Vomiting: as in a large measure the comfort of the patient depends upon the amount of vomiting, I have followed my after-results closely. At first sight they do not appear good, but it must be remembered that most of these patients swallow some blood, and in my experience this is practically always vomited. Then, as the majority of the vomiting takes place before complete consciousness is established, the patient knows little or nothing about it.

In only one case was treatment for the vomiting required—in that of a woman who vomited for twenty-four hours (after an operation on the sphenoidal sinus).

If the number of times that the patient vomits may be taken as a rough index of his feelings after an anaesthetic, the following table will be of interest. It must be remembered, however, that he may vomit once

or twice before fully round. All the patients were prepared after the manner advocated by Mr. A. L. Flemming,⁴ and the vomited matter has consisted practically of blood or altered blood.

Of the cases on whom these observations were made—

Vomited.	Did not vomit.
77 per cent.	23 per cent.

Of the patients who vomited—

30 per cent. vomited	...	Once.
27.5 per cent. vomited	...	Twice.
25 per cent. vomited	...	Three times.
5 per cent. vomited	...	Four times.
2.5 per cent. vomited	...	Five times.
5 per cent. vomited	...	Six times.
*5 per cent.	; vomiting lasted over twelve hours.	

*One case vomited for twenty-four hours, and required special treatment.

CONCLUSIONS.

From the foregoing remarks it will be seen that patients anaesthetized by this method are easily given open ether for operations on the throat and nose. The chief difficulty met with is excessive secretion, which I have never seen unless adrenalin had been used. This excessive secretion has only followed the use of strong and never the use of weak (1 in 5,000 and under) adrenalin.

The method of using the post-nasal plug has been described at length; having once tried it on a suitable case, no one, I am sure, would ever be without it.

Another point I wish to emphasize is the reflex effects occasionally met with in submucous resections. From my experience I very strongly advocate ether for these cases when a general anaesthetic is used.

The accompanying chart of the blood pressure from such a case is, I think, worthy of study, and I am indebted to Dr. Watson Williams, under whose care the patient was, for permission to make the observations. (Fig. 4.)

Fig. 4.—Blood pressure. Submucous resection. A, Start separating mucous membrane. B, Separating mucous membrane opposite side. C, Cartilage divided. D, Anaesthetic stopped. E, Vomiting. F, Patient conscious.

It must not be thought that on account of the prominence given to the difficulties found in anaesthetizing these cases that they are of frequent occurrence; on the contrary, they are the exception. It has been done with the view of suggesting how to manage them when they do occur.

I have to thank Professor Francis Francis and Mr. O. C. M. Davis (Bristol University) for much help in the estimation of the chloroform and ether percentages. These represent the maximum output of the machine under average working conditions. I wish particularly to draw attention to the strength of the chloroform vapour. The greatest care should be taken when using chloroform alone, but when the mixture is used, the strength of the chloroform vapour presented to the patient is diluted by the inspired air to a sufficient extent—not that this factor should make us any less careful.

With regard to the ether percentages, I am unaware what percentage strength of ether vapour is required to produce anaesthesia, but I do know that the percentage produced by the apparatus is more than is required. It is surprising what a weak ether vapour, continuously given, is required to keep a patient under. Much is harmful, giving rise to the unpleasant symptoms associated with the drug.

[I am indebted to Messrs. Down Bros. for much help in the actual manufacture of the apparatus.]

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STATE INSURANCE AND THE POOR LAW COMMISSION.

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THE Poor Law Commissioners have differed widely in opinion as to the best means of dealing with pauperism and poverty. In one thing, however, they are agreed. They have given it as their unanimous verdict that not a little of the poverty and pauperism in this country is due to the fact that there is no provision for adequate medical attendance. Nor can we deny it. The remedies put forward in the Majority and Minority Reports are generally regarded by medical men as unsatisfactory. The question now is: Are we ourselves prepared to bring forward a remedy? There can be no doubt that, though somewhat late in the day, there is now a decided movement in that direction. A scheme of medical attendance has been discussed at the Representative Meeting, and will be sent down to the

Divisions, when every member will be free, and it is to be hoped prepared, to give his opinion. Of course, we are aware that the British Medical Association does not embrace the whole medical profession. Objections have been made to its constitution and management; the Association is on a democratic basis, and these are open to remedy; and of this, at least, we may rest assured, that if any scheme of medical attendance is to be brought forward, it can only be under the auspices of the British Medical Association. There is no other body at present in existence that represents the interests of all and is numerically strong enough to deal with it.

In endeavouring to contribute towards the solution of this question I make no secret of the fact that some years ago, after long pondering the subject, I came to the conclusion that the best remedy is State insurance; nor have I since discovered any reason why I should depart from that conclusion. State insurance has been in force in Germany for more than a quarter of a century. We can now study it in all its details. We can see in what

manner it has affected national life, and how far it has succeeded and how far it has failed in solving those problems that are confronting every European nation. No one can claim that it has as yet proved an unlimited success, or that we ought slavishly to follow the trend of its development on the Continent. But what I contend for here more especially is that, as regards medical attendance, it goes farther to remedy the defects complained of in the Poor Law Report than any of the proposals brought forward by the Poor Law Commission.

Wherein have we failed? As regards medical attendance under the Poor Law, the Commission affirm that district medical officers are poorly paid; that their attendance is perfunctory; that they cannot afford to give the medicine required; and, as regards the nation at large, they lay strong emphasis on the fact that the poorer classes have often great difficulty in obtaining medical attendance; that much of the attendance given is unsatisfactory; that there is overlapping; and that too little is done for the prevention of disease.

