Presidential Addresses

TO THE

BRANCHES OF THE BRITISH MEDICAL ASSOCIATION.

METROPOLITAN COUNTIES BRANCH.

THE STATE, THE POOR, AND OUR PROFESSION.

By G. E. HASLIP, M.D.BRUX., M.R.C.S.,

President of the Metropolitan Counties Branch.

I MUST first thank you most sincerely for the honour you have done me in electing me your President. I can only assure you I will endeavour to follow the example given me by my worthy predecessors in this office, and I know I shall receive from you all every assistance and consideration that I may be able to do my duty in maintaining the dignity of this important Branch of the Association. I should be wanting in respect to two men, who have passed the Rubicon to the Great Unknown since our last annual meeting, if I did not refer to the universal loss by the death of Lord Lister, a great man, the pioneer of a great work, a benefactor to the whole of mankind, the man who has made modern surgery possible; and I also refer to one who was not only respected as a great surgeon, but who had been a great worker in our Association, and a good friend. There is no doubt our late President, Sir Henry Butlin, could be ill spared when he died this year. There was a general feeling that he was wanted in the crisis of our profession, for he was a true fighter, when he knew that justice and right were on his side.

The events of the past year cannot be ignored in any address now given, and I think our profession must be thankful that we made an attempt in 1903 to obtain some combined organization amongst ourselves in the form of a new constitution of the Association. I purposely use the word "attempt" because those who have worked under the present form of the administration fully recognize that our new constitution is far from perfect. Government by our Divisions has failed in many parts to appeal to some individual members; consequently, the Representative Meeting has not always received the confidence of the whole members of the Association.

It must be remembered in any union of men that the active workers consist of 10 per cent., or at the most 20 per cent., of the whole membership. The government of the Association is, therefore, carried on by a minority, who formulate the policy to be pursued. When that policy is successful no one troubles—the passive members remain quiet and peaceful; but when an emergency arises and failure, or even the suspicion of failure, takes the place of success, then you will find a revolt against the executive. This is seen constantly in the various disputes of trade unions, where a ballot often shows the voting against the executive of the union, and although I do not pretend to suggest that anything could possibly alter this feeling, yet I think that we should ask ourselves whether we cannot increase the number of members who will really take an active interest in the work of the Association.

One of my worthy predecessors, Sir Victor Horsley, in his address four years ago, described, with his usual clearness and lucidity, the Divisional atomic autonomy of our Association, and proved unquestionably the advantage of the present system over the old, but I really think that, with the increase of serious questions now developing on the medical-political horizon, we should consider whether the number of atoms (Divisions) forming the molecules—in other words, the Branches of our Association—should not have greater powers extended to them for their own peculiar areas. Advantage has recently been taken of this idea in the work of the Insurance Committee of our Branch, instigated by Dr. Buttar, in which an endeavour has been made to suggest to the Divisions in the metropolitan area the advantages of a united line of action with regard to the National Insurance Act. Whether any further advantage could be taken of this, so that certain resolutions of single Divisions should receive the sanction

of the Branch before they are passed to the Representative Meeting, and so lead to a reduction in the number of the numerous resolutions on its agenda, should be considered. It is becoming a serious question whether we are not giving this present machine of the Representative Meeting more than it can carry—whether this meeting can really give the full consideration and attention to some of the questions now asked. Last year, owing to the exceptional crisis in our profession, four Representative Meetings were held within twelve months, and Representative Meetings are expensive luxuries. They cost money and time, and many members ask whether the meetings are really able to deal with all the various questions that are brought before them. Think, again, of the time which is asked from individual members when attending these meetings! A busy man might consent to attend for one or two days and vote upon all questions of policy, but will refuse three or four days' attendance, when he knows he has to listen to a local grievance of one Division, which could have been settled in a Branch Council meeting.

