indicating torsion of the cord are not those of volvulus of that structure, though both lesions would, from *à priori* reasoning, manifest themselves in a similar manner. In drawing this conclusion, however, from observations made in one case, we are falling into the logical fallacy of arguing from the particular to the universal.

The only explanation that I can offer for the absence of testicular swelling is, that in all probability the arteries and veins had been occluded simultaneously, and that, consequently, marked venous congestion could not take place.

Regarding the treatment resorted to in this instance, if the veins of the cord had alone been involved we should have resected them after the fashion adopted in the treatment of varicocele; but on discovering that all the constituents of the cord were implicated it was considered wiser to remove the testis.

Inspection of the parts removed showed that the cord was of abnormal length, and that its components were more spread out than is usually the case. The testis and epididymis, with their peritoneal connections, appeared absolutely normal, with the exception that the testis itself was of a slightly bluer colour than usual.

ART. XIX.—*The National Insurance Act and State Medicine.*^a By ROBERT J. ROWLETTE, M.D.; Physician to Jervis Street Hospital, Dublin.

THE National Insurance Act has already furnished ground for so much discussion, both to the profession and to the public, while it was still a Bill and since it has become law, that it requires some audacity to hope to cast any new light upon it, or to help in the settlement of the many problems arising out of it which still await solution. The subject has been attacked from almost every side, on behalf of every interest concerned—that of the employee, of the employed, and of those whose assistance is required in

^a Read before the Section of State Medicine in the Royal Academy of Medicine in Ireland, on Friday, April 12, 1912.

the working of the scheme. For the past ten months we have lived in an atmosphere of heated controversy, of mass meetings and committees, of deputations and reports, of lectures official and unofficial, of newspaper correspondence and leading articles. It is hardly wonder if we emerge from the welter somewhat battered in mind, with few clear ideas either as to the interests of the community as a whole or of our own profession in particular. We have, indeed, to some extent got lost in a maze of details. It will be my endeavour, therefore, to discuss rather the main principles of the Act, and its most likely effects on the health of the community and on the work of the profession, and to avoid, as far as possible, argument as to details. We may in this way keep before us that aspect of the Act which it is proper to discuss in this Section of State Medicine, and keep clear of what has been so necessary elsewhere—the criticism of the measure from what may, without disrespect, be termed the “Trade Union” point of view. When, therefore, your secretary suggested to me that I should introduce the subject to this Section, any hesitation I felt was personal, and not due to any notion that the discussion was either out of place or inopportune.

We must bear in mind that as regards Ireland, at any rate, the Act cannot be regarded as final. It is certain to be amended in various particulars before long, and we have a grave responsibility to take a proper share in the moulding of the public opinion which will direct the amendments.

Let us, in the first place, see to whom the Act applies.

These fall into two classes—the persons in every case being at least sixteen years of age, and not more than sixty-five :—(1) The compulsorily insured—viz., all persons employed by way of manual labour, and all other employed persons whose remuneration does not exceed in value one hundred and sixty pounds a year. (2) Voluntary contributors. Persons not employed, who (a) are engaged in some regular occupation and are wholly or

mainly dependent for their livelihood on the earnings derived by them from that occupation, or (b) have been insured for a period of five years. But no person whose total income exceeds one hundred and sixty pounds a year is entitled to be a voluntary contributor, unless he has been so for a period of five years. There are, of course, various exceptions and exemptions, which are not, however, in the main, of general importance.

It will be easily seen that a very large proportion of the inhabitants of the country who have reached the age of sixteen years fall into one or other class of insurable persons. It would be wrong, however, to suppose that in the first instance, at any rate, a very great number will insure. In no part of the Kingdom is the Act popular at present, and it may be that the absence of medical benefits from the scheme as applied to Ireland deprives it of one inducement to insure. It is not likely that the class of voluntary contributors will be large for some time to come. If, however, those who are compulsorily insured are satisfied after a time with their experience of the Act, we may look for a considerable increase of voluntary contributors.

The funds for the administration of the Act and for benefits are to be provided in part by the insured and his employer, and in part by Parliament. It will be open also to local authorities to contribute. We need not, however, delay over the finances of the Act.

The benefits under the Act are of two kinds—ordinary and additional.

In the Act as applied to Ireland there are four distinct ordinary benefits. They are—(1) “Sanatorium benefit,” (2) “Sickness benefit,” (3) “Disablement benefit,” (4) “Maternity benefit.” In case there are funds for the purpose, one or more of certain scheduled “additional benefits” may be granted.

