exploration. It was found that he had an appendix which was thickened, kinked, and bound down, and after it was removed he lost his pain.

Here, then, was a case in which one was apt to think that one was dealing with gastric trouble owing to the aggravation of the pain by the taking of solids.

EXTRA-ABDOMINAL PAIN SIMULATING DYSPEPSIA.

Of extra-abdominal causes of pain which may simulate dyspepsia, mention should be made of spinal caries and pleurisy. Both of these mistakes are more apt to arise in children. In spinal caries the child sometimes refers the pain to the epigastrium, which is apt to make one think that the case is one of dyspepsia. Pleurisy also, particularly left-sided pleurisy, may easily deceive. Not long ago I saw in one week two patients who believed themselves to be suffering from dyspepsia, but who on examination were found to have malignant disease of the pleura. In both cases it was secondary to mammary carcinoma. The wasting, and weakness, and misinterpreted pain had led the patients to think they were the subjects of indigestion.

ERUCTATIO NERVOSA.

Finally, I should mention a group of cases in which one common symptom of gastric disorder—namely, flatulence—is a course of error in diagnosis. I refer to cases of eructatio nervosa or “aerophagia.” These cases are almost always diagnosed as dyspepsia, when really they have nothing to do with dyspepsia at all.

About two hours before I came here I saw a perfectly healthy-looking man, aged about 40, who has suffered for years from what he spoke of as “violent belching up of wind” both day and night. He had consulted about ten different physicians in various parts of the world for this flatulence, and had taken all sorts of diets and stomach mixtures without any benefit. I found that it was a case of air swallowing, or “aerophagia.” I saw him for the first time three days ago, and he reported himself again to-day. Since the nature of his case was explained to him he has entirely lost his symptoms by day, and has almost lost them even at night, and I have no doubt that he will soon be quite well.

There are two points by which these cases can be distinguished from gastric disease. First, the flatulence is much worse when the stomach is empty. True gastric flatulence tends to come on after meals. Secondly, the patient can eructate to order. If a patient comes into your room complaining greatly of flatulence, and you say to him, “Have you any wind in your stomach? Let me hear you bring it up,” and if he straightway begins to eructate, you can be absolutely certain that he is an air swallower or an air-sucker, and not an example of true dyspepsia. The curious thing is that this is a neurosis which, in my experience at least, is really commoner in men than in women, and it may occur in otherwise perfectly healthy men, such as the patient I have just mentioned. It is usually sufficient in the treatment of these cases merely to explain to the patient what he is doing—that he is unconsciously sucking down air, and that, instead of making violent efforts to bring it up, when the attack comes on he should keep his mouth open, for then he cannot suck down any more air, and this will certainly bring the attack to a termination. It is very striking how, when the true nature of the case is pointed out, the symptoms tend to disappear. Bromides are also useful. They will do the patient far more good than stomach mixtures and diets. So far, indeed, from being strictly dieted, many of them, like most nervous patients, need to be fed up.

It will be apparent to you now what I meant by the title of this lecture. It is an attempt to describe some cases in which the patients are believed to be suffering from gastric disorder when they are either not so at all or only secondarily, the gastric symptoms being due to some other disease. The moral of the whole matter is that when a patient comes before you complaining of gastric symptoms you must not be content with merely examining his abdomen, but you must also investigate all the other organs, for if you do this you are not likely to fall into any of the mistakes that it has been my object to point out to you to-day.

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¹ *Deut. med. Woch.*, August 17th, 24th, and 31st, 1899. ² *Medical Press and Circular*, May 31st, 1905.

An Address

ON THE

MEDICAL TREATMENT OF THE POOR.

BY

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It will be observed that the title of this lecture,¹ as arranged with the committee, is “The Medical Treatment of the Poor,” and not merely the medical treatment of paupers. But my consideration of the subject was approached through investigation, made on behalf of the Royal Commission, into outdoor and indoor Poor Law medical relief in various rural and urban districts in England and Wales. It will therefore be convenient to follow the same line now, and to state briefly the impressions which I formed in the course of my inquiry. The facts can best be grouped according to the period of life of the paupers.

ADULTS.

1. *The Aged.*

A very large number of the cases, both outdoor and indoor, under medical treatment, were aged persons, and relief or palliation rather than cure could be the only object in most of them. Chronic bronchitis, chronic heart disease, chronic Bright's disease, chronic rheumatism, paralysis, cancer, varicose veins, ulcers, and the various debilities of advanced life, were the commoner affections. In the management of such patients, qualities of heart as much as of intellect are required. A little kindly medical attention, a bottle of cough mixture, a pot of ointment, a liniment or plaster, are among the principal needs of such patients, and such needs were being reasonably met, though the supply of surgical dressings, and especially of lint, was often insufficient, and resulted in much discomfort in some instances.

The greatest defect in the management of these old persons referred not to medical treatment but to nursing. This was more notable among the outdoor than among the indoor paupers. Nursing associations are by no means universal throughout England, and they are frequently wanting in rural districts. Skilled attention by professional nurses trained in great medical and surgical hospitals is not usually needed. Housekeeping—the daily routine of cooking and cleansing and bedmaking—is much oftener required, and I was surprised to find that a nurse of this sort is not always easily obtained even where the guardians are quite willing to make reasonable payment.