It has also been seriously questioned whether the one centre of the Association must not have recognized branches with paid officials throughout the kingdom to carry out its proper organization, and so perhaps lead to more of a local federation of the Branches; whether more frequent meetings could thus be held at less expense where greater local knowledge would enable the wants of a special Division to be judged. How is it possible for any one in this Branch to have any knowledge enabling it to judge the wants of a Division in Scotland? Finally, there is the necessity for greater facility for a referendum upon the main question of policy of the Association. Personally, I feel sure that had the Council taken a referendum upon a clear definite policy with regard to the acceptance or not of the Insurance Act, it would have given greater confidence to all members, and those who have been against the Act in any form would have been more satisfied. The extraordinary outburst of feeling last December, which some have attributed to every possible cause, was, I believe, due to the awakening of those passive members who had been disfranchised by our rules and regulations, because they do not trouble, or they are not able, to attend the meetings of their Divisions. These questions must be considered, because we have demonstrated our power of organization to the public, and our Association is now recognized as the voice of the profession.

Have we, as a profession, any reason to be grateful for anything in the past that the State has done for us? Has the State assisted our education? Has the State assisted our teachers by founding professorships, to be independent of petty routine work? Until quite recently has the State assisted to carry out original research? Science has generally had to depend upon private support. Lister's discoveries were made, in the first instance, during the spare moments of his other work. Until the last two years did the State endow or build any institution to assist medical teaching? At the present time, I believe, the University of London—if it is ever built—will be built by voluntary contributions. Again, in our degrees and diplomas there is no definite State control. In England there are eleven universities and three medical corporations, in Scotland four universities and three medical corporations, and in Ireland five universities and three corporations, all of which grant degrees and diplomas. Speaking briefly, the whole business is disjointed and without proper central organization; each university and corporation competing against each other with regard to the character of the degree or diploma, the only control being the General Medical Council, the majority of whose members consist of representatives of the various universities and corporations.

We have long agitated in this Association that there should be one State examination before any one is allowed to practise, whether he holds the highest degree or the lowest qualification. We require a one-portal system, one proper constituted body created by the State, to give the final test and examination before any one can practise medicine. We are only asking for that which is recognized in other countries as the hall-mark qualification of the State. The Association has already had drafted and printed a Medical Act Amendment Bill, at a cost of some hundreds of pounds, but I am afraid the last few years

have seen very little progress towards its becoming law.

Further, we consider that the State, having once granted this qualification, should consider it necessary to protect those who have been proved proficient to practise, and should prevent the wholesale selling of quack medicines, and the advertisements of institutes and of all characters of wonderful cures which delude the public; for in this wholesale selling of quack medicines we have a real grievance which Mr. Henry Sewill has ably ventilated. The Council of our Association has also appreciated this injustice when it published *Secret Remedies* with the analyses of the various remedies, and showed that anything could be sold, from simple sugar to the most injurious drug; that the Government stamp is the most expensive item for the proprietor to expend upon his wonderful remedy; that the revenue by stamp duty to the Government is between £300,000 and £400,000 a year, a fact to be remembered when we know that the Government has appointed a Select Commission upon the sale of patent remedies. Alas! Commissions generally lead to nothing, but the fact remains that the price paid by the public for patent medicines sold yearly in the United Kingdom is estimated to be over £2,500,000.

However, all these grievances are well known, and it is not my intention to deal with these injustices, but to bring to your earnest attention the extraordinary changes which are taking place in our relation to the State and to the poor with regard to our professional work and duties.

When in 1905 we read that the late King Edward was pleased to issue a Royal Commission to inquire into the working of the laws relating to the relief of poor patients in the United Kingdom, and to report and consider any changes necessary, we in our profession welcomed the Commission, and anticipated that there would be at last some alteration in our present unsatisfactory system of not only Poor Law administration, but of the unfair and unequal medical treatment of the poor. When after four years the Commission issued the two reports, we hoped that some alteration would take place, and consequently we have been grievously disappointed that the whole question has been postponed; that the present system of medical treatment continues; and that no attempt has been made to assist those who require assistance. Instead the Government brought forward the Insurance Bill, which has since passed into law, and our disappointment was increased when we discovered that, instead of the wonderful health bill which we had hoped would have been built up upon the Majority or Minority Report of the Royal Commission of 1905, and which would have been of truly British origin, the Insurance Act of 1911 bears the well-marked stamp of "Made in Germany."

