will appeal also to the ethnologist as a collection of first hand records, and all the more because Sir J. G. Frazer's published studies stop short in Fiji before reaching the Lau Islands. Lauans, like other Polynesians and like the races to the west of them, have the idea of an original home across the sea to which the spirits of the dead may return. The belief probably has a basis of historic fact, remote ancestors of the present Lauans caught at sea by a westerly gale being swept for perilous days and nights before it, and finally cast on shore. There is good evidence that involuntary migrations have occurred in the Pacific in comparatively recent times. The Lauans still believe in magic, though, as professing Christians, they seek to conceal the fact; as happens with the people of neighbouring islands further west, a man who thinks himself bewitched may give himself up as dead and die, such is the force of auto-suggestion. The great merit of Major Johnston's book from both points of view is that he has set down the tales and legends as told to him by the people among whom he lived and worked. The volume has several good illustrations from photographs, and two maps. It is well printed.

NOTES ON BOOKS.

THE publication by Dr. MAY DICKINSON BERRY of a short account of *Austria-Hungary and her Slav Subjects*³ is opportune. After a brief review of the Austrian empire from 800 to 1900 and of the history of the Slavs in Europe in the Middle Ages, a short account is given of the vicissitudes of the Austro-Hungarian empire in the nineteenth century and of its present constitution, and there is a final chapter which throws much light on the Czech and Southern Slav questions in relation to the settlement which seems to be at hand. As Sir Willoughby Dickinson points out in a short introduction, the problems of self-government and nationality in the Austrian and Balkan States have troubled Europe for more than a century, and unless there is now a settlement of the claims of the nations inhabiting these regions on a satisfactory basis, it will be hopeless to expect a lasting peace. The Southern Slavs, Czechs, Poles, and Rumanians will never willingly form part of the Austrian empire, or of any new empire under Teutonic hegemony. The book itself, short as it is, will help towards an understanding of the problem, and Mrs. Berry provides a short bibliography for those who desire to go into the subject more fully.

*Race Regeneration*⁴ is the subject of a popularly written book by Mr. E. J. SMITH, the chairman of the Health Committee of the Bradford Corporation, and the remedial measures are freely illustrated by what has been done in Bradford. In the chapter on a Ministry of Health the passing during the war of an Act to establish it is very strongly opposed, and it is asserted to be "significant that the people who have adopted these rushing tactics represent three sections: First, the great financial corporations who have most to gain; second, those with least experience of the vital issues involved; and third, those with none at all." The contents of the book read like popular lectures, and the author's portrait as a frontispiece is compatible with this impression. Much contained in the book may be useful to medical men who have occasion to deliver such lectures.

³ *Austria-Hungary and her Slav Subjects*. By F. May Dickinson Berry, M.D. With an Introduction by the Right Hon. Sir Willoughby Dickinson, K.B.E., D.L., M.P. London: George Allen and Unwin, Limited. (Cr. 8vo, pp. 48. 1s.)

⁴ *Race Regeneration*. By E. J. Smith, author of *Maternity and Child Welfare*. London: P. S. King and Son, Limited. 1918. (Pp. 223; 85 figures. 7s. 6d. net.)

ROYAL MEDICAL BENEVOLENT FUND.

At the meeting of the Committee held on October 8th twenty-one cases were considered, and £206 1s. voted to sixteen of the applicants. The following is a summary of some of the cases relieved:

Widow, aged 57, of M.B.Glas. who practised in South Wales and died in August, 1918. Applicant was left unprovided for at her husband's death; has three children—son 24, and twin daughters aged 22. Rent £30. Voted £5.

Widow, aged 70, of L.R.C.P. Edin. who died in June, 1918. Applicant's husband had been helped by the Fund for the last two years. She is now a confirmed invalid, and her only income is occasional gifts from her two children. Rent £14. Voted £12 in twelve instalments.

Wife, aged 39, of M.R.C.S. Eng. who is now in an asylum. Applicant is suffering from tuberculosis. Has two children,

now aged 17 and 12, living with relations, who also provide for her husband's maintenance. Relieved five times, £67 10s. Voted £12 in six instalments.

Daughter, aged 50, of M.D. Edin. who died in 1886. Applicant is a trained midwife, but, owing to ill-health, is unable to follow that occupation. Friends provide 12s. 6d. a week, but this is insufficient to pay for board and lodging. Relieved five times, £36. Voted £12 in twelve instalments.