This question of nursing links itself on to that of compulsory removal of persons who cannot be looked after at home. Not infrequently I found old men and women living in conditions of the utmost filth and wretchedness, but at the same time utterly opposed to going into the workhouse. In country districts that institution is nothing less than abhorred, while outdoor relief, medical and otherwise, is apt to be regarded as a matter of course. Where old people are a danger to themselves and a cause of nuisance and anxiety to their neighbours, there ought to be powers of compulsory removal to a proper institution, not necessarily a workhouse of the present standard type, but something in the nature of an almshouse in which the inmates could be kept clean and comfortable at a reasonable cost. The ill behaved and undeserving should be placed where they could be properly controlled, so that there would be no opportunity for vicious indulgence.

In the sick wards of workhouses and in Poor Law infirmaries, though the nursing is no doubt much better than formerly, there still remains ample room for criticism, and this may be referred to here, though it applies to the nursing of indoor patients of all ages. The staff was in very many cases inadequate. In the country many of the institutions were too small for economical nursing. The number of patients varied greatly from time to time, and a nurse who might have far too much work at one time might be idle at another. The remedy for this defect is enlargement of administrative areas, so that hospitals of a size sufficient for good administration may be provided, say, by the transformation here and there of an existing workhouse.

¹ Delivered before a combined meeting of Societies in Sheffield February 21st, 1910.

2. *The Middle-aged.*

Persons in this category who were receiving medical relief were much less numerous, but inquiry amongst them raised questions of the greatest importance regarding both cause and cure. These had not reached the stage of old-age pauperism, but were directly on the way to it. They included many cases of more or less advanced heart disease, kidney disease, diabetes, cancer, phthisis, and the like. In particular I made inquiry as to the circumstances under which they had first sought for Poor Law medical relief, and very many of the answers pointed to one most serious conclusion. A man suffering from heart disease would tell me that he had been occasionally ailing for years before applying either to the parish doctor or to any other. He had felt short of breath or faintish, or been troubled with palpitation, but he had paid little attention to these symptoms, and had continued at work, perhaps at an occupation involving heavy muscular effort, until failing strength had compelled him to seek assistance. Then when he went to the doctor he was told that he should have come much sooner; that his disease was far advanced and beyond cure. Similarly a man suffering from Bright's disease would tell me that he had applied to no doctor until he had observed that his legs were beginning to be dropsical. He also had then been informed that he should have been under treatment earlier. In diabetes the story was sometimes the same.

But in many instances the condition of a patient suffering from heart disease, or Bright's disease, or the like, had not passed the stage of practical alleviation, and much temporary improvement was resulting from rest and treatment. After such improvement the man would again become temporarily fit for work, and as soon as he began to earn a living he would straightway pass out of the charge of the Poor Law, and usually out of all medical surveillance. Then he would get worse again and require more Poor Law relief, a longer rest with a slower convalescence, and a shorter period of ability to work, and soon till the stage of permanent pauperism had been reached.

Some cases of cancer were particularly sad. When medical advice was obtained the disease had already progressed so far as to make operation impossible, and the patient would just have to linger on until death brought relief. In phthisis, also, the tale was often similar, and the tremendous prevalence of this disease, with its possibilities of spread from advanced cases, very specially makes neglect in the early stages a matter not merely of individual but of national importance.

The reason for not sending earlier for a doctor in such cases of serious diseases as I have mentioned was occasionally want of means, but much oftener it was want of knowledge or forethought. In most instances I was told that the man or woman could quite well have afforded to go to a doctor for examination, but it had simply not occurred to them to do so. They had not even gone to a charitable dispensary, where the cost would have been *nil*. Before the end of the lecture I will revert to this point, but meantime I wish to impress on you (a) the importance of unrecognized disease as one of the beginnings of pauperism; (b) that failure to call in a doctor is often due not to want of means or want of opportunity, but to want of knowledge; and (c) that, according to the principles of the Poor Law, as soon as a sick pauper has temporarily recovered and is again earning a living he is to be left entirely to himself, with the practical certainty that he will fall ill again and again until he becomes a permanent burden on the public funds. In fact, Poor Law medical treatment is essentially curative or palliative, but is not preventive.

CHILDREN.

3. *Medical Treatment of the Young.*

The whole subject of the dealings of the Poor Law with children is of so much gravity that it is difficult to avoid launching into a general disquisition on the question; but I must endeavour to confine myself as strictly as possible to its medical or health aspects. As regards the indoor or institutional relief of pauper children, you have no doubt already heard the objections which have been so strongly urged to the maintenance of children in workhouses. I most heartily agree that no child should be reared in a workhouse. District or "barrack" schools and cottage homes, especially the latter, are much better than workhouses, and have many good and praiseworthy

features, but they have also serious defects. They are very costly, the latter more so than the former. Barrack schools, with their great halls and dormitories as large as hospital wards, are unhomelike, and cottage homes provide a hothouse existence which is ill fitted to prepare a child for entering on the domestic or family life of the labourer or artisan. The so-called "scattered homes," where children live in ordinary houses rented by the guardians and in charge of a salaried foster mother, are very much better, and the boarding out of orphan or deserted children, conducted under proper supervision, is best of all.

Whilst, for the reasons just indicated, I have a decided objection to certain essential aspects of life in the barrack schools and even in the cottage homes, yet in respect to health conditions they have exceedingly good features. In particular, the arrangements for dental inspection and treatment were admirable in some of those which I visited. A salaried dentist was on the staff and had an operating room where all the children were periodically passed under review, and where he regularly attended to the preservation of the teeth. Very few of the inmates of these schools and homes would ever have to be rejected as unfit in that respect for active service in the army or navy. In some other similar institutions the arrangements were not nearly so good. There is, indeed, no uniformity, whilst the workhouses, as I saw them, had no kind of systematic dental inspection or treatment.

