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.

C

BIRMINGHAM BRANCH.

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

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

President of the Birmingham Branch; Surgeon to the Nuneaton Hospital.

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.

The friendly societies of to-day, although containing a large proportion of members whose financial position gives them no claim on the charity of the medical profession, have taken full advantage of these facts. Their powerful organization has enabled them to dictate terms to individual medical men, who, from lack of organization, have in many instances been compelled to submit or starve. From time to time attempts have been made to obtain more just and reasonable treatment from these societies, but always with the same result—failure; and always from the same cause—lack of union. From recent utterances by various officials of these societies it is abundantly clear that the same spirit animates them to-day and that they intend to pursue the same policy in the future if they have the chance.

Despite the enormously increased wealth of these societies, the improved financial position of the average individual member, the increased cost of living, and the vast increase in the cost and complexity of medical treatment, the payment made to the doctor has alone remained unchanged through all these years. These powerful societies—not realizing the difference between a trade and a profession, between material goods whose quality they can appraise and professional services of whose quality they are not in a position to judge—have always bought in the cheapest market. This policy has done untold harm to the public health and an equal disservice to their own members and to those members of the medical profession who have tried to serve them faithfully. But advantage has been taken of the original terms of agreement in another way. The medical profession, through accepting payment *per capita*, has gradually been forced into the position of itself bearing the sickness and accident insurance risk. Surely this risk ought to be borne by the society, which exists for the purpose of insurance, and is clearly no part of the duty of a healer of the sick.

We have, in fact, been insuring at a premium of 4s. a year a large number of persons to whom no insurance company in the world could afford to offer the same benefit at a lower premium than from 15s. to 25s. according to the age of entry. I have been at some pains to estimate (on the basis of an average term of eleven days' illness per annum, the friendly societies' own estimate, and accepted by the Chancellor of the Exchequer) what sum would insure an individual against the medical cost of such illness, and the figures I have given are the minimum and do not include the cost of treating minor ailments.

Workmen's Compensation Act.

So far the effects that I have mentioned are those which have followed on individual and mutual insurance, but in the Workmen's Compensation Act two new factors are introduced, both of which still further affect medical practice; these two factors are the State and compulsion.

In making the employer liable for compensation in all cases of accident to workmen *even when the employer is in no way to blame*, the State has introduced an entirely new and definitely socialistic principle. In effect, the State compels every employer to insure every person he employs. This introduces a further complication into the relationship between the doctor and the injured person. The State compels the injured man claiming compensation to submit himself for examination at the hands of a medical man whom he has not himself chosen, but who is acting in the interests of the employer. It requires great tact on the part of the employer's doctor to preserve unchanged his friendly relationship with the persons he examines in this capacity, and still greater tact to avoid all sources of friction with those doctors who are responsible for their treatment. In any case some of the cardinal rules regulating medical etiquette have to be by consent abandoned. The employer's doctor will constantly have to visit and examine persons who are under the care of other medical men, and it is quite impossible that this can always, or even usually, be done in consultation with them. When we contemplate the spectacle of a medical man visiting and examining, in the interest of a third person, the patient of another medical man who is not present, and when, in addition, the visit may not be desired by either the patient or his doctor, we have some measure of the extent to which modern social legislation has compelled us to disregard ancient medical rules.

Again, when a compensation claim goes to arbitration, the employer's doctor has to examine the claimant in order to detect any exaggeration or misstatement. He will then have to give evidence in open court on the result of his examination. This is hardly consistent with the Hippocratic oath!

I was once asked by an employer to visit a certain road where he had reason to believe that one of his workmen, who was receiving compensation on account of an old Pott's fracture, was employed in erecting some fencing. I was to watch his performance with a view to giving evidence in an arbitration case which was pending. I need hardly say I declined, but the very request illustrates the fact that the employer looked upon my relationship to the workman as being rather that of a detective than a surgeon. I am afraid that after all there is something to be said for this view, since the surgeon who undertakes to examine in compensation cases should have the eyes of a detective as well as the knowledge of a surgeon if he is to protect the interests of those who employ him.

