is comprehensible, but stupid. For it is not a practice of their own which they obtain; it is that of the society. They are entirely dependent on the committee, and should they be dismissed they lose their entire means of subsistence, as their patients are bound to the club. They undermine the basis of medical practice, are badly paid for the great amount of work which they must do, are wholly subject to the committee which in reality—and we could give some striking examples of this—tyrannizes over them.

The Dutch medical practitioners are therefore justified in demanding that a sick club shall confine itself exclusively to the medical care of the lower classes. In some instances a committee, consisting of one or of a few persons, has established a sick club for its own purposes and has developed it as a commercial enterprise. As it is difficult to increase the income of the club by raising the members' contributions, efforts are made to cut down the salaries of doctors and chemists, so that the amount to the directors' credit shall be increased. If a doctor makes himself troublesome—if he lays claim, on the ground of his notes, to a greater sum than is, by mistake, paid to him—he is punished by not entering any new members on

his books. Owing to such abuses as this, the medical profession demands that a club committee should not be paid. Money must, of course, be paid for the administration, but the administrator must be a salaried official of the club under the control of the committee. And, finally, the doctors claim that the moneys of the club be exclusively employed in defraying the cost of medical assistance and administration. The necessity for this need not be enlarged upon here.

The most important conditions which, from the medical practitioner's point of view, a sick club should fulfil are that there shall be free choice of doctor; an income limit; limitation of the club to giving medical attendance and drugs; that members of the committee shall not have a financial interest, and that the manner in which the moneys are expended be determined by the statutes. But all this will not avail if the statutes are themselves passed or amended by a general meeting in which members of the club have too great a majority.

The question, then, is how the doctors can uphold their independent position, prevent themselves from becoming entirely dependent on the club committees, and prevent the latter from abusing their power.

In order to attain these ends the doctors desire to have an equal influence in the general meeting and on the committee. They want the power to protect their rightful interests. It is the demand for this power that has caused the strife between the doctors and the sick clubs; yes, even with political parties.

The Dangers of the Sickness Law for the Medical Profession.

If the requirements of the doctors are compared with the conditions the law lays down for the accepted sick clubs which are to administer medical attendance to the lower classes, it is found that, in respect of the free choice of doctor, the law provides "that, whenever possible, two medical practitioners at the least must be attached to the club" ("whenever possible" means if there are more doctors than one established in the place).

Thus we see that the law leaves the matter in an uncertain state. A sick club which is willing to adopt the free choice of doctor in the way the doctors desire may be recognized, but another sick club may likewise obtain recognition even though it limits the free choice of doctor as far as possible—that is to say, excludes all other doctors and appoints only so many as will fulfil the requirement of the law, which fixes the maximum number of club members entered to the name of one doctor.

With regard to the income limit for members, the provision is "that the regulations shall contain a limit for the monetary state of members."

In the proposed bill income limits have been fixed for every municipality in the State.

The doctors were unanimous in agreeing that these limits were too high; they showed that under them private practice would be confined to 10 per cent. of the inhabitants in towns, here and there even to 3 per cent., and in the country to only a few families. The Government has discarded these figures, and any accepted sick club may now fix an income limit according to its own discretion.

With regard to the independence of the club, the bill prescribes that the administration shall be carried on by the representatives of the members with doctors and chemists, and that the moneys shall be exclusively employed for medical attendance. This is a satisfactory feature.

With regard to the point that members of the committee shall have no financial interest, the bill is entirely satisfactory, and the memorandum says expressly that a sick club whose committee aims at profit will not be accepted.

With regard to the influence of doctors in the general meeting and on the committee, it is provided "that the general meeting shall consist of members or their representatives, and of doctors and chemists connected with the club; and that one or more members, as well as one or more medical practitioners, and one or more chemists, shall be on the committee."

The question of power is not solved by the law. On the one hand, it would allow the possibility of the members forming the majority in the general meeting and on the

committee, and, on the other, that the doctors and chemists should have the upper hand.