With regard to ordinary medical, as distinguished from dental, examination, there was nothing in the least so complete and satisfactory. In none of the large institutions for children was there any periodical medical inspection of all the inmates, independently of existing illness. The doctors were not paid for any such thoroughness of work, and were not expected to do it. Any manifest illness or complaint would be brought to their notice by the staff, and where there were an observant master and matron and a good nurse, many cases requiring attention would be picked up. These, if necessary, would be treated in a small hospital or infirmary within the grounds of the institution. But there was much opportunity for cases requiring medical attention passing unnoticed. In the workhouses the practice was still less satisfactory than in the barrack schools and cottage homes. In some scattered homes, however, regular medical inspection independently of existing illness was a most valuable feature of their management. This was being better done in certain of these homes than in any other department of the Poor Law organization which came under my notice. Among boarded-out children the practice varies. Where the boarding out is within the area of the union to which the children belong, it is the duty of the doctor to call four times a year, but if the children live outside the union there need be no such periodical visit.

Looking to the health conditions as a whole of children reared in Poor Law institutions, though there are very glaring defects owing to want of systematic medical supervision, there need be no hesitation in saying that the children are much better physically than outdoor pauper children. In addition to being well fed they have regular athletic exercises in play-fields, swimming baths, and so forth, and their general environment is hygienic. But the importance of family as distinguished from institutional life is so great that in my opinion, while existing barrack schools and cottage homes may remain in use, they should not be extended nor increased in number, especially as the system is a very expensive one.

While questions as to the merits and defects of institutional methods of dealing with pauper children are of importance, they are much less so than those relating to pauper children left in charge of their own parents. Of indoor pauper children there are in England and Wales about 60,000, including nearly 10,000 in establishments not provided by the Poor Law. Of outdoor pauper children there are over 170,000, including 93,000 living with able-bodied widows. The crux of the children's case is to be found here.

4. *The Children of Ins-and-Outs.*

But halfway between the indoor and the outdoor there is a group which requires special notice—the children of the ins-and-outs. This group appears to me to present, perhaps, the most startling of all defects in the existing

Poor Law system. Some large city unions or parishes have established very useful receiving homes, where children are quarantined to prevent their spreading infectious disease, and where they are subjected to a month's thorough cleansing and combing and drilling before they are drafted to cottage or scattered homes. But many of the children of the ins-and-outs have not the good fortune ever to reach these latter more permanent abodes. When the ne'er-do-well parents enter the workhouse the children are taken into the receiving homes. There they are subjected to a régime of cleanliness and kindly control, which, if continued, would be of the utmost benefit to them. But the parents have a right to demand that they themselves shall be discharged from the workhouse whenever they desire it, subject to a certain brief detention of from one to seven days, according to the details of their previous in-and-out history. Whenever the parents leave the workhouse, the children have to be discharged from the receiving homes, and put immediately under the control of the father and mother—a control, needless to say, of the worst possible kind. The parents resort immediately to their old haunts, to the life of dirt and (so far as they can find the means) drink and debauchery which they led when outside the walls of the workhouse-hotel which serves them as a place of recuperation whenever they desire to enter it. In connexion with one receiving home, I was told by the chief resident official that if the parents go to a public-house on leaving the workhouse, the children are left to their own resources, to hang about the streets without food or shelter, or to play in a public park which adjoins the home. In the rain or cold, or in want of food, they may return to the door of the home, and beg for readmission, but this has to be denied them unless the matron has the courage, as I am sure she often has, to defy the law. After a day or a week or more of slum life, the parents, debilitated by their misconduct, return to the workhouse, and are immediately readmitted. The children are at the same time sent back to the receiving home, where their treatment by cleansing and feeding and quiet and refreshing sleep in a clean bed at night is resumed. But before the quarantine is over the father and mother may again have taken their discharge from the workhouse, and the children are again in their power. The books of the receiving home in question show that some children have been in and out no less than twenty-five times in a single year. The system is so unbelievably bad that only unquestionable official testimony could convince me of its existence.

5. Widows' Children.

The above scandal, glaring though it be, is, owing to its comparatively limited scope, not nearly so serious in its results as the health conditions under which tens of thousands of the children of pauper widows live. These, indeed, constitute, in my opinion, the most immediately important of all the medical problems presented by the Poor Law. A widow is usually allowed 1s. 6d. or 2s., occasionally 2s. 6d., per child per week, and ekes out a living by charring or washing, or by work in a factory or otherwise. During the day the house is left dirty and unventilated, with beds unmade, slops unemptied, the kitchen table littered with such scraps of food as may be available, and the children sadly neglected. The diet is principally tea and bread with jam or a little butter, and scraps of meat occasionally. There is never any sufficient quantity of milk for growing children, often $\frac{1}{2}$ d. or 1d. worth daily, giving only enough for adding to the tea. The cooking of a dinner is commonly impracticable, excepting on Sundays and perhaps on Saturdays. Even if the mother is well behaved and capable, she may be too tired after her day's work to do much for her house or family, and if she is ill behaved or incapable, the case, of course, is all the worse. The house is often in the slum district of a city, where the vilest habits are likely to be ingrained from infancy onwards. There is no medical supervision whatever over the children, unless in the case of illness so obvious or so prolonged as to cause the mother to call in the parish doctor. The weekly dole is handed to her, and she is allowed to spend it as she pleases. Only very manifest drunkenness or immorality is likely to result in official interference. The children are allowed to grow up in dirty, unhealthy houses, with unclean skins and rotting teeth and a dietary alike insufficient in quantity and injurious in character and quality. In this way, owing to want of