Human nature remains much the same however much the relationship between doctor and patient may change, so that when a man is confronted with the alternative of 30s. a week and hard work or £2 a week and no work at all, the temptation to unduly prolong the disability is occasionally too strong for him. When a man is in several benefit societies this temptation often arises, and is answerable for a large crop of malingerers who are becoming increasingly clever at aping pains they do not suffer and defects which do not exist even in their own imagination.

But there are degrees of malingering and various types of malingerers:

1. There is the unconscious malingerer or the malingerer *malgré lui*. The man who has had a more or less serious injury or illness, and is afterward obsessed with the idea, which is too often fostered and encouraged by his friends, that he will never be the man he was, and in consequence makes no real effort to return to his work. He may have been an exceptionally good workman up to the time of his accident or illness, and not the kind of man one would have expected to shirk work, but it is sometimes extraordinarily difficult to persuade him to so much as attempt any work. This man is not a conscious fraud and, strictly speaking, not a true malingerer, but modern conditions, by removing his chief inducement to work, foster the continuance of the effects of his previous disability. This state of mind his friends may call neurasthenia, and others ergophobia.

2. Then there is the man who has had some sprain, strain, or contusion, with consequent adhesions or stiffening of joint and tendon. In order to remove this disability the stretching or breaking down of these adhesions is necessary, but as there may be some pain in the process, this part of the treatment is put off indefinitely and the man remains idle. The compensation he receives deprives him of the salutary stimulus which the pinch of poverty previously provided.

3. Then there is the man who purposely exaggerates his symptoms. The pain in his back, which began when he was lifting some weight and which was probably more rheumatic than traumatic, is made the excuse for prolonged disability. It is described as being so severe as to make all work impossible, long after its really disabling effects have passed away. This man is a real malingerer and is wilfully defrauding his employer. He is a very common type, but one that it is very difficult to deal with. Under this head may be classed the numerous cases of exaggerated defects of vision. Fortunately these cases, in which the original injury to the eye has usually been of a more or less trivial nature, are not so difficult to detect.

4. Lastly, there is the man who deliberately injures himself or increases or prolongs the effect of an injury by his own act. Such cases are not so rare as might be supposed. I have known cases where a finger has been deliberately injured in order that compensation might be obtained, or more often that the employer might be prevented from putting in force a threatened dismissal. A recent case was that of a man who had a slight injury to the eye. This he prevented from getting well by applying a caustic to the conjunctiva on the lower eyelid. He did this just before his case came on for arbitration, but the fraud was detected, and he was subsequently sentenced at the assizes to six months' hard labour for perjury.

Considering the ease with which a man may assume pain or loss of power, and the great difficulty in disproving his statements when persistently and consistently asserted, I am only surprised that malingering is not more common. The only way to prevent it is to impose a really heavy penalty in any clearly proved case. A man would then be too much afraid of detection to lightly embark on a course of systematic deceit.

After years of experience one comes to scent the malingerer at an early stage of the examination. He usually begins by disclaiming any real desire for compensation, and pours undeserved contempt upon those who do. He draws unfavourable comparison between those who refrain from working when they might, and himself, who is all eagerness to return if only the pain or stiffness would allow him. His lumbar pain is so excruciating that he could not stoop to pick up a sovereign if he saw one lying in the road. His shoulder is so stiff and painful that he could not raise his arm above his head if the accomplishment of this act, which he may have done already in removing his shirt, would bring him a fortune. He complains that the amount of compensation he is getting is not enough to keep him and his family from starving. But he is careful not to mention that he is receiving from 10s. to 20s. a week from various other sources. His symptoms are always exaggerated, and he gives one the impression from the outset that he is on the defensive.

