

Correspondence.

"Audi alteram partem."

THE NATIONAL INSURANCE BILL.

To the Editor of THE LANCET.

SIR,—Discussion of the medical aspects of the National Insurance Bill has centred round three main topics—viz. : (1) possible subjection to the friendly societies; (2) free choice of doctors; (3) inclusion of wealthy voluntary contributors and others, who should pay higher fees than can be reasonably demanded under any ordinary system of contract practice.

The following scheme meets these objections:—All the medical work to be relegated to a statutory health committee, which should also be responsible for all other medical work now devolving on borough or county councils. This health committee to establish clinics for the treatment of tuberculosis and other diseases requiring specialised treatment. The salaried medical officers attached to the clinics to act as consultants and referees in respect to alleged malingering, and to undertake such other medical work as school inspection, provision of health lectures, supervision of midwives, &c. The health committee to arrange with the practitioners in the district for attendance on the bulk of the insured on a capitation basis. Free choice of doctor to be forfeited if the insured proved a malingerer or otherwise unworthy. This contract on a capitation basis not to apply to voluntary contributors or those compulsorily insured persons whose employers are already making adequate arrangements for sick pay during acute illness. (Special consideration for these is already contemplated by Sections 19 and 56 and Schedule 1 of the Bill.) For this excepted class, which will include, among others, most of the salaried clerks and all above the £160 income limit, a modified deposit system to be arranged by the health committee. The deposit society or fund should combine a limited amount of insurance with the usual deposit advantages. The fund should guarantee a *permanent* invalidity benefit (but not ordinary sick pay), and so meet the great objection to a general adoption of the deposit system. It should also allow the insured to arrange for medical attendance on the usual friendly deposit lines—viz., payment for each attendance on an agreed scale which can be supplemented by the insured if the doctor selected by the insured considers the scale unremunerative.

This scheme, thus briefly outlined, would give absolute freedom to the medical profession, make suitable provision for the ordinary and specialised treatment of the insured, and have certain other advantages which cannot be discussed within the limits of a letter. No scale of fees has been suggested, as the actual figures do not affect the principle of the scheme. In any case, the remuneration must be sufficient to insure the maximum of willing service.

I am, Sir, yours faithfully,
H. MEREDITH RICHARDS, M.D. Lond.

Croydon, May 30th, 1911.

To the Editor of THE LANCET.

SIR,—I would venture to suggest the following. Get the control out of the hands of the friendly societies, and let insurers choose their own doctor and arrange with him whether he will accept them at the official minimum rate per year (or per week of illness if that plan is adopted). If not, let them try some other doctor or agree to pay an ordinary bill, less the official allowance. That would give freedom to both doctor and insurer. Considering the very low fees upon which large practices can be worked in densely populated neighbourhoods it is hopeless to get any sum agreed upon as generally satisfactory.

I am, Sir, yours faithfully,
THEODORE MAXWELL, M.D. Camb. (retired).

Woolwich, May 27th, 1911.

To the Editor of THE LANCET.

SIR,—In the State Insurance Bill, as far as it affects the profession, there will obviously be a large increase in club contract work. Many of us do not complain of holding club

appointments, recognising the fact that it is impossible for a working man to meet a large bill for medical attention. I take it that the whole profession is opposed to doing club work for patients who have always been able and willing to pay for work done by their medical attendants. Also I take it that the whole profession is of opinion that every individual should employ the doctor they wish.

As far as I can see at present, one of the main difficulties will be that of remuneration; the clubs ought not to be allowed to dictate terms, nor yet the Government, but it ought to be a matter for the General Medical Council to settle; let them fix the minimum capitation fee, mileage fees, extra fees for operations, &c., and then let them treat any practitioner who offers to undercut such a scale as an individual guilty of "disgraceful conduct"; there would be no blacklegs then. The Council have a splendid chance of gaining the confidence of the profession, and at the same time of upholding its dignity.

You will observe that I have not entered into the merits or demerits of the Bill. In my opinion great changes in professional life are inevitable under the scheme, and the profession cannot afford to miss chances of rendering it less dangerous to itself.

I am, Sir, yours faithfully,

A. HURRELL STYLE, M.D. Cantab.

Pembroke, May 27th, 1911.

To the Editor of THE LANCET.

SIR,—In view of the unprecedented situation caused by the Insurance Bill now before Parliament I wish to urge upon you in the strongest possible way the only course which is likely to be effective in saving the profession from ruin, and also offers the opportunity of improving our present position. I refer to the union of all medical men into a trades union—giving sick benefits and pensions with power of expulsion for unprofessional conduct. Now, and at once, is the time for making our strength felt. By joining together thus we could get a just and reasonable settlement of the question, but not otherwise.

