THE NATIONAL SICKNESS AND ACCIDENT INSURANCE LAW OF HUNGARY.

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ON three occasions within the last seven years I have visited Hungary with the object of studying the hygiene of her industries and her labour laws, and during a visit in June and July of this year I have had several opportunities of discussing with the head officials the operation of the National Sickness and Accident Insurance Fund. A comparison of the Hungarian law with the legislation proposed for Great Britain by Mr. Lloyd George may therefore not be inappropriate at the present juncture.

There is no invalidity insurance in Hungary; there is no insurance for unemployment, nor does old age draw a pension. Mr. Meynhert Szanto, Director of the Museum of Social Service in Budapest, in a paper¹ on the Labour Insurance Law in Hungary, has given the history of the inception of the movement in 1892, and its culmination in the Act which came into operation on July 1st, 1907. Its principal terms are as follows:

Insurance for sick benefit is obligatory on all employees in every branch of trade and commerce whose salary does not exceed 2,400 kr. a year (£100), or 8 kr. (6s. 8d.) a day. The full income from all sources must not exceed £100 a year.

Insurance against accident, on the other hand, is obligatory in every dangerous trade scheduled in the Act, quite apart from any relation to the amount of salary received by the individual; but for the purpose of recompense no salary is taken into consideration as being more than 2,400 kr. a year—that is, payments are made only upon this amount.

Sick benefit and accident insurance are united in, and controlled by, one central fund, upon the administrative body of which employers and employees are equally represented. In the event of disagreement, questions are referred to a selected jury.

Since insurance against accident is not compulsory for workmen employed in some of the less dangerous trades, and is not compulsory upon persons employed in commerce, the scope of the sickness insurance fund is the wider of the two.

Under sick benefit are included: medical and surgical attendance, medicine, sanatorium and hydropathic treatment, and provision for personal maintenance; this provision is one-half of the wages of the individual insured, but under certain circumstances it may be raised to two-thirds of the wages. The financial allowance may continue for twenty weeks, and as it can be extended for one year, it takes the place, to some extent, of an invalidity fund. Occasionally this provision is abused. When twenty weeks have passed, an unscrupulous workman who has been on the sick fund may have sufficiently recovered to pluck up courage and go to another occupation, after following which for a few weeks he again places himself on the sick list and tries the deception for other twenty weeks. Malingering is, therefore, far from being unknown. Maternity benefit is allowed for six weeks, but should recovery be retarded, the benefit can be extended to twenty weeks. One of the differences between the Hungarian law and the National Insurance Bill introduced by our Chancellor of the Exchequer is the wide extent over which the medical benefits are spread in Hungary. Instead of limiting these to insured persons only—the heads of families, for example—all immediate relatives who are living with the insured person receive benefit, including wife and children, and also grandparents. This is an excellent provision from a social point of view, but it tells upon the fund financially. The funeral expenses allowed by the Act are twenty to forty times the daily wages.

In the event of an accident the sickness fund pays all expenses to the insured person for the first ten weeks; after that the payments are made from the accident insurance fund. There is no liability above £100. Should there be complete incapacity for work, the insured person receives 60 per cent. of the £100, but in the event of extreme indigence this may be increased to the full 100 per cent.

Should an injured workman be taken to a hospital, the hospital receives 3 kr. (2s. 6d.) a day for thirty days, but this can be extended. A member's sick child can also receive medical attendance or hospital treatment free of charge for thirty days. As payment for injuries is made for the first ten weeks from the sickness instead of the accident insurance fund, a considerable strain is thrown upon the sickness fund; this is inequitable, since, owing to the effects of many of the accidents not lasting so long as ten weeks, the burden of maintenance falls upon the sickness insurance fund, to which employers and employees equally contribute, while the accident insurance fund, supported entirely by the employers, escapes. Syphilis, insanity, and trachoma are not paid for by the national insurance fund, but in a special manner by the State. In the event of death following an accident, funeral aid is giving to the extent of twenty times the daily wages; the widow receives a pension equal to 20 per cent. of the yearly wages; each child receives 15 per cent., which is doubled in the event of the mother being dead; parents, grandparents, and orphan grandchildren receive 20 per cent. of the wages, so long as the total sum of all the payments does not exceed 60 per cent. of the yearly wages of the injured workman.