proper control, including want of medical inspection, the houses of pauper mothers are very often the breeding grounds and manufactories of future pauperism, the whole conditions being bad alike in their physical and mental and moral aspects. Where a mother has been left, say, with a family of five, perhaps two of them may be taken by the guardians to a beautiful cottage home, and trained in the hothouse life of which I have already spoken, at a cost of 12s. or 15s. per week each. The other three are left with the mother, who goes out charring, and is allowed 1s. 6d. to 2s. 6d. a week for each, so that the total expenditure for the two children in the institution may be three or four times as great as for the three children at home. Surely it would be better and more economical to give the widow enough money to live on in her own house and look after the whole five children, to select for her perhaps a home in the country where she came from in early life, and to put the family under supervision, so that their dwellings would be sanitary and wholesome, that their dietary would be sufficient in quantity and proper in quality, and that any tendency to disease—to the tuberculous disease, for example, from which in many instances the bread-winner had already died—might under these favourable conditions be controlled and counteracted whilst yet there was time.

I shall not discuss the subject of boarded-out children, but in a single word I would like to say how glad I am to see that the President of the Local Government Board has just added three women inspectors for visitation of these children.

Medical Charities.

Leaving Poor Law medical relief for the moment, just a word must be said about the voluntary medical charities which supplement it in many parts of the country. The splendid hospitals of the great towns are beyond praise in the admirable work they do. Very often, however, their benefits are grossly abused by people who can quite well afford to pay for a private doctor. The great outdoor dispensaries which are attached to these hospitals, or exist independently of them, are subject to similar abuse. Their resources are often so overtaxed that sufficient attention cannot be paid to individual patients. Also, many places, especially in the country, are entirely without hospitals and dispensaries. Even where they exist, they have this fundamental defect, in which they resemble the Poor Law itself, that they possess nothing of a preventive quality. The patient comes to them, perhaps, after a serious and insidious illness has already undermined his health. Otherwise he may cease attending the dispensary after some small degree of relief has been obtained, but before he is really well, or has received anything like the benefit which medical science is capable of yielding to him.

THE REMEDY.

What, then, is the remedy for these very serious defects in the medical treatment alike of the pauper and of the poor man and his family who are not paupers?

As bearing on Poor Law medical relief, strictly so-called, I made a series of recommendations to the Royal Commission, which can be indicated here only in the briefest outline.

If local authorities are to remain as at present, the central authority should be greatly strengthened, and take a much more active part in local management. But otherwise, and preferably, the local authorities themselves should be altered and strengthened, so that they would need not more, but less, interference from head quarters. For this and other reasons the existing areas of Poor Law administration, medical and general, should be much enlarged. The enlargement should be such as to give each local authority control over several institutions, so that the feeble attempts at separation of different classes of inmates in workhouses should be given up, and that there should be a separate institution for each class. Next, there should be increased medical inspection of all such institutions on behalf of the central authority. At the same time, and even more important, systematic medical inspection of all persons in receipt of outdoor relief should be instituted by the central authority. The object of such inspection should be to see that prevention as well as cure was being fully kept in view. The reports of the inspectors should deal with the work of the medical officers and nurses, the sufficiency of the staff, and of its remuneration. Medicines and medical appliances should

be paid for quite apart from the salaries of the medical officers. Midwifery fees should be revised and a uniform sum fixed. Existing institutions should be the subject of special inspection and report by an architect and medical officer in regard to structural defects and their removal. The plans of new institutions should be more thoroughly examined by the central authority than appears to have been the case in past years. All pauper cases of phthisis should be notified to the medical officer of health, and the sanitary circumstances of the houses where pauper phthisis exists should be observed and dealt with. (I am glad to see that by order of the Local Government Board notification of phthisis by the Poor Law medical officers to the medical officer of health has now been instituted.) Boarding out of phthisis cases in country cottages should be encouraged. Colonies for epileptics should be established. Imbeciles should, so far as practicable, be boarded out in the country, and where institutional treatment is necessary the workhouse ought not to be the institution. Cases of curable insanity coming under the Poor Law, such as alcoholic or puerperal cases, should not immediately be sent to asylums, but should be treated for a period in hospital, so that, if possible, the stigma of insanity would not afterwards attach to the patients or to their families. If local authorities send persons requiring medical assistance to general and special hospitals, they should make a proper contribution to the funds of these hospitals with a view to the medical staff being remunerated for their work. Where such hospitals are not reasonably available either in rural or urban districts they should be provided if necessary. Rate-supported outdoor dispensaries should be properly equipped. Maternity wards in infirmaries should be open to married women in poor circumstances though not paupers. Compulsory removal to and detention in institutions should be possible in proper cases and under due restrictions. Many of the present ins-and-outs should be detained for lengthened periods, so that if feeble-minded they would be protected against their own infirmities, and if vicious or lazy would be compelled to work in labour colonies. Dependants of able-bodied persons should be received into institutions if their remaining at home would require that their able-bodied guardian should have to stay off work. The granting of medical orders and of medical extras should be better regulated. All nuisances and insanitary conditions observed by the officers of the Poor Law should be intimated to the officers of the health authority if the two authorities are not to be amalgamated. Where medical relief is afforded, disobedience to instructions should be penalized in some way. Cripples and blind persons should be educated so as to aid them in self-maintenance. Children should not be maintained in workhouses, and institutional life in general should be avoided in their case. Scattered homes and boarding out should be encouraged. The children of widowed mothers should be under sufficient medical inspection, should be sufficiently fed and housed, and should be reared in the country so far as possible.