The dangers that threaten the medical profession are due to the fact that the law does not solve the most important questions causing friction; on just these very points too much play is left, and, when establishing sick clubs, the members will take advantage of this.

Without any doubt sick clubs will be established and carried on according to their own ideas:

1. By trade unions (of workpeople).
2. By workpeople and other societies acting on certain political lines or in sympathy with certain religious sects.
3. By co-operative (working) societies.

It is not to be expected that these sick clubs will give the doctors—whom they look on as their paid servants—a place in the club, which the doctors consider necessary for self-preservation. These clubs will no doubt be obliged to admit the doctors and chemists, appointed by them, to the general meeting, and even allow them the right to vote, but these votes will certainly be in the minority, because the number of members' representatives who may attend the meeting is not prescribed by the law.

What this means will be clearly understood from the fact that the meeting has power to modify the statutes wherein, among other things, the minimum salary of the doctors is fixed.

Moreover, whenever the doctors will not or cannot dance to the piping of the members they will always run the risk of being dismissed—in other words, of losing their means of existence, as they would also fill a very subordinate place on the committee. For the law allows the club to have only one doctor on the committee, and use will undoubtedly be made of this fact.

This will apply not only to the large and small towns but also to a very great extent to villages with a large percentage of working inhabitants.

The village doctor, hitherto master of his own club, will be the subordinate salaried servant of his lower-class patients not less than his town colleagues, since the aforementioned institutions also reach the villages, and he will certainly be forced, even setting aside any possible political or religious influences, to accept the position of doctor in the local section of the great recognized working people's sick club.

If he does not take up this position the password will be "Let us get somebody else"—and this somebody else will be easy to obtain if the organization of the Dutch medical practitioners does not maintain its unity and does not take strong steps. For many club doctors will—as a consequence of their patients going over to these accepted sick clubs—be seriously injured financially, and in consequence may be forced to accept these positions, which, while they involve excessive work, will scarcely bring them a sufficient income to keep their families.

Since the law says that whenever possible an accepted sick club must have at least two permanent medical practitioners, these clubs will seek to engage the smallest number of permanent doctors, and to exclude all other club doctors. They will give these permanent doctors, as a deceptive allurements, the maximum number of members that the law permits, in order to have them all the more in their power, and the doctors will then be entirely dependent on the clubs in respect of their financial position.

The experience in Germany and Austria has conclusively proved that this state of affairs is by no means imaginary. While the doctors were blind to the danger in these countries, the workers' organization, after the insurance laws were passed, made itself owner of the sick clubs, engaged permanent doctors and conferred these positions on those doctors whose demands were lowest.

This, it may be expected, will happen also in Holland. The law does lay down the minimum fee of a doctor per member or per visit, but this minimum can and will be fixed as low as possible because the workmen have the power in their hands and a low minimum means much to them—less expenditure and, in consequence, lower contributions.

All this applies not only to the club doctors but in an equal degree to the specialists. In order to put the cost of specialists' treatment as low as possible the accepted sick clubs in the large towns will combine and with the exclusion of all the remaining specialists in different

branches engage a permanent one at a fixed salary. This is of consequence to the majority of specialists in the Netherlands, since it will exclude them from the treatment of a large proportion of the population.

In conclusion, yet another danger affecting all medical practitioners is looming in the near future. As soon as the above-named institutions establish sick clubs the workers on the committee as well as in the general meeting will have the power in their hands, and it will be they who will fix the income limit for members. It is clear enough that they will increase this limit to the same as that fixed by the sick-pay offices, which the doctors are unanimous in considering too high. Once the law is in force the income limit for members of the sick club may be still further increased; the fatal consequences of this have already been pointed out.

