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.

By E. ROWLAND FOTHERGILL, M.B., B.S.,
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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

Table giving Some of the Advantages and Disadvantages stated to attach to the Three Proposed Terms of Contract.

	(1) Payment per Head per Annum.	(2) Whole-time Appointments.	(3) Payment for Services Actually Rendered.	Comments.
What would be the position of the doctor in an epidemic?	The Government would exact the extra services required in fulfilment of the bond	The Government would exact, without any increase of remuneration, the extra services required in fulfilment of the bond	The Government would pay the doctors for the extra services required	The doctor becomes the insurance company in proposals (1) and (2).
What would be the position of the doctor when the Government desired additional duties?	As in the Post Office appointments, these duties would be imposed with no increase of capitation grant	There would be no increase of salary	The Government would pay the doctors in accordance with terms arranged with the British Medical Association	Ditto.
Could the State rest satisfied that the proposal would tend to prevention of disease?	No. As a consequence of the application to the doctor on the most trivial excuse the doctor has come to treat most of such patients by "a bottle of medicine" after lightning diagnosis	As in proposal (1), the benefit will be <i>nil</i>	As the doctor will obtain a fee he will be encouraged to devote time to the patient	In any case, the best way for attaining the object in view would seem to be by compulsory visiting at stated periods for a guaranteed fee of the patient by the doctor.
Would not the Government wish every medical requirement covered by the insurance?	Yes. But as no one doctor is qualified to give every attention there are bound to be extras	No doubt there would be whole-time officers from all branches of the profession	As payment is by fee the necessary treatment can be obtained of the competent doctor	No scheme with loopholes would appeal to the State.
Could it be said that by this scheme a doctor had underwritten the State's insurance policy?	Yes	No	No	Doctors are tired of being insurance companies, with no capital to draw on except their own health and the interests of those dependent on them.
Can it be said that the patient has an absolutely free choice of a doctor?	No; for the two are tied together for a year, whether one or both desire to cancel the agreement	No; the State would bind the beneficiary to a certain doctor	Yes. Both are at liberty to cancel at any time the arrangements made	Those who at present have full liberty of choice and will be compelled to insure will not favour proposals (1) or (2).
Would patients complain of neglect and that a doctor was not doing his best?	They do so now, and in lengthened illnesses doctors transfer them to hospitals in order to save their time and drugs	As in proposal (1), the same position would arise	Seeing that doctors are paid by fees, the justification for such an assertion would be questionable	If the State desires prompt recovery of a beneficiary proposal (1) would defeat that object.
Is the proposal likely to encourage farming out the patients by a doctor to newly-qualified and under-paid assistants?	It would be impossible for a doctor to do the work otherwise, there being no check on the demand for his services	Not possible	Being paid by fees, if the doctor could not attend he would be in a financial position to engage at a good salary a thoroughly capable assistant	The State is hardly likely to organize any service allowing of this abuse.
Will a doctor be able to know his income under the proposal?	Yes. For example, he will know he will get £400, and no more, however much he does	Yes, as proposal (1)	Yes, seeing that in private practice doctors can roughly estimate their probable receipts. He will know he will get £400 for the work done under proposal (1), and most certainly a good deal more on an average of years	—
Does the proposal relieve the doctor from being the slave of his patients?	No. He is tied for a year, having once agreed to have the patient on his list	No	Yes. At a moment's notice the doctor can, as in private practice, decline attendance	Although proposal (1) gives a beneficiary a choice of all doctors in the district, it only increases the number of possible slaves.
Will doctors have cause to complain of vexatious calls made on their services?	Yes; as at present	Yes	No	The State as well as the employers, as they help to pay the doctor, will associate themselves with the employee as taskmasters, and compel acquiescence. A doctor might be ruined by this pressure.
Would there be any security for the doctor being paid for extras not covered by the capitation fee?	None whatever; and he would be compelled to go on attending until termination of his year's agreement, when the patient would transfer himself to another doctor, and never pay his debt	There would be no extras	Each item would be guaranteed payment in accordance with tariff of fees	—
If a doctor succeeds to a practice would it have influenced his decision to have known ages and state of health of beneficiaries on his predecessor's list?	Yes. The older the beneficiaries are, the more attendance they require. He would give the attendance for which his predecessor had received and retained the payment	No	No. He would know that the more attendance the more payment to himself	—
If a beneficiary develops a chronic illness, what would probably happen?	At the termination of the year's contract, no doctor would accept him at the capitation fee, the risks being unknown	Nothing. Only more work for the whole-time officer	Extra fees would be received by the doctor	The State would not approve any scheme which threw out of it invalids and the aged.
Does the proposal offer the doctor any inducement to transfer his present club patients into the scheme?	No; for he would saddle himself with two additional taskmasters (the State and the employer), even if he did receive a higher premium	No. As in proposal (1)	Yes. He would obtain payment for work done and be independent of officials	Under proposal (1) a doctor might receive £100 for attending 500; under proposal (3) he would retain, say, 400 members, and receive more than £100.
Seeing that the probability is that all earning under £160 may be in the scheme, does the proposal benefit or harm the doctor who at present gets paid by account?	Great harm would result in greatly lowered income	As proposal (1)	No harm would result providing fees in tariff were on a satisfactory scale	The probability is that in districts where there is no club practice, if proposal (1) is enforced, that the beneficiaries will contract out, and the scheme be a dead letter.