Such are, in very condensed synopsis, my recommendations so far as within the strict limits of the Poor Law, but entirely exclusive of the very important question of the constitution of the local authority, which would easily take a lecture to itself, and cannot be touched on here.

Any remedy, however, for the existing defects in the Poor Law medical system must, in order to be successful, take cognizance not merely of paupers, but of poor persons who have not reached the stage of pauperism, and whom it is desired so prevent from becoming unfit to maintain themselves owing to ill health.

A Free Medical Service.

One remedy which has been thought of is an entirely free National Medical Service open to all, the medical men being paid out of public funds. At first sight this may seem a tempting prospect, and it need not be denied that the physical health of the country would be improved by everybody having a right to skilled medical assistance whenever he might choose to ask for it. But more than mere physical health has to be kept in view, and it seems to me that there are strong objections to any such scheme.

The common analogy is with free education. It is urged that as the State pays for education because it is

desirable that the community should be educated, so ought it to pay for health, because it is desirable that the community should be healthy. But, as I pointed out in my report to the Royal Commission, education is only for the young, to prepare them to fight their own battle in life, while free medical attendance would apply from the cradle to the grave. Also, if medical attendance should be free, so likewise should the supply of medicines without which attendance may be of no use. But it is difficult to distinguish between medicines and food, such as milk, beef tea, butcher meat, and so forth. Both quantity and quality are of moment here and the State should be responsible. Similarly, warm clothing is of value in the prevention and cure of many ailments. Again, a roomy and well-ventilated and sufficiently furnished house does much both for prevention and cure. Likewise, every one should have a summer holiday in order to recuperate after the winter's work. In short, the vista opened up by any proposal for a free State medical service is nothing short of endless.

Such a service would, I think, be found to have a bad influence both on the medical profession and on the public. To place the former at the beck and call of everyone who might choose at any hour of the day or night to demand his help, and to leave him open to the criticism of every crank holding peculiar views as to disease and its treatment, would make the doctor's life not worth living, and would go far to destroy his practical and scientific interest in his work. Medical attendance obtainable in this way would often be little valued by the recipient. Advice so given would be readily neglected. Manifestly, too, the State would be placed in a difficulty, as every faddist in the country would hold that his own bone doctor, or acetopath, or herbalist, or whatever kind of irregular or unqualified practitioner he might fancy, should be provided for him free of charge, and it would certainly be urged that no particular school of medical doctrine, however repugnant to common sense, should be excluded from the State service. Being of opinion myself that, apart from charity, personal payment for personal service is good alike for the man who pays and the man who is paid, I have no hesitation in setting aside any scheme of a complete free medical service as having drawbacks which would very largely neutralize its benefits.

Medical Insurance.

How, then, can the man with a comparatively small income—the clerk, the artisan, the miner, the railway servant, the labourer—pay for medical attendance for himself and his dependants? For all the ills which afflict humanity there is no complete remedy, yet in principle the answer is apparent. The risk of requiring to call in a doctor, and to incur prolonged expenditure too heavy to be raised from ordinary income and too uncertain to be reliably provided against by personal savings, belongs to the great group of contingencies which in civilized life are met by means of a system of insurance. Now, insurable risks may for the present purpose be divided into two classes. Where fire or life or burglary, or loss of vessels at sea, or employers' liability is concerned, only the individual or the firm or company is for practical purposes regarded as being liable to financial injury by incurring loss, and he or it, therefore, is left to pay the whole premium required to cover the risk. But some States are beginning or have begun to act on the doctrine that there are certain other dangers in which the public are very directly concerned jointly with the individual. Workmen's insurance in Germany is of course the leading instance, and there are movements in the same direction in this country in respect of unemployment and invalidity. In such matters the cost of insurance, it is held, should be borne partly by the individual and partly by the public. Undeniably, the health of the population is a matter both of national and of personal consequence, and in my view the principle of subsidized insurance should be applied to the provision of medical advice and attendance for the wage-earning or poorer classes. The individual and the State should bear the joint outlay for the joint benefit.

That is the first point. The next is that, though at present the State does not contribute excepting through the Poor Law, and then only when ill health has resulted in destitution, yet two or three millions of the working classes have themselves made some provision of the sort,

by means of the medical benefits to which they are entitled through the great friendly societies. They pay into these when they are well, so that they may be able without hesitation to send for the doctor when they are ill.

These societies, however, are subject to serious defects. The so-called slate clubs which break up yearly are, of course, quite out of the question, and may be put aside at once. But even the great friendly societies pay their doctors so poorly that there is constant dissatisfaction. Also, as a rule, they admit only men, or men and boys, seldom females of any age. Nor do they exist everywhere, and many who might be willing members are outside the sphere of their operations, especially in rural districts. They provide, of course, not merely medical attendance, but also a money allowance during illness, and sometimes, owing to insufficient contributions in proportion to the benefits given, or to bad management, they become bankrupt. A parliamentary return, obtained in the year 1891, showed that 4,593 paupers at that time had been members of friendly societies which, owing to lack of funds, had ceased payment. Another defect is that the societies provide no choice in the way of medical attendance. Each has its own doctor, and if a member loses faith in him there is constant dissatisfaction, from the patient's point of view and also from the doctor's, for one grumbler will give as much trouble as 100 contented members. Yet the system is right in principle, and only the application of the principle is at fault.

MEDICAL PROVIDENT INSTITUTIONS.