In order that we may form some idea as to how far this criticism is justified, let us, putting aside for the meantime attendance under Poor Law and public health, glance at the different systems under which the great body of the people are being treated for the cure of disease.

I.—PRIVATE PRACTICE.

This system still holds good to a large extent among the working classes in the North of England and Scotland, and to a considerable extent in rural districts generally. Were it practicable there are probably but few medical men who would not say that it is, after all, the best. Unfortunately it is not always practicable. Take, for example, a district at my own door. There is a population of about 7,000, consisting of publicans, small shopkeepers, artisans and labourers. Many, who are not paupers, are attended through medical orders which are freely given. A number are in clubs and in a provident dispensary. Others are attended by medical men who charge 6d. or less for advice and medicine, and up to 5s. a week when they are visited daily. The greater part are attended free of charge by hospitals, and confinements by midwives. The consequence is that in this population there are not ten private patients. Many of the people living in this district have a good income, and can well afford to pay the ordinary private fee or a much larger sum than is paid to clubs or provident dispensaries. There are others—and it is this class with which the Poor Law Commission largely deals—who are not in a position to pay even 6d. for advice and medicine. Letters have from time to time appeared in the JOURNAL, mostly from practitioners in country districts, who say that a considerable part of their income is derived from the yearly or half-yearly bills paid by men earning not more than 16s. a week, and they naturally ask why there should now be a flood of proposals for doing away with private practice. I have gone over many family budgets of those living in town and country, and reckon that those earning 16s. a week in the country are as well off as those earning 27s. or 28s. a week in the large towns, and, unfortunately, there are millions of our urban population living in houses where the income is less than that amount. Or take another extreme instance. There are districts in the West Highlands of Scotland where, according to the Registrar-General's Return, about half the people die without medical attendance. There, too, Poor Law and private practice have utterly failed.

Here, then, we are faced with a difficulty which I cannot pretend to solve. In some parts of the country private practice has succeeded, in others it has all but entirely failed. The consequence is that legislation well adapted to meet the needs of some parts of the country might prove detrimental to others. In legislating for the future there is, however, one fact that ought to be considered—namely, that the mode of life in this country is rapidly changing. Railways, motors, telegraphs, newspapers, and the transference of large industries to rural districts are altering the conditions of life, and life in the most remote country village is being rapidly assimilated to that in the towns. In these circumstances it seems not unreasonable to anticipate that private practice among the working classes may by and by become a thing of the past.

II.—VOLUNTARY INSURANCE BY MEANS OF CLUBS, FRIENDLY SOCIETIES, PROVIDENT DISPENSARIES, ETC.

The relationship between medical men and the working classes as affiliated to clubs and friendly societies has, not only in this country, but throughout Europe, been far from what might be desired. Disputes have arisen which I would not willingly say one word to accentuate. No one can possibly question the fact that the working classes have gained much by combination, and that the claims on the Poor Law have thereby been much diminished. At the same time it is evident, as was repeatedly pointed out to the Poor Law Commission, that there is a large body of poorly-paid workers who do not profit by voluntary insurance, and but little is done even for the skilled artisan who, through family circumstances, seasonal or bad trade, is unable to continue his subscriptions. In these circumstances some have thought that in framing an insurance bill Mr. Lloyd George has shown himself but too anxious to propitiate friendly societies. At the same time it must be remembered that in an insurance bill the provision of support during illness is of as much, even of more, importance than that of medical attendance. A further reason may have been that the friendly societies were more pressing in their demands than the members of the medical profession. Be that as it may, he has now told us that before that bill is brought forward we shall be consulted; and if, after all, we find that it is passed in the interest of only one party in the State, it will be our own blame if it does not meet with the most strenuous opposition.

As for the proposals of the Majority to solve the question of medical attendance by increasing provident dispensaries to which paupers would be admitted, I do not suppose that practically any medical man takes them seriously. At the present time, notwithstanding every effort on the part of boards of guardians and others, considerably less than 1 per cent. of the population belong to provident dispensaries, and I have heard of no medical man, except Dr. McVail, who believes that, though a subsidy were granted by the State, they would be materially increased.

III.—CHARITY THROUGH THE MEDIUM OF HOSPITALS, MEDICAL MISSIONS, ETC.

For a century or more it has been quite evident that in large cities at least private practice and voluntary combination would have utterly failed had there been no Poor Law and no hospitals. As Dr. Major Greenwood has clearly shown in a recent article, there was a time, after the breaking up of monasteries and the advent of Poor Law and philanthropic institutions, when the poor must have greatly suffered through the want of medical attention. Hospitals have since done excellent work, but, as we general practitioners well know, they have developed in a manner detrimental not only to our interests, but, as we believe, to those of the community. Some feeble attempts are now being made to stem the increasing tide that is rushing to out-patient departments.

I have before me the report of the first year's working of the lady almoners of the London Hospital. The report is thoroughly honest. It shows how the attempt to prevent this abuse of hospitals has been a mere drop in the bucket. After giving a sample of the well-to-do people who sponge upon hospitals, we have the statement that "the chairman has informed us that the committee intend to prosecute such cases in future for obtaining goods under false pretences." Is it likely? We have heard that so often before, but of the tens of thousands not one has been prosecuted. In the same report is mentioned the case of a woman who "was attending no less than six hospitals, and drinking medicine from each." The Minority have given us an alarmist report as to the sufferings of the poor through the difficulty in getting medical attendance. If general practitioners had been asked they could have readily given a few paragraphs to show that many poor are at the present time suffering from an excess of medical attendance. If I may be allowed to express my own personal opinion—and it is founded on daily contact with facts—it is drink, gambling, and out-patient departments that at the present time are in our large cities the most powerful factors in demoralizing the people and in leading to pauperism.