I have no desire to speak against the object of national insurance, although I must admit there are two distinct sides to this question, for it has been found that compulsory national insurance in Germany has not had a tendency to decrease the sickness-rate, and I believe the sickness-rates of the friendly societies go steadily up, notwithstanding that the death-rate is falling among the members of friendly societies as among the population at large, while writers upon this subject have shown that the sickness-rate—that is, the sick pay drawn—is greater in the centralized national societies, where the members feel they are drawing upon the public purse, and is least in the local lodges and branches of the great orders, in which the local members know that they have jointly to bear the burden. At our last Representative Meeting, one of the Representatives for Edinburgh stated that since the Workmen's Compensation Act had been enforced, the wards of the Edinburgh Infirmary always contained three times as many cases of hysteria and traumatic neurasthenia as before the introduction of this Act. We must, therefore, recognize this peculiar psychological fact.

The Government, in introducing the National Insurance Act to the public in its present form and condition, have attempted to build a house the wrong way; they have started with the roof before providing either a foundation or walls for the Act to rest upon. Our conditions with regard to medical relief differ totally from those of Germany, which took years to develop its insurance scheme, founded upon a basis of State medical service and State and municipal hospitals. Our Government has attempted a somewhat similar scheme, in as many

months, upon the basis of nothing except the voluntary medical charities and its own failure as to Poor Law medical relief.

The Chancellor has created his Insurance Act upon our present bad system of "club" practice, and, although he has condemned, in strong language, this practice, yet he has followed the mischievous principle of badly-paid contract work, and finished by giving the majority of the number on the local Insurance Committee to the friendly society members. He should have inquired into the origin of "club practice." The *Lancet's* "Battle of the Clubs" would have shown him that clubs were originally started to afford sick pay and medical attendance to the class immediately above paupers—artisans, labourers, etc. The contributions were arranged so as to provide the doctor something, perhaps, taking an average half of what he would have charged. The clubs have since been extended to a higher class which could and ought to pay better fees. But the contributions are inadequate to pay for modern medical attendance, involving bacteriological investigations of secretions, serum-therapy, and surgical treatment. We know that club fees are so low that medical men cannot do justice to their patients.

I protest most strongly against the National Insurance Act being called a National Health Bill. It was introduced amid the greatest applause, being hailed as the greatest National Health Act of the age. Not only was our own generation to benefit, but future generations would be so improved that disease would become accident. It made special arrangements for tuberculosis—a special amount of money to be spent upon sanatoriums, although authorities state the sum is quite inadequate; we had special maternity benefits, and all promised well, but when we inquired and wanted to read about the other great scourge to humanity, not only to the original sufferer but to his children, what provision do we find for syphilis and venereal diseases? None! Our legislators appear afraid of the disease. Even the word is not mentioned in the Act, and when we read Clause 14, paragraph 4, these words:

Where under any such rule as aforesaid payment of sickness or disablement benefit is suspended on the ground that the disease or disablement has been caused by the misconduct of the person claiming the benefit, such person shall not thereby become disentitled to medical benefit.

This is a most iniquitous clause. It is cruel, it is wrong, and it stultifies the Act as a national health measure. The ravages of venereal disease now go almost entirely untreated either by the public health or Poor Law medical service, with the exception that the advanced complicated cases enter the workhouse. Yet it is known that, owing to lack of adequate medical treatment, syphilis and gonorrhoea are eventually responsible for a large proportion of the pauperism of disease and insanity.

Dr. Mott, Pathologist to the London County Council, in his reports, expressed the opinion that syphilis is responsible for more insanity than alcoholism, and that it is the cause of practically all the general paralysis of the insane and locomotor ataxy. The Departmental Committee on Physical Degeneration reports that it leads to insanity, idiocy, and other diseases. What will happen under this Act, which takes from a man suffering from a contagious disease all payment of sickness or disablement benefits? It means that the sufferer will do nothing, and doing nothing in these cases means that he will allow the disease to obtain greater hold upon his constitution, and, alas! also seriously affect the future generation.