My own view is that medical provident institutions should be established all over the country, and that the State should contribute to their maintenance. The individual should make his own contribution in the interests of his own health. The State should make its contribution in the interests of national health, including the prevention of pauperism, and the united contributions should be such as to afford fair and reasonable payment for the medical services rendered. All medical men within the sphere of work of any such institution should have opportunity of being placed on the list of its doctors. The members should have the selection annually of their medical attendant from this list. Each institution should be managed by a committee representative partly of the members, partly of the doctors, and partly of the State. If the State made no contribution, manifestly it would have no right to share in the control. The committee should have the power of removing from the list any man who might be found endeavouring to attract members by improper methods—such as by underselling, by offering to return to them a proportion of their contributions.

In devising any such scheme, the interests of the great friendly societies would have to be respected. If, in some places, the institutions could be directly connected with societies, such an arrangement might be made. Otherwise, the societies might delete medical attendance from their benefits, their members paying separately into the medical provident institutions for that purpose. It is well known that a friendly society is sometimes found to be actuarially unsound. In such a case, legal provision might be made for its continuing to charge on the existing scale while ceasing to provide medical benefits, so that in this way the income might balance the diminished expenditure.

This is the merest skeleton of a scheme, and as to its details, even as to essential details, a score of difficulties may be suggested, and a hundred questions may be asked. But I altogether object to criticism based on the well-known fact that sick clubs in the past have had many faults and many failures. There is no fair or reasonable analogy between such clubs and the suggested medical provident institutions. Indeed, to argue from the one to the other is to raise an entirely false issue. That medical officers on the institution list would endeavour to attract patients by pandering to a public taste for large quantities of medicine, and would so enter on a degrading competition in excessive drugging, is a suggestion which could easily be deprived of any validity by providing that patients should be charged the wholesale price of medicines supplied to them at the institution's dispensary. A competent committee would soon learn how to deal with any

such abuses, and the assumed contribution by the State would involve its right to exercise reasonable supervision over the medical work done by the institution. Even the fact that medical provident institutions have not always been very successful, does not in the least show that, established and managed on the suggested lines, the result would be other than satisfactory. The scheme has to be judged on its merits, not on the demerits of others.

A Voluntary System.

One question of the utmost importance is whether membership should be compulsory or voluntary. Any voluntary scheme would obviously be incomplete; but subject to a reservation which I shall mention later on, compulsion would result in much difficulty, and a new class of conscientious objectors, including faith healers, Christian Scientists, and all who put their trust in quackery, would come to the front. In the absence of compulsion, what would be the inducements to membership? They would be both direct and indirect. The former would include the State contribution, the choice of doctors, the good management which should be looked for from committees so constituted, and the good work which the institutions would quickly prove themselves capable of doing. A very important indirect inducement I would expect to find in a much increased stringency of inquiry by medical charities in general, as to whether applicants for their aid were not in a position to attach themselves to provident institutions. Indeed, the better government of such charities in this respect is practically essential to any such reform, whilst the establishment of medical provident institutions would at the same time make reform much easier. The out-patient departments of the great hospitals would obviously be in a much stronger position than at present to refuse assistance to persons apparently able to become members of provident institutions. But cases requiring very special treatment, such as Roentgen rays or Finsen light, would still probably have to attend at the out-department of great hospitals, though in course of development some provident institutions might themselves make such provision for their members. So also the provident institutions, State aided, might ultimately, if necessary, provide hospitals for their members, or might, in cases in which institutional treatment was required, facilitate their reception into existing hospitals.

No doubt many labourers would find it a heavy burden to provide the member's share on behalf of himself and his wife and family, but charity could quite well step in here as it does in the coal and boot and clothing clubs of many an English village. Entire or partial payment of such contributions would be an admirable purpose to which to devote some part of the funds collected by charity organization societies. At the other end the question of a wage limit would have to be considered, but the limit would depend on the amount of contribution per member.

Control would have to be exercised over the admission of persons already suffering from illness, but the control would have to be reasonable. The admissions would usually be of families, not of individuals. It would be out of the question to let the head of a household select for admission such of its members as would most likely require medical attendance. On the other hand, a weakly or ailing member could not be excluded if the rest were accepted, and a household could not be shut out on account of a single member. Such difficulties could no doubt be settled on a financial basis. Single individuals without dependants would, of course, be admitted singly. An entry fee would be advisable, and the annual charge would depend to some extent on the age at entry. Each institution would, as a rule, have its own drug dispensary.

Medical Treatment of Paupers.

As regards paupers (I use the word for convenience), whatever might be the nature of the new local authority, I do not see why their medical treatment should not be obtained through such provident institutions. The local authority would contribute to the institutions in respect of all for whom it might wish to provide medical attendance in that way. And if the pauper were already ill, then, instead of entering as an ordinary healthy member, the amount of the contribution on his behalf would have to be increased. Concerning the choice of a doctor in cases introduced either by public or

private charity, or by the local authority, I am clearly of opinion that it should lie with the contributor and not with the patient, the principle being that he who pays the piper has a right to call the tune. Also, if any such scheme were organized, the existing Poor Law medical officers, who, being in general practice, would no doubt along with other members of the profession, be on the medical provident list, should be selected for attendance on pauper cases. But at the death or resignation of such a medical officer it might perhaps be unnecessary for the local authority to appoint another in his place. They could select from the institution's list as they might from time to time think fit, or else they would make a definite appointment.

But any such relationship of local authorities to medical provident institutions is not an essential part of the scheme. If good reason could be shown for an authority paying a medical officer of its own, it might continue to do so, and the provident institution would exist independently. So far as I can see, however, the suggested connexion would be the better arrangement. The work of attending paupers would be much better paid than at present, and at the same time there would be economy in general management.