We have thus seen that, while in some parts of the country private practice meets the necessities of the case,

in others it has utterly failed; that voluntary assurance provides only for a certain section of the community, and that charity has developed in a manner prejudicial to the welfare of medical men and to the country at large.

IV.—COMPULSORY INSURANCE.

There are many respects in which our present position in this country resembles that which existed in Germany before compulsory insurance was introduced. There had been a gradual exodus from the rural districts—where the landlord or employer often paid for medical attendance—into industrial centres where it was seldom that any provision was made. That voluntary insurance had done something is evident from the fact that some years before the compulsory bill was passed there were over 5,000 clubs or friendly societies in Germany, with a membership of nearly 1,000,000. There were hospitals, but on a much smaller scale than in this country.

The position was not satisfactory. The Emperor William I and Bismarck pondered much over it. During that reign much had been done for the worker. He had got freedom of contract, and could hold his own with the employer. It was felt that that freedom had been purchased at too great a price if he were driven to the wall, and no provision was made for support and medical attendance during illness contracted, it might be, through the altered conditions of life or the nature of his employment. In this country we have begun with old age pensions, which are non-contributory. In Germany they began with sickness, and in doing so I think they took a more reasonable course. As Dr. Zacher has said:

Insurance against sickness is the oldest and most embracing, because on the one hand the necessity of provision for the sick makes itself the oftenest and most urgently felt, and on the other hand, owing to the temporary nature of that necessity, it can be most readily relieved.

It is not necessary to give in detail an account of State insurance in Germany and other countries. These details have been given in this JOURNAL in April last. To save the trouble of immediate reference I will describe it in a few words: The bill for sick insurance was passed in 1883. Its main principles are that every worker (all are not yet included), male or female, over 16 years of age, and earning not more than what is equivalent to about 38s. a week, should be compelled to pay for medical attendance; that the amount paid by the workers (not the doctors' fee) should be graduated according to the wage received; and that to the payment made by the worker the employer is compelled to add 50 per cent. The manner in which payment is made is by a deduction of 1 to 2 (in special cases up to 4) per cent. from his wages, and the money is paid by the employer into the insurance office.

In return for the payments made by employers and employed the worker receives half his weekly wage during illness, and medical attendance, medicine, trusses, spectacles, etc., free of charge. He may, as we shall afterwards see, in some districts call in any doctor, in others he is limited in his choice. The rule is that a note be taken from the employer, but if that is not convenient at the time it can be handed in afterwards. There has been no complaint as to delay on that account. If the medical attendant thinks it advisable that he should be sent to the hospital, there is no difficulty in obtaining admittance, as from the sum deducted from wages, to which the contribution has been added from the employer, a payment for each patient is made. And here, by the way, I may add that, though I have read the German medical journals for a considerable time past, I have never seen a single complaint as to any difficulty in admittance or as to any abuse of hospitals. For the purpose of carrying out this work societies are formed on territorial or other grounds. There are, for example, municipal sick societies, societies connected with large works, trade societies (building, mining, etc.), and others adapted to special circumstances or to the continuity of voluntary societies that existed before compulsory insurance came into force.

In 1884 a compulsory accident insurance bill was passed, according to which workers earning not more than somewhat under £3 a week receive after the first thirteen weeks, during which they draw on the sick assurance fund, two-thirds of the usual wage, while a provision is made for wives and families. The money required is paid by the employer.

In 1891, in order to provide for those not covered by the sickness and accident bills, an invalidity and old age bill was passed. In this case the employer pays an amount equal to that deducted from the worker, while a subsidy of about £2,000,000 is paid by the State.

In addition to the above the worker may, if he chooses, by further payment secure greater advantages, or he may contribute to other forms of insurance that are not compulsory. I spent some time lately in endeavouring to discover what effect compulsory insurance has had on clubs and friendly societies, but was assured at the Government offices in Berlin that my search was useless, as no reliable statistics could be obtained.

Germany took the initiative in State insurance, and it is in that country the greatest advance has been made. A careful study not only of the original bill, but of its development during more than a quarter of a century, is necessary for the preparation of any bill that will adapt itself to our national needs. Statesmen, ecclesiastical and social leaders, have evidently made up their minds that a bill of some sort must be passed, and, as Professor Moore has said, were we as medical men to oppose it, it would be equivalent to butting our heads against a stone wall. It is incumbent on us, therefore, to go thoroughly into it. How far Mr. Lloyd George and other statesmen have made inquiry I am unable to say. At the sick-insurance offices I have visited in various towns there is no lively recollection of any inquiry having been made. In any case, it is scarce to be expected that, beyond trying to discover what would affect the nation at large, they would devote much time to matters that are of special interest only to medical men.

That compulsory insurance has proved an unmitigated success in Germany is more than its most enthusiastic advocate can claim. Bills were produced when there were few data and no experience on which to proceed. This has rendered the position more difficult. In this country, with the exception of the Old Age Pension Bill we have a clean slate, and there appears to be no reason why in these circumstances we should not evolve a system superior to any that exists on the Continent.