The terms used to describe the various classes of benefit require some explanation. (1) “Sanatorium benefit” is a misnomer, since it includes much more than the word

“sanatorium” implies. It is defined as “Treatment in sanatoria or other institutions or otherwise when suffering from tuberculosis, or such other diseases as the Local Government Board with the approval of the Treasury may appoint.” (8. (1) (b)). Though sanatorium treatment for tuberculosis apparently occupied the chief place in the minds of the framers of the Act, it has been left open to apply this benefit in a very wide way. The treatment provided may be in other institutions than a sanatorium—for example, in an isolation hospital for incurable cases. Moreover, the treatment provided need not be institutional at all. Home treatment, dispensary treatment, and special therapeutic measures, such as treatment by tuberculin, can all be provided under this benefit, if the administrators of the scheme so wish. Further, if the Local Government Board so appoint, the benefit may be employed in the treatment of other diseases than tuberculosis. The “Sanatorium benefit” may be provided for his dependants, as well as for the insured person himself.

(2) “Sickness benefit” is a periodical allowance given while the insured is “incapable of work by some specific disease or by bodily or mental disablement.” It begins on the fourth day from the beginning of the incapability, and continues for a period not exceeding twenty-six weeks.

(3) “Disablement benefit,” which is less in amount than “sickness benefit,” only begins at the termination of the latter, and continues so long as the insured person is incapable of work by the disease or disablement.

(4) “Maternity benefit.”—This is a payment of the sum of thirty shillings in the case of the confinement of the wife, or, where the child is a posthumous child, of the widow of an insured person, or of any woman who is herself an insured person. If the woman herself is insured, and is married, or if the child is posthumous, a widow, she is entitled to sickness (or disablement) benefit in respect of her confinement in addition to the maternity benefit, but otherwise she is only entitled to the maternity benefit. The woman is to decide whether she will be

attended in her confinement by a duly qualified medical practitioner or by a duly certified midwife, and is herself to select such practitioner or midwife.

There is a very important limitation of the payment of sickness, disablement, and maternity benefits. None of them are granted to any person while he is an inmate of any workhouse, hospital, asylum, convalescent home, or infirmary, supported by any public authority or out of any public funds, or by a charity, or voluntary subscriptions, or of a sanatorium or similar institution approved under the Act. But the benefit may be paid to the dependants of the insured person, or, if he has no dependants, it may be paid to the hospital or institution. In the case of a married woman, entitled to a sickness or disablement benefit in addition to a maternity benefit, the latter may be paid to the hospital.

The additional benefits can only be given if a society has funds available after satisfying the ordinary benefits, or if the Insurance Commissioners sanction the substitution of one or more additional benefits for part or the whole of the sickness benefit and disablement benefit. These additional benefits form a considerable list. The most important for Ireland is the "medical benefit," which in Great Britain is one of the ordinary benefits. This is medical treatment and attendance, including the provision of medicine and such medical and surgical appliances as may be prescribed by the regulations of the Insurance Commissioners. Others of the scheduled additional benefits are medical treatment for dependants of insured persons, payment for dental treatment, increase of maternity and other benefits, grants to members in distress.

The next point we have to deal with is the administration of the Act. This is in the hands of three classes of bodies—the Insurance Commissioners, the Insurance Committees, and the Approved Societies.

The functions of the Insurance Commissioners are chiefly regulatory. They make rules, they approve or disapprove proposals made by the Insurance Committees

or Approved Societies, they audit and inspect, they are a court of appeal, but they have little power of spontaneous action. Their powers and duties in regard to the working of the Insurance Act may be aptly compared to the powers and duties of the Local Government Board in relation to the working of the poor laws and of local government in general. In the making of regulations the Insurance Commissioners have the assistance of an Advisory Committee, consisting of representatives of employers and approved societies, of medical practitioners, and of other persons, including women.

An Insurance Committee is to be constituted for every county and county borough. In Ireland it is to consist of twenty-four persons, of whom twelve are to represent the insured persons, eight (including two women) are to be appointed by the council of the county or county borough, and four (including two medical practitioners) by the Insurance Commissioners. Sanatorium benefits are to be administered by the Insurance Committees, as are also medical benefits, unless the Insurance Commissioners otherwise direct. In relation to medical benefits, they have to make arrangements with qualified medical practitioners in accordance with regulations made by the Insurance Commissioners. In making these arrangements they must draw up a list of medical practitioners who have agreed to attend and treat insured persons. Any duly qualified practitioner who so desires is to have the right to be included in this list. Any insured person is to have the right of selecting periodically from this list the practitioner by whom he wishes to be attended, subject to the consent of the practitioner. In making these arrangements, and on all general questions affecting the administration of medical benefits, the Insurance Committee is to consult with a local Medical Committee, if such has been formed, and the Insurance Commissioners are satisfied that it is representative of the qualified medical practitioners of the county or district. Moreover, in the case of insured persons who are not members of Approved