I am, Sir, yours faithfully,

C. R. SKYRME, B.A., M.B., B.C. Cantab.

Bexhill-on-Sea, May 27th, 1911.

To the Editor of THE LANCET.

SIR,—In the discussion at the recent meeting of the Medico-Legal Society on the National Insurance Bill I notice from your report that one important point is overlooked. The Bill, as Dr. Nestor Tirard reminded the meeting, provides, with certain necessary exceptions, for the separation of advice and medicine, and is so far a step in advance; but there is no definite provision for the dispensing which medical men must not (generally) undertake, and it would seem that friendly societies will be allowed, or rather encouraged, to set up special dispensaries for their members. These dispensaries will be outside the scope of the Pharmacy Acts and the Sale of Food and Drugs Acts, and there will therefore be no adequate guarantee of the quality of the medicines supplied to insured persons. As Dr. Tirard suggested, the best way to obtain drugs of the nature and quality necessary for the proper treatment of patients is to have them supplied by pharmacists, who are not only specially trained and licensed for this work, but are also liable to penalties if they should fail to conduct it properly.

I would suggest that an amendment be sought of Clause 14 (2) so that it may read as follows:—

Every such society or committee shall also make arrangements with duly qualified pharmacists carrying on business in the locality administered by the society or committee for the supply of proper and sufficient drugs and medicines to insured persons at prices to be fixed periodically by the Insurance Commissioners, and no arrangement shall be made with a medical practitioner, under which he is bound or agrees to provide drugs or medicines for any insured person without the consent of the Insurance Commissioners, which consent they shall not give unless the circumstances of any locality situated in a rural district are such as to make it expedient to do so.

I am, Sir, yours faithfully,

Middle Temple, E.C., May 29th, 1911.

WIPPELL GADD.

To the Editor of THE LANCET.

SIR,—May I venture to remind your leaders that no deputation, however influential, no argument, however powerful,

will of itself cause the present or any Government to seriously modify a Bill which it has itself brought in. Pressure from the constituencies alone causes important amendments to be inserted. To bring this pressure to bear it is essential that every member of the profession should—uniting with himself all the local voting power he can possibly get—personally approach his local M.P. There is a considerable prospect of the Bill passing into law this session (being a Money Bill it is doubtful how much opposition can be offered to it in the House of Lords) according to Mr. Lloyd George, and no time should be wasted in taking action amongst the voters.

The lines on which M.P.s are to be approached should be authoritatively laid down, and no medical speaker (or writer) should weaken the hands of others by objecting to small details in the general scheme of action of the profession. The profession has, in the past, suffered much and lost much from the action of independent members of it against the general consensus of opinion, and to raise objections upon such details is merely to confuse the public mind as to our position. But our leaders will do well to remember that there must be no playing with this measure or a bitter retribution will be exacted from them. We will stand no nonsense either from the Government or from our own leaders.

I am, Sir, yours faithfully,
Hampstead, N.W., May 30th, 1911. F. R. HUMPHREYS.

To the Editor of THE LANCET.

SIR,—The Chancellor of the Exchequer in introducing the Insurance Bill stated that "he had no doubt the friendly societies would make as good a bargain with the chemists as they had done with the doctors." At a payment of 6s. per head, to include medical and dispensing aid, it would be quite impossible for the dispensing to be done by pharmaceutical chemists if the chemist were to have anything for his labour. The only way the dispensing can be done if medical men are not to do it is by the health committees doing it themselves by dispensers. In a provident dispensary having a membership of 1500 with which I am connected the drug bill amounts to £50 per annum—about 8d. per head. With a membership of 2000 and upwards the dispensing could be done from 1s. to 1s 6d per head per year, counting cost of drugs and salary of dispensers.

I am, Sir, yours faithfully,
May 25th, 1911. R. H. D.

MIDWIVES AND NATIONAL INSURANCE.

To the Editor of THE LANCET.

SIR,—Will you allow space in your valuable paper for us to call attention to the clauses in regard to maternity benefits in Mr. Lloyd George's Insurance Bill which specially concern us as midwives? There are 30,000 women on the Midwives Roll, and we, the Midwives Institute, being the only incorporated body of midwives, feel bound to speak on behalf of this large number of useful members of the community, who are unable themselves to voice their views. Your readers may not know that 50 per cent. of the total number of births in England and Wales are attended by midwives. The percentage would necessarily be much higher amongst the class insured under Mr. Lloyd George's Bill. We therefore feel that we have a right to speak.