I cannot now refer to all the difficulties that have cropped up during the development of State insurance. Suffice it to say that they are mostly due to the fact that the three bills mentioned were passed at three different dates. Employers do not always know to whom to pay their subscriptions, and employees do not always know to whom to apply. The different societies to which I have referred are most confusing, to an outsider at least. In Leipzig, which I have always, rightly or wrongly, regarded as a model of management, there is one society with about 170,000 members. In Berlin the number of societies, up to recently at least, was 155. This and much else could be readily simplified, and the cost of management, which is at present from 5 per cent. to 10 per cent., could be still further diminished had there not been mistakes in the past.

A strong attempt is now being made to remedy these defects. A new bill has been introduced containing 1,754 paragraphs. The preamble alone is a bulky volume of 784 pages. This bill has been referred to a Parliamentary Committee who have got through a little over 400 paragraphs; the discussion of which has been reported in the daily press. The final issue it is by no means easy to forecast.

One result of this new bill certainly is that it has awakened animosity and accentuated differences that have long existed between many of the medical men and those belonging to insurance societies. The main point in dispute is the "free choice" of doctors. In some towns and districts there has been absolute freedom on the part of those insured to call in whatever doctor they choose, so that apart from the mode of payment the relation of doctors to patients is that of private practice. In others, especially in the case of those attached to large factories, the choice has been limited. In April last 491 delegates, representing nearly 24,000 medical men, met in Berlin and all but unanimously—there were three dissentients—emphatically protested against the new bill and affirmed their ideal of free choice. What right, they ask, have sick offices to prescribe how many or what doctors should practise in a particular district? The working classes themselves have freedom of contract, why should medical

men be restricted? Why, as in many districts would doubtless be the case, should they have to trim their political opinions to suit a political party? It seems, however, evident that not a few of the societies wish to have the doctors under control. If there be absolute freedom of choice, they say that medical men will court popularity and give certificates, so that there will be no limit to malingering. Besides, if payment is made according to the attendance given, medical men will pile up bills so as to drain the insurance societies. As to malingering, the doctors admit that there are black sheep in every flock, but they say that when complaints are made they can readily be settled by a strong committee of medical men; while the fact that employers who contribute and have an interest in the amount paid ought to prove an additional safeguard. The question as to piling up unnecessary attendance when freedom of choice is given is not so easily solved. I do not think that it can be denied that during the first few years of State insurance there were medical men who took a dishonest disadvantage. A child might be brought to a surgery, and it might be elicited from the parents that there were three others at home suffering from the same disease. In this case a charge for four consultations was made. The claims sent in came as a surprise, and the future of State insurance was seriously threatened. Many measures were tried. I have beside me the annual reports for the past twenty-five years of the working of sick assurance in Leipzig, and it is most interesting to watch the development. The plan at last hit on was to fix a certain sum per head, and if the total demands for attendance exceeded the multiple of that amount, what is termed a liquidation was made, and a certain percentage was deducted from each bill. This system seems now to work satisfactorily. It would require a volume to enter into detail on the different matters involved in this dispute. It is being constantly referred to in the daily press, and discussed at great length in the medical journals. Already, as is generally known, it has led to a strike in Cologne. Meantime, the insurance societies in Cologne have conquered. They have brought in what are usually termed "blacklegs," and it is generally admitted that they are the dregs of the profession. The people seem to be losing confidence in them, and notwithstanding their efforts and the prying of officials, one does not find in the latest statistics any proof that they are succeeding in the prevention of malingering or lessening the claims for medical attendance. It is quite possible that this strike may extend over Germany. Both parties are confident in their position. The 24,000 members of the Leipzig Verband affirm that if their claims are not granted they will refuse medical attendance, and the societies will be compelled to yield and State insurance become impossible. Insurance officials, on the other hand, say they will stick to their position, and that though 24,000 men are banded together, there are still 12,000 on whom they can safely rely. Judging from the state of matters in Cologne, it does not appear that many of the 12,000 would show themselves inclined to back up the societies.

The wage limit has furnished another subject of dispute. Hitherto, as we have said, sick insurance has been limited to those having a yearly income of not more than 2,000 marks. It is now proposed to extend this limit to 2,500 or 3,000 marks. In the Parliamentary Committee a Social Democrat proposed 5,000 marks. In Austria it is proposed to raise the limit to 3,600 marks. Medical men contend—and they have supported their contention by elaborate statistics—that if the limit were raised even to 2,500 marks, it would mean the almost entire elimination of private practice in many districts; and they further contend that while the amount paid under State insurance by the average workman might be sufficient, they would seriously suffer if attendance were to be had on the same terms by well-paid artisans and the middle classes. Further, the new bill proposes to cover a class not hitherto reached by State insurance, namely, farm servants and those living on a few acres of ground. Were the limit in their case to be fixed at 2,000 marks, there are many rural districts in which there would be practically no field for private practice. A limit of 900 marks is regarded by many medical men as quite sufficient to meet the necessity of the case.