Societies, all benefits are to be administered by the Insurance Committees. They have various other powers and duties. They are to make reports as to the health of insured persons in their districts to the Insurance Commissioners, and may make suggestions with regard thereto, which reports and suggestions the Insurance Commissioners are to forward to the local sanitary authorities. They shall make such provision for the giving of lectures and the publication of information on questions relating to health as they think necessary or desirable. They may have the assistance of the local medical officers of health. Local authorities are given the power to contribute toward sanatorium benefits both for insured persons and their dependants, as well as for the general purposes of the Insurance Committees.

Approved Societies—that is to say, societies approved by the Insurance Commissioners for the purposes of the Act—are to have the administration of all other benefits than those which have been reserved for the Insurance Committees.

Approved Societies and Insurance Committees are given various other powers incidental to the proper administration of the benefits. For instance, they can make payments to hospitals, dispensaries, and other charitable institutions, or for the support of district nurses, and they may appoint nurses for the purpose of visiting and nursing insured persons.

I have now, I fear tediously, but as briefly as I could devise, sketched the main principles of the Act in so far as it bears on State Medicine. In discussing the probable effects, I propose to devote myself to three main issues—the effects of the Act on, first, medical practice as it exists at present in this country, including the poor law medical service; second, on problems of public health; and lastly, on the voluntary hospitals.

When the National Insurance Bill was first introduced, there was in the profession a widespread feeling of alarm that its interests, and even the livelihood of its members,

would be prejudicially affected. As the Bill then stood, medical benefits were for Ireland, as for the other parts of the Kingdom, an integral part of the scheme. In Ireland we were perhaps even more nervous than our fellows on the other side of the Channel. We felt that, taken all round, our professional status was higher in this country, and that this was in part due to the direct professional relation between medical man and patient. To put it plainly, general medical practice has had less of the element of trade attached to it in this country than in other parts of the Kingdom. We felt that anything which interfered with the direct relation of medical man to patient was likely to lower our professional status and our professional standard of conduct, apart altogether from its pecuniary effects. In particular, contract practice had never been regarded with favour in Ireland, either by the public or by the profession. It is true that in the large towns the artisan classes had to a considerable extent organised clubs and societies, but outside the large towns the system was unknown. We were loth to see an alien system forced on us—one, moreover, which we regarded as likely to provide a worse system of medical attendance than at present.

Moreover, the financial arrangements suggested by the Chancellor of the Exchequer were quite inadequate, even if the insured persons were all of very small income. As, however, people with incomes of from £120 to £160 a year constitute one of the most important classes in an Irish practitioner's *clientèle*, and are well able to pay the fees demanded of them, the suggestion that a capitation fee much lower than that at present paid by the State for a class of select lives—postal servants—would be adequate, was scouted. Nevertheless, had the Bill become law, as it then stood, including medical benefits for Ireland, it is probable that enough medical men would have been found to work it. Individual practitioners would doubtless thereby have increased their incomes, to the deterioration of the quality of their work, and to the grave injury of

their fellows who took a higher view of their responsibilities to the public and to themselves. It is true that if medical benefits were awarded, the poor law medical officers stood to gain something. They would have been relieved of some of the work now included in their duties, and their salaries could not have been touched. Such relief would, of course, have been only temporary. As vacancies occurred, salaries would have been ruthlessly cut down, and the last state of the Poor Law Medical Service would have been worse than the first. I believe, therefore, that it was a fortunate thing for the profession in Ireland when medical benefits were excluded, and I regard the agitation for the re-instatement of medical benefits in the Act as ill-judged.

It is suggested by those engaged in this agitation that it would have been better to have the medical benefit administered as one of the ordinary benefits of the Act than as an additional benefit. In one sense, and one sense only, is this true—viz., that there would be more money to meet the expense of it. But this very fact tells against the probability of societies attempting to give medical benefits at present on any extensive scale. It is very doubtful whether there will be any surplus funds wherewith to give additional benefits. If medical benefits are given, it will be in a tentative way, and here and there, and it will be much easier for the medical profession to insist on adequate remuneration than if they had to meet the full force of all the Approved Societies and Insurance Committees at the same moment.