Daughter, aged 52, of M.D. Glas. who died in 1897. Applicant used to earn a little as housekeeper, but owing to the severe illness of her invalid mother, aged 78, has had to give up work to attend to her. Relieved four times, £40. Voted £10.

Subscriptions may be sent to the Acting Honorary Treasurer, Dr. Samuel West, at 11, Chandos Street, Cavendish Square, London, W.1.

The Royal Medical Benevolent Fund Guild is now called upon, as a result of the war, to deal with many widows and children who, in happier times, would not have thought of asking for assistance. It is glad to receive secondhand clothing and household linen. The class of clothes most wanted is that suitable for boys and girls working in offices, for women, and for old men. The gifts should be sent to the secretary of the Guild, 43, Bolsover Street, W.1.

THE FUTURE OF THE MEDICAL PROFESSION.

BY

PETER MACDONALD, M.D.

AFTER-WAR reconstruction seems likely to involve a reconstruction of medical services, and from the amount of space devoted to the future of the profession in the recent numbers of the various medical journals it looks as if the profession itself expects drastic changes, and is not without misgivings as to their probable nature.

More particularly the profession seems to fear that it may have a "State medical service" forced upon it, and it seems generally to be of opinion that such a development would involve the profession in disaster.

It may, accordingly, be of interest to readers to have the views, so far as they can be given in a short article, of a Labour candidate who is also a doctor; all the more so as there seems to be a widespread, though erroneous, idea that the Labour party is committed to the establishment of a State medical service.

No definition of a "State medical service" has been authoritatively laid down, and the term may have varying significance as employed by various users, but for the purposes of this article it will be taken to mean, among other things, (1) that under it medical men are employed for either whole time or part time to give services for a salary; (2) that the employer is the State or one or more of the local authorities.

It is assumed for the purposes of this article that some reconstruction in the more or less near future is certain. If this is granted, then a constructive policy in medical politics—not on a niggardly but on a grand scale—is a necessity of first-rate importance to the medical profession.

Either a *non possumus* attitude or the attitude of a Gallio will, if taken up by the profession generally, result in disaster to it and incidentally to the community, for no reconstruction in medicine which is not directed from within can turn out satisfactorily to the profession; and any scheme of medical reconstruction which is not satisfactory to the profession will in the end be much more unsatisfactory to the community.

What, then, should be the profession's constructive policy? In formulating this it were well shortly to consider the basis, or bases, on which the profession renders service to the community at present, and these services can be classified under four heads according as they are rendered under conditions of—

1. Salaried service, whole time or part time—for example, public health appointments, tuberculosis appointments, school medical appointments, etc. (military medical services are not under consideration). These are conditions of "State medical service."

2. Part time contract service—for example, national health insurance work.

3. Voluntary service—for example, work done at charitable hospitals.

4. Individual service—for example, private practice. This can be divided into two heads, according as it deals with (a) general work, (b) consultant and specialist work.

Within the memory of most of us by far the most important form of service was that rendered under head 4, but it has gradually and continuously been losing ground to classes 1 and 2; while that form of service given under head 3 supplied services which the poorer patients were unable to afford from those who rendered individual service; now this same voluntary service is the only thing which prevents the breakdown of national health insurance work, inasmuch as it provides some of the most important of the medical services rendered to insured persons, and for which there is absolutely no provision made in the National Insurance Acts.

I would have liked to emphasize the importance of these voluntary services, or quasi-voluntary services, given by the medical profession and received by the bulk of the community as a charity, but space does not permit me to say more than that I regard charity in medicine as an anachronism, and that the time for it is passing, if not past.

What, then, is to be the constructive policy of the medical profession? A return to the days of "private practice" all round is unthinkable, and two alternatives, and only two, are left:

1. *A State Medical Service.*

The first alternative is the establishment of a "State medical service" for all forms of medical service. Whilst the services classified under head 1 will and ought to be greatly increased, I am of opinion that, so far as general medicine is concerned, a State medical service would mean disaster to medicine and consequently disaster to the community.

Space does not permit the giving of all reasons for this opinion, but one may be touched upon:

The well-to-do would have none of the State service but would continue to employ the private practitioner and pay him by fee, and it would be impossible to prevent their doing so. An England that could dream of preventing this is unthinkable.

What then would be the result of the establishment of a State medical service? The result would be the prompt dichotomy of the medical profession into the doctor of the rich and the doctor of the poor. But this would not be the end. One service would soon come to be regarded as better than the other, with the result that it would necessarily and inevitably become better than the other. Which would become so better? The question needs no answer. A State medical service would inevitably result in two services, a better for the rich and a worse for the poor, a condition of things which no medical politician could regard with equanimity.