In reading the journals that deal mostly with this dispute, one is struck by the fact that comparatively little

is said as to the actual rate of payment. As there is a general impression in England that German doctors are very badly paid, perhaps I may be pardoned for devoting a little more space to this subject. Two months ago our Government kindly gave me introductions to the Ambassador at Berlin and to the Consul-General at Hamburg, in order that I might have greater facilities for inquiring into State insurance. Through their great courtesy and kindness, for which I cannot be too thankful, I had a ready entrance into Government offices, discussed the subject with State and other officials, doctors, and heads of insurance societies. One thing I noted—that when the dispute between the doctors and the insurance societies was mentioned there was hardly any one who could discuss it dispassionately. For example, when the rate of payment was referred to, I was told by insurance officials that the doctors were extortioners; that they were plundering the poor; that in no other trade or profession was it possible for a man to make £500 or £750 within the first few years. On the other hand, the doctors say that it is scarcely possible to eke out an existence, and quite impossible to make adequate provision for wives and families. The truth seems to lie between the two extremes. In this country there is no means of precisely estimating the average income of medical men. In some parts of Germany it seems possible to make a more precise estimate, as statements have been published giving the amount on which income tax is paid. I have, for example, beside me the statistics from Schleswig-Holstein, a State in which there are practically no large towns, and where the inhabitants are mostly occupied in agriculture, navigation, and fishing. The following are the amounts on which income tax is paid by the 603 medical men in ordinary practice:

Under £200	...	...	28 per cent.
From £200 to £300	...	...	22 "
From £300 to £400	...	...	20 "
From £400 to £500	...	...	13 "
From £500 to £750	...	...	12 "
From £750 to £1,000	...	...	3 "
From £1,000 to £1,700	...	...	2 "
and one over.			

When we thus find that 70 per cent. have a net income of less than £400, we may probably take it that the average income in a similar district in England is somewhat higher. But in judging this matter we must take into account the fact that life in Germany is simpler, and that not so much is expected by patients in the way of expensive motor cars and other kinds of expenditure not absolutely necessary. And, further, we must note the steady increase of fees under State insurance. In Hamburg, for example, the amounts paid by each member of this municipal insurance society for medical attendance (medicine not included) in 1895 was 2s. 5d. In 1909 it was 7s. In all towns there has been a steady increase. That the financial position of medical men in Germany is better than is generally supposed is further evident from the fact that though there are good openings in commercial and scientific pursuits, the number of medical students during the past six years has almost doubled. (In the winter session 1904-5 there were 5,926; in 1909-10 there were 10,263.)

We have thus seen that though the financial position of medical men in Germany is not all that could be desired, it is better than it is often represented to be. The German system of State insurance is not perfect, nor do I know that a perfect system is possible. A modern writer has said that: "The modern Utopia must be not static but kinetic, must shape not as a permanent stage but as a hopeful stage leading to all manner of stages." Much depends on the individual. Better, perhaps, than a perfect system would be "a flexible common compromise in which a perpetually novel succession of individualities may converge most effectually upon a comprehensive onward development." Viewing the matter in this light, and putting aside details, there are certain general principles in State insurance for which I contend, and which, if wisely adapted, would, I believe, solve all our difficulties.

1. *Compulsion*.—We are constantly told that the great body of people in this country will not tolerate compulsion. Before rushing to that conclusion it would be more reasonable to consider what compulsion means. There are certain things which are better done by us as individuals. There are

others which are better done by the municipality or the State. It would be impossible for every family in London to provide their own water supply. In getting it otherwise we are compelled to submit to conditions. England has already travelled far in the way of compulsion. Education is compulsory, and though we may not all care to send our children to the Council schools, we are compelled to pay for the children not only of paupers but of those who may be earning thousands a year. Turn where we may we find compulsion. We may be attending the children of well-to-do people for some infectious disease and expecting a good bill. The sanitary inspector steps in. They are removed to an institution where they are maintained at great expense, and we are compelled to pay for them. We are compelled to notify births and certify deaths free of charge, and if general practitioners continue to be as apathetic as in the past, we shall soon be compelled to pay hospitals and midwives for doing work for which we were educated and which we are quite capable of doing. Medical men are compelled. But there must be no law to compel men earning good incomes to make provision or pay for medical attendance! They may talk loudly about independence, squander their money, sponge upon charity, and become a burden on their poor and provident neighbours, but they must not be compelled. If England is to hold its own among the nations, some regard must be had to the moral as well as the physique of its people. Happily there is one good sign of the times—namely, that one can hear the strongest language on this subject from the better working classes themselves.

Among those who object to compulsion are the authors of the Minority Report. They there tell us that in this country "Compulsion is totally impracticable." In what respect do we differ from other nations where it is found to be practicable? A strange statement this is to come from the authors of a report who themselves advocate a form of compulsion more drastic than any country has heard of. As a straw will sometimes show how the wind blows, I may be pardoned a simple illustration. Some years ago there was in my own neighbourhood a rapid increase of rates. The people protested, but there was no great excitement. Shortly after the council gave notice that all houses under a certain rental were to be inspected, if any part of them was sublet. The feeling was so strong that the council had to resile from their position, and promised that there would be no inspections unless some *prima facie* evidence of nuisance existed. So far as I read the signs of the times, the public, especially the working classes, will submit to a great deal in the form of deduction from wages or payment of rates, but they will not submit to such a form of compulsion as will allow lady health visitors and others to enter their houses and compel them to submit to medical treatment. We may strain at a gnat, but we need not try to swallow a camel.

2. Another main principle of State insurance is that, in order to adequate medical attendance being given, assistance is required from the employer and the State. As already said, the Poor Law Commission have laid much stress on the fact that there is a large body of people in this country, not paupers, who cannot pay for medical attendance. And here I entirely agree with the authors of the Minority Report when they persistently ask, Why should a man be compelled to become a pauper because he is sick?