As already stated, the expenses of the sick benefit fund are borne equally by employer and employed, those of the accident fund by employers alone. The premium of the sickness insurance fund, which is fixed by the Central Bureau, is never less than 2 per cent., nor more than 4 per cent. of the average daily wages. For accident insurance purposes, trades are classified according to risks. As this classification is revised every five years and altered in accordance with experience, this circumstance is believed to act as a stimulus to employers to do their best to improve the conditions of labour in factories and to protect the machinery, the prevention of accidents being the subject of careful consideration.

The State, it will be observed, makes no contribution in money to the sickness or accident insurance fund. It provides the buildings, the State workmen's insurance offices, and bears the expenses of administration. By law, the State is permitted to give 600,000 kr. (£25,000) to the Insurance Fund for administration purposes only, but experience shows that this sum is not large enough.

In Budapest I discussed insurance problems with Mr. Skarkadi, Director of the National Fund; with Mr. Marcel Gallai, of the Administration; and Dr. Hahn, of the Medical Department, whose duty it is to supervise the general medical expenditure, including that on medicines, instruments, etc. In Great Britain the opinion has been frequently expressed that the National Insurance Bill should not be too rapidly rushed through Parliament. It would be well to proceed with deliberation, for experience in Hungary and elsewhere has shown that legislation would have been more effective had the Government hastened slowly. In Hungary the national insurance fund has nothing to do with the friendly societies. Trade unions have their own unemployment funds. Patients must employ the medical men provided for them in the district.

For the purpose of the Act Budapest and the provinces are divided into districts. There are ninety-six district insurance offices. Each office has its own special medical institution. There are eight paying classes, the scale ranging from 1 kr. to 8 kr., according to the average daily wages. In the Budapest district there are 230,000 persons insured against sickness and 200,000 against accidents. Dr. Friedrich, who is the medical head of the Budapest district, has supplied me with much valuable information from the medical point of view. It appears that 300 doctors send in their reports to him, and that 20 per cent. of the total income of the sickness fund is paid to the medical profession in proportion to the work done. The income for last year was 1,200,000 kr. (£50,000). Of the 20 per cent. of the income set aside for medical purposes, 15 per cent. goes to pay certain fixed sums to the medical men for outdoor patient work. These amounts are not the same for all districts of the city. In the innermost or central district of Budapest the fixed salaries vary from 1,000 kr. to 1,400 kr.—that is, from £41 to £58 a year; in the next district 1,400 kr. to 1,800 kr., or £75; and in the outermost district 2,800 kr. to 4,500 kr. (£116 to £187). These variations are due to the fact that in the centre of the city there are fewer workpeople insured under the Act

¹ Published in the *Journal of the Economic Society*.

than in the outskirts, where more of the working classes live. The remaining 5 per cent. of the 20 per cent. is set aside for medical expenses incurred by visits made to the houses of the sick.

There are six medical institutions in Budapest where consultations are given daily, except on Sundays, by specialists. The specialists are medical men of high standing in the profession, and are either attached to the universities or to an infirmary. They are paid out of the 15 per cent. received from the total income of the fund. They receive in addition to a fixed salary a further amount according to the number of patients they examine. Medical men who are the accredited officials of the Sickness Insurance Fund can, in the event of a patient not progressing satisfactorily, ask for a consultation with any of the specialists attached to a medical institution, and for such a consultation a fee of from 5 kr. to 20 kr. is paid. If a district doctor is called out to see a patient between 9 p.m. and 6 a.m. he receives an extra fee, and if he has to go from one district to another he also receives a supplement according to the distance.