It is suggested, too, that many Societies will attempt to supply medical attendance independently of the Act. As most of the societies which will exist in Ireland for the administration of the Act will be comparatively inexperienced in insurance work, it is not likely that they will in the first instance wish to encumber themselves with unnecessary burdens. They will find their hands full in carrying out the obligatory clauses of the Act. Any medical man who accepts service under a society as the

Act is at present does so voluntarily, and without compulsion of any sort, and if he receives inadequate remuneration, he does so of his own will and accord. It would be different had the medical benefit been retained as an ordinary benefit, for the temptation to service would have been greater, and the chance of holding out much less.

Leaving medical benefits out of account, the relation of the practitioner to his patient remains as at present. The insured patient will have a little more money, and will be able to provide himself with the necessaries for his illness more readily than now. Some arrangement will, of course, have to be made with regard to the certificates of illness which will be necessary for the insured person to draw his benefit. The profession must make sure that a suitable fee is given for the certificates of sickness or disablement, and that the medical attendant's certificate will in every case be accepted.

The Act does not seem likely to affect the Poor Law Medical Service to any considerable extent. It is possible that the need for evidence of illness will make insured persons more eager than at present to demand the services of the dispensary medical officer in minor ailments. In towns this may mean a considerable increase of work. In country districts it will, for the present, mean little, as the number of insured is likely to be small. There is, however, some possibility of hardship to the poor law medical officers, and it is probably fear of this which has given rise to the agitation for restoration of the medical benefit.

From the point of view of the sanitarian, there is much in the Act from which good may be won for the country. In this matter, it is important that the medical profession should press its influence to the utmost, so that the cause of sanitary reform may not be crushed either by the indifference of officialdom or the ignorance of local authorities. The most possible must be extracted from the Act.

In the first place it is all for good that the worker is placed during illness or disablement out of the reach of actual want. This must tend to his more speedy recovery and to his greater efficiency.

The provision of special treatment for tuberculosis is also for the good of the community. Our machinery for dealing with this disease at present is totally inadequate. We provide sanatorium treatment for an infinitely small proportion of the early cases. The later cases—those patients who constitute the real danger to the community—we leave to die in their homes. But before they die they infect one or more members of their families. No attempt has yet been made to deal with this class. It is open now to Insurance Committees to deal with the incurable as well as with the incipient cases, and it will be for those interested in sanitary reform to see that the entire funds available for sanatorium benefits are not directed to the treatment of early cases. It is of importance also to keep the fact in view that the sanatorium benefit is not confined to institution treatment, but that it is open to Insurance Committees to apply the funds in the provision of such other therapeutic measures as may be thought wise. This is specially important at the present, when our opinions of the value of sanatorium treatment are in a state of flux, and when there is every hope of some satisfactory method of specific treatment soon being established.

If the Insurance Committees can be persuaded to exert their powers, they can do much toward educating the public in matters of hygiene. They have power to make provision for the giving of lectures and the publication of information on questions relating to health, and they may make arrangements for this purpose with local education authorities, universities, and other institutions. Unfortunately, unless pressure is brought to bear on the Insurance Committees they are not likely to move. Similar powers were conferred on local authorities by the Tuberculosis Act of 1908, but I do not think that they have ever been put in force. Under this section, however, instruction in hygiene could be given in all the schools. It is open to the Universities also to co-operate in the hygienic education of the country by organising schemes of lectures

to be given by competent instructors, the expense being borne by the Insurance Committees. An organic system of this kind, properly financed, would be a great advance on the voluntary but sporadic work which has been carried on during the past few years. I believe that it would be much easier to move the Insurance Committees to action in this direction if the Approved Societies were organised mainly on a geographical basis, and the County Councils should be encouraged to use their powers to form County Societies. If this were done, each society would be intensely interested in the health of its district, and would be ready to exert pressure on the Insurance Committees of the district to devote some of its funds to educational work. With large scattered societies, whose bond of union is religious or political, and who have necessarily but few members in any one district, the interest in local sanitary affairs will be slight.

In another direction there is promise of a reform of real importance. Where it is alleged by the Insurance Commissioners or by any Approved Society or Insurance Committee that there has been an excessive degree of sickness among insured persons in any district, and that the excess is due to conditions or nature of employment, to bad housing or insanitary local conditions, to an insufficient or contaminated water supply, or to neglect of the provisions of any Act relating to the health of workers, or to neglect to enforce any public health precautions, the Commissioners or Society or Committee making such allegation may claim from the person or authority alleged to be in default the payment of the extra expenditure incurred. If no agreement is arrived at, an inquiry may be demanded from the Secretary of State or the Local Government Board. If the inquiry is granted the person commissioned to hold the inquiry is given very full powers as to his award. He can order the person or authority in default to make good the extra expenditure, and he has full powers as to costs.