medical attendance,* then there would seem to be four possible replies as to the terms:

(1) By a fixed payment per beneficiary per annum, throughout the United Kingdom.

(2) By whole-time appointments with security of tenure and participation in a superannuation scheme, throughout the United Kingdom.

(3) By payment in direct accordance with services rendered; such payments and services being determined in a tariff covering all possible contingencies, and which has been agreed upon between the Government and the Association, such tariff to be applicable throughout the United Kingdom.

(4) That the United Kingdom be divided into zones. That proposal (1) or (3) be made applicable in a zone as might be determined by the local Board of Control after consulting the local medical profession.

Funds for the Medical Service.

It cannot be too early recognized that, although the Government will no doubt be willing to give the Association adequate representation on all central and local Boards of Control formed of parties interested to deal with the whole scheme, there can be no possible chance, in these days of representation going with taxation, of that portion of the funds necessary to cover the medical service (several millions a year) being handed over to the Association for it to distribute.

The organization of the Association centrally and locally will probably be found useful by the State for the ethical control of its members, and for voicing the wishes of the medical profession.

Axioms to be Used in Testing the Advantages and Disadvantages of the Terms.

Before enumerating some of the advantages and disadvantages stated to attach to each one of the suggested terms of the contract, it might be useful to repeat certain axioms by which to test these terms.

(a) The true interests of the community and those of the medical profession invariably coincide. Any scheme suggested for providing medical assistance which does not recognize this fact will prove ultimately to be unsound.

(b) Any system of medical assistance to prove satisfactory should ensure that the payment to the medical man should be adequate, and in accordance with the professional services required.

(c) Under any scheme of insurance against the cost of medical attendance it should be possible to place the insured in a similar position in all respects to that held by a person whose financial state renders an insurance unnecessary.

The Advantages and Disadvantages stated to Attach to Each Proposal.

As no correspondents have placed before the members in the JOURNAL arguments in favour of whole-time appointments, or fixed payments per head per annum, it is necessary to refer to those advanced at the recent Representative Meeting, although even there the recommendations in favour of the latter proposal were such as might be expected to be advanced by a beneficiary, and not a medical attendant.

For clearness of demonstration the three proposals, with a few advantages and disadvantages said to attach to them, have been placed in a tabular form (see p. 749).