The specialists are appointed for life. They are invited to accept the posts by a committee of the central fund, largely on the recommendation of Dr. Friedrich, whose position as Professor of Industrial Hygiene at the University of Budapest and the Polytechnic brings him into contact with the medical profession generally. All patients in regard to whom there is doubt as to their being kept upon the funds after ten weeks, either as the result of sickness or accident, are examined by Dr. Friedrich, and reported upon by him to the central office. I saw him one morning examine twenty men and two women, and make the necessary assessments. In nearly all of the cases the recipients of the benefits could do some work, and they were encouraged to do so, while receiving at the same time a certain money allowance from the insurance fund according to the degree of incapacity for work.

To the medical institutions attached to the insurance fund in Budapest all persons who are insured against sickness and accident can resort for special medical and surgical advice, and to these Dr. Friedrich sends those patients who he finds, when assessing benefits, are not making the rapid progress towards recovery they ought to. These medical institutions, or *ambulatoria*, resemble the out-patient departments of our large hospitals. I visited the largest of the institutes in Budapest, and found from 200 to 300 patients waiting for advice and treatment. They were arranged in groups in the waiting rooms attached to each department. Everything about the building was quiet and orderly, and the rooms were clean and bright. There are several departments in this institution—departments for diseases of the eye, nose, throat, larynx, and ear; nervous system, diseases of women, internal medicine, surgery, supervision of patients as regards continuation or modification of their sick benefits, sanatorium and hydropathic treatment, diseases of children, treatment by baths, urology, diseases of the skin, dentistry, Roentgen rays, ulcers of leg, microscopic and chemical laboratories, and a department for the mechanical treatment of joints. To almost every department two or more specialists are attached. The consultations are given in the forenoon and afternoon, and also in the evening to suit persons who are at work during the day. As regards sanatorium treatment, patients are sent from Budapest into various parts of the country. The insurance fund pays for the railway travelling, and provides free accommodation at the sanatorium for a varying length of time.

The other five medical institutions in Budapest are run on similar lines to the above, but they are smaller. They have respectively the following numbers of departments—11, 6, 8, 4, and 10. There are in addition in Budapest ten special consultation departments for midwifery, one for each of the civil districts of the city. Some of the appointments are held by lady doctors.

Having thus outlined the operation of the sickness and accident insurance fund in Budapest, the capital of Hungary, it will be well to give as a contrast the operation of the fund in a provincial district, and for this I will take Kolozsvár, where I discussed the various facts concerning insurance with Mr. Jacobi, Director of the Fund, and with Drs. Lukacs and Blumenfeld, the medical officers. In the insurance fund of this district there are 15,000

members enrolled, and there are 22 doctors attached thereto. The town of Kolozsvár alone has a membership of 8,000, and last year there were 8,092 cases of sickness upon the books—that is, slightly over one case of sickness per member. In the country district there were 6,158 cases of sickness among 7,000 members. The following are the statistics relating to the types of sickness in Kolozsvár and district:

	Illness.	Kolozsvár.	District of Kolozsvár.
1	Internal diseases	4,439	3,420
2	Surgical diseases	1,116	1,513
3	Diseases of women	41	80
4	Confinements	57	26
5	Nervous diseases	544	43
6	Diseases of reproductive organs	346	270
7	Diseases of skin	419	291
8	Diseases of eye	352	320
9	Diseases of ear	19	52
10	Diseases of nose	63	71
11	Diseases of mouth and throat	646	3
12	Not ill	50	69

In the annual report published by the Kolozsvár office diseases are classified according to trades as follows:

Building	622
Metal, machinery, and metal workers	753
Tailors	824
Leather workers	625
Stone workers	125
Dyers	138
Textile workers	150
Chemical industries	484
Printers	304
Wood and carpentering	379
Upholsterers	122
Food and drink industries (including flour millers)	412
Felt making	118
Gardeners	24
Heating and lighting	110
Commercial employees	1,286
Office and shop attendants	318
Brickmaking (casually employed)	904
Other casual workers	384

The illnesses were for the most part not due to accidents, although accidents are included up to ten weeks.