It is needless to dwell on the fact that it is the duty of the State to secure for all the best possible measure of health. The State has already recognized its obligations in that respect, and has expended large sums on public health. Board, lodging, and medical attendance are provided free of charge, not only for the poor, but the rich when they are suffering from infectious disease. There has been but little limit to expenditure in that direction. Is it due to the remissness of general practitioners that hitherto, apart from the Poor Law, the State has done nothing in the way of providing medical attendance for the hundreds of thousands who suffer from non-infectious disease and who cannot afford to call in a doctor?

It might seem at first sight more difficult to explain why the employer should contribute to the cost of medical attendance on his workers. And yet, if we are not blinded by custom and totally absorbed in our insular ideas, the reason seems plain. In feudal times—it might

be from pure selfishness—the landowner took on himself the responsibility for the health of those on his estate. In those parts of the country where remnants of the patriarchal system still remain the master provides for the health of his servants and the employer for that of his workers. Many of us can look back to our early days in practice when, if a man was injured at work or took suddenly ill, the bill was paid by the employer. He is now taken to the nearest hospital, where he is treated at the expense of the charitable public, and if any considerable contribution is made by the employer he is applauded for his liberality, but he in no way recognizes any obligation. This is not as it should be, and the better class of employers fully recognize the facts. There is a spirit of great liberality among many employers, and they aim at something higher than popular applause or titular distinction through giving large sums to charities. They know that money given as at present is often misspent. They have a genuine interest in their workers. They are desirous of a closer relationship than the mere cash nexus, and not a few of them would, I believe, gladly give more if they could but see the money wisely expended. To those who are not acquainted with the discussion on the new German bill it may come as a surprise that the employers are desirous of paying more rather than less. It will be remembered that, according to the law as at present, the employer contributes one-third and the worker two-thirds to the sick insurance fund. The employer now wishes to pay one-half, the reason being that he desires an equal share in the management. From this it is evident that there is no strong objection on the part of employers in Germany at least to contribute towards medical attendance on their workers.

There are two considerations that appeal to employers in this country. First, they reckon that if money were paid in this way there would be less to pay as a poor-rate. It would be too tedious to go into statistics, but I think we may take it that State insurance has reduced the poor-rates in Germany by at least one-half. I have made a rough comparison between what some firms in this country are paying as poor-rate and what they would have to pay if State insurance were introduced, and reckon that they would have to pay considerably more, but that there are compensating advantages. Another consideration that appeals to employers is the fact that now that the Poor Law Commission has said they are likely to be called on to pay more in any case, more especially if the recommendations of the Minority are adopted. If, as under that scheme, payment of trifling sums for medical attendance are to be recovered, it seems doubtful if the amount received would do more than cover the cost of collection. We can learn from the past. Some of us can well remember what happened when education was made compulsory. There were many parents who could not pay the fees. School boards became heartily tired of remitting fees, and few attempts were made to recover. The consequence was that the House of Commons, with, if I mistake not, five dissentient votes, peremptorily settled the whole business, and made education free to the children of rich and poor alike. If the recommendations of the Minority were carried out, we need scarce doubt that the result would be the same as regards medical attendance, and the burden of rates and taxes vastly increased.

While claiming that the employer should contribute towards attendance on his workers, there is, however, one respect in which, I think, he already pays more than his due. It will be remembered that in Germany the cost of insurance against accident does not come into force until after thirteen weeks, so that up to that time the burden does not, as in this country, fall entirely on the employer. As accidents are quite as often due to the carelessness of the worker as to defects in machinery, there seems to be no reason why the worker should not contribute his share. Were this done, the employer would be placed on a more equitable footing, and it is probable the number of accidents would be largely diminished.

3. Were State insurance introduced in this country, there is one principle for which our German *confrères* have strenuously contended, and for which we too, I think, should strenuously contend—namely, the independence of the medical profession.

We are here beset with danger from two different quarters. If the proposals of the Minority Report are

carried out, we become the servants of county and borough councils. Much has been said against guardians. With a few exceptions, I do not think they can be accused of having unduly interfered with their medical officers. Part-time medical officers of health have not had all the freedom that could be desired, and when we see after every municipal election the scramble of jerry-builders and owners of small property to get on health committees, we naturally surmise that the position even of the whole-time medical officer, if he do his duty, is not always an enviable one. Hitherto the great body of the profession has been free from outside control, but were practically all to become subject to municipal authority, the position of those holding appointments would be less comfortable than it now is. Great attractions in the form of large salaries and motor cars have been held out to us as the price of our freedom. Many of us who are general practitioners are too old to depart from the traditions of the past, and it would be a great hardship were we obliged to seek appointments or promotion through public bodies. Like our German *confrères*, we are equally anxious that our profession should not be lowered by political or other wire-pulling becoming a condition of appointments or promotion rather than ability and capacity to practise our profession.