As in no insurance business is it allowed to the beneficiary, on his own unsupported testimony, to demand the benefits for which he has insured, those in favour of proposal (1) would seem to have to provide some safeguard in order to obtain general acceptance of their recommendation. Another safeguard which it would seem to be necessary to provide is a maximum limit to the amount of benefit which can be obtained in return for the amount of premium paid. On the other hand, those in favour of proposal (3) would have to provide some safeguard against collusion between the beneficiary and the medical attendant with the object of making the account for the latter as high as possible. In Germany this seems to be

done through the ethical control exercised by the medical association.

The advantages and disadvantages tabulated on p. 749 do not exhaust the number that it is said can be enumerated, but they will suggest others to those who are conversant with practice of a contract nature, as well as afford an opportunity to any who favour one system to advance arguments for or against the statements made.

Two arguments have been advanced in favour of proposal (1)—namely, that medical men are used to this system and would not readily understand any other; and, again, that there does not seem to be any great disposition on the part of doctors, although constantly protesting, to give up that form of contract. The former argument has been advanced in favour of skinning eels alive, and the latter might be advanced in the form that it is quite unnecessary to provide a man overboard with a lifeboat seeing that he is clinging so tenaciously to a spar of timber.

The Conditions of the Contract.

It is not possible to enunciate conditions before we hear the intentions of the Government. But these three might probably prove acceptable to the medical profession:

(a) That in all negotiations with the members of the medical profession the British Medical Association, its Branches and Divisions, shall be the recognized medium.

(b) That the medical profession, while always desirous to co-operate in schemes having for their object the physical improvement of the nation, declines to relieve the Government, the employers, or employees of their respective liabilities to each other in any scheme of insurance propounded.

(c) That the medical profession, while willing to negotiate for its services, refuses to make itself responsible for the provision of clerical assistance, drugs, and other requirements for a complete medical service.

Scheme of Invalidity and Sickness Insurance.

Should the Government decide to put forward a scheme to include medical services, the British Medical Association would no doubt be willing to assist in the drafting of the medical portion of it, if asked. But it might place the Association in an awkward position were it to allow schemes covering the various requirements to be published under its aegis before the intentions of the Government are known.

As insurance against unemployment in many of its aspects is closely allied to this question, the recent presidential address given by Sir A. Llewellyn Smith in the Economic and Statistic Section of the British Association at Sheffield, which is quoted fairly fully in the *Daily Telegraph* for September 2nd, might be read with advantage.

It is to be hoped that members of the medical profession, especially general practitioners, will without any further delay address themselves to the reply to be given to the question: "On what terms and on what conditions does the medical profession suggest that its necessary services should be placed at the disposal of the State in any scheme the Government may bring forward to cover invalidity and sick insurance?"

UNDER the will of the late Mr. Daniel James Woodman, of Blackheath, Guy's Hospital receives a donation of £1,000 for the endowment of a Woodman Bed, the National Trust Society £600 for general purposes, the Seamen's Hospital, Greenwich, and the Royal Hospital for Incurables, Putney, each £500, and the Cancer Hospital, Fulham, £300.

WE are informed that among those to whom a Grand Prix has been awarded by the judges at the Japan-British Exhibition is the firm which manufactures the well-known disinfectant Izal. A good many members of the Association were, we believe, the guests of the firm at its works near Sheffield, on the occasion of the annual meeting a couple of years ago.

THE Government of Bombay has decided, we learn, to extend the area over which the existing Lepers Act applies in the Province, and in co-operation with the Mission to Lepers in India and the East to provide whatever additional accommodation for lepers may prove necessary. The Mission, which only receives a small subsidy, already supports nearly 4,000 lepers in India, and is now engaged in improving its arrangements for those of pure European and Eurasian extraction. Gifts in aid of this enterprise will be gladly received by the Organizing Secretary, 33, Henrietta Street, Covent Garden.

* The medical profession in Belgium has decided against it, and has formed a "Cercle Médical." See BRITISH MEDICAL JOURNAL, September 3rd, p. 630.