Illnesses Lasting Under—	Male.	Female.
2 weeks	2,367	318
4 "	420	69
6 "	178	62
8 "	68	22
10 "	48	13
12 "	27	1
14 "	13	6
16 "	12	1
18 "	7	0
20 "	36	11

It is the experience of the officials of the national sickness fund at Kolozsvár that if payments are continued for a longer period than that to which by law the sick are entitled, the result is, on the whole, more satisfactory to the fund from an economic point of view, since the members make a better recovery and remain for a longer time in good health afterwards. It is the experience of the office, too, that the workmen who receive small wages come more frequently upon the fund through sickness and are longer upon it than men receiving larger wages. In Kolozsvár the fund pays to the hospital 2 kr. for twenty-eight days for a sick member, and after that the same amount of pay as the sick person is entitled to.

Finance.

The total income of the fund of the Kolozsvár district is 263,000 kr. (£10,800), and of this there is expended:

	Kr.	£
On sick pay	88,000	= 3,800
To medical men	40,000	= 1,900
Upon administration, including pay- ment of officials	60,000	= 2,500
Funeral expenses	17,000	= 700
Sanatoriums	5,000	= 200
Drugs	27,000	= 1,200

The maternity expenditure was 1,485 kr. (£62). Every insured woman receives sick allowance for six weeks, according to the amount she has paid into the fund. An insured husband cannot obtain sick pay for his wife in her confinement, but the wife receives medical attendance and nursing free. If after six weeks the woman who is insured has not recovered from the effects of her confinement she can be placed on the sickness fund, and she will receive an allowance for twenty weeks; but if the woman is not insured she may receive medical attendance for twenty weeks as a maximum. A woman living with a man not her husband, but who is insured, receives medical help for six weeks during her confinement, but no sick allowance. The members of the insurance fund are not permitted the choice of a medical attendant. They must accept the one appointed to the district, and if not satisfied with him they are at liberty to ask to be allowed to see the principal doctor.

On the whole, the National Sickness and Accident Insurance Fund seems to work well in Hungary. No scheme of industrial legislation has as yet been introduced to compensate for diseases of occupation. Potters and others who are suffering, for example, from lead poisoning at once go upon the sickness fund, and to that extent they are provided for. Hungary watches closely what Great Britain does in the matter of legislation, and when circumstances permit she is prepared to adopt what is believed to be the best for her people and their needs.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

THE annual meeting of this association was held on July 13th and 14th, at the Royal College of Physicians, Dublin, under the chairmanship first of the outgoing president, Dr. JOHN MACPHERSON, and then of the new president, Dr. WILLIAM R. DAWSON.

In the course of the early proceedings keen regret was expressed at the resignation of the two veteran editors of the *Journal* of the association, Dr. Rayner and Dr. Urquhart, and a vote of thanks accorded them for their prolonged and able services in connexion with the association's official organ. Warm thanks were also accorded to the outgoing president, and a silver casket and an illuminated address was presented, on behalf of the subscribers, to Dr. Edward Courtenay, who has just retired from the office of Inspector of Lunatic Asylums in Ireland. Other business was the adoption of the report of the committee *re* medical inspection of school children. High tribute was paid to the work done at Darent.

Presidential Address.

Dr. DAWSON then delivered his Presidential address, in which he discussed the geographical distribution of insanity in Ireland, and compared it with that of a number of other conditions, such as density of population, pauperism and poverty, emigration, the death-rate both general and tuberculous, criminality and alcoholism. Illustrating his remarks by diagrams, he showed that insanity tended to prevail in the agricultural counties, chiefly of the south and east, Ulster and Connaught being relatively free, and that pauperism had a somewhat similar distribution. The prevalence bore some, but not a marked, relation in its local incidence to that of the emigration rate, criminality and chronic alcoholism, but none, so far as appears, to density of population, ratable value of land, proportion of aged persons, death-rate, or drunkenness. The amount of insanity ascribed to alcohol in Ireland was small. Secondly, it was found that pauperism and poverty were not necessarily alike in distribution, nor did the latter correspond to the emigration rate.