We know that the ravages of this contagious disease are multiplied, because they are kept secret and the disease neglected. Many even believe that this neglect is so serious that syphilis should become one of the notifiable diseases. Any Act of Parliament, to benefit the nation's health, should give every encouragement to the victims of this disease to be open with their doctors, open with themselves, to obtain proper treatment to get cured. Remember, it is the innocent, in many cases, and not the case-hardened sinner, who suffers most and for whom most can be done. Think, also, what a saving to the nation in money and health if the disease received proper original attention—money saved on future generations of diseased children; and, further, the numerous expensive sequelae of this disease to the original sufferer if neglected. Further, it

appears to me that it will be an extremely difficult question to determine, in some of the vague nervous diseases having a specific history, whether they have been caused by the misconduct of the person or not.

This system of taking away payment under these circumstances is wrong, and I have been surprised that a stronger outcry was not raised by our profession against this narrow-minded, puritanical policy of Parliament. Recognizing early treatment of tuberculosis to be essential, we neglect syphilis, a disease of the same serious character and danger to our nation's health, and we are to do nothing until it becomes more formidable and more difficult to fight.

Surely the guarantee given by the Government in the Insurance Act for medical attendance is an illusion. There will be many diseases that the doctor will not attempt to treat; the majority—in fact, all the notifiable cases of infectious diseases and lunacy—are already treated in rate-supported institutions, and with regard to hospital treatment, cases requiring the conditions of modern diagnosis and treatment with all the laboratory resources, and the surgical cases requiring operations, must still be treated in institutions supported by private enterprise.

One junior consulting surgeon wrote to the *Times* that he had done 500 major operations, and had seen 10,000 to 12,000 out-patients in one year, and this will continue unless the hospital authorities make a strong protest. Surely this proves that there is a great misapprehension of the real facts of the benefits which are likely to be given by the Insurance Act. The employer of labour, who is to be compulsorily taxed for his workman to obtain medical treatment, knows this, and knows also that he must still subscribe to private institutions if his workmen are to receive proper medical and surgical treatment.

We would welcome any Act that would make life happier, more healthy, more secure for the people, but we have felt that, in the form in which the Act left Parliament, no security was given for the improvement of the precarious lives of millions of people. There are millions unable to maintain themselves, and they receive no help except the Poor Law, nor do those disabled before they have made a certain number of payments, nor those too weak to gain admission to an approved society, nor those too poor to keep up the required payment; jobbing workers also are left out. A certain class who have good wages but are free from income tax will get a good share of the spoil; the benefits it is supposed to give will be given to people who already possess them; it has left alone the thoughtless, the careless, the poorer class of workmen, the casual, the unskilled labourer, the men earning small wages, and lastly, the widow and orphan. Where have the Government assisted them? In the whole of the extensive and expensive machinery necessary for the working of this Act the Government have left the really necessitous severely alone, and it is because they have been left so severely alone, because the two reports of a most thorough and expensive Royal Commission on the Poor Law have been ignored by this Government, that it is our duty, we who know that the present medical treatment of the poor is unjust and unequal, seriously to consider the whole question of medical treatment to the poor, and agree amongst ourselves upon some general scheme of reformation which we can press upon the Government.

Personally, I believe the time has now arrived when the State should give the people "free medical service"; that a low wage earner, say of under 20s. in a town and 15s. in the country, or whatever figure is agreed upon, is just as unable to pay any doctor a proper fee for proper medical services to his child or himself as the State has already decided he is unable to pay a proper fee for the education of his children; that the present system of the Poor Law for medical treatment, with its stigma of pauperism, is uncharitable and unfair.

We are confronted, in the present medical treatment of the poor, with the extraordinary amount of overlapping which exists by the four agencies—namely, Poor Law authorities, public health authorities, county councils, and voluntary agencies.

