public health committee. It is pointed out also that in organizing arrangements to meet the requirements of each area, much wider use could, with great advantage to the services, be made of the expert staff—medical and nursing—of the mental hospitals serving that area. If these suggestions were carried out a much more attractive career would be possible for the mental nurse than is at present offered, and there would be every inducement for educated persons to take up this work as a vocation.

THE NEED FOR EXTENDED SICKNESS INSURANCE.

ADDRESS BY LORD DAWSON OF PENN.

At a meeting of the Insurance Institute of London (a body consisting of the officials of insurance companies) on November 17th, Lord Dawson of Penn, G.C.V.O., M.D., gave an address on the need for extended sickness insurance. Mr. G. W. REYNOLDS, President of the Institute, was in the chair, and the theatre of the London Institution, in which the meeting was held, was crowded.

LORD DAWSON explained that his proposals had no reference to the rich, who could provide for themselves, nor to the manual workers, who were provided for by national health insurance; he confined himself to the middle class—to people with an income below £1,200 a year. For the benefit of this important class the provision for sickness needed revision and extension. The public knew and cared much more about health than formerly, but with the acceptance of a higher health standard went increased cost. He instanced such conditions as persistent indigestion, kidney trouble, and chronic cough—conditions which formerly were allowed to drag on, but for the investigation and efficient and timely treatment of which the means were now available. But the means were costly; investigation might in certain cases involve chemical analysis or x-ray examination, and the treatment might be an early operation. The medicine of to-day offered many more resources than the medicine of yesterday, but the very excellence and complexity of the methods available involved the individual in a really burdensome cost.

Certain social conditions also pointed in the same direction. It was notorious that the normal life of the middle class was rendered arduous by the absence of domestic help. The arrival of a baby was looked upon by a domestic staff as something of a grievance, and there were few middle-class houses in which a long illness could be tolerated. The home as a place where illness could be treated must be supplemented by institutional provision. Again, the health of the individual was of fundamental interest to society. Prompt and efficient treatment diminished the extent of the disability of the breadwinner and shortened the time for which that disability operated. It would not be difficult to bring forward examples to show that people of moderate means had been handicapped in their careers for ten years or more owing to financial stringency following one serious illness in their family.

What he had in mind was not some State provision, which would involve State control. Of all the professions there was none which would be more cramped in its development, more damaged in its finer growth than medicine under State control. (Applause.) The reason was not far to seek. Over and above the technicalities of knowledge, there were certain harmonies of temperament which entered very largely into the relations of doctor and patient, and anything which interfered with that confidence and, so to speak, voluntary allegiance, would diminish one of the best things this country possessed. The problem of the State was to make sure that there was adequate organization and access to the best means of investigation and treatment of disease, combined with a reasonable amount of freedom in the personal relationships involved. The decisive middle-class vote against socialism at the last election must not be held to mean a policy of *laissez-faire*, and the presence of Mr. Neville Chamberlain at the Ministry of Health was an assurance that these problems would be approached with knowledge, courage, and sympathy. (Applause.)

Passing to the problems of organization involved in any extension of sickness insurance, Lord Dawson said that some further provision of institutional aid would certainly be needed. This would mean that cases were dealt with more economically as well as more efficiently, although it would not involve necessarily a patient's stay in hospital. The provision would include not only hospitals but clinics, to which he could go at certain times for examination and treatment. Towards this provision the middle-class patient must contribute, although the entire cost would be beyond his means. Lord Dawson thought it would be a proper function of the local community to provide such clinics and hospitals. Local communities were allowed to

provide for education and to buy and administer land for recreational purposes; why not also for the organization of health? In this connexion he referred to the recent developments at Bath, where the Combe Park hospitals, now open, would, he hoped, stimulate other communities to make similar far-sighted provision. But with the setting up of these clinics and hospitals it was necessary to beware of certain dangers. Local authorities were apt to favour the whole-time service of doctors. Whole-time officers were necessary in many cases, but he would enter a caveat against any fresh multiplication of them, for this would prove to be the slippery slope leading to the nationalization of medicine. Moreover, in such nationalized services the patient would be separated from the doctor of his choice, and from the general practitioner would be withdrawn the stimulus to his intellectual powers which he got from contact with all the illnesses of his patients. It was upon the quality of the general practice in this country that the welfare of the community depended more than upon any other single factor.

Lord Dawson next discussed the question of cost, acknowledging himself in this field an amateur. But it seemed evident to him that the cost of a serious illness could not be met out of a moderate income. The obvious recourse was to insurance, which was extending its bounds in many directions, though not at all, or only very tentatively, in security against illness. He was well aware that any insurance scheme must be economically sound, and that there would be a tendency for the less healthy to insure and for the more healthy to stand out; this might be partly met by making the insurance cover all members of families. There was also the big difficulty of administration and inspection. To meet this he would suggest the formation of health societies in local communities, such societies to act as a buffer between the insured and the insurance company. The difficulty of a company in not knowing its liabilities might be met by fixing a maximum payment for any one year. He was against the limitation of insurance to named illnesses, because an insured person was then sure to have illnesses which were not on the schedule! Nor was he in favour of a scheme of insurance, already mooted in certain quarters, solely against an operation. But he was convinced that only by some measure of extended insurance could the problem be met, unless, indeed, we were to drift into socialism as applied to medicine. The organization might most favourably begin locally and at the periphery, in some progressive community such as a garden city, where the people formed a compact organization. But he thought it would not be unreasonable for an insurance company to interest itself in some well thought out scheme, with all due limitation of risk, and incidentally a sickness insurance would introduce "life" business and reduce the claims under life policies.

Sir ALFRED WATSON (Government Actuary) rejoiced that Lord Dawson had not in mind a further instalment of State insurance. The modern tendency was to regard all things as possible to the State, but he hoped the day was long distant when the intimate and vitally important services rendered by the family attendant would be taken over by a State official, possibly with penalties attached to the non-observance of his orders! As an actuary he found difficulty in defining a plan for a policy and rate of premium for such an insurance undertaking as Lord Dawson had in mind. The continual improvement in medical science made it a still more difficult proposition for an insurance body to cover the liabilities of a person who wanted all these benefits. More might be done on the lines of insurance against the loss of the breadwinner's income.

Sir WALTER KINNEAR (Ministry of Health) was glad also that the proposals did not involve a State scheme, although Lord Dawson had referred ominously to grants in aid. The speaker was continually reminded of the limitations of the national health insurance system, in spite of the fact that £1,000,000 a month was distributed in sickness benefit. There was a large and growing body of the community for whom no properly organized sickness benefit existed. He confessed that when he probed to the causes underlying the sickness brought to his notice in national health insurance administration, he was impressed by the fact that a very large proportion of it was avoidable if only earlier attention had been forthcoming. They were indebted to Lord Dawson for calling attention to this clamant public need, though the speaker's experience in connexion with the national system made him cautious before pronouncing an opinion as to whether a comprehensive and ubiquitous scheme on the lines suggested that evening was a feasible proposition.

LORD DAWSON said, in reply, that he had never thought that insurance alone would solve the problem, but that insurance should go hand in hand with some new public provision for sickness. What was needed was imagination. Possibly his own professional instincts inclined him to let his imagination run too loose, while the professional instincts of those he was addressing unduly restricted the range of their imagination. But he thought that much could be achieved by a round-table conference.