Psycho-therapy.

Dr. WILLIAM GRAHAM (Belfast), in a paper on psycho-therapy in mental disorders, said the reasons for bringing this subject before a scientific meeting were that (1) the subject, though so little discussed in this country, had attracted widespread attention in psychological circles in France, Germany, and America; (2) men of international reputation had applied the methods with, it was said, singular success. The classical methods of psycho-therapy were: (a) Suggestion, waking and hypnotic; (b) therapeutic conversation; (c) psycho-analysis; (d) occupation; (e) re-education. (a) Suggestion as a therapeutic agent had been overestimated; nevertheless it was of value in certain types—for example, alcoholism, sexual perversion, obsessions, phobias, multiple personality and other forms of mental disturbance. (b) Therapeutic conversation: this might be called Dubois's method; it consisted in explaining to the patient the origin and significance of his disorder, and the explanation became persuasion. This method was valuable in the less intractable types of disorder, before the perverted idea had become too deeply rooted. But the patient was liable to get too dependent on the therapist, so that when removed from his influence a relapse was likely; and it was applicable only to a group of milder cases. (c) Psycho-analysis. This method (identified with the name of Professor Freud) rested on the view that many disorders arose from the inability of the personality to assimilate certain experiences, such as those of a painful emotional character, and from the conflict thus set up between opposing groups of thought. The therapeutic consisted in making clear to the patient the source of this conflict by bringing into the clear light of consciousness the submerged factor, and in thus re-establishing mental unity and integrity. The cases in which this method had given best results were those of long-standing obsessions, psychasthenias, phobias, hysteria, and paranoid states. Freud's view overemphasized the element of sexuality. The method was applicable only to some types. The modern tendency to confine psycho-therapy to this one method must therefore be rejected. (d) Occupation. By this was meant all methods that distracted the patient's attention from himself. Its main value lay in its power to train the attention. (e) Re-education. In the author's opinion, this was the crown of the whole psycho-therapeutic movement. In some cases it implied suggestion and therapeutic conversation, in other cases it implied psycho-analysis, in still others occupation; in all it sought to restore the normal psychic balance by teaching the patient how to regulate emotion, train the power of will, and direct properly his attention. The outstanding importance of psycho-therapy was seen in its relation to prophylaxis. In the primary stages of all mental developments, in the formation of character, in the beginning of pathological states, the value of this method could not be overestimated. Using the term in its broadest sense, psycho-therapy could prevent or modify the rise of abnormal conditions.

In the discussion which followed, Dr. BOND said a large proportion of the work which was attempted at Long Grove was more or less along the lines indicated. The method brought one into touch with one's patients in a way which no other method did. But if such means were to be carried out to any extent in asylums, there must be a great extension of asylum staffs. Dr. J. O. C. DONELAN expressed his belief in the power of suggestion to rid a patient of monoideism, and quoted some encouraging cases, but added one or two which did not yield to it—at least with the amount of care and attention which one man was able to devote to them. He agreed with the remark of Dr. Bond as to the need of greater staffs in the asylums for this purpose. Dr. MAPOTHER said he knew that his colleague Dr. Hart had treated one case for an hour every day for the past six months, and that patient was now on the way to recovery. But in another case which he (the speaker) had seen he did not think improvement could be said to have occurred. Dr. HELEN BOYLE alluded to the fact that in some patients the detection of a desire on the doctor's part roused a spirit of opposition in the patient, who would do his best to avoid carrying it out. Dr. McDOWALL mentioned that Dr. Robertson of Morningside had had failures from the method under discussion. Dr. SOUTAR expressed the view that this was the same kind of treatment as had been