It is to be hoped that the Commissioners, the Societies, and the Committees will make full use of their powers in

this direction. If they do so, they will at any rate act as a spur to the Local Government Board as well as to local sanitary authorities.

I come finally to the subject which is of most interest to many of the Fellows of the Academy—the influence of the Act on the voluntary hospitals. We may consider the subject from two points of view—the financial and the clinical.

The Act makes almost no provision for payments to the hospitals. It is true that Approved Societies or Insurance Committees have the power of contributing to voluntary hospitals, and in a few instances the sickness or disablement benefit may go to the hospital of which the insured person is an inmate. The income from these sources is negligible, unless the hospitals take a strong position. I suggest that they should refuse to admit insured persons to hospital unless the Societies or Insurance Committees guarantee at least a part of the cost of their maintenance, just as at present hospital authorities receive the cost of maintenance for patients sent by poor law guardians.

At present much of the income on which the voluntary hospitals depend comes from large employers of labour. These people are now about to be taxed to provide sickness and other benefits for their workpeople. I understand that already many of them have notified the hospitals that they have been in the habit of supporting that in future they will have to diminish or stop their subscriptions. It is true that with medical benefits out of the Act, the employer is not paying anything for medical attendance, but this is a distinction he will not be very ready to perceive. He is paying a tax to assist his employees in sickness, and he is likely to consider this a fulfilment of his duty to them. The hospitals have, therefore, to fear a very considerable loss of income, which, if their work remains equal in quantity, will entail a diminished efficiency. This in the Dublin hospitals, already hampered by want of funds, is a serious matter for the public. Is the demand for hospital work likely to diminish? No insured person can

draw sickness or maternity benefit while he or she is an inmate of an hospital. But the benefit shall be applied "in whole or in part" for the relief of his dependants, If it be applied in whole, then, in the case of an insured person with dependants, there is no inducement to a sick person to deprive himself of hospital treatment. On the other hand, an insured person without dependants is likely to prefer to remain outside hospital. It is possible, therefore, that there may be some slight falling off in the demand for hospital relief. The hospitals have also to meet the increased payments on their own staffs of servants and nurses. It will, of course, be a great injury to medical education, and, therefore, to the public, if the opportunity for clinical teaching is diminished, either by a lack of patients or by a lack of funds to maintain beds and to keep hospitals in an efficient condition.

The maternity hospitals especially stand in a very precarious condition. A woman loses her maternity benefit by entering hospital for her confinement. The benefit may, however, be paid to her dependants, and, therefore, for the woman with dependants, if the benefit be paid in full, there is no inducement to stay at home. It is doubtful, however, whether a married woman, not herself insured and not earning, but whose husband, being insured, is entitled to the maternity benefit, can be regarded as having any dependants. If this be a correct reading of the Act, then, in the case of the great majority of the women confined in the Dublin maternities, there will be strong inducement to undergo confinement at home.

Again, "the mother shall decide whether she shall be attended by a duly qualified medical practitioner or by a duly certified midwife." If this be taken to mean that without such attendance a woman is not entitled to maternity benefit, then there will be an insurmountable objection on the part of women to be attended by the extern departments of our maternities. They will choose the cheapest midwife whose qualifications will pass muster,

so as to keep for themselves the largest possible slice of the benefit.

The result will be disastrous in two ways. The women themselves will suffer in health from inferior attendance. Instead of having at their service, as at present, the best obstetric advice in the City, they will have the worst. From this source there will be an incalculable crop of bad health and invalidism, which will ultimately put a heavy strain on our gynæcological wards.

From the point of view of teaching the position is even worse. I need not labour the point that a large experience is necessary to give either a medical student or a pupil midwife a safe—not to say competent—knowledge of practical obstetrics. Nor need I discuss the advantage not merely to the Irish profession and to the public, but to the world at large, of maintaining the Dublin school of midwifery in an efficient condition.

If few patients in their labour seek the maternity hospitals, and if few are attended by the extern department, then the school is at once deprived of its material for teaching. The future medical men and midwives will have no opportunity for learning anything of practical obstetrics.

In this matter, unless some means can be devised within the Act to prevent the condition I have sketched, then the Act must be amended.

There are innumerable points in the Act, discussion of which would be of great interest to us as citizens and as medical men. I have, however, endeavoured to confine myself to those general principles and tendencies most germane to State Medicine.