A danger not less great than that from the side of the workmen's organizations threatens medical practitioners from the side of the large and small manufacturers. The employers are greatly affected by the carrying out of this social law, because half of the premiums of the sick-pay offices must be paid by them. Undoubtedly they would like to keep the power in their hands in order to see exactly that the total amount paid out for sickness was made as low as possible. As the law deprives them of this power in the private sick-pay offices since the committee must consist of a majority of workmen, they will try to effect it in another manner—namely, by engaging one or two permanent doctors for their factory, who, in addition to the medical treatment of the working members, will be charged with the supervision of the workers' capability for work and his right to seek pay.

This action, which is in flagrant conflict with the development of the principle of free choice of doctors, means that the doctors—in places where these bodies are established—will find a large part of the working population taken away from their practice. The doctors who accept such positions will be entirely dependent on the employers. Some cases of this nature have, indeed, already occurred.

Thus there is the proletariat on the one side and the industrial employers on the other; between these two bodies the Dutch medical faculty will be crushed. And the independent position of the doctor, which is so necessary in order that he may cheerfully fulfil his difficult office in a proper manner, will be irretrievably doomed.

The Conflict.

Even those who have only a limited acquaintance with the consequences which the insurance laws have had for the doctors in Germany, Austria, and England have no doubt that the Dutch sickness law will cause a tedious and embittered strife between the doctors on the one hand and the sick clubs, whether or not backed up by the Government, on the other hand.

The strife is working havoc at the time of writing in Germany, where the medical faculty failed fully to appreciate the danger to the medical profession of the insurance law when it was first introduced. There the Leipzig Society, which has the social interests of the doctors at heart, openly declares war with all sick clubs. In the Netherlands the first signs have already been observed. The mobilization has already begun. Emulating the sick clubs, the doctors have united, and a political party stands ready to take in the booty. To-morrow, or the day after, the first shot will be fired.

The doctors in Holland will not strive for higher fees above everything else. True the financial question is a matter of very great moment. The fact that the salaries of club doctors are just as low as they were fifty years ago, while the wages of the lower classes and with that the standard of living have at least doubled in the interval, shows that the payment of better salaries may be called a fair and pressing demand, and one which must soon be granted. The demands as to salary—to speak in trade society terms—are, however, not put in the foreground. The very first place is given to the claim that medical practitioners shall be guaranteed a proper position in the sick clubs. They want their sick club practice to be and remain their practice, and not that of the club; they do not want to put their means of existence in the hands of a committee or general meeting in which working people

rule; they want to retain their independent position, and not to be dependent on a group of workpeople. In other words, they demand at least just as much influence on the committee and in the general meeting of the sick club as the members. This is the first great aim of the profession.

To these aspirations the leaders of trade unions, who want to establish sick clubs, and the social democratic party are opposed. By their interference also the conflict will be partly carried over into the political field and the issue confused.

In the first place, the conflict has nothing to do with the better medical care of the lower classes or with the rights and obligations of the medical faculty, but with the power in the sick clubs—a matter in which this political party sees an opportunity of advantage.

The social democratic argument is more or less as follows: The workers (they prefer to indicate the whole of the lower classes by this name) pay the contributions; they are the persons most interested in the sick clubs, hence these institutions are really their clubs. If they establish new clubs under the regulations of the new law, then they exclusively must have the whip hand in these "their own" clubs, and have a majority on the committee and in the general meeting. It is for them to make the regulations, within the limits of the law, according to their own wishes; for them to engage many or few doctors as it suits them; for them to determine the place the doctor shall hold in the club; and for them to prescribe to these salaried servants what they are to do and not to do, and to adjudge their rights and obligations and salaries as they, the workers, shall lay down.

This argument is wrong and unfair.

We will take an example. It is contended that since the workers pay the contributions by which the cost of medical attendance is to be defrayed they should, in consequence, have the right to lay down the salaries of the doctors. On similar reasoning it might be maintained that the public, because it furnished the money, has the right to demand of a baker that he deliver his bread for a prearranged price.