But it is much easier to convince oneself that a man is malingering than to convince a judge or jury, and the majority of these cases have ultimately to be decided by the county court judge. In this process the position of the doctor, who by careful observation has convinced himself that he is dealing with a malingerer, is not an enviable one. After giving his opinion in the witness-box he will have to submit to a severe cross-examination. He may have his opinions directly contradicted by some other medical man, who, with less knowledge of the case or of the man, may have been retained in support of the man's contention. It surely, however, is not the function of the medical witness to champion a cause, but to state facts and such opinions as may legitimately and logically be drawn from them. It cannot be his duty to attempt to bolster up a case by suggesting plausible but pathologically impossible theories, whose fallacy is apparent to any medical man, but which are quite likely to pass undetected by the judge. Unfortunately this is a spectacle only too common, and one that does not enhance the dignity of the profession in the eyes of the public, and goes far to justify the proverbial cynicism or the cynical proverb which runs, "Where doctors differ who is to decide?" One is tempted to answer, not the county court judge, who, to do him justice, is generally well aware of this, and with increasing frequency seeks the aid of a medical assessor. The present custom of appointing permanent assessors attached to districts, for various reasons, has not proved a success. It is far better that an assessor should be appointed specially for each case, so as to enable the judge to obtain the highest expert opinion on the particular case he is trying.

It is quite clear that in the near future there will be urgent need for experts in the art of sifting the real from the assumed or exaggerated, and assessing at their true value the various disabilities for which compensation or sick or accident pay may be claimed. An ideal assessor should have special knowledge of the kind of case which is brought before him. He should have a logical and judicial mind, not easily swayed by sentiment, and should be a man in whose absolute impartiality both sides have complete confidence.

The Midwives Act.

The Midwives Act has been the cause of serious loss in a certain class of general practice. In many districts a large proportion of the midwifery work, which was formerly done by medical men, is now done by registered midwives. Many of these women, though registered and uniformed, are not qualified by any examination, but the Government stamp of registration has hall-marked them in the eyes of the public. No doubt in the end both the profession and the public will gain by the Act, for the former will be spared much trying work and much night work, and the latter will eventually obtain a fairly adequate service at a cheaper rate.

But for the present the doctor is getting about one-

tenth of the fees he did, and is saddled with all the difficult and anxious cases, for the majority of which he has not been engaged, and for which, in many cases, he is never paid. People of the lower artisan class do not usually make provision for what after all may not be needed, so that when the need arises, it is usually found that no provision has been made for the doctor's fee. This difficulty might be got over by a properly regulated maternity society, into which small weekly payments could be made in advance, and it could then see that the members had proper attendance at their confinements, and that the doctor, when needed, was not left unpaid. I hope that the maternity benefit in the National Insurance Act will be so worked as to meet this difficulty.

The various Notification Acts place further duties and responsibilities upon the doctor, and still further interfere between him and his patient. The advantage, however, to the community in most cases outweighs the burden placed upon the doctor; but I doubt whether this is true of the Notification of Births Act, where the duty of notification should never have been placed upon the doctor at all.

The National Insurance Act.

In this Act the principle of compulsory insurance is applied to some 14,000,000 persons. It provides for the medical treatment of an enormous number of persons who can and already do provide for their own treatment, but, with the possible exception of the sanatorium benefits, does little or nothing for the very persons who stand most in need of help. It is almost inconceivable that any sane person drafting a bill, whose main object is to provide medical treatment for millions of persons, should do so without consulting the medical profession, on whose willing co-operation the success of the whole scheme depends. I can imagine no more foolish or fatal mistake, nor one the result of which could have been more easily foreseen.