Further, were a State insurance bill passed, the danger is that we might become, even more than we now are, the servants of clubs and friendly societies. Under State insurance, as we have seen, the freedom of medical men may be as great as in private practice. This has always existed in some parts of Germany. In others it has not, and now there is the determination to fight for it. I shall not refer to the differences that have arisen in Germany as to the amount of fees, and as to whether payment should be according to a fixed sum per head or to the amount of attendance. These difficulties can be got over; but if the voluntary societies in this country are to insist that any man, whatever his income, may become a member and be entitled to medical attendance, I cannot see how a reconciliation is possible. In no other country has a similar demand been made. The German societies have always admitted a limit beyond which members shall not be admitted. The contention has only been as to the amount at what that limit shall be fixed. How this difficulty is to be got over I know not. As there is at present a committee consisting of members of the British Medical Association and the representatives of friendly societies, it may not be advisable to say much on this subject. Possibly, however, I may be allowed to make a suggestion. As these societies exist for trade purposes and the support of their members during sickness, is it, in consideration of the present position, absolutely necessary that they provide medical attendance? The Hearts of Oak Society, for example, seems prosperous enough, and it does not regard this as a necessity. Be that as it may, we must hold our own, and support our members if they plainly say on what conditions they are willing to hold their appointments. Trades-unionism is foreign to the spirit of our profession, and it is sincerely to be hoped that these differences will be settled, and that, like our German neighbours, we shall not be compelled to take up an absolutely antagonistic position, and decline to continue attendance unless under reasonable conditions. In any case, I hold that all advantages that might accrue through State insurance or otherwise would be dearly bought if the medical profession in this country were to lose its independence.

4. State insurance has for its object not only the treatment but the prevention of disease. For the prevention of disease it is essential that there be no difficulty in obtaining treatment. As every member of a State insurance society is entitled to attendance and medicine free of charge, there is no temptation to delay till a disease has passed its earliest stage. Nor is there, as in this country, any difficulty or delay in entering the hospital, sanatorium, or convalescent home. In the annual report just published of the Leipzig Municipal Sick Insurance Society, one finds numerous illustrations, constituting quite a work of art, of the institutions provided by the society and private individuals.

At the same time be it noted that, apart from infectious disease, there is no compulsion to undergo treatment. For this it is reckoned there are other safeguards which are quite sufficient. It is, for example, the interest of the employer, who has to bear his share of the

cost of the maintenance and treatment of his workers during illness, to see to it that they are not injuring their health nor unduly delaying to seek adequate treatment. The advent of disease makes itself known to the individual himself, to his friends and neighbours, and whatever precautions are taken it is probably but seldom that its presence is discovered otherwise. Some of the German officials I met were well acquainted with the proposals put forward in the Minority Report and regarded them as ludicrous. Are you, I was asked, to send your young lady health visitors to interview big navvies, to diagnose their ailments, and to compel them to submit to treatment? Others, to whom I explained our present position, regarded these proposals as too absurd to be credible.

I do not think it can possibly be denied that in recent years a great advance has been made in the prevention of disease and in sanitation in the large towns in Germany, though progress has been but slow in many country villages. State insurance, working hand-in-hand with the public health system, has been making a determined fight against tuberculosis. A vigorous campaign is now being initiated against alcoholism and sexual disease. It is quite true that one seldom sees a man what is termed the worse of drink in Germany. At the same time it is becoming more fully recognized that the drinking of enormous quantities of light beer and coarse spirits are undermining the physique of the nation. They further claim that their mode of dealing with the prevention of disease is more practical than in England. Why, I was asked, have the English people been spending millions of pounds in an endeavour to stamp out scarlet fever, when they might have seen long ago that the measures they have adopted were utterly impractical?

Quite recently I spent the greater part of two days in wandering through the poorest parts of Berlin and in conversing with all manner of people. I saw poverty enough, as was evidenced by the clothing and impaired physique, but I failed to discover one man, woman, or child unwashed or with unremended garments. Rightly or wrongly, I could not help attributing this in no small degree to their system of public health and to the self-respect engendered by the contributory system. In Hamburg, with its large foreign population, I found two districts that approximated to the slums in our English cities. But there, too, rapid progress is being made. Property is being bought up, houses are being pulled down, and it seems not improbable that in a few years the narrow and crowded streets will have entirely vanished.

Since writing this paper I have received a long list of questions from several medical men. Some of these I am unable to answer, as I have neither had the leisure nor the opportunity to become as fully acquainted with the subject as I could wish. The difficulty lies in the fact that there is a great difference as to details in different districts. Fees, for example, and many other matters are arranged locally between the medical men and insurance officer, and when disputes arise there are different authorities to which they can be referred. It would be impossible to state precisely the average amount paid where there is a fixed sum for each individual. I have gone through the reports of several towns, but know that I am quite open to correction when I set down the average as a little over 6s. for each member. This, it will be understood, does not include medicine, medicine being supplied, unless in remote country districts, by chemists, who contract for a fixed sum, and are paid in the same way as medical men. Chemists do not prescribe even for trivial ailments. In Leipzig the fee for the first visit is 2s., and 1s. afterwards, extra fees being paid when the distance is more than three-fifths of a mile, for night visits, confinements, operations, etc. It has not always been found possible to make arrangements for families. On the list of insurance doctors there are general practitioners and specialists, and in large towns there are central clinics where there are a number of doctors, and there is no weary waiting till patients are seen.

The subject has been much discussed by the Committee who are sitting on the new bill, but it has not yet been found possible to include casual labour. A leading Government official told me that this is not a matter of so much interest to them as to us, as he did not believe that in all Germany there are 100,000 casual labourers. Happily this problem seems in the way of being partially solved in

this country, as many employers are now seeing its disadvantages and endeavouring to secure regular instead of casual labour.