The cost is very great; the expense of the Poor Law administration is over 4 millions, of the public health another 3 millions. *Burdett's Hospitals and Charities*

shows that the voluntary hospitals, dispensaries, and convalescent and other homes have an annual expenditure of over 6 millions. Thus we have altogether a total of 13 millions of pounds, and this does not include the expense of the work of the county councils.

Any brief study of our present Poor Law system will demonstrate why it has not been a success. The great report of 1834 contained no recommendation for the treatment of the sick, which was left by the State in a very haphazard condition. I must mention to those who have not read the first year's report of 1835 that the Poor Law Commissioners urged the new boards of guardians to put up the appointments of district medical officers to competition amongst the medical practitioners of the union, and to appoint the man who offered to take the post at the lowest figure. I think this abominable advice accounts for the miserable stipends given to medical officers—some as low as £15 per annum. Yet the State is now surprised that our profession is suspicious, and demands its rights before it works any new scheme.

There is no doubt that the inquisitorial inquiries of the relieving officer are objectionable, and the proof of destitution, followed by the stigma of pauperism, causes many poor persons to abstain from applying for assistance until too late.

In 1848 the Public Health Department was established, but instead of working in any way with the Poor Law, it continued to develop absolutely alone for the treatment of specific diseases, with its own paid officials and doctors; it possesses power of ordering a patient's removal to a State-supported hospital without any stigma of pauperism, a power denied to the Poor Law medical officer.

In 1870 a separate educational authority was established, originally for educational purposes alone, but it now provides medical attendance for the children. In my own Division of Westminster, when the question of school clinics was debated, many of us opposed their adoption, not because we did not recognize their necessity, but because we objected to the limited character of treatment, the speciality of a few diseases, and the addition of another medical charity; in all the discussions upon the treatment of ringworm and eye complaints, very few knew of the thousands and thousands of pounds which had been expended upon the special hospitals for these diseases by the Metropolitan Asylums Board. It was never allowed that any good could be made of our present organization, and everybody appeared horrified when it was suggested that our Poor Law system might be utilized. Now, the State, instead of boldly recognizing the deficiency, again adds something new, and school clinics are one of the latest additions to the already overlapping system for treatment of the poor.

In considering any question of reform of the medical treatment of the poor, we must not forget the extraordinary good work which our profession has so long gratuitously given to the poor and to charity through the voluntary hospital system, but it must be recognized that the endowed and voluntary hospitals are not sufficient for the needs of the sick poor. They provide about 25,000 beds, or but one-fourth of the number of sick beds available in the workhouses and workhouse infirmaries. The voluntary hospitals are chiefly concentrated in London, in a very limited area, and the larger provincial towns, and we know that acute illnesses are chiefly the cases admitted into these hospitals. That people who could afford medical treatment at home or in private institutions take advantage of charity is common knowledge, and I have often wondered how long the present system of government of the voluntary hospitals can exist. Their increasing number and individual growth is so great that the public will soon demand some inquiry into the increasing demands of their different managements. Charity supplies over six millions annually for the upkeep of hospitals, dispensaries, convalescent homes, etc. Can we honestly say we have an ideal state of affairs? Can the present system be defended when we know there is really no co-operation amongst them—worse, no central board of control? Each institution is in competition with its neighbour for subscriptions, advertising the numbers of patients medically treated, and quoting the attendance of the out-patients, one of the greatest iniquities affecting the members of our profession practising in poor neighbourhoods. Recent speeches of Labour members show that the working men

accept hospital treatment not in the form of charity but as their just right.

The coming of the Employers' Liability Act has largely altered the character of an accident. Formerly, a patient meeting with an accident depended upon charity for everything; now the employers must look after those in their service. Consequently charity gives way to the patient's right. Surely, if lodging, food, and wages are his rights and paid for by insurance companies, why should hospitals and the doctors in these hospitals remain the only charity? Hospitals should insist upon receiving a fair grant in case of accidents, and the doctor who helps the patient to regain his health should receive payment in the same way as the lawyer who helps him to gain his money compensation.