As the bill was first introduced, it would for many of us have done away with private practice altogether, and given to nearly all our work the taint of contract work. Such work must, always curtail to some extent the liberty both of the doctor and of the patient, and is altogether alien to the spirit of a profession as distinguished from a trade. If the National Insurance Bill had passed and been accepted by, or forced upon, the profession in its original form, we should have for ever lost our independence, and, as a body, become the slaves of a Government department and the bond slaves of the approved societies. We should have been saddled for all time with contract practice of the very worst type. This result would have been only too probable had there been no British Medical Association. No other body existed, or could have been formed in time to offer an organized and determined resistance to those clauses of the bill which, if carried into effect, would have been equally detrimental to the medical profession and to the public health. This attack from without has brought such unity of aim within the profession as should cause us to be treated in the future with more respect than we have been accustomed to in the past. When has the State ever dealt generously or even fairly with the medical profession? The State, as represented by both political parties, has ever exacted from the profession the maximum of service for the minimum of reward.

The willing horse has been mercilessly worked, but the corn supplied has not increased in quality or quantity, and has never been adequate. To obtain a registrable qualification an increasingly long, arduous, and expensive course of training and an increasingly high standard of efficiency are demanded, but the protection granted is illusory and the privileges little better than worthless. It is, indeed, the public, not the profession, who are protected. Why should a medical man who gives his services gratuitously to a hospital, or serves His Majesty in the navy, be compelled to attend the coroner's court without fee? Why should a medical man be compelled to spend days at the assize court, perhaps many miles from his practice, and then be able to claim only the miserable pittance of £1 1s. a day? A member of my own Division had to attend the last Warwick assizes at a distance of twenty-five miles for this fee, while he was compelled to pay £2 2s. a day to his substitute. Why should a medical man have to supply certain certificates without fee? Why should the State compel a

midwife to call in the aid of a medical man in certain contingencies and yet make no provision for his fee? The truth is the State has always exploited the generosity of the most humane profession, and, like many private individuals, has got the credit for benevolence at the expense of the doctor.

It is of paramount importance, if the new order of things is to secure a real and permanent improvement in the health of the nation, that the terms of service under the Act should be such as to attract men of the highest possible stamp, both as regards intelligence and character. For it must be the object of the State, if it interferes in medical practice, to obtain for those it takes under its charge the best rather than the cheapest medical service, for the best will in the end be the cheapest. If those working under the Act are to be dragooned by a Government department, overworked, underpaid, and their time wasted by vexatious regulations, nothing but harm to the nation can result.

In order that the medical service may be truly efficient the following conditions must be fulfilled:

1. The relationship between the doctor and his patient must not be subject to any interference on the part of the State. It must resemble as closely as possible that obtaining in private practice.

2. Payment must be made for work done, and an end made of *per capita* contract agreements.

3. The doctor must be able to earn from his practice a sufficient income to requite him for his long and expensive course of training and for his hard and trying work, and the many risks it entails.

4. He must be able to do this without such overwork as would exhaust his strength and diminish his interest in individual cases or deprive him of the leisure necessary alike for study and for health.

For that which attracts into the profession the best stamp of men is not so much the hope of material reward as the satisfaction which belongs to the successful conduct of a difficult case; to the many opportunities for doing useful work; to the human fellowship and sympathies which centre round the sick bed; to the close friendships which grow so rapidly and become so firm and lasting between those who share a great anxiety; to the satisfaction to the scientific mind in adding something to the sum of human knowledge, and to the philanthropic mind in taking something from the sum of human suffering.

In the present necessarily heated controversy so much space has been given to the no doubt important question of fees that the far more important question of the health of the nation, which is the profession's true object, has been comparatively neglected.

For, although the doctor who thinks more of his fee than of his patient quickly degenerates from the physician into the charlatan, so, too, will the doctor who is overworked and underpaid soon change from the careful, painstaking physician into the rule-of-thumb empiric, and from the cheerful, willing servant to the grudging slave. You cannot divorce the true interests of the profession from the true interests of the nation; they stand together, or they fall together.