A further question has been asked—How would State insurance affect the different grades of the profession? So far as I can see it, the Poor Law medical officer would continue to hold his present office, but the amount of work would be considerably curtailed. Part-time and whole-time medical officers of health are required. The *Polizei-Arzt*—whom we must not regard as the police-surgeon, but rather as somewhat equivalent to our part-time medical officer of health—is much in evidence in Germany. Were a movement to take place here for “free choice,” as in Germany, club and works’ appointments might be gradually thrown open, and those holding these appointments might lose some of their patients, but the loss would be compensated through a higher fee being paid owing to the contribution from the State and the employer. At the initiation of State insurance this difficulty was got over more easily than was anticipated, and among the 24,000 medical men banded together for free choice are many who are holding appointments. Were State insurance to be made universal in this country, practitioners living in districts where the working classes pay good fees might find themselves worse off financially, but there seems to be no reason why matters of detail should not be left to be settled according to the needs of this community. In large towns and districts where the working classes pay little or nothing, as every worker would be compelled to pay, the income of the general practitioner would be largely increased. The amount paid under State insurance has not, so far as I can make out, influenced the rate of payment by the middle and wealthier classes. As a line of demarcation has thereby been drawn, and as one can readily know who are entitled to low fees and to charity, we might reasonably anticipate that the field for consultants and private practice would be greatly enlarged, but, as Sir Arthur Downes has said, “The future must largely depend on the action of the great voluntary hospitals and institutions of charity and self-help.”

I shall conclude by quoting the words used by the opening speaker at the recent congress in Berlin, though I cannot give the full force of the original:

Let all our deliberations be inspired by a sense of the seriousness of the position, inspired by the love of our calling and profession, inspired by the necessity of a faithful and strong combination, but also inspired by the love of our country, for it is our firm conviction that compliance with our wishes and demands would benefit not only ourselves but the nation at large.

Whatever benefits State insurance would confer on the medical profession, I am strongly convinced that it would still more benefit our country by encouraging a higher tone of morality, by mitigating the lot of the poor, by promoting independence and patriotism, and by enabling us to hold our own among the nations. It is in this, I think, and in no narrow-minded or selfish spirit, we ought to appeal to our country and our Government if we expect them to comply with our demands.

STATE INVALIDITY AND SICK INSURANCE.

CONSIDERATION OF THE TERMS AND CONDITIONS ON WHICH THE NECESSARY SERVICES OF THE MEDICAL PROFESSION SHOULD BE OBTAINABLE.

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THE physical deterioration resulting from unemployment, insufficient or bad food and housing, neglected ailments, etc., with all the consequent injury to succeeding generations, has for some time been brought prominently before the medical profession.

All parties in the State now recognize their existence and their urgency, and are in favour of taking some steps to try to stop this human wastage.

The Problem.

The problem would seem to be how to maintain the 15,000,000 of the labouring classes in the most perfect

physical conditions so that they may one and all retain their positions in the “fighting line”; how to return to this fighting line with the least possible delay those who are laid by temporarily through illness or accident; and how to prevent those who through age, illness, or accident have had temporarily or permanently to leave this fighting line from becoming a source of danger to the health of others.

That portion of this problem which more nearly interests the medical profession has been labelled “invalidity.”

Charity.

As it is the Government which intends to bring forward proposals to deal with this problem, which to be complete should include recommendations covering medical attendance, any further necessity for appealing to the medical profession in the name of charity is gone. The profession, however, should be on its guard that any difficulties that may for the moment arise in the elaboration of a scheme are not solved to the satisfaction of the laity by some such appeal. Each party interested in the scheme—whether the State, friendly societies, trade unions, employers, or the medical profession—can quite well be left to do its own charity in its own way, and not as a consequence of coercion.

Insurance Company.

The scheme should be worked on an insurance basis. Who is to be the insurance company?

As the State with its limitless possibilities of calls will be fully able to guarantee the funds necessary for an efficient and constantly improving service, and as it must control the distribution of the funds in order to safeguard the interests of the taxpayers and the beneficiaries, it alone would seem to be the party to take this position of responsibility.

The State, therefore, would guarantee:—

(1) To the beneficiaries:

- (a) Medical attendance during accident and illness.
- (b) Sick pay during accident and illness.
- (c) Pensions when permanently out of work through illness before being 70 years of age.
- (d) Maintenance and medical attendance for the families of those laid by.
- (e) Adequate wages during unemployment due to no cause over which the beneficiary had a control, or which is a result of physical defects.

(2) To trade unions, friendly societies, State hospitals and dispensaries (clinics), nursing and convalescent homes, nursing associations, and all branches of the medical profession adequate funds wherewith to meet the claims on their respective services.

Determination of Funds Required.

The trade unions and friendly societies will no doubt be consulted, if this has not already been done, with reference to (b), (c), (d) and (e).

The medical profession should be consulted—and through the only body representative of it (the British Medical Association)—with reference to (a) and (d).

The Government having obtained the necessary data from all parties, can then with actuarial advice determine the total amount of funds required to carry any suggested scheme into operation, and also apportion the amounts of the contributions to be asked from the State, the employers, and the employees.

The Question for the Medical Profession.

The Chancellor of the Exchequer has expressed his willingness to receive a deputation from the Association to discuss the proposals of the Government in so far as they may relate to the medical profession.

It would therefore seem opportune to consider what reply the Association will give to the question, “On what terms and on what conditions does the Association suggest that the necessary services of general practitioners, consultants, and specialists should be placed at the disposal of the State?”

The Terms of the Contract.

If the medical profession decides that it is desirable in the interests of the community, as well as of itself, that there be some scheme of invalidity insurance covering