The vision of the social democrats is so obscure that they are unable to see the great difference between a worker in a factory and a doctor in a sick club. The social democratic party, which has taken the lead in the conflict, has in one of its congresses declared itself in favour of the free choice of doctor. The medical profession hopes that the party will put this decision into practice, but does not set its hopes very high.

The experience gained in respect of the establishment of the existing sick clubs, where social democrats hold the reins, has taught the profession that they do not put the free choice of doctor into practice, and the party has not made any attempt in Parliament to embody the obligatory free choice of doctor in the law. They advise the doctors to form a strong trade union, and to fight for higher salaries and for a board of arbitration—a piece of advice which shows signs of short-sightedness, for it simply amounts to recommending that the ideal of the factory worker should apply to the sick-club doctor. But for the unsuspecting young doctor and for the interested outsider it has a specious attraction when democrats say, We who have always kept the question of remuneration to the front before all other questions invite you to do the same, and offer to establish an impartial board of arbitration between you and ourselves.

Concerning the question of salary, experience affords a test. In Amsterdam the medical practitioners have during the last few years made attempts to effect an increment in the really low salaries. The majority of the clubs recognized the fairness of these efforts and were consequently disposed to raise the contributions, but these efforts were twice wrecked by the unwillingness of one of the clubs. Now this very club is run by social democrats, and this fact speaks volumes. The cry—Demand a higher salary, and we democrats, who always premise and propagate this demand, will be at your disposal as much as possible—sounds splendid, but is not fulfilled when the time arrives.

The board of arbitration, it is suggested, should consist of three persons—one appointed by the clubs, one by the medical practitioners, and one an impartial person to be

appointed by both acting together. Against such a proposal there are two strong objections. The first is that it is almost impossible to ensure the impartiality of this third man. Even laymen of high standing can scarcely realize the causes which move members of the medical profession. In conversation with outsiders concerning medical matters this phenomenon is patent to every doctor. The layman can never put himself in the place of the doctor, but he does not forget that one day he himself will be a patient. In this connexion it is not remarkable that in the discussion of laws as to disease in parliaments a voice is rarely raised in the interests of the medical practitioners, while every one regards them as indispensable, of the highest use, and in general as honourable burgesses? In case of friction the impartial person will scarcely ever be on the side of the medico.

The second objection is no less important; for the club doctors a board of arbitration is impracticable. The cause of this lies in the peculiarity of the club committees. We will again call experience to our aid. Let us take the case of a medical man connected with a badly exploited club who comes into collision with the committee touching a financial matter. He proves irrefutably that he receives too small a salary, and after much trouble and unpleasantness obtains compensation for loss suffered. But he notices that during the weeks or months immediately ensuing very many fewer new patients are entered to his name than usual, and through this he suffers a loss which is badly felt. The result will be that in future he resigns himself to suffering the injustice.

The same happens to those medical practitioners who do their best to make better class club members retire from the clubs; they all complain that they pay for their interference in the number of club members assigned to them. This is done quite simply. The board of directors gives the messengers, who enrol members and visit the people in their homes, the hint to recommend a more accommodating doctor.

The injured doctor can never absolutely prove this method of business; for management and messengers are dependent on each other; the doctor does not know how many members he ought to have treated, but he notices the result easily enough. In these circumstances, what would a board of arbitration be worth to the medical man? If he is in the wrong he will be adjudged to be in the wrong, and suffer the loss which he deserves. And if he is in the right and this is admitted, then he may in no less a degree experience disadvantages.

These and other abuses, which in all sick clubs may be and in the inferior clubs are perpetrated, are possible owing to the fact that the committee has everything to say and the doctors nothing.

It is worthy of note that the social democrats who are expecting full salvation from the board of arbitration emphatically demand that the everyday management shall be carried on exclusively by the club members, and hope that this will be supported by the Minister.