It is very difficult to understand exactly what are the provisions of this Bill. In one part it says that the woman entitled to maternity benefit shall not be entitled to sickness or medical benefit for four weeks after her confinement. In answer to a question put by Mr. Lees Smith, and reported by the *Daily Telegraph*, Mr. Lloyd George said that the maternity benefit under the Bill (which covered medical attendance) must be regarded as additional to sickness benefit and not as a substitute for it. If this means that a woman can be entitled to sickness benefit in addition to maternity benefit it will be a great relief to many poor women to know it, and it would leave the 30s. (which, by the way, is not apportioned by the woman who has paid for it but by a health committee, as may be prescribed) presumably for medical attendance and extras, including nursing.

We would ask that it should be laid down in the Act that the lying-in woman shall have entirely free choice as to whether she employs a doctor or a midwife, and liberty to

choose that doctor or midwife; also, if she employs a midwife, and it is necessary for the midwife to send for a doctor, that his fee shall be assured.

The medical profession is able, through its powerful organisations, to influence Parliament. The midwife is, by reason of her sex, excluded from any participation in making the laws that concern her, and the only hope of obtaining a small modicum of justice is by appealing to the public through the Press.—We are, Sir, yours faithfully,

AMY HUGHES,
President, Midwives Institute.

JANE WILSON,
Vice-President, Midwives Institute.

ROSALIND PAGET,
Hon. Treasurer, Midwives Institute.

R. P. FYNES-CLINTON,
Secretary, Midwives Institute.

The Incorporated Midwives Institute, 12, Buckingham-street, Strand, W.C., May 24th, 1911.

"THE LANCET" REVIEW OF THE "ANNALS OF TROPICAL MEDICINE AND PARASITOLOGY."

To the Editor of THE LANCET.

SIR,—In my reply to the criticism of the above "Annals," Article (2), in your columns of May 13th, I pointed out that the reviewer had misunderstood the explanations of the increases and decreases of trypanosomes given by Major Ross and myself. In his reply in your columns of May 27th, he appears, however, to deny that he misinterpreted our explanations; in which case I fail to see why he thinks these explanations are inadequate, more especially as they include those of Massaglia, &c. The reviewer, in his reply, makes a further attack on the hypothesis that *the extract of dead animal cells stimulates the corresponding live cells to increase in number*. He states that this hypothesis "is fundamentally opposed to the whole of the theories and practice of antitoxins and vaccines," &c. I would beg to differ with him on this point also. In the course of his perusal of the Annals he probably failed to notice on p. 503, on the vaccine treatment of animals, the remarks made by Major Ross and J. G. Thomson, pointing out that this hypothesis is in line with the recognised action of vaccines. Can the reviewer explain why an overdose of vaccine causes an acute exacerbation of the symptoms, say, of a mastitis? I think that the above hypothesis explains it, in that the aggravation of the disease is due to the reproductive stimulus given to the organisms in question by the injection of similar dead organisms. This explains the negative phase. The stimulus, like all other stimulants, is temporary in its effect, and the reaction to the stimulus comes on, causing the positive phase. By this time, also, the stimulus has gone and antibodies have formed in its place.

The reviewer maintains also that our "original conclusions are not justified by the observations recorded. The facts are of an indefinite character and might have been used with great caution as private notes in connexion with further and more adequate observations upon other cases of trypanosomiasis. The conclusions notwithstanding this are general and far-reaching. The data are totally inadequate to the conclusions."

In reply to this latter I beg to state that our conclusions with regard to the effect of the injection of leucocytic extract were at the time of the publication of our article proved to be correct.¹ With regard to the effect of injections of dead trypanosomes, our results were also confirmed by Major Ross and J. G. Thomson, Article (5) of the same Annals in question. Although we knew of these confirmations, we were unable to refer to these articles, as our paper was written some time before them, but nevertheless it gave us confidence in putting forth our conclusions. I think that considering the great amount of labour entailed in our research, in the more or less exact enumeration of parasites, &c., in the blood of our patient for a continuous period of 134 days, and that considering the very extensive and confirmatory researches on animals, published simultaneously, we were quite justified in coming to the conclusions stated in our article.

I am, Sir, yours faithfully,
May 29th, 1911. D. THOMSON.

¹ Brit. Med. Jour., Feb. 18th, 1911, The Use of Leucocytic Extract in Infective Processes, by D. Moore Alexander, M.D.