The storm cloud of the present crisis, though dark and threatening, is not without its silver lining. It has brought to the profession a unity of aim which has long been desired but never before reached. It has thrown us back upon first principles. It has taught us that, if our aim is as it should be, and as I believe it always has been, the welfare of the nation, we shall have behind us the support of all that is best in the nation in working out our own salvation.

EAST ANGLIAN BRANCH.

CHANGES IN THE CONCEPTION AND TREATMENT OF INSANITY DURING THE PAST TWENTY-EIGHT YEARS.

By JOHN TURNER, M.B.,

President of the East Anglian Branch; Medical Superintendent of the Essex County Asylum.

I PROPOSE to give a short account of the changes in our conception, classification, and treatment of insanity during the past twenty-eight years—a period of which I am able to speak from personal knowledge.

At the outset I may state that in my opinion, while we have progressed in our general knowledge of the nature and mechanism of insanity, we are not able to record much real progress in our treatment of this disorder. Unquestionably at the present time the insane are better looked after, their lives are rendered more bearable, and many more lead useful and productive lives than formerly. They are encouraged to work, and much care is exercised to find out their capacities in this direction; but when we come to speak of cures, even in the wide sense in which this word is used in asylum reports, I cannot see any progress whatever.

All over England, Germany, France, America, and the whole civilized world, are now numbers of enthusiastic workers, seeking not only to discover the real nature and cause of insanity, but also its cure, and in their attempts towards the cure of insanity they have accumulated facts which have greatly enriched our stores of knowledge in regard not alone to brain structure, but also to its functions.

The keen interest that medical officers generally now take in their work is one of the most hopeful features of the present day. Twenty-eight years ago, although there were brilliant exceptions, too often the superintendent of an asylum was some cultured gentleman, whose opinion on almost any subject but insanity was worth listening to, whilst his junior colleagues, generally chosen for their social or athletic qualities, even if they were interested in their work, produced little to show that such was the case.

We had a very simple and unsatisfactory classification. If a patient was noisy and excited, he suffered from mania; if he were low-spirited, from melancholia. Monomania was recognized by some of the more thoughtful, but did not find a place in the official classification. Patients defective in their habits were demented; the residue were idiots, imbeciles, and general paralytics; the cases, being duly labelled, possessed no further interest. The trouble was that patients would not conform to their labels; the maniac of to-day appeared to-morrow profoundly depressed, or vice versa. Some alienists got over this difficulty by dubbing the most obviously alternating cases *folie circulaire*; others ignored the individual vagaries and stuck to their diagnosis. The idea was almost universally accepted that there were distinct insanities—distinct nosological entities, like typhoid and scarlet fever. Juvenile general paralysis was unknown, and the intimate relationship between general paralysis and syphilis had not received—in England, at all events—much recognition. And yet under these conditions the yearly output of “recoveries” was as large as at present. The average duration of detention was no longer and the death-rate no higher.

But, as I have said, there was a bright side to this picture, for among the few students of insanity were mighty workers in the field of pathology, and it was hopefully expected that pathology would disclose the cause as well as the nature of insanity and afford a clue towards its treatment. One may broadly divide the period under review into three divisions:

I. The Pathological Period.

This began many more than twenty-seven years ago, and is identified in the early stages with the names of Griesinger in Germany and Sankey in England, but the study was only languidly pursued in England until in 1889 the appearance of Bevan Lewis's textbook gave it an enormous impetus. His book marks an epoch, and, although some of his deductions are now discredited, there is no doubt of the high scientific value of his researches.

A very important step in the furthering of pathological work was the opening of a laboratory by the London County Council in 1895. Dr. Mott was appointed director, and under his brilliant administration not only has he by his own researches advanced the knowledge of the pathological processes in insanity, especially in relation to the part played by syphilis in the production of general paralysis and tabes, but he has also trained many who have done good work of their own, and in this connexion the name of J. Shaw Bolton stands out prominently. Bolton's researches on the structure of the cerebral cortex are of profound interest. By the careful microscopic measurement of the different layers in the cortex