We must accept these independent changes in the minds of the people of the day—the whole question of charity has altered, and the sooner our profession realizes the change the better. I believe the whole change in charity started with compulsory education. This was the commencement of the State taking over the paternal patronage of the people and the commencement of the individual to think about his position; and further, I believe, the cause of Socialistic Medicine, if one can use this expression, has been increased by the State recognizing that the child should be in a fit condition of health to attend school, which has made medical inspection necessary; that this should be followed by medical treatment was only a rational corollary. This may enable us to appreciate the strong opposition of our fathers to compulsory education; they saw that this was simply the beginning of the individual responsibility of the parent being taken over by the patronage of the State. I think this cannot be too strongly appreciated by our profession, and I agree with Sir Victor Horsley, that State medical work should not be muddled up with charity, and that the medical profession should receive adequate and proper remuneration for their services to the State.

I agree with the Minority Report of the Poor Law Commission that the constant overlapping and unnecessary expense of the various authorities in the medical treatment of the poor show the need for a united medical service; that the Poor Law and public health authorities should be merged; that the present condition of these two rival authorities is detrimental to the health of the nation, as they are practically without communication with one another, and working on diametrically opposite lines; that there should be a National Medical Service, free to the people. This report shows that the idea is not new. In his evidence before the House of Commons Committee on Medical Poor Relief, 1844 and 1854, Dr. Wallas advocated a system of free public dispensaries all over the kingdom, with complete medical inspection. In Ireland there is a universal dispensary system freely available for the whole wage-earning class, without any stigma of pauperism, and in the Twenty-Second Annual Report of the Poor Law Board, 1869, this was seriously considered by Mr. Goschen. In their evidence before the last Commission of 1905, the chief medical officers of the Local Government Boards of England, Scotland, and Ireland, agree as to the lack of a unified medical service. That free medical service would affect a single member of our profession I do not believe for one moment—it does not necessarily involve gratuitous provision of medical treatment to all applicants. That free medical service will be abused I do not believe. We read of the same arguments against free education—that a large number of schools would be immediately closed when the Act came into operation—and the result has been an increase, a large increase, of private schools.

Again, can any medical man say that compulsory vaccination has been abused? I asked a public vaccinator in a rural district whether his own patients took advantage of free vaccination, and he assured me most emphatically no! and I think we can safely assume that free doctoring will not be abused on any appreciable scale. I believe, however, strongly that in the public interest, as well as the interest of our profession, medical treatment should be given on the lines of private practice, and I have failed to appreciate the reason or necessity why the Minority Report insists upon an all-time service, for surely the treatment of the individual patient is best carried out by the individual doctor; it would not be fair that the man who does not contribute should have any facility given

him for choosing his own doctor. He must attend at stated times for his treatment and, when confined to his bed, be satisfied with the doctor sent to him. I see no objection to the suggestion that there should be some transference of the Poor Law service to begin a reorganized public health service. Of course, there must be readjustments, and every opportunity should be given to the older medical officers to resign, before they attempt the new service, in which case fair and just compensation (of, say, two years' salary) should be given. As a matter of equity the State must compensate for loss as a result of new legislation.

Every borough in London or the district should be mapped out into areas or wards, just as we have now under the Poor Law, but probably smaller, and in each area there should be a properly equipped clinical surgery, fitted up in such a manner that the same building would do for a school clinic. At these surgeries the district medical officer would attend at stated times every day, and it might be possible, upon certain other days, for specialists upon various diseases to attend and see the cases referred to them from the medical officer, all receiving a fair, moderate remuneration, as agreed by the Association.

It is distinctly to be understood that the medical officer should be a practitioner residing in the district, and he would, assisted by district nurses, visit the sick unable to attend at the surgery or dispensary in his own area, and those patients unable to receive the proper care and attention in their home surroundings he could order to be removed to the infirmary or—as we shall call them—State-rated hospitals.