The medical profession fights tooth and nail against being forced into this humiliating and dependent position. It demands a proper share in the everyday management, at least a share equal to that of the members, that its interests, too, should be protected in a suitable manner, to the end that boards of administration and messengers, who are very often abusers of authority, shall be in the position in which they ought to be—functionaries of the club; so that they, in case of abusing their power, may, through the influence of the doctors, be dismissed or otherwise punished. The presence on the committee of a few medical men who could always be overruled is for this purpose absolutely insufficient. We are again brought to the problem of power, the most important point of difference. Is it possible to eliminate this? Possibly, for legislators are resourceful. But as long as the medical practitioners receive no guarantee that they shall possess adequate influence to further and extend the medical care of the working classes, that their position shall not be dependent upon discretion, that their salary shall not be determined exclusively by the club members, that the limit for the wealthier classes shall not be unreasonably raised, that the free choice of doctor shall be applied, and that the perpetration of abuse to their disadvantage shall not be possible—so long they will demand, in justice, the right to exercise at least an equal amount of power in the

general meetings and on the club committees as the club members.

Writing in a medical journal I have deemed it unnecessary to point out the fact that a learned, independent, but also prosperous and honourable medical body is a national interest, and in the first place very necessary for the lower classes. The more the club medical practitioner is pulled down the less care and devotion may be expected of him. From the doctor's point of view it is always premised that the conflict must lead to the lowering of the standard of medical care of the lower classes.

Those who oppose the doctors had reproached them with this. They run down the motives of the doctors, asserting that, though they are given an ethical veil, the sole object is financial advantage. This line of argument is either ignorant or unjust. Those who use either do not or will not recognize that a doctor acts often to his own disadvantage and in the interest of the patient by directing him to a specialist or a hospital. Is not—speaking roughly—an epidemic advantageous for the medical faculty, and do they not rank among the first of those who try to avoid this calamity? Are they not the strongest advocates of vaccination; nay, even of compulsory inoculation? Do they not always give their help to societies for the combating of consumption, to the establishing or maintenance of hospitals for people suffering from eye diseases, for those addicted to drinking, venereal diseases, sucklings, *e tutti quanti*?

The opposers do not consider the exalted ethical standard of our profession, and mock at that which they do not understand. They regard it only from their materialistic standpoint, and do not comprehend that if it were carried out in a purely materialistic manner it would be a calamity instead of a blessing.

The Dutch Society of Physicians.

In the Netherlands there are about 3,000 medical practitioners. About 200 of these fill official positions as professors, officers of health, or in the army and navy, etc. Of the remainder about 300 are specialists and 2,500 family doctors. Practically all (about 2,800) are Fellows of the Dutch Society of Physicians.

It has sixty local branches, each of which has its own governing body. A general meeting is held annually, while the everyday control rests with the head committee.

Founded in 1849 with the object of exercising influence on the then pending medical laws, the association principally occupied itself later with scientific problems. During the last ten years it has devoted the whole of its attention to the succeeding projects of the sickness insurance law. And now that this law has come into existence it is exerting all its strength to prevent the dangers above described. The measures which it has in part prepared, and in part already taken, cannot, for reasons easily to be understood, be set forth here *in extenso*, but they relate principally to the following points:

1. In every one of its sixty branches it establishes sick clubs, which are its property, and are instituted in accordance with the conditions described above.

2. All its members pay 2 per cent. of their income from clubs into a reserve fund for mutual support in the fight against undesirable sick clubs.

3. Its members may not, in connexion with the sick clubs, carry on any practice whose constitution is not approved by the head committee.

Whether the association will win the fight or not depends upon the question as to whether its members are of the same inclination.

It is already evident that the majority of Dutch medical practitioners can be relied upon. A few weeks ago some conferences were held between the new Ministry and a deputation from the association. What the result will be cannot for the present be certainly foreseen.

UNDER the name of Pan-American Medical and Surgical Association, a new medical society was recently founded in New Orleans. Its object is the development of a high standard of professional efficiency, the encouragement of medical and surgical research, and the association of medical men throughout the country in the discussion of professional topics. The President is Dr. Stephen W. Stafford.