The solution of the problem of medical reconstruction, so far as it consists in a State service for the general practitioner, must accordingly be rejected, although I am of opinion that the solution of the supply of consultant and specialist services may best be arrived at by making them salaried services in connexion with a scheme of hospital reform, and so far as possible part time salaried services, so that the same persons may give services to rich and poor—as indeed they do now. But the services to the poor are now gratuitous, or quasi-gratuitous, and the payment for both is extracted from the well-to-do.

2. *A National Medical Service.*

The second alternative, and the one I favour, is the extension and improvement of the contract service now rendered under the National Insurance Acts.

Although received at their inception with great hostility, the medical work done under these Acts is now, apart from administrative difficulties, fairly acceptable to the medical profession, and is fairly satisfactory to the community. But if it is to be made the foundation on which a National Medical Service is to be built, many and great improvements must be made.

Space again does not permit of enlarging on these, but three minor remedies and one major remedy for defects may be indicated:

1. The present bureaucratic and irresponsible control of Commissioners must disappear.
2. If the profession is to make "free choice of doctor" its battle-cry, provision must be made that the choice shall be effectively free.
3. If the bulk of the community, including women and children, are to be included in provisions such as those of the Insurance Acts, the capitation fee must be adequate to

allow of a reasonable income for the doctor, with yet enough free time for health, recreation, and study—that is to say, the terms must be good enough to attract a sufficient number of the right men into the profession.

4. If the National Insurance Acts are to provide the medical services needed by the community their great defect must be entirely eliminated. This chief defect is their failure to provide (a) institutional treatment, (b) consultant and specialist services for those for whom they are supposed to provide—at present insured persons, in time to come the bulk of the community. Can this defect be remedied, and how?

It can, by provision of hospitals sufficient in number and size to afford room for all the institutional treatment needed by the community, at which consultant and specialist services could be given to all in need of them. From these hospitals all vestige of charity should be eliminated. The people should secure treatment there as a right as citizens, not as a charity as paupers. The medical man should receive salary for his work there.

These hospitals must not become the close preserve of the consultant, but, with safeguards as to the efficiency of the work done, should be open or easy of access to all medical men in their neighbourhood. In my opinion the establishment of such a hospital system, in connexion with an adequate "panel system," would inaugurate a new era in medicine in this country.

Apart from the possibility of treating under satisfactory conditions the working classes who form the bulk of the community, it would improve medical service beyond recognition. It would promote co-operation between doctors and further that feeling of solidarity between them which war conditions have already engendered. It would attract a good class of man into the medical profession, as it would afford him prospects of a career. Now, when a medical man takes up a practice of his own he is isolated and his further progress in medicine depends on his own individual observation and what knowledge he acquires from medical journals. This progress cannot compare with that possible in connexion with work at a hospital, where he comes into close contact with his fellow practitioners, learns and teaches new methods, and, as a consequence, remains a student throughout life.

Such a use of hospitals would introduce into medicine most of the advantages supposed in some quarters to lie in a State medical service, and at the same time leave the freedom of individual practice so prized by members of the medical profession. The hospitals could collect round them most of the varied services given by various authorities and agencies. The tuberculosis officer might do his work at them; school clinic work, venereal work, maternity and child welfare work could be done either at the hospital or in close relation with it, and a large degree of co-ordination of the work of various agencies dealing with health could thus be locally arrived at.

Such, then, is a rough sketch of my views on medical politics.

But when all is said, the important thing is not my views, or those of Sir Bertrand Dawson, or of Sir George Newman, or of Dr. Brackenbury, or of any other person. The important thing in the development of medicine is to ascertain the views of the profession. Accordingly I regard as of the first importance the establishment of advisory committees to the Government and local authorities, as advocated by Dr. Brackenbury, and, with still more weight, by Mr. Sidney Webb, which shall be free to express their opinion untrammelled by any authority.

But if such committees are to be of value they must express the opinions, not of presidents of royal colleges only, or of professors of medicine only, or of Local Government Board officials only, or of fashionable consultants only. The opinions of all these people are of value and must have due weight, but they are unimportant as compared with the opinions of the backbone of the profession—the general medical practitioner, who does the spade work.

If views such as those given above, or if any other reasonable views on medical politics, having first regard to the needs of the community, commend themselves to the medical profession, there is no doubt that their acceptance by any or every political party could be secured. But there is one proviso, and it is a big one. This proviso is that the present apathy of the profession towards medical politics shall disappear.