The district medical officer would be under the supervision of the medical officer of health, to whom he would make, either daily or weekly, reports as might be necessary, and we would have co-operation established between the two classes—the clinicians and the sanitarians. Further, his care should include the education of the people in his district—how to live, the advantages of fresh air, cleanliness, moderate living in eating and drinking. It is hoped, by the distribution of this knowledge, that sickness will be diminished, and, with this condition, his actual work will become less.

There should be a more equal scale of salary for all medical officers, and the time required of him should not be too great. It is essential that he should not lose his own individuality and become an efficient machine. This is one of the great arguments against the "whole-time service." He should have plenty of time to undertake private practice, and I am sure if proper surroundings and arrangements are given for the medical and surgical work, and every facility for taking advantage of our progressive science, this class of practice will induce some of our better men, keen and interested in their work, and who are tired of the neurotic tendency of some of their better-class patients, to apply for these appointments.

In rural districts, where there is an extended area, all this could also be done in a modified degree; but these districts afford another argument against the whole-time-service man, who would be worn-out by travelling, seeing only a few patients.

To speak of a National Medical Service, as outlined by Dr. Benjamin Moore, I think, is absolutely impracticable for our generation. Whether "The Dawn of the Health Age" will come in the far future, when every one becomes some form of paid official of the Government—either to work for the State or to see that the work is done by another official—I cannot say. However much we may appreciate the bold and clear manner in which he brings forward his views, we must agree that such a system of medical service can only come into existence when Individualism has been absolutely absorbed by Collectivism, and the first person singular ceases to exist.

The last and the greatest problem to be considered is the institutional treatment of the future. This question is, I believe, receiving the attention of our State Sickness Insurance Committee in relation with the Insurance Act, and, in view of this, I hesitate to give my views. But it must be admitted that it is the duty of the State to give a sick man away from his work the best attention to restore him quickly to health. This is purely a business transaction. As we know from the figures of the present Insurance scheme, an increase of one day in the average duration of sickness involves a charge of 1s. 8d. a head on

the Insurance Fund. Therefore it will become imperative for hospital accommodation to be found for insured persons. It must follow from the insidious manner in which the State is slowly and surely taking into its charge various classes of patients, with the monopoly of the care of many diseases, that in the future we shall have three different classes of hospitals:

1. *The State-Rated Hospitals.*—Candidly, I fail to understand the great outcry and objection raised against State-rated hospitals. They exist in the majority of other countries, and they exist here successfully in our fever hospitals, and they would be the hospitals to receive casual cases of urgency, accidents, etc., and the severe cases sent by the district medical officer. They would be used by the teaching medical schools for students, and the increased clinical field opened by the larger number of cases would be advantageous for instruction. They would have the same kind of staff as the present voluntary hospitals, but it would be considerably increased or diminished according to the necessity of each institution. They would be under the management of either the County Council or the Local Government Board, with an Advisory Medical Board, but every member of the staff and visiting staff would receive remuneration for his services. Some of the voluntary hospitals and all the present Poor Law infirmaries could be utilized for these State hospitals, compensation being given to any vested interest taken over. If any out-patient department would be used, it would be of a consultative character of cases sent by the district medical officers or other general practitioners in the neighbourhood.

2. *State Insurance Hospitals* must necessarily follow, as I have said, the Insurance Act if any success is to attend medical benefits. They would be under the management of the local Insurance Medical Committees, and the cases would be attended by the medical attendant to the insured patient. For in these cases, I suppose, it will be necessary for the doctor to remain in attendance; there may or there may not be a resident staff, but I presume medical extras under the Act will include fees in special cases for consulting surgeons or physicians.

3. *Paying Hospitals for Various Classes of Patients.*—This, I believe, will be the true charitable institution of the future; and will still require the energies of those good hospital workers who have done so much in the past and for whom greater work will be open in the future. For we know in the profession the many difficulties in the way of the poorer middle class obtaining proper medical and surgical attendance; we know the many cases willing to pay small fees if only proper provision has been made for them, and which have had to go into the general wards of charitable institutions. So it is hoped that the future will show all benevolent persons the good work they can do by subscribing to assist in the construction of properly equipped private institutions supplying a good maintenance to patients for the lowest possible fees. We know this cannot be done without charitable help, although assisted by the higher fees obtained from the more wealthy patients.