It might, indeed, be argued that this linking of rate-supported relief to provident institutions would repel paying members owing to the traditional stigma attaching to the Poor Law. If that fear were well founded, then it would be better that there should be no such association. But whatever be the policy followed in providing a substitute for the existing Poor Law, it will certainly include two general objects—first, the controlling of the vicious and the idler or loafer class by means of detention or labour colonies, so that these persons could not be foisted on provident institutions; and, secondly, the avoidance of any procedure which would deter or degrade the really deserving and unfortunate. I do not myself think that the latter ought to be objected to as members of a medical provident institution.

Attraction and Detergency.

The very puzzling question of how to make Poor Law medical relief at the same time attractive to the deserving and deterrent to the undeserving has been much debated. A national system of medical provident institutions would greatly favour a solution of the difficulties. Members would not require any medical attendance other than that furnished by the institutions, and the greater the membership the smaller would be the residue. The dimensions of the problem would thus be minimized. The residue could by inquiry be broadly divided into two classes, according as their poverty would be found due to misfortune on the one hand or misconduct on the other. The former could be treated through the institutions, the latter, perhaps, by special officers directly employed by the local authority, if that were thought deterrent. But the medical treatment would have to be as effective in the one class as in the other.

Charge and Recovery.

It may be well to point out that the provision of medical attendance to paupers by means of such institutions would not interfere with the local authority's right of recovery of the cost of such relief from the recipient in so far as he might be found, or might become, able to pay. The powers of charge and recovery would be unaffected. But occasion for exercising such power of charge and recovery would be much less frequent if provident institutions were established and encouraged, than if they were wanting. Surely it is better to aid the poorer classes to make provision against sickness whilst yet they are well, than to invite them to a life of thriftlessness by announcing that all their needs will be equally well met by the State, whether they have saved or squandered their own earnings, and by adding that those who have saved will be mulcted of their savings, whilst those who have squandered will go scot-free. Nor does it need to be pointed out that the amount likely to be recovered from persons who come for relief because they are in ill health must be comparatively small. Some would become quite well again, and whatever they might earn could be taken from them if they were not lost sight of. Others would be partially restored to health, and might maintain themselves, without ability to repay anything. Others, again, would be found permanently incapacitated, and would be a chronic burden on the rates. How vastly

better it would be, instead of trusting to such chances as these, if, by means of provident institutions, the cost of medical attendance had been systematically paid for beforehand.

The General Practitioner.

As concerns the very important interests of the medical profession, I am satisfied that they would be greatly advanced by a properly constituted national system of provident institutions. The preservation of the general practitioner from absorption in a system of whole-time officers has been a subject of discussion in the professional journals. His position would be conserved by his connexion with such institutions. He would be paid, not by salary, but exactly according to the number of his provident patients. Also, an immense amount of work which at present is done gratuitously by medical charities owing to laxity of management, would in future be paid for. And so far as the institutions were concerned he would be saved all the worry and annoyance of issuing accounts and endeavouring to recover bad debts.

Invalidity Insurance.

I now return to the reservation referred to in arguing that membership of medical provident institutions would in all likelihood have to be voluntary. If membership is to be by direct individual payment, it must, I think, be voluntary. But if, as appears likely in the near future, a national system of invalidity insurance is established, with contributions by the State, by employers of labour, and by employees, and if, further, this insurance is to cover not merely a money allowance during sickness, but also medical attendance, then it would be quite feasible to pay for the latter into the medical provident institutions out of the invalidity insurance funds. This, though it would apply only to workmen, and not to their wives and families, would, needless to say, make an invaluable beginning to the whole scheme, and would give an immense impetus to its extension to women and children.

Periodical Medical Inspection.

I have left to the last a point which is not essential, but to which I personally attach very great importance. In any such scheme every doctor on the institution list should make a periodical, though not necessarily a frequent, inspection of all the members under his charge. The purpose would be to prevent the onset of disease or to check it at its very commencement. I have already pointed out that pauperism frequently results from unrecognized disease, the beginnings of illness being neglected, and medical advice not sought until after disease has secured firm footing in the system. Parents (including pauper widows with families entered in the institution by the local authority if that part of the scheme were accepted) would be guided as regards the health and dietary of their children, and suitability of occupations for their boys and girls. Fathers would be advised as to their employment so as to prevent heart strain or the like, and in advancing years an outlook would be kept to minimize the troubles which affect old age. This is no impracticable nor unparalleled suggestion. Every owner of a factory has his steam boiler tested periodically. Many a householder thinks it his duty to have his house drains examined at intervals. Most people who can afford it send their children regularly to the dentist so as to preserve their teeth in good order. There is no reason why the whole bodily system, including the principal vital organs, should not also receive a little attention. Any fear that a brief medical examination once a year or once in two years would result in hypochondriasis seems to me quite baseless. Already a somewhat similar system is being followed in elementary schools, without any such danger being feared of. In passing, it may be noted that overlapping would, of course, have to be avoided in such work of periodical inspection. School children would not need to be examined both by the officer of the provident institution and by the school medical inspector, but that could be easily arranged.

As just stated, periodical medical inspection is not essential, yet it seems to me a distinctly useful part of any complete system of medical provident institutions, and in particular it would help to recompense the State for its contributions to the funds, but even without it these institutions ought to be of great value. Supposing

that their membership were at first mainly made up of artisans rather than labourers, there is no reason, but the opposite, why the nation should not do its best to protect the health of its skilled workmen provided that personal independence and family responsibility are maintained. The suggestion of any such national system may be scouted as utopian. The same would have been said ten or a dozen years ago about the medical inspection of school children which is now in actual operation all over England and Wales, and is already regarded as a mere matter of course.