In conclusion, I trust I have said enough to give some food for reflection. That our medical treatment of the poor is not the ideal, or the best; that we must have better co-operation of the various services; that the stigma of pauperism must be taken away from the medical treatment given to the poor. It is the duty of our profession to insist that the best medical treatment should be given to the rich and the poor equally and fairly; personally, I believe this object can only be attained by a free and open united medical service.

And if it is the duty of the State to do all this for the individual, then, I maintain, it is the duty of the individual to do something for the State. If the State makes the individual healthy and strong to maintain his vitality, then it is the duty of the individual to give some portion of his health and strength to maintain the vitality of the State, and the individual must be trained and taught in such a manner that he is able to assist the State. By this he will show discipline and unselfishness. And I go further, and I say, if it is compulsory for the country to give the individual his best vitality, then it should be a compulsory service by which the individual should assist his country at any time to maintain the best vitality of the nation.

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BIRMINGHAM BRANCH.

MODERN SOCIAL CHANGES AND LEGISLATION
AS THEY AFFECT THE MEDICAL
PROFESSION.

By E. N. NASON, M.D.CAMB.,

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If we take the trouble to study the social changes of the past fifty years, we shall find that whenever they interfere with the personal and direct relationship between the doctor and his patient they do harm to both.

In the past the relationship between the doctor and his patient was always direct, and had certain primary objects—the restoration of the patient to present health and usefulness and the giving of help and guidance for the future. Both these objects, although the latter contains the germ of modern preventive medicine, were purely personal between doctor and patient. The patient chose his doctor and paid, or did not pay him, for services rendered, and no third party entered into the arrangement. The ethics of the profession and general regulations of medical practice were founded on this personal tie, and it was accounted a crime as serious as violation of the confessional to divulge any secret communicated or discovered in the course of professional examination. It is, I believe, because modern social methods and legislation take so little account of this personal tie that medical men have been so universally alarmed and so profoundly affected by them.

The Friendly Societies.

If it be true that out of evil good may come, it is equally true that out of intended good evil often arises. It is a perfectly legitimate and indeed laudable act on the part of the individual to provide against certain possible contingencies which might otherwise overwhelm those dependent upon him. And yet insurance against premature death marks the first step in a path which has proved to be full of pitfalls and difficulties for the medical profession. Individual insurance against premature death was naturally followed by both individual and mutual insurance against sickness and accident. But from this most excellent idea have sprung up a whole host of new conditions nearly all inimical to the earlier and higher ideals of medical practice. To this idea the powerful organizations which we have been accustomed to call friendly societies owed their origin, and through them came the dark cloud of sweated contract practice which has overshadowed the profession for so many years. To this idea also may be traced many of the later social measures, like the Workmen's Compensation Act and the National Insurance Act.

Individual insurance against death, sickness, or accident at once introduces a new factor into that previously simple relationship. We have now the interests of the insurer to consider, and his interests are usually antagonistic to those of the insured. The examination of the patient by the doctor, instead of being a preliminary to treatment, may be with no other object than that of protecting the interests of a third party. The relationship ceases to be personal and direct, the physician tends to become the official.

When we consider the effect upon the medical profession of mutual insurance as carried out by the great friendly societies, we find it difficult to over-estimate the amount of injury that has been done. In the early days of the movement, when the majority of those who asked for medical treatment through the friendly societies were really of the very poor, the medical profession in its generosity and not foreseeing the future, offered its help towards making the movement a success. It agreed to treat the members on a charitable basis, and for the sake of simplicity—but, one now sees, very unwisely—accepted a small payment *per capita*.

The result has been that what was at first given in charity was soon claimed as a right, and is now used as an argument against conceding any better terms. Meanwhile the friendly societies have grown enormously in wealth and importance and have perfected their organization, while the medical profession has remained poor and, until quite recent times, almost unorganized.