School medical inspection is excellent so far as it goes, but it applies only to school children between ages 5 and 14. It does nothing for the youth or adult, and, still more important, it does nothing for the age period 0-5 years, a period which should receive very special attention. Also as a rule it does not provide, and is not intended to provide, medical treatment. So far as utilized, the medical provident institutions would be free from these limitations.

CONCLUSION.

Concerning the incompleteness of a voluntary scheme, its value is not to be measured apart from other needed reforms. The proper feeding and rearing of pauper children, the control of boy labour, the decasualization of labour, labour bureaux, unemployment insurance, detention colonies for the vicious and the lazy and for weak-willed ne'er-do-wells, the safe-guarding of imbecile or feeble-minded young women by similar detention, the enforcement of every practical check on alcoholic indulgence—all these and other agencies have to be thought of as part of any sufficient plan of reform. Improvement in the general conditions of life and work resulting from such measures would quickly add to the numbers who would be in a position to become paying members of provident institutions. So long as human nature remains what it is, no panacea for all its defects can be found, but the simultaneous operation of agencies regarding whose value there is practically unanimous agreement, will do much in the desired direction. One of these agencies will be better preventive and curative medical treatment of the poor, and in whatever way that be achieved consistently with the preservation of individual responsibility, I am sure that it will play an important part in the advancement of the national welfare.

VACCINATION IN INDIA.

BY

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As has frequently been pointed out for a good many years past, the very success which had attended vaccination in the United Kingdom has obscured to some extent the necessity for its continuance, and in a country in which nearly all the inhabitants are vaccinated it is difficult to obtain recent evidence that would appeal to the general public regarding the value of vaccination. Now in India, where although vaccination is on the whole popular, there are many places in which it has not been well carried out, and such places afford opportunities of studying the subject not available in a country like England, where vaccination has till recently been compulsory. There must be many members of the antivaccination party who, while quite honest in their belief that vaccination is injurious, will be ready to hear and consider evidence in favour of vaccination, and I should like for the benefit of such persons to relate some of my own experiences in India.

Objections to Vital Statistics.

I shall not attempt to convince the antivaccinationist by statistics regarding mortality, because such statistics are often vitiated owing to failure to distinguish between "vaccination" and "protection by vaccination." We know that the adult who has had only one vaccination mark in infancy, and has never been vaccinated again is not properly protected, and a comparison between the unvaccinated and those who have only one vaccination mark does not show fully the benefit to be derived from vaccination and revaccination. If we take a place like Berar, where vaccination is now very popular, and point

out that in the years 1869 to 1886 the number of deaths from small-pox was 45,286, while in the succeeding seventeen years (1887 to 1904) the number was only 9,126, the antivaccinationist may deny the accuracy of the statistics, or he may say that the diminution of the death-rate is due to improved sanitation, or to some other cause than vaccination. There is, however, a method by which the value of vaccination in India can be demonstrated without reference to vital statistics, and I have often wished that I could have an opportunity of showing to some of the leaders of the antivaccination party the very clear evidence available in some places where vaccination has been neglected.

A School Inspection.

I should set about it in this way. We should go to a school, say, in the Hoshangabad district, in the Central Provinces, and, after examining the boys' arms, separate the boys into two groups—those with and those without vaccination marks. As a rule, the vaccinated have three or four very distinct marks, and there would not be any difficulty in deciding who would be relegated to each group. We should next take each group separately and divide them into three subgroups, according to whether their faces are (a) *much*, (b) *little*, or (c) *not* marked by small-pox. I have among my papers in India a large number of the results of such inspections; but I can give one approximately from memory. It was made in a school in the south of the Hoshangabad district, where there had been some difficulty about vaccination. There were 50 boys in the school, of whom 30 had been vaccinated and 20 had not been vaccinated, and the results of inspection were as follows:

	Small-pox Marks.		
	Much.	Little.	Nil.
Vaccinated	0	5	25
Not vaccinated	10	7	3

That is, among the vaccinated there were none deeply marked with small-pox, while among the unvaccinated there were several whose faces were deeply pitted and only a very small number had escaped from small-pox. I should point out that here was a disease and a preventive, both of which left clear and distinct marks that cannot, except in very rare cases, be mistaken for anything else; that nearly every child was stamped either with one mark or the other, and that there was no other disease and preventive which left permanent and distinct marks in a similar way, so that there would be little room for argument or objection. It would be seen that if the child was not stamped on the arm it would almost certainly be stamped on the face. This same condition of things would be seen not in one school but in many, and the conclusion that vaccination either prevents small-pox or reduces its intensity could not be avoided.

Blindness Due to Small-pox.

I should like also to show the antivaccinationist the effect of small-pox on the eyesight. I remember one day attending a municipal meeting in Seoni in Hoshangabad district and finding that one of the municipal members had lost one eye from small-pox. On the same day I went to inspect a school and was met by the head master who had also lost one eye from the same disease. A few days later near the same place I saw a child, about 15 months old, deeply pitted with small-pox and with both eyes hopelessly destroyed. Shortly afterwards I saw a girl of 16 suffering from a severe attack of small-pox; pus was flowing freely from both eyes which were absolutely destroyed. It was a horrible sight, and I remember my wife, after I came from the hut in which the girl was isolated, said: "It made even you—hardened as you are—turn pale." Has the antivaccinationist ever considered how much blindness in India has been caused by small-pox?

Evidence from Old Men.

I should also like to take the antivaccinationist to some of the villages in which vaccination was not begun till about forty years ago—for example, in the Betul district in the